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THE SANITARY CODE

Established by

THE PUBLIC HEALTH COUNCIL

OF THE

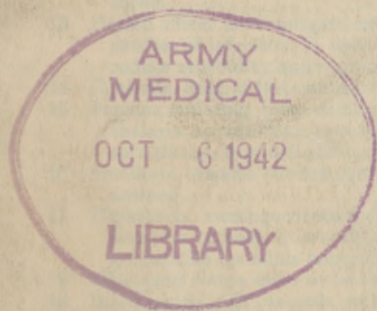
STATE OF NEW YORK

CHAPTERS I-XIV

AND

Special Administrative Rules and Regulations

Revised to May 31, 1940



Issued by the
New York State Department of Health
Albany, N. Y.

Box-1264

THE SANITARY CODE

Established by

New York (State) Laws, statutes, etc.

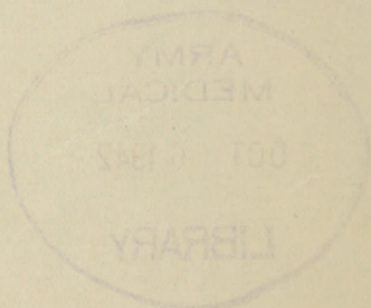
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CHAPTERS I-XIV

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D. C. Public Health Council

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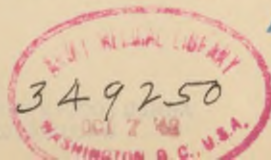
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THE SANITARY CODE ESTABLISHED BY THE PUBLIC HEALTH COUNCIL OF THE STATE OF NEW YORK

Introductory Note

The public health law of the state of New York, as amended, provides as follows:

"Section 2-b. Sanitary code. Subject to approval by the commissioner of health, the public health council shall have power by the affirmative vote of a majority of its members to establish and from time to time amend and repeal sanitary regulations, without discrimination against any licensed physicians. The regulations so established shall be called the sanitary code. 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 New York, and with any matters as to which jurisdiction is hereinafter conferred upon the public health council. The sanitary code may include provisions regulating the practice of midwifery and for the promotion of health in any or all Indian reservations. * * * The provisions of the sanitary code shall have the force and effect of law and any violation of any portion thereof may be declared to be a misdemeanor. No provision of the sanitary code shall relate to the city of New York or any portion thereof, and every provision of the sanitary code shall apply to and be effective in all portions of the state except the city of New York unless stated otherwise."

"Section 2-c. Enforcement of sanitary code. The provisions of the sanitary code shall, as to matters to which it relates, and in the territory prescribed therefor by the public health council, supersede all local ordinances heretofore or hereafter enacted inconsistent therewith. Each city, town or village may, in the manner hereinafter prescribed, enact sanitary regulations not inconsistent with the sanitary code established by the public health council. The public health council shall have power, subject to approval by the commissioner of health, to prescribe by regulations, incorporated in and as a part of the sanitary code, the qualifications of directors of divisions, district state health officers, local health officers hereafter appointed,* public health nurses, and, applicable to new appointments made after June thirtieth, nineteen hundred thirty-seven, if appointees are to be paid from public funds, of dairy and milk inspectors, operators of public sewage treatment plants and operators of public water treatment and purification plants; provided that appointments may be made from civil service lists if established prior to July one, nineteen hundred thirty-seven of dairy and milk inspectors, operators of public sewage treatment plants and operators of public water treatment and purification plants.

The actions, proceedings and authority of the state health department in enforcing the provisions of the public health law and 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. All meetings of said public health council shall in every suit and proceeding be taken to have been duly called and regularly held, and all regulations and proceedings to have been duly authorized unless the contrary be proved.

The public health council shall have no executive, administrative or appointive duties. It shall, at the request of the commissioner of health, consider any matter relating to the preservation and improvement of public health, and may advise the commissioner thereon; and it may from time to time submit to the commissioner any recommendations which it may deem wise."

Under the public health law, it is the duty of all local health officers to enforce in their respective jurisdictions the provisions of the public health law and the sanitary code, and the orders and regulations not inconsistent therewith, of their respective boards of health.

* See Public Health Law, § 20.

The state commissioner of health, under the same law, has the power, and it is his duty, to exercise general supervision over the work of all local health authorities, except in the city of New York, and to see that the provisions of the public health law and the sanitary code are enforced.

The sanitary code supplements but does not take the place of the provisions of the public health law or of any amendments thereto, or of any of the laws relating to the public health or to the powers or duties of the state commissioner of health, the state department of health, local boards of health or local health officers.

Additions to the sanitary code will be made from time to time.

of health, of a majority of its members to establish and from time to time to amend and repeal sanitary regulations, without discrimination against any licensed physicians. The regulations so established shall be called the sanitary code. 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 or New York, and with any matters as to which jurisdiction is vested in the sanitary code council. The sanitary code may include provisions regulating the practice of midwifery and for the promotion of health in any or all Indian reservations. * * * The provisions of the sanitary code shall have the force and effect of law and any violation of any provision thereof may be declared to be a misdemeanor. No provision of the sanitary code shall relate to the city of New York or any portion thereof, and every provision of the sanitary code shall apply to and be effective in all portions of the state except the city of New York unless stated otherwise."

"Section 3-5 Enforcement of sanitary code. The provisions of the sanitary code shall, as to matters to which it relates, and in the territory heretofore visited by the public health council, supersede all local ordinances, statutes or ordinances or resolutions enacted inconsistent therewith. Each city, town or village may, in the manner hereinafter prescribed, enact sanitary regulations not inconsistent with the sanitary code established by the public health council. The public health council shall have power, subject to approval by the commissioner of health, to prescribe by regulations incorporated in and as a part of the sanitary code, the qualifications of directors of divisions, district health officers, local health officers, bacteriologists appointed, public health nurses and applicable to new appointments made after June thirtieth, nineteen hundred thirty-seven, if appointments are to be paid from public funds, of dairy and milk inspectors, operators of public sewage treatment plants and operators of public water treatment and purification plants; provided that appointments may be made from civil service lists if established prior to July one, nineteen hundred thirty-seven, and milk inspectors, operators of public sewage treatment plants and operators of public water treatment and purification plants."

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The public health council shall have no executive, administrative or appointive duties. It shall at the request of the commissioner of health, consider any matter relating to the preservation and improvement of public health, and may advise the commissioner thereon; and it may from time to time submit to the commissioner any recommendations which it may deem

Under the public health law, it is the duty of all local health officers to enforce in their respective jurisdictions the provisions of the public health law and the sanitary code, and the orders and regulations not inconsistent therewith, of their respective boards of health.

* See Public Health Law, § 20.

CHAPTER I

Definitions and General Provisions

(Adopted April 7, 1914)

Regulation 1. Definitions. Unless otherwise specifically provided herein, the following words and terms used in this code are defined for the purposes thereof as follows:

(1) The term "communicable disease" means such communicable disease as may be designated in regulation one of chapter two of the code.

(2) The term "municipality" means and includes a city, town, village, or consolidated health district or any subdivision or part of the state of New York lawfully established as a separate public health unit.

(3) The term "board of health" or "local board of health" means and includes the local board, department, or commissioner of health, or other body or official of a municipality, by whatever title the same may be known, having the usual powers and duties of the board of health of a municipality.

(4) The term "health officer" or "local health officer" means and includes the health officer, or other officer of a municipality, by whatever title he may be known, having the usual powers and duties of the health officer of a municipality. (Amended March 20, 1917, June 25, 1918, and May 27, 1919.)

(5) The term "approved laboratory" or "laboratory approved for the examination" shall mean a laboratory possessing a certificate of approval for the specified examination, issued by the state commissioner of health under the authority of § 4-b of the public health law. (Added May 20, 1932 and amended June 28, 1932.)

Regulation 2. Local health officer to file monthly report. Each local health officer shall submit to the district state health officer, on or before the fifth day of each month, a report for the previous month: provided, that in a county health district such reports from cities and villages shall be forwarded to the county commissioner of health. In towns, villages and consolidated districts such reports shall be submitted on a form prescribed by the state commissioner of health, or if in another form shall be acceptable to the state commissioner of health and contain equivalent information. (Amended February 13, 1923, November 20, 1924, amended and renumbered June 28, 1932, and amended January 19, 1934.)

Regulation 3. Right of entrance and inspection.* No person shall interfere with or obstruct the entrance to any house, building, vessel, or other premises of the state commissioner of health, or local health officer, or the authorized representative of either, in the discharge of his official duties; nor shall any person interfere with or obstruct the inspection or examination of any occupant of any such house, building, vessel, or other premises by the state commissioner of health, or local health officer, or the authorized representative of either, in the discharge of his official duties. (Added May 1, 1929 and renumbered June 28, 1932.)

Regulation 4. Violations declared to be misdemeanors.† Any violation of any provision of this code is hereby declared to be a misdemeanor and is punishable by a fine of not more than fifty dollars or by imprisonment for not more than six months, or by both. (Amended January 22, 1916; renumbered May 1, 1929 and June 28, 1932.)

* See Penal Law, § 1741; Public Health Law, § 21-b.

† See Public Health Law, §§ 17, 21.

Regulation 5. Interference with placards prohibited. No person shall interfere with or obstruct any health authority in the posting of any placard in accordance with the requirements of the public health law or the sanitary code, in or on any place or premises, nor shall any person conceal, mutilate, or remove any such placard, except by direction 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, owner or person in charge of the premises whereon such placard was posted immediately to notify the health officer of such fact. (Added September 21, 1933.)

Regulation 6. When to take effect. Every regulation in this chapter, unless otherwise specifically stated, shall take effect on the first day of September, 1932. (Renumbered May 1, 1929, June 28, 1932, and September 21, 1933.)

(2) The term "municipality" means and includes a city, town, village or consolidated health district or any subdivision or part of the state of New York lawfully established as a separate public health unit.

(3) The term "board of health" or "local board of health" means and includes the local board, department or commissioner of health or other body or official of a municipality, by whatever title the same may be known, having the usual powers and duties of the board of health of a municipality.

(4) The term "health officer" or "local health officer" means and includes the health officer or other officer of a municipality, by whatever title he may be known, having the usual powers and duties of the health officer of a municipality. (Amended March 20, 1917, June 28, 1918, and May 25, 1919.)

(5) The term "approved laboratory" or "laboratory approved for the examination" shall mean a laboratory possessing a certificate of approval for the specified examination, issued by the state commissioner of health under the authority of § 4-b of the public health law. (Added May 20, 1932, and amended June 28, 1932.)

Regulation 2. Local health officer to file monthly report. Each local health officer shall submit to the district state health officer, on or before the 15th day of each month, a report for the previous month; provided, that in a county health district such reports from cities and villages shall be forwarded to the county commissioner of health, in towns, villages and consolidated districts such reports shall be submitted on a form prescribed by the state commissioner of health or if in another form shall be acceptable to the state commissioner of health and contain equivalent information. (Amended February 18, 1923, November 20, 1924, amended and renumbered June 28, 1932, and amended January 19, 1934.)

Regulation 3. Right of entrance and inspection. No person shall interfere with or obstruct the entrance to any house, building, vessel or other premises of the state commissioner of health or local health officer, or the authorized representative of either, in the discharge of his official duties; nor shall any person interfere with or obstruct the inspection or examination of any occupant of any such house, building, vessel or other premises by the state commissioner of health or local health officer, or the authorized representative of either, in the discharge of his official duties. (Added May 1, 1929 and renumbered June 28, 1932.)

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* See Public Law § 1741; Public Health Law § 21-b.
† See Public Health Law § 17, 21.

CHAPTER II

Communicable Diseases

(Adopted May 20, 1932)*

Regulation 1. Communicable diseases designated; cases and certain carriers to be reported to the state department of health.† When used in the public health law and in this code, the term infectious, contagious or communicable disease, shall be held to include the following diseases:

Anthrax
Botulism
Chancreoid
Chickenpox
Cholera, Asiatic
Diphtheria
Dysentery, amebic and bacillary
Encephalitis (lethargic and other infectious)
Epidemic or streptococcus (septic) sore throat
German measles
Glanders
Gonorrhoea
Malaria
Measles
Meningococcus meningitis
Ophthalmia neonatorum (suppurative conjunctivitis occurring in infants twenty-one days of age or less)
Paratyphoid fever
Plague
Pneumonia (all forms)
Poliomyelitis
Psittacosis
Rabies
Rocky Mountain spotted fever
Scarlet fever
Smallpox
Syphilis
Tetanus
Trichinosis
Tuberculosis
Tularemia
Typhoid fever
Typhus fever
Undulant fever
Vincent's angina
Whooping cough

Upon receipt of a report of a communicable disease the local health officer shall make a copy thereof in his permanent record and forward immediately the original to the state department of health, except that in cities of over 20,000 population, in lieu of an individual report of each case the local health officer may with the written consent of the state commissioner of health make such summarized reports as the commissioner may require.

The local health officer shall report promptly to the state department of health the name, age and address of each person in his district known to be or suspected of being a carrier of the organisms of typhoid fever or paratyphoid fever. He shall also make such supplementary reports of such carrier as the state commissioner of health may require. (Amended May 20, 1932, January 19, 1934, March 17, 1939 and September 22, 1939, effective November 1, 1939.)

* This chapter supersedes the original chapter II which was adopted April 7, 1914 and subsequently amended from time to time.

† See Public Health Law, §§ 14, 25.

Regulation 2. Reporting cases of communicable disease by physicians.* It shall be the duty of every physician to report to the local health officer, within whose jurisdiction such patient is, the full name, age and address of every person apparently affected with a communicable disease together with the name of the disease, within twenty-four hours from the time the case is first seen by him, and such report shall be by telephone or telegram when practicable, and shall also be made in writing, except that the written notice may be omitted with the approval of the state commissioner of health in cities of more than 20,000 population:

Provided that when a case of tuberculosis or syphilis occurs in a local health district of less than 50,000 population not having a whole-time health officer or in a state institution or in a tuberculosis hospital or sanatorium, such case shall be reported directly to the district state health officer having charge of the state health district in which such case occurs, unless the state commissioner of health shall have approved for such district the reporting of such cases to the local health officer.

Provided further that cases of chaneroid, gonorrhoea and syphilis shall be reported in writing, and that the patient's initials and date of birth may be given in lieu of the patient's name. The physician shall keep a record of each case reported by initials and date of birth and the corresponding name of the patient together with his address. The name and address of the patient shall be reported to the local or state health official to whom the attending physician is required to report such case, upon the special request of such official if in his judgment this action may be necessary to prevent the spread of the disease to other persons.

Whenever any person suffering from chaneroid, gonorrhoea or syphilis shall discontinue treatment while in the judgment of the attending physician he is capable of transmitting the disease to others such physician shall report immediately such facts together with the full name and address of the patient to the local or state health official to whom the attending physician is required to report such case. (Amended May 20, 1932 and June 23, 1936.)

Regulation 3. Reporting by others than physicians of cases of diseases presumably communicable.* When no physician is in attendance it shall be the duty of the head of a private household or the person in charge of any institution, school, hotel, boarding house, camp or vessel or any public health nurse or any other person having actual knowledge of an individual affected with any disease presumably communicable, to report immediately the name and address of such person to the local health officer. Until official action on such case has been taken, strict isolation shall be maintained. (Amended May 20, 1932 and January 25, 1935.)

Regulation 4. Reporting cases of communicable disease on dairy farms.† When a case of typhoid fever, paratyphoid fever, diphtheria, scarlet fever, epidemic or septic sore throat, poliomyelitis (acute anterior), amebic or bacillary dysentery, or Asiatic cholera occurs on any farm or dairy producing milk, cream, butter, or other dairy products for sale, it shall be the duty of the physician in attendance to report immediately to the local health officer the existence on such farm or dairy of such case. If no physician is in attendance it shall be the duty of the owner or person in charge of such farm or dairy to report forthwith to the local health officer the name and address of any person, who is affected with a disease presumably communicable, and who is employed or resides on or in such farm or dairy, or who comes in contact in any way therewith or with its products.

It shall be the duty of the health officer to report immediately to the district state health officer by telephone or telegram, the existence on such farm or dairy of a case of disease mentioned in this regulation, together with all facts as to the isolation of such case, and to give the names of the localities to which such dairy products are delivered. (Amended May 20, 1932.)

* See Public Health Law, §§ 14, 25.

† See Reg. 22-24.

Regulation 5. Reporting of rabid animals and of persons bitten.* It shall be the duty of every physician to report immediately to the local health officer the full name, age and address of any person under his care or observation who has been bitten by an animal having rabies or suspected of having rabies.

If no physician is in attendance and the person bitten is a child, it shall be the duty of the parent or guardian to make such report immediately. If the person bitten is an adult, such person shall himself make the report, or, if incapacitated, it shall be made by whoever is caring for the person bitten.

It shall be the duty of every person having knowledge of the existence of an animal apparently afflicted with rabies to report immediately to the local health officer the existence of such animal, the place where seen, the owner's name, if known, and the symptoms suggesting rabies.

The local health officer shall report forthwith to the state department of health the name, age and address of every person bitten by an animal having rabies or suspected of having rabies, and all the pertinent facts relating to any animal found to have or to have had rabies.

Regulation 6. Reporting of food poisoning. Every physician, visiting nurse, public health nurse, and every superintendent or other person in charge of any school, hospital, institution, dispensary, laboratory, labor camp or other camp, who shall have knowledge of the occurrence of a number or group of cases of illness believed to have been due to the consumption of spoiled or poisonous food, shall report the same immediately, by telephone or telegram, to the local health officer.

Regulation 7. Notification of outbreaks of food poisoning, diarrhea, jaundice, epidemic influenza, glandular fever, sore throat, and undiagnosed febrile disease. Whenever there shall occur in any municipality an outbreak of suspected food poisoning or an unusual prevalence of diarrhea, gastroenteritis, enteritis, colitis, enterocolitis, cholera nostras, cholera infantum or other disease in which diarrhea is a prominent symptom, or whenever jaundice, epidemic influenza, glandular fever, sore throat or any undiagnosed febrile disease is unusually prevalent, it shall be the duty of the health officer to report immediately the existence of such an outbreak to the state department of health by telegram or telephone. Local health officers shall exercise due diligence in ascertaining the existence of such outbreaks or the unusual prevalence of such diseases. (Amended May 20, 1932 and January 19, 1934.)

Regulation 8. Duties of registrars and health officers when deaths from communicable disease are reported. (a) It shall be the duty of the local registrar of vital statistics whenever a certificate of death from a communicable disease has been filed with him to report immediately to the health officer the name, age and address of the deceased, the disease, and the name of the physician who signed such certificate.

(b) It shall be the duty of every health officer upon receiving such a report to ascertain immediately whether such person has been reported as suffering during life with such communicable disease. The health officer shall also forward promptly all such reports or copies thereof to the state department of health, except as provided in paragraph (c) of this regulation. If the health officer ascertains that a physician has failed to report a case of communicable disease, he shall inform the physician of his failure to conform with the sanitary code, and, except in a county health district shall report to the state department of health the name and address of such physician.

(c) In a county health district it shall be the duty of the local health officer upon the receipt of a report, under the provisions of paragraph (a) of this regulation, to forward such report at once to the county health officer. If the county health officer ascertains that the physician has failed to report such case of communicable disease, he shall inform the physician of his failure to conform with the sanitary code, and shall report to the state department of health the name and address of such physician.†

* See Reg. 10; Public Health Law, §§ 21, 25-a; Agriculture and Markets Law, §§ 106-127.

† See Public Health Law, § 20-b.

Regulation 9. Physician to submit specimens for laboratory examination in cases or suspected cases of certain communicable diseases.* A physician in attendance on a person affected with or suspected of being affected with any of the diseases mentioned in this regulation shall submit to an approved laboratory, or to the laboratory of the state department of health for examination such specimens as may be designated by the state commissioner of health, together with data concerning the history and clinical manifestations pertinent to the examination:

Anthrax
 Chancroid
 Cholera, Asiatic
 Diphtheria
 Dysentery, bacillary
 Epidemic or streptococcus (septic) sore throat
 Glanders
 Malaria
 Meningococcus meningitis
 Ophthalmia neonatorum
 Paratyphoid fever
 Plague
 Syphilis
 Tularemia
 Typhoid fever
 Typhus fever
 Undulant fever
 Vincent's angina
 (Amended May 20, 1932, June 28, 1932 and June 5, 1935.)

* See Public Health Law, § 4-b, and regulations below.

Directions Governing Submission of Specimens

The following specimens should be submitted for laboratory examination, together with pertinent data concerning the history and clinical manifestations necessary for the examination.

ANTHRAX

- 1 Exudate from the lesion on a sterile swab (tube outfit with swab);
- 2 Films of the exudate on glass slides (slide outfit).

CHANCROID

In order to detect concurrent syphilitic infection, submit the specimens specified under syphilis.

CHOLERA, ASIATIC

- 1 A specimen of feces in a sterile container without preservative (jar outfit);
- 2 Ten cubic centimeters of blood to be examined for evidence of typhoid fever (typhoid tube outfit).

DIPHThERIA

A culture from the throat on Loeffler's blood-serum medium and, if symptoms of rhinitis are observed, a culture from the nose also (diphtheria culture outfit).

DYSENTERY, BACILLARY

- 1 A specimen of feces (typhoid jar outfit containing 30-per-cent glycerol);
- 2 Ten cubic centimeters of blood to be examined for evidence of typhoid fever (typhoid tube outfit).

EPIDEMIC OR STREPTOCOCCUS (SEPTIC) SORE THROAT

A culture from the throat on Loeffler's blood-serum medium, and the swab used in making the culture (diphtheria culture outfit).

GLANDERS

- 1 Ten cubic centimeters of blood (typhoid tube outfit);
- 2 A specimen of discharge on a sterile swab (tube outfit with swab);
- 3 Films of discharge on glass slides (slide outfit).

MALARIA

Films of blood, on glass slides, preferably taken just before the expected chill (slide outfit).

MENINGOCOCCUS MENINGITIS

A specimen of spinal fluid in a sterile container (tube outfit—swab or needle removed).

OPHTHALMIA NEONATORUM

Films of the exudate from the eye on glass slides (gonorrhoea slide outfit).

PLAGUE

- 1 A specimen of discharge or aspirated fluid, if a bubo is present (tube outfit with swab);
- 2 Ten cubic centimeters of blood (typhoid tube outfit);
- 3 In the pneumonic type of plague, a specimen of sputum (jar outfit).

SYPHILIS

- 1 Fluid from the lesion to be examined for *Treponema pallidum* (chancre fluid outfit containing capillary tubes);
- 2 Ten cubic centimeters of blood for the complement-fixation (Wassermann) test (syphilis tube outfit).
- 3 When laboratory tests fail to disclose evidence of syphilitic infection, 10 cc. of blood for the complement-fixation (Wassermann) test, taken at weekly intervals until eight weeks have elapsed following the appearance of the primary lesion, unless evidence of syphilis is obtained earlier.

TULAREMIA

- 1 Ten cubic centimeters of blood (typhoid tube outfit);
- 2 If ulcerating lesions are present, films of discharge on glass slides (slide outfit), and a specimen of discharge on a sterile swab (tube outfit with swab).

TYPHOID AND PARATYPHOID FEVER

- 1 Ten cubic centimeters of blood (typhoid tube outfit); if this is not practicable, from 2 to 4 drops of blood collected on a glass slide and allowed to dry (slide outfit);
- 2 A specimen of fluid feces (typhoid jar outfit containing 30-per-cent glycerol) and, if there is evidence of localization in the genitourinary tract, a specimen of urine (typhoid jar outfit containing 30-per-cent glycerol).

TYPHUS FEVER

- 1 Ten cubic centimeters of blood (typhoid tube outfit);
- 2 A specimen of feces to be examined for evidence of typhoid fever (typhoid jar outfit containing 30-per-cent glycerol).

UNDULANT FEVER

Ten cubic centimeters of blood (typhoid tube outfit).

VINCENT'S ANGINA

- 1 Films of the exudate on glass slides (slide outfit);
- 2 A culture from the exudate on Loeffler's blood-serum medium, to be examined for diphtheria bacilli and hemolytic streptococci (diphtheria culture outfit).

Regulation 10. Health officer to confine animal which has bitten person; to kill suspected rabid animal and send head of such to laboratory.* The health officer shall cause any animal which is of a species subject to rabies, and which has bitten any person, to be confined for one week unless such animal develops active symptoms of rabies within that time in which case it shall be killed under the direction of the health officer.

The health officer shall secure and confine or cause to be secured and confined under competent observation any animal within his jurisdiction suspected of having rabies for such time as may be necessary to determine the diagnosis. If such animal cannot be secured and confined, the health officer shall cause such animal to be killed. If an animal is known to have rabies it shall be killed under the direction of the health officer.

Any animal subject to rabies, which has been bitten by a known rabid animal, or is known to have been in intimate contact with a rabid animal, shall be destroyed unless it shall be isolated at the expense of the owner for a period of six months in a veterinary hospital approved by the health officer.

Whenever any animal that has or is suspected of having rabies dies or is killed it shall be the duty of the health officer to cause the head of such animal to be removed and sent immediately, properly packed, with a complete history of the case to a laboratory approved for this purpose by the state commissioner of health. (Amended May 20, 1932, June 28, 1932 and May 15, 1936.)

* See Reg. 5. For instructions as to packing and shipping and other information, see Laboratory Manual, under Rabies.

Regulation 11. Physician to isolate person with communicable disease and give instructions regarding prevention of spread of the disease.* It shall be the duty of the attending physician immediately upon discovering a case of communicable disease to cause the patient to be isolated, pending official action by the health officer. Such physician shall also advise other members of the household regarding precautions to be taken to prevent further spread of the disease and shall inform them as to appropriate specific preventive measures. He shall in addition furnish the patient's attendant with such detailed instructions regarding the disinfection and disposal of infective secretions and excretions as may be prescribed by the state commissioner of health. (Amended May 20 and June 28, 1932.)

Regulation 12. Precautions to be observed for the prevention of ophthalmia neonatorum.† It shall be the duty of the attending physician, midwife, nurse or other person in attendance on a confinement to drop into both eyes of the infant immediately on delivery a one per cent solution of nitrate of silver or some other agent equally efficient for preventing ophthalmia neonatorum.

Regulation 13. Health officer to investigate cases of communicable disease, to ascertain sources of infection, to seek out contacts and to take other steps to reduce morbidity and mortality. Except for diseases for which equivalent measures of investigation and control are specifically provided in other regulations of this code, it shall be the duty of the health officer, either personally or through a qualified representative, immediately upon receiving a report of a case of communicable disease:

- (a) To make such an investigation as the circumstances may require for the purpose of verifying the diagnosis, ascertaining the source of infection and discovering contacts and unreported cases;
- (b) To collect and submit, or cause to be collected and submitted, for laboratory examination such specimens as may furnish necessary or desirable information in determining the source of infection or in assisting diagnosis; and to furnish or to cause to be furnished with the specimens pertinent data on forms prescribed by the state commissioner of health in regard to the history of the cases, the physical findings and the epidemiological investigation which indicate the need for the examinations requested.
- (c) To give to a responsible member of every household living in the building in which such case exists or was taken sick, such appropriate circular as may be issued or approved by the state commissioner of health;
- (d) To assure himself that proper bedside disinfection is being employed, to instruct a responsible member of the household of the means to be taken to prevent further spread of the disease and to put into effect those other recognized measures which tend to reduce morbidity and mortality. (Amended May 2, 1932 and June 29, 1938.)

Regulation 14. Contacts, date of last exposure, isolation and quarantine defined. For the purposes of this code

- (a) The term *household contacts* shall include every person in a household wherein a case of communicable disease exists.
- (b) The term *incidental contacts* shall include persons other than household contacts who have been in contact with a person affected with a communicable disease.
- (c) The *date of last exposure of household contacts* shall be deemed to be the date of the removal of such household contacts to premises other than those where the case exists, or the date of the removal of the patient to other premises, or the date of release of the patient from isolation.
- (d) *Isolation*, except as specifically modified in other regulations of this code, shall consist of

* See Reg. 14-18.

† See Penna. Law, § 482, subd. 3.

- (1) Either (a) the care of the patient in a hospital approved by the local health officer for the care of such patients, or (b) The continuous separation of the patient or patients in a room used for no purpose other than their care from all persons except the physician and nurse or other person in attendance and such others as may be authorized by the health officer; and
 - (2) Disinfection of any article likely to convey infection, before its removal from such hospital or room. (Amended May 20, 1932.)
- (e) *Quarantine of premises*, except as specifically modified in other regulations of this code, shall consist of
- (1) Prohibition of entrance into or exit from the premises, as designated by the health officer, where a case of communicable disease exists of any person other than medical attendants and such others as may be authorized by the health officer.
 - (2) Prohibition, without permission and instruction from the health officer, of the removal from such premises of any article liable to contamination with infective material through contact with the patient or with his secretions or excretions, unless such article has been disinfected.
 - (3) Posting and maintaining at the entrance of the premises where a case exists a placard stating the existence therein of a communicable disease.
- (f) *Personal quarantine* shall mean restricting household contacts and/or incidental contacts to premises designated by the health officer. (Amended May 20, 1932.)

Regulation 15. Persons suffering from chickenpox, bacillary dysentery, measles, ophthalmia neonatorum, pneumonia, epidemic or streptococcus (septic) sore throat, typhoid and paratyphoid fever to be isolated. Whenever a case of one of the diseases mentioned in this regulation comes to the attention of the health officer, he shall establish and maintain isolation of such case for the period specified herein; when isolation on the premises is impracticable, the health officer may cause the removal of the patient to a suitable hospital.

Chickenpox: Until recovery.

Measles: Until recovery.

Ophthalmia neonatorum: Until two successive specimens* of the discharges obtained from each eye, taken at intervals of not less than 48 hours, shall have been found free from gonococci or other causative microorganisms in an approved laboratory.

Pneumonia: Until recovery.

Epidemic or streptococcus (septic) sore throat: Until recovery.

Typhoid fever: For ten days after clinical recovery from the disease. After the termination of such period of isolation such patient shall conform to the regulations for the control of typhoid carriers† until two successive specimens* of feces passed not less than three weeks after the date of onset and at an interval of not less than five days shall have been examined in an approved laboratory and found to be free from typhoid bacilli; a person who has recovered from typhoid fever shall not engage in the handling of milk, dairy products or other foods until all secondary or complicating infections incited by the agents of this disease have disappeared and until four successive specimens‡ of the intestinal discharges and urine of the person passed not less than three weeks after the date of onset and at intervals of not less than five days have been examined in an approved laboratory and found to be free from typhoid bacilli; provided that any person, in whose feces or urine typhoid bacilli are present one year after such person has recovered from typhoid fever, shall be released from the restrictions for typhoid carriers only with the approval of the state commissioner of health.

* See "Directions Governing Submission of Specimens" which accompany reg. 9, Chap. II.

† See Reg. 33.

Paratyphoid fever or diseases associated with organisms of the paratyphoid enteritidis group: For five days after clinical recovery from the disease except that no person shall engage in the handling of milk, dairy products or other foods until clinical recovery and until four successive specimens of intestinal discharges and urine, passed not less than one week after the date of onset and at intervals of not less than five days shall have been examined in an approved laboratory and found to be free from organisms of the paratyphoid enteritidis group.

Bacillary dysentery: For five days after clinical recovery from the disease except that no person shall engage in the handling of milk, dairy products or other foods until clinical recovery and until four successive specimens of intestinal discharges passed not less than one week after the date of onset and at intervals of not less than 24 hours shall have been examined in an approved laboratory and found to be free from organisms of the dysentery group. (Amended May 20, 1932 and January 21, 1938.)

Regulation 16. Smallpox, Asiatic cholera, plague and typhus fever cases to be quarantined. Whenever a case of one of the diseases mentioned in this regulation shall come to the attention of the health officer he shall isolate such case and establish and maintain quarantine for the periods hereinafter provided. When isolation on the premises is impracticable, the health officer shall 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 contact 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 revaccination show either an immune or an accelerated reaction, may be released from quarantine after the vaccinia 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 last exposure.*

QUARANTINE OF PREMISES: Until release or removal of the patient and the household contacts.

Cholera, Asiatic: Until release by the health officer.

Plague: Until release by the health officer.

Typhus fever: Until release by the health officer. (Amended June 26, 1929 and October 27, 1939, effective December 1, 1939.)

Regulation 17. Diphtheria, meningococcus meningitis, 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

* See Public Health Law, §§ 21, 25 and 310-311, and Approved Methods of Vaccination.

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 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, the first of such cultures being taken not less than one week from the day of the onset of the disease; except that if diphtheria bacilli continue to be present in cultures after five weeks from the 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.

Meningococcus meningitis: ISOLATION until two weeks after the temperature has become normal.†

PERSONAL QUARANTINE of children of household until release of patient.

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

PERSONAL QUARANTINE of children of household until release of the patient.

Scarlet fever: ISOLATION 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. (Amended May 20, 1932, June 26, 1934, March 15, 1935, and March 19, 1937.)

Regulation 18. Whooping cough cases to be restricted. A person suffering from whooping cough shall not be permitted to associate with children or attend public assemblies nor shall such a person, if a child, be permitted to leave the premises whereon he resides unless accompanied by an adult guardian who shall prevent contact with children. Such restrictions shall be maintained until the characteristic coughing has ceased and for one week thereafter provided that the maximum period of restriction shall be eight weeks.

Regulation 19. Interference with placards prohibited. 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.

Regulation 20. Removal of cases of communicable diseases from one health district to another restricted. No person affected with a disease mentioned in regulations 15 to 18 inclusive of this chapter shall be removed from one health district into another except with the permission of the health officer from whose district such person is removed and the permission of the health officer into whose jurisdiction such person is to be removed; and such removal

* See "Directions Governing Submission of Specimens," pp. 18, 19.

† Amended March 19, 1937.

shall be by means of a private conveyance, in charge of a responsible person and conducted in such manner as to prevent enroute the exposure of other persons to the patient.

Regulation 21. Isolation wards required in institutions for children. Every institution for children, in which twenty or more children sleep, shall be provided with at least one ward, room, apartment or tent so related to the living quarters of the institution as to permit therein proper isolation of a case of communicable disease. (Renumbered May 20, 1932.)

Regulation 22. Handling of food forbidden in certain cases.* No person who suffers from cholera, amebic or bacillary dysentery, epidemic or streptococcus (septic) sore throat, paratyphoid fever, poliomyelitis (acute anterior), scarlet fever, tuberculosis, or typhoid fever, or who resides in a household with a case of any of these diseases or is a carrier of the organisms causing any of them, shall serve or handle in any manner whatsoever, food intended for sale.

Regulation 23. Destruction of foods in certain cases.* When a case of diphtheria, epidemic or streptococcus (septic) sore throat, amebic or bacillary dysentery, paratyphoid fever, scarlet fever, poliomyelitis (acute anterior), or typhoid fever exists on any farm or dairy producing milk, cream, butter, cheese, or other foods likely to be consumed raw, the state commissioner of health or the local health officer may destroy or order the destruction of any such foods which in his opinion may have been infected. (Renumbered May 20, 1932.)

Regulation 24. Sale of food forbidden in certain cases.* When a case of diphtheria, epidemic or streptococcus (septic) sore throat, amebic or bacillary dysentery, paratyphoid fever, scarlet fever, poliomyelitis, or typhoid fever exists on any farm or dairy producing milk, cream, butter, cheese, or other milk products, no such milk or milk products shall be sold or delivered from such farm or dairy until such time as the local health officer shall have certified on a form prescribed by the state commissioner of health the termination of the period of isolation of the disease occurring on the dairy farm as required in regulations 15 through 17, provided, however, that milk or milk products may be sold or delivered from such farm or dairy upon certification by the local health officer to the manager or other responsible person in charge of the dairy, creamery, plant or shipping station, of the following conditions:

(a) That such milk or milk products are not brought into the house where such case exists;

(b) That all persons coming in contact with such milk or milk products eat, sleep and work wholly outside such house;

(c) That such persons do not come in contact in any way with such house or its inmates or contents;

(d) That said inmates are properly isolated and separated from all other parts of said farm or dairy, and efficiently cared for; and

(e) That a permit be issued by the health officer or in his absence by the district state health officer. (Amended January 19, 1934 and January 21, 1938.)

Regulation 25. Cleansing, renovation or disinfection, when required.† Adequate cleansing, renovation or disinfection of rooms, furniture, clothing and belongings when deemed necessary by the health officer or required by the public health law or by this code shall immediately follow release, death or removal of a person affected with a communicable disease. Such cleansing, renovation or disinfection shall be done under the direction of the health officer. Furniture, bedding, clothing, carpets, rugs or other articles which may have been contaminated with infective material and which are of such

* See Reg. 4, also Labor Law, § 333.

† Thorough cleansing, the use of soap and water, and full exposure to fresh air and sunlight are most efficient means of removing infective material, not only from the walls and floors of rooms, but also from furniture and other articles.

nature or in such condition that they cannot, in the opinion of the health officer, be properly cleansed or disinfected, shall upon his order be destroyed in the manner designated by him. (Renumbered and amended May 20, 1932.)

Regulation 26. Chancroid, gonorrhea and syphilis cases to be instructed, forbidden certain occupations, and otherwise restricted. Records not to be disclosed. It shall be the duty of a physician on the occasion of the first visit to or by a person suffering from chancroid, gonorrhea or syphilis to instruct said person in the precautions to be taken to prevent communication of the disease to others, and to inform him of the necessity of continuing treatment until cured, and further to give him a circular of information and advice issued or approved by the state commissioner of health.

No person suffering from the active form of gonorrhea or syphilis shall engage in any occupation involving intimate contact with children.

When a person suffering from chancroid, gonorrhea or syphilis is reported by the attending physician in accordance with the requirements of regulation 2 of this chapter as having discontinued treatment while potentially infectious, the state or local health officer to whom such cases of disease are reportable either personally or through a qualified representative, shall immediately make an investigation and, if in the judgment of the state or local health officer concerned further treatment is necessary to prevent the spread of disease, he shall require the patient to submit to such treatment.*

When a person affected with gonorrhea or syphilis conducts himself so as to become a menace to the health of another person the state or local health officer to whom such cases of disease are reportable may cause his isolation as defined in regulation 14 of this chapter and article XVII-B, section 343-o of the public health law for such a period as the state or local health officer concerned may deem necessary.

Records of the state department of health or of any local department of health or local health officer having custody of such records or of any laboratory, clinic or other institution relating to cases of chancroid, gonorrhea or syphilis shall be confidential, except that access to such records other than laboratory reports by representatives of official public agencies or non-official agencies concerned with the control of such diseases may be permitted at the discretion of the state or local health officer having custody of such records. A statement that a report has been received from a physician of the existence of chancroid, gonorrhea or syphilis in an individual may be made to an agency as above indicated by a state health officer, or local health officer having custody of chancroid, gonorrhea or syphilis case records, when in his judgment such disclosure will serve the best interest of the patient or his family, or contribute to the protection of the public health. An official or other person to whom such information is furnished or to whom access to such records has been given shall not disclose any such information except insofar as is necessary to serve the best interest of the patient or his family, or contribute to the protection of the public health. (Renumbered and amended May 20, 1932, amended November 18, 1938 and May 19, 1939, effective July 1, 1939.)

Regulation 27. Reported apparent cases of tuberculosis to be investigated; instruction by physician. Upon receiving a duly signed report of a person who appears to be suffering from tuberculosis pursuant to section 25 of the public health law, the state or local health officer to whom such cases are reportable shall cause an examination to be made of the case if it has not been previously reported by a physician as a case of pulmonary tuberculosis and shall take such further measures as may be indicated as a result of such examination; if such a person has been reported to him previously by a physician as one suffering from pulmonary tuberculosis and the physician has assumed the sanitary supervision thereof as permitted in section 328 of the public health law, the state or local health officer concerned shall ascertain promptly whether such physician is maintaining proper sanitary supervision.

* See Public Health Law, § 343-ll.

It shall be the duty of a physician in attendance on a person affected with active pulmonary tuberculosis to instruct such person or a responsible member of his family not to permit intimate contact of the patient with children nor to engage in any occupation involving the handling of food. (Amended November 18, 1938, effective December 1, 1938.)

Regulation 28. Records of tuberculosis cases confidential.* Records of the state department of health, or of any local department of health or local health officer having custody of such records, or of any laboratory, clinic, or other institution relating to cases of tuberculosis, shall be confidential, except that access to such records by representatives of official public agencies or non-official agencies concerned with the control of tuberculosis may be permitted at the discretion of the state or local health officer having custody of such records. A statement as to the existence of tuberculosis in an individual may be made to an agency as above indicated by a state health officer, or local health officer having custody of tuberculosis case records, when in his judgment such disclosure will serve the best interest of the patient or his family, or contribute to the protection of the public health. An official or other person to whom such information is furnished or to whom access to such records has been given shall not disclose such information except insofar as is necessary to serve the best interest of the patient or his family, or contribute to the protection of the public health. (Added February 2, 1915; formerly Reg. 8, chap. VII; transferred May 20, 1932, new section added November 18, 1938, effective December 1, 1938.)

Regulation 29. Tuberculosis records.† In any action or prosecution for violation of any of the provisions of the public health law, of the sanitary code, or of the ordinances or regulations of any local board of health, the person in charge of tuberculosis records or reports made in pursuance of the provisions of section twenty-five of the public health law may in obedience to a duly issued and served subpoena produce and allow to be placed in evidence the whole or any part of such records insofar as the same shall be deemed relevant by the court or by the judge presiding. (Added June 25, 1918; formerly Reg. 14, chap. VII; transferred May 20, 1932, amended November 18, 1938, effective December 1, 1938.)

Regulation 30. Health officer to inspect boarding or lodging houses in certain cases. Every boarding house or lodging house where a person or persons affected with tuberculosis may be boarded or lodged shall be inspected by the health officer of the municipality, whose duty it shall be to see that the requirements of the public health law and the sanitary code are complied with, and to furnish for posting such sections of the sanitary code and the public health law as may be required by the state commissioner of health. It shall be the duty of the proprietor or other person in charge of such boarding or lodging house to post in a conspicuous place such sections of the sanitary code and the public health law. (Formerly Regs. 6, 7, and 8, Chap. VIII; combined and amended May 20, 1932.)

Regulation 31. Carriers of disease germs defined; subject to restrictions.‡ For the purpose of the public health law and this code a carrier of disease germs is a person in whose secretions or excretions the germs of a communicable disease are present but who does not present clinical evidence of such disease and who has not suffered from such disease within the periods specified herein:

Diphtheria	5 weeks
Typhoid fever	10 days

Provided that any person, in whose feces or urine typhoid bacilli are present, who has not suffered from typhoid fever within one year shall be deemed a chronic typhoid carrier.

A person shall be deemed a carrier of disease germs if

- (1) the germs of communicable disease are found in his secretions or excretions by an approved laboratory; or

* See Public Health Law, §§ 25, 322, and Reg. 29.

† See Reg. 28.

‡ See Public Health Law, §§ 36-a, 326-a.

- (2) epidemiological evidence points to such person as the source of one or more cases of communicable disease and such person refuses to submit specimens of his bodily secretions or excretions for laboratory examination; or
- (3) such person is reported as a carrier of disease germs to the state department of health by the health authorities of New York city or of any state or nation. (Amended May 20, 1932 and January 21, 1938.)

Regulation 32. Duties of health officers in relation to typhoid carriers. The health officer, upon the determination that a person is a typhoid carrier, shall immediately report the fact to the state department of health giving the full name, age, occupation and address of such carrier, together with any other information relative to possible or probable infection of others. He shall also inform such person, or in the case of a minor, his guardian, that he is a typhoid carrier and shall give instructions in detail as to the precautions to be observed in preventing the spread of typhoid fever. Instructions given by the health officer shall include a copy of regulation 33 of this chapter and directions to wash the hands thoroughly with soap and water immediately after using the toilet and to use individual towels.

The health officer shall inform the head of the household in which a carrier resides that such an individual is a typhoid carrier and of the precautions to be observed, and no persons other than members of the family to which the carrier is immediately related, shall continue to be or become a member of the household in which the typhoid carrier lives, except with the permission of the health officer, and then only after the head of the household has first informed such person, or in the case of a minor, his parent or duly appointed guardian, of the presence of such carrier in the household.

The local health officer, either personally or through a qualified representative, shall visit each typhoid carrier in his jurisdiction at least once in each quarter of every year, in order to assure himself that the requirements of this code* for the control of typhoid carriers are being complied with and once in each quarter shall render a report regarding each such carrier to the state department of health upon a form prescribed for that purpose.

Regulation 33. Control of typhoid carriers. (1) The urine and feces of a typhoid carrier shall be disposed of in such a manner that they will not endanger any public or private water supply or be accessible to flies.

(2) No typhoid carrier shall prepare or handle any food or drink to be consumed by persons other than members of the household with whom he resides.

(3) No typhoid carrier shall conduct or be employed in any restaurant, hotel or boarding house, or conduct a lodging house in which, prior to taking lodgers, a separate toilet and bathroom has not been installed for the use solely of the typhoid carrier, which toilet shall be located in a part of the house separate from any parts which may be occupied by a lodger.

(4) No typhoid carrier shall reside or be employed in a boarding home for children.

(5) No typhoid carrier shall engage in the occupation of nurse, cook, waiter, nursemaid or in any other occupation involving the handling of milk, cream, milk products, or utensils used in the production thereof.

(6) No typhoid carrier shall be permitted to reside on premises on which one or more cows are kept except under conditions to be prescribed by the health officer, which conditions shall include a written agreement signed by the carrier, or if the carrier be a minor, by his parent or duly appointed guardian and by the owner of the cows or his representative. Such agreement shall stipulate either

- (a) that no milk, cream or other dairy products from such premises will be sold, or given away to persons other than members of the household residing on such premises, or

* See Chap. II, Reg. 33.

(b) that milk and cream will be sold from such premises only after a special permit is issued by the local health officer and countersigned by the district state health officer and the local health officer of the jurisdiction in which the milk or cream is to be sold, provided, however, that a county health commissioner may issue such permit without the countersignature of the district state health officer. Such permit and agreement shall provide that

(1) the milk or cream be sold only to the individual or firm designated in the permit, which individual or firm restricts its output to a pasteurized product.

(2) the carrier will not engage in any activities involving milking or the handling of milk, cream or dairy utensils, or enter the milk house or barns where the milk-producing cows are kept.

(3) no milk or cream which is to be subsequently sold nor any utensils used in the production of milk or cream shall be brought into the house occupied by the carrier.

(4) no changes shall be made in the source of the water supply or in the system by which it is distributed on the farm, nor in the means of sewage disposal, except with the approval of the local health officer and the district state health officer.

(5) all other members of the carrier's household except those who have had typhoid fever, shall have been vaccinated against typhoid fever.

(7) No typhoid carrier shall change his usual place of abode without first notifying the local health officer giving the proposed new address, and the health officer shall immediately inform the state department of health and the health officer into whose jurisdiction such carrier is to remove. (Added May 20, 1932, amended January 19, 1934.)

Regulation 34. Release of typhoid carriers from control restrictions. A chronic typhoid carrier may be released from restrictions only on approval of the state commissioner of health, 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 the removal of the gall bladder, each of three specimens of the duodenal contents taken in a hospital at intervals of not less than 24 hours, has been examined by the laboratory of the state department 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 by the laboratory of the state department of health and found to contain no typhoid bacilli. (Added May 20, 1932.)

Regulation 35. Control of diphtheria carriers. (1) The local health officer, upon the discovery of a diphtheria carrier, shall immediately advise the carrier or his guardian of the condition and give detailed instructions regarding the precautions to be observed in the disposal of the secretions of the nose and mouth and in regard to association with other persons. If the carrier be a school child, the health officer shall immediately notify the school medical inspector, superintendent, or principal of the school.

(2) A diphtheria carrier shall not leave the premises upon which he resides except by permission of the health officer, who shall issue such permission only when he is assured that necessary precautions will be taken for the protection of others. No diphtheria carrier shall be granted permission to attend school, church, Sunday school, moving picture show, or other place of public assemblage.

(3) No children shall be permitted to visit premises occupied by a diphtheria carrier.

(4) No milk, cream or milk products shall be sold or given away from a farm producing milk, on which a diphtheria carrier resides or is employed unless the requirements of section 6 (a) or subdivisions 1, 2 and 3 of section 6 (b) of regulation 33 of this chapter have been complied with.

(5) A diphtheria carrier shall be discharged from observation and restrictions when after examination in an approved laboratory, a virulence test shows the organisms to be nonvirulent or when two successive cultures* from the nose and throat, taken at intervals of not less than twenty-four hours, have been found to contain no diphtheria bacilli. (Added May 20, 1932.)

Regulation 36. Duties of undertakers. It shall be the duty of every person taking charge of the preparation for burial of the body of any person to ascertain whether such person died of a communicable disease and if such person died of Asiatic cholera, diphtheria, glanders, plague, scarlet fever, smallpox, or typhus fever, it shall be his duty to cause it promptly to be placed in a coffin or casket, which shall then be immediately and permanently closed. This regulation shall not be construed to prohibit the embalming of any such body, but if the body is to be embalmed the undertaker shall cause such embalming to be done immediately upon taking charge of the body, except that, when a permit for embalming is required this shall not proceed until the receipt of such permit. Immediately after the embalming he shall cause such body to be placed in a coffin or casket as hereinabove directed.

After handling, embalming, or preparing for burial the body of a person dead of a communicable disease, such parts of the person's garments, and utensils or other articles of the undertaker or his assistants, as may have been liable to contamination with infective material, shall be immediately cleaned or disinfected or sterilized.

After handling the body of a person who has died of smallpox, the undertaker or embalmer and any of his assistants shall be subject to the regulations of this code pertaining to smallpox contacts. (Renumbered and amended May 20, 1932.)

Regulation 37. Public funerals forbidden in certain cases.† A public or a church funeral shall not be held of any person who has died of Asiatic cholera, diphtheria, meningococcus meningitis, plague, poliomyelitis (acute anterior), scarlet fever, smallpox, or typhus fever, unless the consent of the local health officer has been first obtained. (Renumbered May 20, 1932.)

Regulation 38. Importation, breeding, sale or offer of sale of psittacine birds prohibited. The importation, breeding, 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 commissioner of health. This regulation is to take effect on the first day of October, 1939. (Added and renumbered May 2, 1938, amended September 22, 1939.)

Regulation 39. When to take effect. Every regulation in this chapter, unless otherwise specifically stated, shall take effect on the first day of September, 1932. (Renumbered February 18, 1938.)

* See "Directions Governing Submission of Specimens", pp. 18, 19

† The purpose of this regulation is to prevent the spread of disease by any member of the deceased's family or household who may be convalescent from the disease, or who may have the disease in a mild or unrecognized form, or who may be a carrier thereof.

The intent of the amendment is to make it possible for a health officer, at his discretion, to issue permission for public funerals in instances in which there has been no contact between the deceased and his friends or relatives during his illness.

CHAPTER III

Milk and Cream

(Adopted June 16, 1914)

Regulation 1. Definitions. When used in this chapter the term "milk" means cow's milk and goat's milk for human consumption, either raw or pasteurized but in its original liquid state; the term "cream" means that portion of the milk containing not less than eighteen per centum of milk fat, and in liquid or frozen state for human consumption; the term "milk products" means skimmed milk, buttermilk, cultured milk, cultured skimmed milk, mineral modified milk, concentrated milk, drinks containing milk or skimmed milk or cream, sour cream, or cream to which any substance has been added and for use in fluid state or whipped; the term "milking animal" means milch cow or milch goat; the term "health officer" means the health officer or health commissioner of the municipality in which milk or cream is to be sold or offered for sale; the term "person" means a corporation, association, firm or individual; the term "producer" means a person who maintains milking animals for the purpose of obtaining milk for sale as such; the term "dairy" means the place where such milk is produced; the term "dealer" means a person who sells milk, cream or milk products to the consumer; the term "consumer" means any person who secures milk, cream or milk products to be used as such as a food by himself or others but not for resale except for consumption on the premises where resold or served; the term "bottling plant" means any place where milk and/or cream is bottled; the term "Vitamin D milk" means milk in which the Vitamin D content has been artificially increased; the term "bottle" means a container of glass so constructed as to be closed with a plug or lip covering type of milk bottle cap or a container of paper of a type approved by the state commissioner of health for single service use; and the term "hermetically sealed" means tightly sealed by a process of fusion or by a process of wedging or crimping. The terms "standard agar plate method" and "standard direct microscopic method" mean the methods adopted as standard by the state commissioner of health. (Added May 6, 1927, amended December 14, 1927, June 28, 1932, December 15, 1933, March 16, 1934, April 14, 1939 and May 17, 1940.)

SECTION A—PERMITS

Regulation 2. Permit required for sale of milk and/or cream and/or milk products. No person shall sell or offer for sale or deliver milk or cream or milk products to consumers, without first having obtained a permit from the health officer, unless such milk or cream or milk product has been obtained from a person holding a permit from the health officer and is to be consumed upon the premises where sold or served. A permit shall be granted only to a person who conforms to the requirements of this code. Permits shall be issued on forms prescribed by the state commissioner of health and the health officer shall transmit within five days a copy of each permit, except storekeepers' permits, to the district state health officer.

All permits shall expire annually on the thirty-first day of December, unless another date is designated by the local board of health, and shall be renewable on or before such date in each year.

A permit may be suspended at any time by the health officer or by the state commissioner of health for violation of the sanitary code or otherwise when deemed by him necessary for the protection of the public health; a permit may be revoked by the health officer or by the state commissioner of health after a hearing on due notice. The health officer may order any person holding a permit to exclude for a specified period the milk from any dairy failing to comply with any of the provisions of this chapter and may suspend the permit of any such person for failure to comply with such order.

A permit for the sale of pasteurized milk and/or pasteurized cream shall be issued only after the health officer has been officially notified that the plant in which such milk and/or cream is pasteurized has been inspected as to apparatus, sanitary conditions and efficiency of operation by an authorized representative of the state department of health and that in these respects at the time of inspection the conditions found were such as to warrant issuance of a permit.

A permit for the sale of "Special A Raw" milk and/or "Special A Raw" cream shall be issued only after the health officer has approved the dairies and bottling plant supplying such milk and/or cream and after due notice thereof to the state commissioner of health, such health officer has been officially notified by said commissioner that such dairies and such plant have been inspected as to apparatus, sanitary conditions and efficiency of operation, by an authorized representative of the state department of health, and that in these respects at the time of inspection the conditions found were such as to warrant issuance of a permit. (Renumbered May 6, 1927, amended May 6, 1927, May 19, 1930, June 28, 1932, December 15, 1933, March 16, 1934, September 24, 1937, and April 14, 1939.)

Regulation 3. Application for permit required. Every person seeking to obtain a permit to sell milk and/or cream and/or milk products shall make a written application in duplicate therefor to the health officer on a form prescribed by the state commissioner of health, in which shall be stated the grade or grades of milk and/or cream proposed to be sold and the estimated quantities of each. The health officer shall transmit the duplicate copy of each application except storekeepers' applications within five days to the district state health officer. The applicant shall furnish the health officer or his authorized representative, upon demand, with the name of each producer, distributor, bottler, pasteurizer or shipper from whom the applicant receives or expects to receive milk or cream, together with the approximate amount to be furnished by each. If a permit be granted he shall thereafter maintain at all times accessible to the health officer or his representative, a complete record including the names and addresses of all persons from whom he at any time directly or indirectly, obtains milk and/or cream, with the approximate amount obtained from each and if obtained for a temporary period, the dates within which it was so obtained. Upon making any change in the source of such supply, he shall give notice thereof to the health officer not less than forty-eight hours before making such change. (Renumbered May 6, 1927, amended May 6, 1927, December 14, 1927, May 19, 1930, June 28, 1932, September 24, 1937 and April 14, 1939.)

Regulation 4. Inspection to be permitted. Every person engaged in the sale of milk and/or cream shall at any time allow the health officer or his representative or any authorized representative of the state commissioner of health to make such inspections, take such samples or specimens and examine such records as he may consider necessary for the purpose of carrying out the provisions of this chapter. (Renumbered May 6, 1927, amended May 6, 1927, June 28, 1932 and April 14, 1939.)

Regulation 5. Inspection, bacterial counts and physical examination required. The health officer, before issuing or renewing a permit to sell milk and/or cream shall cause an inspection to be made of every dairy farm where such milk or cream is produced and of every plant in which it is to be received, bottled, pasteurized or otherwise handled, the results to be recorded upon a form or forms prescribed by the state commissioner of health; he shall cause to be made by a licensed veterinarian approved by the state commissioner of health a physical examination of all milking animals producing milk to be sold or offered for sale as milk or as cream. The results of such inspections and examinations shall be recorded on a form or forms prescribed by the state commissioner of health. Records of physical examinations shall be filed with the health officer within three days after such examinations are made. A copy of such record shall also be filed at the plant to which milk is delivered and kept on file for a period of one year and until the record of a succeeding examination is filed. Whenever the veterinarian, upon examination of any milking animal shall consider the milk obtained from such animal to be unwholesome or unfit for human consumption, the milk shall not be sold or used for human consumption and such animal shall be removed from contact with the milking herd and shall not be returned to the milking herd until recovered and the milk obtained from such animal has been found by a licensed veterinarian to be fit for human consumption. The health officer shall also cause to be taken official samples of such milk and cream and shall cause bacterial counts to be made for the purpose of grading and determining whether the condition of such milk and cream is such as to be in compliance with the requirements of this chapter. Bacterial counts to be used for the purpose of grading shall be made by the standard agar plate method upon not less than four samples of milk or cream, each sample to be taken on a different day. Whenever more than one of four successive counts are higher than the limits herein prescribed for the grade, the milk and/or cream shall be considered not to meet grade requirements. Such bacterial counts, to be so used, shall be made only in a laboratory approved for such purpose by the state commissioner of health. Thereafter, at intervals of not more than three months, official samples of milk and cream before pasteurization and as delivered to consumers shall be taken and bacterial counts made. The standard direct microscopic method may be substituted for the standard agar plate method in the grading of milk or cream which has not been pasteurized. An official sample of milk or cream for bacteriological examination shall be one collected by the health officer or his official representative. An official sample of milk and/or cream before pasteurization shall be taken at the receiving station or pasteurizing plant and shall consist (1) of a sample of the mixed milk received on any day taken from the receiving tank or vats, or (2) of a series of weigh vat samples for any day from each producer delivering milk

for pasteurization, or (3) of a series of producer samples as hereinafter defined from all producers taken on the same or successive days. Samples of milk from producers shall be considered official when collected from each can of milk delivered by each producer on any day at a shipping station, bottling or pasteurizing plant. Official samples of dealer's milk shall be collected as delivered to the consumer or other dealer but while in the possession of the dealer.

The health officer may, however, in his discretion, accept and use in connection with the issuance of such a permit the reports of the health officer of another municipality or of the state department of health with reference to inspections, bacterial counts and physical examinations of milking animals, when furnished with official records of the results thereof.

The health officer, when convinced that an applicant is complying or will comply with the requirements of this chapter, may in his discretion issue to such applicant a temporary permit to sell milk and/or cream pending the completion of the inspections and the examinations of milk and/or cream samples and of milking animals herein prescribed, or to provide reasonable opportunity for completion of necessary changes in methods or equipment, but such a temporary permit shall not continue in effect more than thirty days. (Renumbered May 6, 1927, amended May 6, 1927, December 14, 1927, June 26, 1929, May 19, 1930, June 28, 1932, December 15, 1933, and April 14, 1939.)

Regulation 6. Milk or cream sold or served by stores and public eating places. Except as otherwise provided herein, no milk or cream or milk products shall be sold in any store, market, stand or other public place, unless the proprietor or manager thereof has first obtained a permit from the health officer. Every proprietor or other person in charge of any store, hotel, restaurant, soda fountain, milk bar, roadside stand or other public place where milk or cream is sold or served either alone or, without cooking, in combination with or upon any other drink or food substance, to be consumed on the premises or elsewhere shall, upon demand, furnish the health officer, or his representative, with the names and addresses of all persons from whom he receives milk or cream.

In every such place, except stores selling only bottled milk and/or cream that is or are not to be consumed on the premises where sold, there shall at all times be displayed prominently where easily legible by all customers, a statement indicating clearly whether raw or pasteurized milk and/or cream is being served. Such statement shall appear upon a placard conspicuously posted or upon the menus, if menus are regularly used.

Such milk or cream as well as that sold in bottles which is not to be consumed on the premises where sold, shall be kept in a suitable clean place at a temperature of 50 degrees Fahrenheit or lower until sold or served. (Renumbered May 6, 1927, amended May 6, 1927, June 28, 1932, December 15, 1933 and April 14, 1939.)

SECTION B—REQUIREMENTS OF GENERAL APPLICATION

Regulation 7. Construction and maintenance of utensils and apparatus. All pails, cans, containers, pipes, pumps, valves, coolers or other utensils or apparatus used for the collection, treatment or storage of milk or cream shall have smooth inner surfaces and otherwise be so constructed as to be readily cleaned, shall have all seams with which milk or cream comes in

contact flush, shall have no threads exposed to milk, and shall be free from dents and rust spots. Pipes, pumps, valves, milking machines and other apparatus shall be so constructed as to be easily inspected, disassembled and cleaned. Coolers shall be maintained free from leaks. Surface coolers shall be provided with suitable covers unless such coolers are located in a well-protected, dust-free room used for no purpose other than the cooling of milk or cream. Stools used during milking shall be so constructed as to be readily cleaned and shall be kept clean. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927, June 28, 1932 and December 15, 1933.)

Regulation 8. Containers utensils and apparatus to be cleaned, sterilized and properly stored. Adequate facilities for the cleansing and sterilization of all utensils, containers and apparatus used in the production, handling, transportation, treatment or storage of milk or cream shall be provided by producers and dealers. All such containers, apparatus and utensils except approved single service containers of a type approved by the state commissioner of health shall be thoroughly washed and cleaned immediately after each use and shall be sterilized daily. Washed and sterilized containers, if stored, shall be inverted until about to be filled and so protected as to prevent contamination.

Parts of equipment, if not immediately reassembled after washing, and all containers and utensils shall be suitably stored to permit drainage and prevent contamination.

Milking machines shall be rinsed after each milking, washed and sterilized. Such machines shall be disassembled at least once each day before washing except when an equally efficient method of cleaning is approved by the health officer. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927, June 28, 1932, December 15, 1933, and May 17, 1940.)

Regulation 9. Receptacles to be kept in sanitary condition. When to be condemned and seized. Every can or other vessel used to contain milk or cream shall be kept constantly in a clean and sanitary condition. When emptied and before being returned to a producer by a bottling, pasteurizing or shipping plant every such can or other vessel shall be effectively cleansed and sterilized. The local health officer or his representative shall condemn any such can or other vessel found by him to be in such condition that it cannot by washing be rendered clean and sanitary.

It shall be the duty of all persons to whom milk or cream is delivered to clean thoroughly the containers in which such milk or cream is delivered, before returning such containers. No person shall use or cause or allow to be used any container used in the transportation of milk or cream for any purpose other than the holding of milk or cream, nor shall any person place therein, except for the purpose of cleansing, any article or substance other than milk or cream. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927 and June 28, 1932.)

Regulation 10. Suitable water supply to be provided. An adequate water supply of a safe sanitary quality shall be provided for the washing and cleansing of utensils, containers and apparatus used in the handling of milk or cream and in bottling and pasteurizing plants for cooling milk or cream. No privy, cesspool, pile of manure, stable or other source of pollution shall be located in such proximity to the source of water supply as to make the pollution of the same probable. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927, June 28, 1932 and December 15, 1933.)

Regulation 11. Suitable flush closets or sanitary privies to be provided. Satisfactory flush closets or sanitary privies shall be provided at dairy farms and at all plants where milk or cream is handled. (Added June 28, 1932.)

Regulation 12. Milk and cream to be kept cold. All dairy farms, shipping stations, bottling and pasteurizing plants shall have adequate facilities for the proper cooling and storing of milk or cream. Milk to be labeled or designated as Grade A Pasteurized, Special A Raw or Grade A Raw, shall be cooled immediately after milking to a temperature of 50 degrees Fahrenheit or less, except morning's milk which is to be delivered to a shipping station, bottling or pasteurizing plant before eight A. M. standard time, or between December first and April first, before nine A. M. and night's milk which is to be so delivered immediately. Milk to be labeled or designated as Grade B Pasteurized shall be cooled immediately after milking to a temperature of 60 degrees Fahrenheit or lower, except morning's milk which is to be delivered to a shipping station, bottling or pasteurizing plant before nine A. M. and night's milk which is to be so delivered immediately. Milk from each farm shall be delivered to the milk plant in separate containers.

After delivery to a shipping station, bottling or pasteurizing plant all milk and/or cream shall be maintained at a temperature of 50 degrees Fahrenheit or lower until delivery to the consumer, except during processing requiring the heating of the milk or cream.

Bottled milk or cream, if stored in water, shall be so stored that the tops of the bottles will not be submerged. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927, May 19, 1930, June 28, 1932, March 16, 1934 and April 14, 1939.)

SECTION C—PRODUCTION

Regulation 13. Sale of certain milk prohibited. No milk or cream shall be sold or offered for sale other than that which is fresh, clean, obtained from healthy milking animals, and free from any bloody, stringy or abnormal milk and free from colostrum. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927, May 19, 1930, December 15, 1933 and April 14, 1939.)

Regulation 14. Mastitis. The producer shall exercise constant vigilance to detect promptly the existence in any milking animal of any inflamed condition of the udder or teats. Upon occurrence of mastitis, garget or other inflamed condition of the udder or teats of a milking animal, the dairyman shall immediately exclude the milk from such milking animal. (Added May 19, 1930, renumbered June 28, 1932, amended November 14, 1931, June 28, 1932 and April 14, 1939.)

Regulation 14-a. Illness among milk handlers. No person suffering from sore throat, discharging sores, or any illness involving fever shall be permitted to milk or to handle milk or milk utensils until he has been examined by a physician and determined not to be suffering from any infection communicable through milk. (Added April 14, 1939.)

Regulation 15. Stables and yards to be kept in sanitary condition. Stables in which milking animals are housed shall be kept clean. The floors, beds and gutters shall be of concrete or similar impervious material and water-tight. The ceilings shall be dust-tight and both walls and ceilings shall be whitewashed at intervals of not more than one year or painted once

every two years and shall be kept free from dust and cobwebs. Windows shall be provided, kept clean and so arranged as to insure adequate light properly distributed. Adequate ventilation shall be maintained. Manure shall be removed at least once daily and so disposed of that the milking animals will not have access thereto. Liquid matter shall at no time be allowed to accumulate under or around the stable, except in properly constructed receptacles. The yard for milking animals shall be properly drained.

No hogs, pigeons or fowls shall be permitted in the stable. Nothing herein contained shall be deemed to prohibit the use of straw sheds into which milking animals are turned for exercise providing that such straw sheds are well lighted and are bedded frequently with clean fresh straw. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927, December 14, 1927, June 28, 1932, December 15, 1933 and April 14, 1939.)

Regulation 16. Milking animals and hands of milker to be clean. Long hairs on the flanks, udders and tails of milking animals, except the brushes of the tails, shall be kept clipped. All milking animals shall be clean at time of milking. The hands of milkers shall be clean and dry at the time of milking. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927, December 14, 1927, June 28, 1932 and April 14, 1939.)

Regulation 17. Milk house or milk room to be provided. A properly constructed, lighted and ventilated milk house or milk room shall be provided and used exclusively for the handling of milk. It shall not open directly into a stable or into any room used for domestic purposes and shall be maintained in a clean condition and kept free from flies. Milk shall be removed from the stable as soon as the milking pail is filled and shall be immediately strained in the milk house or room. Only sterilized single service strainer discs shall be used.

The floors of milk houses constructed, reconstructed or extensively altered after July 1, 1934 shall be of concrete or similar impervious material. Such milk houses excepting those having walls of smooth masonry shall be ceiled in such a manner as to be easily cleaned. Unless another approved refrigerating system is used, a cooling vat with hinged cover and of sufficient capacity to cool adequately the milk produced shall be provided in such milk houses. Adequate metal racks shall be provided and used for the storage of containers and utensils unless a satisfactory drying chamber is provided and used. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927, December 14, 1927, June 28, 1932 and December 15, 1933.)

Regulation 18. Tuberculin test, Bang abortion disease and mastitis. Whenever milk or cream is to be sold as from tuberculin tested milking animals, all animals in the herd shall be given a tuberculin test annually, except when, in an accredited county, a longer period is approved by the commissioner of agriculture and markets under the accredited herd plan, such test to be made by a veterinarian approved by the state department of agriculture and markets and to be conducted in accordance with the provisions of the agricultural laws of the state of New York. No animal shall be added to the herd at any time unless it has passed the tuberculin test, and the milk or cream from any milking animal giving a positive reaction to such test shall be excluded from sale as milk or cream from tuberculin tested milking animals.

In herds producing milk to be designated as Certified or Certified-Pasteurized the tuberculin test shall be applied at intervals of not less than six months except when no additions are made to fully accredited herds and a longer interval is approved by the state commissioner of health. A copy of the record of the tuberculin test shall be filed at the plant to which milk is delivered and shall be kept on file and accessible to the health officer for one year and until the record of a succeeding test is filed.

Whenever milk or cream is to be sold as from milking animals free from Bang abortion disease, either the herd shall be placed under the official *Brucella abortus* blood testing program supervised by the United States Department of Agriculture and the New York State Department of Agriculture and Markets or samples of blood from all animals in the herd shall be taken and examined by the *Brucella abortus* agglutination test in a laboratory approved for such purpose by the state commissioner of health and the results reported to the health officer. Unless tests are being made under the Department of Agriculture plan, such tests shall be made at intervals of not more than three months, unless after repeated tests showing no reacting animals in the herd a longer period be approved by the state commissioner of health. All animals providing blood specimens which show an agglutination with *Brucella abortus* antigen in a dilution of one to one hundred or greater shall be considered as infected with Bang abortion disease. In herds producing milk to be sold or offered for sale as Certified, Certified-Pasteurized, Special A Raw or Grade A Raw milk or cream, milking animals infected with Bang abortion disease shall be immediately removed from the milking herd and the milk from such animals shall be excluded from sale as Certified, Certified-Pasteurized, Special A Raw or Grade A Raw milk or cream.

Whenever milk or cream is to be sold as from milking animals free from mastitis all milking animals showing any evidences of mastitis upon physical examination by a licensed veterinarian are to be excluded from the milking herd and not readmitted while showing evidences of mastitis and the first streams of milk from each teat of each milking animal at each milking shall be milked through a fine metal mesh or dark colored cloth for the purpose of detecting abnormal milk and such fore-milk shall be discarded. When any abnormal fore-milk is detected in any portion of the udder, the milk from that milking animal shall be excluded and such animal shall be excluded from the milking herd and subjected to a physical examination by a licensed veterinarian and shall not be readmitted to the milking herd without the approval of the veterinarian after reexamination. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927, December 14, 1927, May 19, 1930, June 28, 1932, December 15, 1933, January 19, 1934, March 16, 1934, October 18, 1935 and April 14, 1939.)

SECTION D—SHIPPING STATIONS, BOTTLING AND PASTEURIZING PLANTS

Regulation 19. Buildings. Rooms or buildings in which milk or cream is received, bottled, pasteurized or stored and/or in which milk or cream containers are washed and sterilized shall be suitable for such purpose, well lighted and ventilated and kept clean and free from flies and shall not open directly into a stable or into any room used for domestic purposes. The floors shall be watertight and impervious, well drained and proper disposal of drainage provided. The walls and ceilings of such room shall be

of tight construction. A separate room shall be provided in which cans, bottles and other utensils shall be received and cleaned except in plants where all washing operations are completed before any pasteurizing or bottling operations are commenced. Nothing in this regulation shall be interpreted as preventing farmers' cans from being washed in the receiving room. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927, December 14, 1927, June 28, 1932, December 15, 1933.)

Regulation 20. Facilities for washing hands to be provided and used. Conveniently located washing facilities, including running water, soap and individual sanitary towels shall be provided and used. All persons carrying on work which may bring their hands in contact with milk or cream or with sterilized surfaces with which either milk or cream may come in contact, shall keep their hands clean while so engaged. (Added June 28, 1932.)

Regulation 21. Bottling and capping machines to be provided and used. No milk or cream shall be bottled except by means of mechanical bottle fillers and cappers. Such bottle fillers shall be covered with suitable tight fitting covers while in use. Caps shall be procured in sanitary tubes and kept therein in a clean place until used. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927, May 19, 1930 and June 28, 1932.)

Regulation 22. Pasteurization defined. No milk or cream shall be labeled or designated as pasteurized unless

(a) Every particle of such milk or cream has been subjected to a temperature of 143 degrees Fahrenheit or more continuously for not less than thirty minutes in pasteurizing apparatus of a type approved by the state commissioner of health, or

(b) Every particle of such milk and/or cream is subjected to a temperature of 160 degrees Fahrenheit or more continuously for not less than fifteen seconds in pasteurizing apparatus of a type approved by the public health council and installed under the written permission of the state commissioner of health. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927, December 14, 1927, March 14, 1928, May 20, 1932, June 28, 1932 and December 15, 1933.)

Regulation 23. Pasteurizing equipment and operation. All pasteurizing plants shall be so equipped and operated that the milk and/or cream shall conform to the requirements of this code.

Pasteurizers shall be protected against leakage of unpasteurized milk into the holding compartment during the holding and emptying periods, shall be protected against a leakage of milk into the outlet line during the filling and holding periods by a method approved by the state commissioner of health, shall be free from foam having a temperature of less than 143 degrees Fahrenheit during the holding period, and shall be provided with suitable tight fitting covers kept closed during operation and so constructed that anything on the covers will not drop into the milk or cream when the covers are in either their open or closed position.

Every pasteurizing plant in which milk or cream is heated to the pasteurizing temperature before being introduced into the holder shall be equipped with a suitable automatic temperature controlling device which shall be so installed as to regulate effectively the temperature of the milk or cream during the heating period.

Each high-temperature, short-time pasteurizer shall be equipped either with an automatic milk pump stop or with a flow diversion valve. Such pump stop or flow diversion valve shall be kept, at all times, in proper working order and adjustment so that it will immediately stop the flow of milk or cream through the apparatus or divert such flow for reheating when the temperature of the heated milk or cream at the pump stop or flow diversion control bulb reaches 160 degrees Fahrenheit during descending temperatures and shall not start the flow to the cooler until a temperature of 160 degrees Fahrenheit is reached during ascending temperatures. Such bulb shall be so placed that any milk or cream passing the bulb will be held at least fifteen seconds by color test before being discharged.

Regenerative and surface coolers and heaters shall be so constructed and maintained as to prevent any unpasteurized milk or cream from mixing with pasteurized milk or cream.

Each pasteurizing apparatus shall be equipped with an accurate indicating thermometer and temperature recording device of a type approved by the state commissioner of health.

Indicating thermometers shall be of the liquid-filled stem or angle type installed as approved by the state commissioner of health. Such thermometers shall have at least 1/16 inch scale divisions per degree, shall have a mark etched in the glass at pasteurizing temperature and shall be accurate at that temperature.

Recording thermometers shall be built to use charts having not less than 1/16 inch scale divisions per degree within three degrees above and below pasteurizing temperature on the standard 12 hour chart and shall be properly installed and accurate at such temperature. Such charts shall be dated daily, kept on file for at least ninety days, and shall be changed daily; except that with the written permission of the health officer, records for more than one day may be placed on a chart. All recording thermometers shall be checked against the indicating thermometers daily by the plant operator and shall be kept in good operating condition. The location of the bulbs of recording thermometers in the milk or cream shall be subject to the approval of the state commissioner of health. (Added June 28, 1932, amended December 15, 1933 and April 14, 1939.)

Regulation 24. Protection of pasteurized milk and cream. Pasteurized milk and cream:

Shall be removed from the pasteurizer only through a closed system of sanitary milk piping;

Shall be immediately cooled to a temperature of 50 degrees Fahrenheit or lower and immediately placed in clean, sterilized containers which shall immediately be capped or tightly covered;

Shall not be discharged through pipes, pumps and/or equipment which have been previously used for unpasteurized milk and have not been subsequently sterilized;

Shall not be strained or filtered except through a metal strainer which is so arranged as to be a part of and sterilized with the bottling machine.

Milk shall not be repasteurized.

Milk shall not be transferred after pasteurization to another plant or place to be bottled except after approval by the state commissioner of health upon recommendation of the health officer. (Added June 28, 1932, amended December 15, 1933 and March 16, 1934.)

SECTION E—GRADES

Regulation 25. Designations of milk. No milk shall be sold or offered for sale unless it shall bear prominently one and only one of the following designations:

Certified-Pasteurized
Grade A Pasteurized
Grade B Pasteurized
Certified
Special A Raw
Grade A Raw

No false, ambiguous or misleading word, term or design shall appear on any cap or tag containing such designation, nor upon the containers.

The caps or tags on the containers or if caps are not used, the containers shall bear the grade designation in the exact form and size designated by the state commissioner of health in the following colors: for Certified-Pasteurized, the word Certified in red and the word Pasteurized in black; for Grade A Pasteurized, black; for Grade B Pasteurized, bright green; for Certified, red; for Special A Raw, blue; for Grade A Raw, bright red; provided, however, that when the grade designation is embossed in metal no color is required. The name and address of the dealer shall also appear upon the cap, tag, or container. No printed or other matter appearing on the cap or tag shall be so placed as to obscure the grade designation and name and address of the dealer which shall be clearly visible without the removal of an outer cap or covering.

No unused caps or tags shall be kept in any store in which milk or cream is sold nor on any vehicle while in use for the delivery of milk or cream, nor on any person while engaged in delivering milk or cream.

All milk shall be delivered to the consumer in bottles except that with the written permission of the health officer, milk in receptacles containing ten quarts or more, properly labeled as to grade and destination and with covers sealed, may be delivered and sold to hospitals, institutions, camps, hotels, restaurants and other public eating places to be consumed on the premises but not to be dispensed in bottles, and except that with the written permission of the health officer, such milk may be sold to customers in quantities of four quarts or less at the dairy in containers provided by such customers.

No milk shall be held, kept, offered for sale, transported or delivered in any municipality or health district, for human consumption in fluid form in such municipality or health district, except milk to be pasteurized which is enroute to or stored at approved plants, unless such milk meets the requirements of this chapter and of local health regulations, if any, for a grade of milk permitted to be sold for human consumption in fluid form in such municipality or health district.

Certified-Pasteurized. No milk shall be labeled or designated as Certified-Pasteurized unless before pasteurization it conforms to the requirements of this chapter for "Certified" milk, is pasteurized in accordance with the requirements of this chapter and is so produced, handled and cooled as to give before pasteurization a bacterial colony count of not more than 10,000

per cubic centimeter and unless it shall give at any time after pasteurization and previous to delivery to the consumer a bacterial colony count of not more than 500 per cubic centimeter.

Such milk shall be delivered to the consumer within thirty hours after pasteurization in bottles filled and capped at the dairy, except as hereinbefore provided. The caps used shall completely cover the pouring lips of the bottles.

Grade A Pasteurized. No milk shall be labeled or designated as Grade A Pasteurized unless it is so produced, handled and cooled as to give before pasteurization a bacterial colony count of not more than 100,000 per cubic centimeter and unless it shall give at any time after pasteurization and previous to delivery a colony count of not more than 30,000 per cubic centimeter.

No milk shall be labeled or designated as Grade A Pasteurized unless physical examinations of the milking animals are made at intervals of not more than six months and unless the first streams of milk from each teat of each milking animal at each milking is milked through a fine metal mesh or dark colored cloth for the purpose of detecting and rejecting abnormal milk and such fore-milk is discarded.

Such milk shall be delivered to the consumer within thirty-six hours after pasteurization, in bottles filled and capped at the place of pasteurization, except as hereinbefore provided. The caps used shall completely cover the pouring lips of the bottles except when the use of another type of cap is approved by the state commissioner of health upon recommendation of the health officer.

Grade B Pasteurized. No milk shall be labeled or designated as Grade B Pasteurized unless it is so produced, handled and cooled as to give before pasteurization a bacterial colony count of not more than 300,000 per cubic centimeter if pasteurized at the place of production or of 300,000 at the shipping station and of 750,000 at the pasteurizing plant if shipped by rail to such plant, and unless it shall give at any time after pasteurization and previous to delivery a colony count of not more than 50,000 per cubic centimeter.

Such milk shall be delivered to the consumer within forty-eight hours after pasteurization, in bottles filled and capped at the place of pasteurization, except as hereinbefore provided.

Certified. No milk shall be labeled or designated as Certified unless it is so produced, handled and cooled as to give at any time previous to delivery to the consumer a bacterial colony count of not more than 10,000 per cubic centimeter according to official samples taken and examined at intervals of not more than one week and unless it conforms to the requirements of this chapter, and is produced under the supervision of a milk commission appointed by a medical society chartered by the medical society of the state of New York and registered with the names and addresses of its members, with the state department of health.

No milk shall be so labeled or designated unless such milk is from milking animals which have passed the tuberculin test, are free from Bang abortion disease and from mastitis and are given a physical examination by a licensed veterinarian at intervals of not more than one month. Each milking animal used in the production of Certified milk shall be ear-marked with a permanent

identification number and a complete record of all tests and examinations shall be made in a herd record book which is at all times accessible to the health officer.

No milk shall be so labeled or designated unless all employees at the dairy (1) are shown before employment, by the examination of body discharges in an approved laboratory, to be free from the germs of diseases which may be milkborne, (2) are given a physical examination weekly by a licensed physician and (3) thoroughly wash and scrub their hands immediately before engaging in milking or in any operation that may bring their hands in contact with milk or with sterilized surfaces of containers or equipment.

No milk shall be so labeled or designated unless suitable separate rooms are provided for receiving milk, for carrying on the work of washing and sterilizing the utensils and bottles and for carrying on bottling operations.

Each county medical milk commission shall report to the state commissioner of health on a form prescribed by said commissioner at least once in each month the results of examinations, tests and inspections made during the preceding month.

Failure on the part of any county medical milk commission or its employees to comply with the requirements of this chapter shall be deemed sufficient ground for refusal by the health officer to issue a permit for the sale of certified milk based upon its certification.

Such milk shall be delivered to the consumer within thirty hours after milking in bottles filled and capped at the dairy, except as hereinbefore provided. The caps used shall completely cover the pouring lips of the bottles.

Special A Raw. No milk shall be labeled or designated as Special A Raw unless it is obtained from milking animals which have passed the tuberculin test, and are free from Bang abortion disease, and are free from mastitis, and are subjected to physical examination by a licensed veterinarian at intervals of not more than three months. Such milk shall be so produced, handled and cooled as to give at any time previous to delivery to the consumer a bacterial colony count of not more than 10,000 per cubic centimeter according to official samples taken and examined at intervals of not more than one month. Whenever a bacterial colony count exceeds 10,000 per cubic centimeter the health officer shall cause official samples to be collected and examined at intervals of not more than one week until two successive counts do not exceed 10,000.

No milk shall be labeled or designated as Special A Raw unless all employees at the dairy have been examined and certified by a physician, approved by the health officer, as being free from any disease or condition which may be communicated through milk. Such examination shall, in each instance, include careful questioning as to the occurrence of enteric diseases or other ailments in the past and an examination of the arms, hands and other exposed parts of the body for suppurating lesions. When there is reason to suspect the existence of a carrier condition or other infection communicable through milk, it shall include the taking of appropriate laboratory specimens and their examination in a laboratory approved by the state commissioner of health for such examinations.

An accurate and complete report of the supervisory procedures carried on by the health officer shall be submitted by such health officer to the state commissioner of health promptly each month on a form prescribed by the commissioner.

Such milk shall be delivered within thirty-six hours after milking in bottles filled and capped at the dairy or at a bottling plant handling only milk meeting the requirements of this chapter for Special A Raw milk, except as hereinbefore provided. The caps used shall completely cover the pouring lips of the bottles except when the use of another type of cap is approved by the state commissioner of health upon recommendation of the health officer.

Grade A Raw. No milk shall be labeled or designated as Grade A Raw unless it is obtained from milking animals which have passed the tuberculin test, and is so produced, handled and cooled as to give at any time previous to delivery to the consumer a bacterial colony count of not more than 30,000 per cubic centimeter.

Such milk shall be delivered within thirty-six hours after milking, in bottles only, except as hereinbefore provided.

No milk shall be labeled or designated as Grade A Raw unless it is obtained from milking animals free from Bang abortion disease. Renumbered May 6, 1927 and June 28, 1932, (amended May 6, 1927, December 14, 1927, May 19, 1930, November 14, 1931, June 28, 1932, December 15, 1933, January 19, 1934, February 23, 1934, March 16, 1934, October 18, 1935, September 18, 1936, April 14, 1939 and May 17, 1940.)

Regulation 26. Designations of cream. No cream shall be sold or offered for sale unless it shall bear prominently one and only one of the following designations:

- Certified-Pasteurized
- Grade A Pasteurized
- Grade B Pasteurized
- Certified
- Special A Raw
- Grade A Raw

No false, ambiguous or misleading word, term or design shall appear on any cap or tag containing such designations, nor upon the containers.

The caps or tags on the containers or if caps are not used, the containers shall bear the grade designation in the exact form and size designated by the state commissioner of health in the following colors: for Certified-Pasteurized, the word Certified in red and the word Pasteurized in black; for Grade A Pasteurized, black; for Grade B Pasteurized, bright green; for Certified, red; for Special A Raw, blue; for Grade A Raw, bright red; provided, however, that when the grade designation is embossed in metal no color is required. The name and address of the dealer shall also appear upon the cap, tag, or container. No printed or other matter appearing on the cap or tag shall be so placed as to obscure the grade designation and name and address of the dealer which shall be clearly visible without the removal of an outer cap or covering.

All cream shall be delivered to the consumer in bottles except that with the written permission of the health officer cream of any grade except Certified may be delivered and sold in other containers to hospitals, institutions, camps, hotels, restaurants and other public eating places to be consumed on the premises, provided that such containers are properly labeled as to grade and destination and have their covers sealed.

No cream shall be held, kept, offered for sale, transported or delivered in any municipality or health district, for human consumption in fluid form in such municipality or health district, except manufacturing cream and cream to be pasteurized which is enroute to or stored at approved plants, unless such cream meets the requirements of this chapter and of local health regulations, if any, for a grade of cream permitted to be sold for human consumption in fluid form in such municipality or health district.

Certified-Pasteurized. No cream shall be labeled or designated as Certified-Pasteurized unless it has been obtained from milk conforming to the requirements of this chapter for Certified-Pasteurized and unless such cream will give at any time after pasteurization and previous to delivery to the consumer a bacterial colony count of not more than 2,500 per cubic centimeter.

Such cream shall be delivered to the consumer within forty-eight hours after pasteurization in bottles filled and capped at the place of pasteurization, except as hereinbefore provided. The caps used shall completely cover the pouring lips of the bottles.

Grade A Pasteurized. No cream shall be labeled or designated as Grade A Pasteurized unless it has been obtained from milk conforming to the requirements of this chapter for Grade A Pasteurized and unless such cream will give at any time after pasteurization and previous to delivery to the consumer a bacterial colony count of not more than 100,000 per cubic centimeter.

Such cream shall be delivered to the consumer within seventy-two hours after pasteurization.

Grade B Pasteurized. No cream shall be labeled or designated as Grade B Pasteurized unless it has been obtained from milk conforming to the requirements of this chapter for Grade B Pasteurized milk and unless such cream will give at any time after pasteurization and previous to delivery to the consumer a bacterial colony count of not more than 250,000 per cubic centimeter.

Such cream shall be delivered to the consumer within ninety-six hours after pasteurization.

Certified. No cream shall be labeled or designated as Certified unless it has been obtained from milk conforming to the requirements of this chapter for Certified milk and unless such cream will give at any time previous to delivery to the consumer a bacterial colony count of not more than 50,000 per cubic centimeter.

Such cream shall be delivered to the consumer within forty-eight hours after milking.

Special A Raw. No cream shall be labeled or designated as Special A Raw unless it has been obtained from milk conforming to the requirements of this chapter for Special A Raw milk and unless it will give at any time previous to delivery to the consumer a bacterial colony count of not more than 50,000 per cubic centimeter.

Such cream shall be delivered to the consumer within forty-eight hours after separation.

Grade A Raw. No cream shall be labeled or designated as Grade A Raw unless it has been obtained from milk conforming to the requirements of this chapter for Grade A Raw milk and unless it will give at any time previous to delivery to the consumer a bacterial colony count of not more than 200,000 per cubic centimeter.

Such cream shall be delivered to the consumer within seventy-two hours after separation. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927, December 14, 1927, May 19, 1930, November 14, 1931, June 28, 1932, December 15, 1933, March 16, 1934, October 18, 1935, September 18, 1936 and April 14, 1939.)

SECTION F—MISCELLANEOUS

Regulation 27. Certain persons prohibited from handling milk or cream. No person affected with any communicable disease which may be transmitted through milk, or who is a carrier of the germs of such a disease shall act as a milker, bottler, washer or in any other capacity in connection with the handling of milk or cream or of any apparatus or equipment used in the handling, storing, bottling, pasteurizing or delivery of milk or cream and this prohibition shall also apply to any person who acts as nurse, cook, laundress or in any way comes in contact with a person affected with such a communicable disease.

No person who is a carrier of the germs of typhoid fever shall reside on any dairy farm producing milk or cream except with the written permission of the health officer and subject to such conditions and restrictions as he shall prescribe. Failure on the part of such a carrier residing on a dairy farm under permit from the health officer to observe the prescribed conditions and restrictions may be deemed to be cause for exclusion from sale of milk and cream produced upon such dairy farm. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927.)

Regulation 28. Physical examinations to be permitted. All persons engaged in handling milk and/or cream shall submit to the health officer such specimens of body discharge for laboratory examinations as such health officer may require, either previous to employment or at any time thereafter, such specimens to be examined in an approved laboratory; and such persons shall allow the health officer or his representative or any authorized representative of the state commissioner of health to make such physical examinations as he may require. A person holding a permit for the sale of milk or cream shall not employ an individual refusing to undergo such examination or to submit such specimens; nor shall such person accept milk or cream from any dairy whereon any individual refuses to undergo such examinations or to submit such specimens. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927 and May 19, 1930.)

Regulation 29. Sediment tests to be made. A sediment tester shall be used in all receiving and pasteurizing plants. All milk received at any such plant shall be tested by the person having the management and control of such receiving or pasteurizing plant or his representative at least once each month. The results of such tests shall be recorded and either posted in a conspicuous place or returned to the producer.

If the milk is found repeatedly to be dirty, such milk shall be excluded from sale and the health officer notified of such exclusion. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927 and December 14, 1927.)

Regulation 30. Milk, cream or milk products shipped into New York state. No milk, cream or milk products which has been shipped into the state of New York shall be sold or offered for sale unless such milk or cream or milk products has been produced and handled in conformity to the requirements of this code, has been subject to the same standards of supervision and inspection as are required for milk or cream or milk products produced within the state, and at the time of delivery conforms to the provisions of this code. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927, May 19, 1930 and April 14, 1939.)

Regulation 31. Local authorities may enact supplementary regulations. The health authorities of any municipality may in their discretion enact supplementary regulations not inconsistent with the provisions of this code. Such authorities may require the pasteurization of any milk or cream not required to be pasteurized by this code. (Renumbered May 6, 1927 and June 28, 1932, amended May 6, 1927 and April 21, 1933.)

Regulation 32. Milk products. All milk products shall be made from milk or cream as herein defined and meet the applicable requirements of this chapter for milk or cream of a grade permitted to be sold in the municipality where sold or offered for sale. Such milk products shall be bottled and capped mechanically, except that with the written permission of the health officer sales and deliveries may be made in containers other than bottles.

Milk products shall bear on the outer cap or container the name of the product and the designation "Raw" or "Pasteurized" as the case may be and the name and address of the dealer which shall be clearly legible.

The regulations of this chapter shall not apply to milk products which have been sterilized in the final sealed container. (Added June 28, 1932, amended December 15, 1933 and April 14, 1939.)

Regulation 33. Exceptions. (1) Those municipalities in which on May 6, 1927, there were in operation ordinances or regulations providing for a single grade or class of pasteurized milk and a single grade or class of unpasteurized milk other than Certified and prescribing other designations therefor, which ordinances or regulations as in force May 6, 1927 or by amendment adopted prior to July 1, 1928, established standards not lower than those established by this chapter, are hereby given authority to continue the system of grading or classification prescribed by such ordinances or regulations, except that the standards for unpasteurized milk shall not be lower than the standards herein prescribed for Special A Raw milk.

(2) Except as hereinbefore provided no milk and/or cream shall be sold or offered for sale in any city or incorporated village having a population of 15,000 or more according to the last federal census, nor after July 1, 1937, in any city or incorporated village having a population of 10,000 or more, nor after January 1, 1940 in any city or incorporated village having a population of 7,500 or more, unless it shall bear one and only one of the following designations:

- Certified-Pasteurized
- Grade A Pasteurized
- Grade B Pasteurized
- Certified
- Special A Raw

(3) In a rural community the health officer may issue a provisional permit for the sale of milk or cream, notwithstanding failure or inability on the part of the applicant to comply with certain requirements of this chapter when in his best judgment such compliance is impracticable. The issuance of such a provisional permit shall be subject to the following conditions:

(a) There is no person holding a regularly issued permit from the health officer from whom it is practicable for consumers to obtain a regular supply of milk.

(b) The milk and/or cream shall be delivered to consumers in individual containers filled at the place of production.

(c) The provisional permit shall be on a form prescribed by the state commissioner of health, shall bear prominently the word "uninspected" and shall be conspicuously displayed at the place of production.

(d) Such milk and/or cream shall not bear any grade designation other than "uninspected."

(e) The application for such permit shall have been endorsed in writing by the district state health officer.

Such provisional permits shall expire annually on the thirty-first day of December, unless another date be designated by the local board of health and shall be renewable on or before such date in each year.

A provisional permit may be revoked at any time by the health officer or by the state commissioner of health, if in the judgment of either its continuance is no longer necessary or desirable. (Added December 14, 1927, renumbered June 28, 1932, amended June 27, 1928, December 15, 1933, January 19, 1934, March 16, 1934, October 18, 1935, September 18, 1936 and April 14, 1939.)

Regulation 34. When to take effect. The amendments to the regulations of this chapter, adopted on the fifteenth day of December, 1933, nineteenth day of January, 1934, twenty-third day of February, 1934, and sixteenth day of March, 1934, unless otherwise specifically stated, shall take effect on the first day of July, 1934. The amendments adopted on the eighteenth day of October, 1935 shall take effect immediately and the amendments adopted on the eighteenth day of September, 1936, shall take effect on the first day of January, 1937, unless otherwise specifically stated. The amendments adopted on the fourteenth day of April, 1939, shall take effect July 1, 1939, unless otherwise specifically stated.

CHAPTER III-A

Manufacturing Cream

(Adopted January 27, 1932)

Regulation 1. Intent. The intent of this chapter is to make it possible to identify "manufacturing cream" not meeting the requirements of chapter III of this code and to prevent its diversion to sale as "cream" as defined by such chapter.

Regulation 2. Definitions. When used in this chapter the term "cream" means "cream" as defined in regulation 1 of chapter III of this code; the term "manufacturing cream" means cream which does not meet the requirements of chapter III of this code; the term "person" means a corporation, association, firm or individual; the term "local health officer" means the health officer as defined in regulation 1 of chapter III of this code.

Regulation 3. Marking of containers. All containers in which manufacturing cream is purchased, sold or stored shall have securely wired to the handle, as long as any manufacturing cream remains therein a bright red tag or label not less than 3 inches by 5 inches in size and with a metal eyelet through which the wires pass. The eyelet of the tag shall be not more than 2 inches from the handle. This label shall bear prominently the designation, MANUFACTURING CREAM, the approximate butterfat content or a recognized term indicating the approximate butterfat content and the name and address of the plant at which the contents of said container originated. (Amended March 25, 1936.)

Regulation 4. Records to be kept. Every person who sells manufacturing cream shall keep a true and complete monthly record of the names and addresses of all persons from whom he has obtained and/or to whom he has sold "manufacturing cream" and "cream," with the amounts obtained from and sold to each, together with records of inventories of all "manufacturing cream" and "cream" on hand on the last day of each month. Such person shall also keep a true and complete record of all "manufacturing cream" and "cream" used by him for manufacturing purposes and of the movement of "manufacturing cream" and "cream" into and out of storage. Such records shall be so kept that the latest twelve months' records are always on file and shall at all times be open to the inspection of the state commissioner of health or the local health officer or the authorized representative of either.

Regulation 5. Permit required for sale of manufacturing cream. No person shall sell or offer for sale any manufacturing cream previously purchased by him without first having obtained a permit from the state commissioner of health. Permits shall be granted only to those persons who comply with the regulations of this chapter. Such permits shall expire annually on the thirty-first day of December and shall be renewable on or before such date in each year, and may be revoked at any time by the state commissioner of health after a hearing on due notice for misrepresentation or for wilfull or repeated violation of any of the provisions of this chapter.

Regulation 6. Application for permit required. Each person seeking to obtain a permit to sell manufacturing cream shall make a written application therefor to the state commissioner of health on a form to be furnished by said commissioner.

Regulation 7. Reports to be made. Whenever required by the state commissioner of health, any person holding a permit for the sale of manufacturing cream shall submit reports at such times and in such form and detail as the commissioner of health shall require.

Regulation 8. When to take effect. Every regulation in this chapter, unless otherwise specifically stated, shall take effect on the first day of March, 1932.

Regulation 9. Standard strains. The state commissioner of health shall maintain in the office of laboratory and research supplies of cultures of the standard microorganisms listed in the appendix to the standard manufacturing cream and standard manufacturing cream and shall furnish upon the request of standard manufacturing cream and shall furnish upon the request of any manufacturer of cream such standard strains, forms and any directions and detailed description of the methods to be employed in such directions as the commissioner of health may require. (Amended March 9, 1932 and December 20, 1932.)

Regulation 10. Inspection with living bacteria. The use of living bacteria or other organisms, microorganisms or viruses shall be required in the inspection of human beings for the prevention or treatment of disease in any case provided such use is necessary for the purposes of the law. A specimen of the culture and of any animal employed in such a case shall be submitted to the state commissioner of health and shall be retained until such time as the state commissioner of health may require. (Amended March 9, 1932 and June 23, 1932.)

Regulation 11. Distribution of living cultures of pathogenic bacteria. No person shall in the possession, custody or control of any living cultures of any virus or other living bacteria from which such cultures may be used by any person or in any laboratory such as in or otherwise shall have been approved by the state commissioner of health. (Amended March 9, 1932 and February 12, 1933.)

Regulation 12. Bacterial rat poison sale. Manufacturer and use of rat poison. No person shall prepare or manufacture, sell, offer for sale, give away, deal in, supply or use or have in his or her possession with intent to sell, offer for sale, give away, deal in, supply or use any rat poison or other animal pest exterminator which contains living bacteria. (Added June 23, 1932.)

Regulation 13. Inspection of laboratories. The state commissioner of health or his authorized representative shall have authority to inspect every bacteriological, chemical or pathological laboratory doing work for the health authorities of the state or of any county or municipally created or existing organization which the authority may require to be performed in an approved laboratory. He may advise the person in charge of such laboratory as to the methods or procedures relative to such examinations, and he may

* See footnote under § 4-6, Public Health Law. This was formerly Chap. IX, amended June 23, 1932.

CHAPTER IV *

Therapeutic Sera, Pathogenic Microorganisms, Laboratories, and Blood Donors

(Adopted December 27, 1917)

Regulation 1. Standards for serum. Sale of serum for the treatment of pneumonia, meningitis and scarlet fever regulated. No serum for the treatment of pneumonia, meningitis or scarlet fever shall be sold or offered for sale in the state of New York, unless such serum complies with the requirements of the United States public health service governing the sale of such serum, and unless the potency of such serum equals or exceeds the minimum standard of potency established by the New York state department of health, and unless each package of such serum is accompanied by a label or circular stating the potency of such serum. (Amended April 23, 1930, March 9, 1932 and December 20, 1935.)

Regulation 2. Standard strains, standard toxin and standard sera. The state department of health shall maintain in the division of laboratories and research, supplies of cultures of the standard pneumococcus strains, cultures of the standard meningococcus strains, standard streptococcus toxin, standard antipneumococcus sera, standard antimeningococcus serum and standard antistreptococcus serum; and shall furnish upon the request of any manufacturer of serum such standard cultures, toxin and sera together with detailed descriptions of the methods to be employed in and directions for testing such serum. (Amended March 9, 1932 and December 20, 1935.)

Regulation 3. Inoculation with living bacteria. The use of living bacteria, other pathogenic microorganisms or viruses other than vaccine virus in the inoculation of human beings for the prevention or treatment of disease is hereby prohibited until full and complete data regarding the methods of use, including a specimen of the culture and other agents employed therewith, and a full account of the details of preparation, dosage, and administration, shall have been submitted to the state commissioner of health and until permission shall have been granted in writing by the state commissioner of health for the use of the same. (Amended March 9, 1932 and June 28, 1932.)

Regulation 4. Distribution of living cultures of pathogenic bacteria. No person having in his possession cultures of pathogenic microorganisms or viruses other than vaccine virus shall sell or convey such cultures to any other person or to any laboratory unless such sale or conveyance shall have been approved by the state commissioner of health. (Amended March 9, 1932, June 28, 1932 and February 18, 1938.)

Regulation 5. Bacterial rat poisons, sale, manufacture and use of, prohibited. No person shall prepare or manufacture, sell, offer for sale, give away, deal in, supply or use, or have in his or her possession with intent to sell, offer for sale, give away, deal in, supply, or use any rodent or other animal pest exterminator which contains living bacteria. (Added June 28, 1932.)

Regulation 6. Inspection of laboratories. The state commissioner of health, or his authorized representative, shall have authority to inspect every bacteriological, chemical or pathological laboratory doing work for the health authorities of the state or of any county or municipality therein or making any examinations which the sanitary code may require to be performed in an approved laboratory. He may advise the person in charge of such laboratory as to the methods or procedures relative to such examinations, and he may

* See footnote under § 4-b, Public Health Law. This was formerly Chap. IX, renumbered June 28, 1932.

report the result of the inspection to the authorities of the county or municipality in which the laboratory is located. (Amended March 9, 1932 and amended and renumbered June 28, 1932.)

Regulation 7. Tissue removed at operation or necropsy to be examined. Representative specimens, or sections for microscopic examination, of tissue removed at operation or at necropsy which require laboratory examination as an aid in the diagnosis, prevention, or treatment of disease or to determine the cause of death shall be submitted to an approved laboratory, to the division of laboratories and research, Albany or New York city, or to the state institute for the study of malignant diseases, Buffalo. This regulation shall take effect January 1, 1933. (Added September 23, 1932.)

Regulation 8. Hospitals to keep records of blood transfusions. The superintendent in charge of every hospital shall keep a record of every blood transfusion performed in such hospital. Such records shall be open to inspection by the state commissioner of health or his authorized representative, and shall include the name of the physician or surgeon making the transfusion and the full name, age and address of each person submitting to physical and laboratory examinations as a prospective donor of the blood. The record shall also include a certificate from a physician registered under the laws of New York state showing that a satisfactory physical examination of the donor has been made within ten days immediately preceding the blood donation and that such blood donor is free from communicable disease; a record of laboratory tests, including a complement-fixation test for syphilis, made in connection with the physical examination to determine that the donor was free from this communicable disease; the blood group to which the donor belongs according to the Landsteiner classification with the source of this information; if the donor belongs to the group of so-called "universal donors," a record of tests of his blood showing that his serum does not contain dangerous agglutinative properties for the blood cells of persons belonging to other blood groups; the time and place where tests were made which showed that the blood of the donor and recipient were compatible; the quantity of blood given; the full name of the recipient; the date of the transfusion; the condition of the donor and recipient during and after the transfusion. There also shall be a record that on examination of the donor, immediately preceding the transfusion, there was no evidence of syphilis or history of exposure, thereto; provided, that if due to an emergency any of the above requirements cannot be met prior to transfusion, the record shall show the reason therefor. (Added September 23, 1932, amended January 19, 1934 and October 27, 1939.)

Regulation 9. When to take effect. Every regulation in this chapter, unless otherwise specifically stated, shall take effect on the first day of September, 1932. (Added June 28, 1932.)

CHAPTER V*

Water Supplies

(Adopted as a separate chapter June 28, 1932)

Regulation 1. Reporting changes in public water supplies. No officer, board, corporation or other person or group of persons owning or having by law the management or control of any potable public water supply of any municipality or water district, shall take or cause to be taken for use for potable purposes in such municipality or district, water from any auxiliary source other than the regular source or sources of public water supply or shall discontinue the chlorination or treatment of such supply or shall make any change whatsoever which may affect the sanitary quality of such water supply without first having notified the local health officer or health officers of such municipalities or districts in which such water supply is used for potable purposes and affording him or them an opportunity to be heard. When such notice has been made to such health officer or health officers, such health officer or health officers shall immediately notify the state commissioner of health by telephone or telegram.

A printed copy of this regulation shall be kept constantly posted in the office used by the authorities owning or having charge of any such water supply.

This regulation shall not apply to public water supplies owned and controlled by cities of the first class. (Added April 10, 1923 and renumbered June 28, 1932.)

Regulation 2. Certain cross-connections between water supplies not permitted. No officer, board, corporation or other person or group of persons owning or having the management or control of any potable water supply furnished to any municipality or water district, shall permit any physical connection between the distribution system of such supply and that of any other water supply unless such other water supply is regularly examined as to its quality by those in charge of the potable water supply to which the connection is made and is also found to be potable. This prohibition shall apply to all water distribution systems either inside or outside of any building or buildings. (Added November 12, 1925 and amended and renumbered June 28, 1932.)

Regulation 3. Permissible arrangements where dual supplies are used. If a potable water supply is used as an auxiliary supply delivered to an elevated tank or to a suction tank, which tank is also supplied with water from a source with which cross-connections are not permitted by regulation 2 of this chapter, such tank shall be open to atmospheric pressure and the potable water supply shall be discharged at an elevation above the high water line of the tank. (Added November 12, 1925 and amended and renumbered June 28, 1932.)

Regulation 4. Drinking water in factories or other industrial plants. Wherever a potable public water supply is available, no other supply shall be furnished for drinking purposes in any factory or other industrial plant, unless such other supply is approved by the local health officer. If no such public water supply is available, the water for drinking purposes shall be of safe, sanitary quality approved by the local health officer. If the water supply for industrial or fire protection purposes is obtained entirely or in part from a source not approved for drinking purposes, this supply shall be distributed through an independent piping system having no connection with the system for drinking purposes. All faucets or other outlets furnishing water not safe for drinking shall be conspicuously so marked. (Added November 12, 1925, amended September 22, 1926 and renumbered June 28, 1932.)

* Formerly a portion of Chap. VII, Miscellaneous.

Regulation 5. Disinfection of water mains and reservoirs. No person, board, authority, or corporation owning or having the management or control of any public water supply, shall put into service any new main, stand-pipe, reservoir, tank or other pipe or structure through which water is delivered to consumers for potable purpose, nor resume the use of any such structure or main after it has been cleaned, until such structure or main has been effectively sterilized or disinfected: provided, that this shall not apply to mains, tanks or reservoirs, the waters of which are subsequently treated or purified. (Added June 28, 1932.)

Regulation 6. When to take effect. Every regulation in this chapter, unless otherwise specifically stated, shall take effect on the first day of September, 1932. (Added June 28, 1932.)

CHAPTER VI*

Swimming Pools and Bathing Beaches

(Adopted as separate chapter June 28, 1932.)

Regulation 1. Definitions. The term "pool" as used in this chapter shall mean any swimming pool together with buildings and appurtenances used in connection therewith, and shall be construed as including both "artificial" and "partly artificial" pools. This definition shall not apply to a pool maintained by an individual for use of his family or friends.

The term "artificial pool" shall mean a concrete or masonry structure intended for bathing or swimming purposes, located either indoors or outdoors, and provided with controlled water supply.

The term "partly artificial pool" shall mean a pool formed artificially from a natural body of water.

The term "public bathing beach" shall mean a bathing place together with buildings and appurtenances used in connection therewith or natural ponds, lakes, streams or other bodies of water where the public is allowed to bathe or which is open to the public for bathing by permission of the owner. (Amended June 28, 1932 and May 18, 1934.)

Regulation 2. Approval of plans. No municipality, person, firm, corporation, association, organization or institution shall construct an artificial pool or make changes in any already built or in the appurtenances thereof if such changes may affect health until the plans and specifications therefor shall first have been submitted to and received the approval of the state commissioner of health. The state commissioner of health may stipulate when granting this approval such modifications or conditions as the public health or safety may require. (Added May 18, 1934.)

Regulation 3. Permit and revocation. No municipality, corporation, association or person shall operate or maintain any pool or public bathing beach without a written permit from the local health officer on a form prescribed by the state commissioner of health to be issued subject to the provisions of this code and such additional sanitary safeguards as may be imposed by the local health officer except that no permit is required in the case of a swimming pool or bathing beach operated and maintained in conjunction with a camp for which a permit has been issued under chapter VII of the state sanitary code. Such permit shall state the method of treatment, if any, of the water and the number of persons who will be allowed to use the pool during any bathing period. The permit shall be posted conspicuously at the pool or public bathing beach. Each such permit shall expire December 31, following the date of issue and may be revoked for cause either by the local health officer or by the state commissioner of health after a hearing. The health officer shall transmit a copy of each permit to the state commissioner of health as soon as issued. (Amended June 28, 1932, amended and renumbered May 18, 1934 and amended December 15, 1939, effective January 1, 1940.)

Regulation 4. Construction and maintenance. Every pool shall be so designed and constructed as to facilitate cleaning and shall be maintained and operated in such manner as to be clean and sanitary at all times. In new artificial pools inlets and outlets shall be so located and spaced as to secure satisfactory dispersion of the inflowing water throughout the pool. (Amended and renumbered May 18, 1934.)

* Formerly Chap. X.

Regulation 5.* Interconnections. There shall be no physical connection between a potable public or private water supply system and a pool structure at a point below the maximum flow line of the pool or to a recirculating or heating system of a pool, unless such physical connection is so installed and operated that no pool water can be discharged or siphoned into a potable water supply system. (Added May 18, 1934.)

Regulation 6. Drains. All drainage from an artificial pool structure to a sewer receiving domestic sewage shall be discharged into said sewer in such a manner that sewage cannot be siphoned, flooded or otherwise discharged into the pool. (Added May 18, 1934.)

Regulation 7. Protection of public water supplies. A pool located on a watershed of a spring, lake, stream, or other body of water used as a source of public water supply shall be so operated as not to create a menace to such supply.

Whenever a pool is located on the banks of a spring, lake, reservoir, stream or other watercourse which is a source of water supply protected by water rules enacted by the state commissioner of health, said water rules shall be strictly observed. (Added May 18, 1934.)

Regulation 8. Dressing rooms. Dressing rooms provided at pools and public bathing beaches shall be sanitary and adequate.

The local health officer shall have authority to prescribe when dressing rooms shall be provided at any pool or public bathing beach. (Amended June 28, 1932 and amended and renumbered May 18, 1934.)

Regulation 9. Toilet facilities. Sanitary toilet facilities adequate and accessible, shall be provided for both sexes at all pools and public bathing beaches.

The sewage or excreta from toilet facilities provided in the vicinity of any partly artificial pool or public bathing beach shall be disposed of in a satisfactory manner and so as not to pollute the water used for bathing. (Amended and renumbered May 18, 1934.)

Regulation 10. Sanitary quality of water in artificial pools. (a) *Bacteria count.* No two successive samples collected from any artificial pool on different days, nor more than 10 per cent of similar samples covering any three months' period shall contain more than 500 bacterial colonies per cubic centimeter when incubated for 24 hours at 37 degrees C. on agar or litmus lactose agar medium. Such samples shall be collected when the pool is in use.

(b) *Tests for B. coli group.* Not more than two out of five 10 cubic centimeter portions of samples of water collected from a pool at times when the pool is in use shall be positive by the partially confirmed test for bacteria of the *B. coli* group.

(c) *Chemical quality.* The water in an artificial pool where alum is used as a coagulant shall be maintained at all times in such an alkaline condition that the pH value of the water in the pool shall exceed 7.0 at all times. When the water in artificial pools is to be disinfected with chlorine, in the presence of ammonia, the pH value of the water shall not exceed 7.6.

* Regulation 5 can be complied with by introducing fresh water from a potable public or private water supply to a pool or to a recirculating or heating system of a pool by one of the following methods:

(a) Through a connection to the suction pipe of a recirculating pump, provided that the pipe line admitting fresh water be extended in a vertical loop at least five feet above the maximum water level of the pool, and provided that double check valves be installed between the pump and the loop, and provided that a "bleeder" with a check valve be so installed on the loop as to afford an air break or vacuum relief.

(b) Through a connection to a float valve located above the maximum water level of a suction pit from which the suction pipe of the recirculating pump leads.

(c) Through a connection to a special "swing-joint connection" installed on the recirculating piping and so arranged that it will be impossible to draw pool water into the potable water supply system.

(d) By means of an approved two-port, three-way valve on the piping of the recirculating system so constructed that pool water cannot be drawn into the potable water supply system.

(e) Through an air break on the fresh water pipe line of the potable supply.

(d) *Analytical methods.* All chemical and bacterial analyses provided for in this regulation shall be made in accordance with the procedures recommended in the standard methods of water analysis of the American Public Health Association.

(e) *Cleanliness.* The bottom and side walls of artificial pools shall be kept reasonably free from sediment and visible dirt. Visible scum or floating matter on the surface of the pool shall be removed at least once each day. (Amended January 11, 1928, June 28, 1932 and amended and renumbered May 18, 1934.)

Regulation 11. Bathing load limits. (a) *Where quality of water depends upon continuous chlorination.* In any artificial pool the total number of bathers permitted to use such pool during any bathing period shall not exceed twenty persons per each thousand gallons of chlorinated water added to the pool during that period, provided the water in all parts of the pool at all times when in use shall contain at least 0.3 parts per million residual chlorine when chlorine alone is used, or 0.7 parts per million residual chlorine when chlorine in the presence of ammonia is used, as determined by the orthotolidine test.

(b) *Where the quality of water depends upon intermittent disinfection and replacement of the water.* At any artificial pool where the addition of disinfectant is not continuous during the admission of water to the pool the total number of persons permitted to use the pool between any two consecutive replacements of the water shall not exceed twenty persons for each one thousand gallons of water in the pool, and all such pools shall be disinfected at least once each day when in use, and the number of applications and the amount of disinfectant added shall be sufficient to insure that the water in all parts of the pool when in use shall contain not less than 0.3 parts per million residual chlorine when chlorine alone is used, or 0.7 parts per million when chlorine in the presence of ammonia is used, as determined by the orthotolidine test.

* (c) *Where the quality of water depends upon dilution.* At any artificial pool where chlorine is not used as a disinfectant or where a concentration of residual chlorine of at least 0.3 parts per million is not maintained in all parts of the pool when in use, the total number of bathers permitted to use the pool shall be so restricted that a sufficient volume of fresh diluting water will be available to insure that the bacterial quality of the water in the pool shall conform to the limits stated in regulation 10. Such fresh dilution water may be (1) new clean water used to refill the pool or to replace that lost by splashing or during cleaning; (2) water taken from the pool and returned after effective filtration and disinfection; or (3) any combination of such waters. (Amended June 28, 1932 and amended and renumbered May 18, 1934.)

Regulation 12. Operator or attendant and operating records. Each pool shall be under the personal supervision of an operator or competent attendant trained in life saving procedure who shall require a careful observance of sanitary regulations prescribed in this chapter and the requirements of the permit issued for such pool. At all pools where artificial circulation, filtration, or any chemical treatment is used, full daily records must also be kept as follows: the actual length of time pumps and filters are in operation; when

* Regulation 11-c with reference to the bacterial quality of pool water cannot be complied with when the quality of such water depends upon dilution unless large volumes of diluting water are used. The approximate quantity of fresh diluting water needed may be computed by utilizing the following formula: $Q = 6.25 T^2$, where Q = the quantity of fresh diluting water per bather per day, and " T " is the number of hours required to replace the water in the pool by the fresh water. Thus, if 100,000 gallons of fresh diluting water are discharged each twenty-four hours into a pool having a capacity of 50,000 gallons, the replacement period is twice each day or once in twelve hours and hence T would be 12. Under these conditions, $Q = 6.25 \times 12^2 = 900$ gallons per bather. Only 111 bathers could utilize the pool in a period of twenty-four hours, when using 100,000 gallons of fresh water

$$\left(\frac{100000}{900} = 111 \right).$$

each filter is washed or cleaned; when the bottom and sides of pool are cleaned; the results of all tests made of the quality of the water and the results of at least one test for residual chlorine made at the end of each bathing period. These records must be submitted to the state commissioner of health and to the local health officer having jurisdiction. (Amended and renumbered May 18, 1934.)

Regulation 13. Care of suits and towels. All bathing suits and towels shall be washed with soap and hot water, rinsed and thoroughly dried after each use. (Amended June 28, 1932 and renumbered May 18, 1934.)

Regulation 14. Pollution of pool prohibited. Urinating, expectorating or blowing the nose in any pool is prohibited.

Regulation 15. Communicable disease. No person having skin lesions, sore or inflamed eyes, mouth, nose or ear discharges, or who is known to the health officer to be the carrier of the microorganisms of any communicable disease shall use any pool or public bathing beach. (Amended June 28, 1932 and May 18, 1934.)

Regulation 16. Spectators. Persons not dressed for bathing shall not be allowed on walks immediately adjacent to artificial pools, and bathers shall not be allowed in places provided for spectators.

Regulation 17. Foot baths. At every pool and public bathing beach where dressing rooms are available one or more foot baths shall be provided at suitable points in which fungicidal solutions shall be maintained in adequate concentrations to prevent the development of "ring-worm" infection. (Added June 28, 1932 and amended and renumbered May 18, 1934.)

Regulation 18. Partly artificial pools. The local health officer shall determine the maximum number of bathers who may utilize a partly artificial pool during any bathing period and the quantity of fresh water which must be discharged into such pool in any given period of time and the treatment, if any, the water in such pool shall receive and he may otherwise regulate the operation of such pool as he may deem necessary to protect the health or safety of bathers. (Added May 18, 1934.)

Regulation 19. Polluted waters. No partly artificial pool or public bathing beach shall be maintained or operated on a natural body of water when such water is determined by the state commissioner of health to be so polluted as to constitute a menace to health if used for bathing. (Added May 18, 1934.)

Regulation 20. Posting regulations. Placards reciting regulations 14 to 16 inclusive shall be posted conspicuously at the pool or enclosure and in the dressing rooms and offices of all pools. (Amended and renumbered May 18, 1934.)

Regulation 21. When to take effect. Every regulation in this chapter, shall take effect on the first day of July, 1934. (Added June 28, 1932, amended and renumbered May 18, 1934.)

CHAPTER VII*

Camps

(Adopted December 15, 1939)

Regulation 1. Definition. The term "camp" as used in this chapter shall mean one or more tents, vehicles, buildings or structures, together with the tract of land appertaining thereto, established or maintained as living quarters for temporary occupancy by any number of persons.

The provisions of this chapter shall not apply to persons licensed under section 304 of the state charities law nor to hotels, lodging houses or boarding houses nor to private cottages or camps established, occupied or rented by an individual for use of such individual and relatives or personal friends.

Paragraphs (b), (c), (f), and (g) of regulation 5 of this chapter shall not apply to labor or tourist camps.

Regulation 2. Permit required. No corporation, association, person or group of persons shall establish, construct, or maintain any camp without a permit from the county commissioner of health if such camp is located in a county health district, or if located elsewhere from the district state health officer. However, a camp conducted in conjunction with a circus, fair or carnival, or a camp to be occupied for a period less than forty-eight hours, may operate unless prohibited by the local health officer.

Application for such permit shall be made at least fifteen days before the opening of the camp on a form prescribed by the state commissioner of health.

Regulation 3. Issuance, suspension, and revocation of permit. If the authority responsible for the granting of the permit be satisfied that the existing or proposed camp will not be a source of danger to the health of its occupants or to the general public, such authority may issue the necessary permit in writing on a form prescribed by the state commissioner of health. Such permit shall expire on December 31 following the date of issuance.

However, if such authority believes that the camp does not comply fully with the provisions of this chapter, a temporary permit may be issued which shall expire not later than three months after date of issuance. Such temporary permit shall stipulate the terms, requirements or conditions under which the camp may be established, constructed, or maintained.

A permit may be suspended at any time by the authority granting the permit upon notifying the holder of the permit of such proposed action.

Notice of changes in management, ownership, or name of camp shall be given promptly to the authority granting the permit. Failure to give such notice, or unapproved changes in physical or operating features of camps which may affect the public health, or any violation of any of the provisions of this chapter shall be cause for suspension of a permit. Permits shall not be transferable.

Any permit may be revoked for cause after a hearing by the authority granting the permit.

Regulation 4. Designation of person responsible for camp sanitation. The person in charge of the operation of a camp occupied by twenty or more persons shall detail one person to be responsible for its sanitary condition.

Regulation 5. General. (a) No person suffering from or known to be capable of transmitting a communicable disease shall be admitted to or employed in a camp in any capacity. However, this requirement shall not apply, so far as tuberculosis is concerned, to persons in camps approved by health officers for the housing of tuberculous patients.

(b) All camps accommodating children under sixteen years of age shall be under the care and supervision of a responsible and competent adult.

* This chapter supersedes the original Chapter V which was adopted, October 20, 1914, renumbered Chapter VII, June 28, 1932, and subsequently amended from time to time.

(c) There shall be adequate medical and nursing supervision and care at or available to all camps.

(d) Camps shall not be located where adequate surface drainage is impractical.

(e) All tents, vehicles, buildings, and grounds of camps shall be maintained in a clean sanitary condition at all times.

(f) Any permanent buildings in which persons are housed shall provide ready exit in case of fire and shall be equipped fully with fire extinguishers or other approved fire fighting apparatus.

(g) Adequate sleeping places shall be provided for each person. Arrangement of sleeping places, floor area, and ventilation of sleeping quarters shall meet the requirements generally accepted as standard.

(h) Ventilation in sleeping quarters, kitchens, dining rooms and mess halls shall be of such a character as to provide a reasonable movement of air and assure the comfort and protection of the occupants.

(i) The doors and windows of kitchens, dining rooms and mess halls shall be adequately screened.

Regulation 6. Water supply for camps. (a) Water supplied to camps for drinking and culinary purposes shall be adequate and of safe sanitary quality; and only water which is of safe sanitary quality shall be delivered or piped so as to be accessible for drinking purposes.

(b) Where a water treatment process is employed accurate and complete daily reports on the operation thereof shall be submitted at monthly intervals to the authority granting the permit on a form prescribed by the state commissioner of health.

(c) Any failure of adequate treatment or any change in the source of water supply shall be reported immediately to the authority granting the permit.

(d) Wells or springs used as sources of water supply shall be so constructed and located as to preclude their pollution by seepage from cesspools, privies, sewers, sewage treatment works, stables or manure piles, or pollution from surface drainage. The water from such sources shall be obtained by free gravity flow or by a metal pump with watertight connection to a concrete slab covering such well or spring.

(e) Basins or reservoirs used for the storage of drinking water subsequently distributed without treatment shall be so lined, curbed, covered, or otherwise protected as may be necessary to prevent pollution of the supply by surface water, and to preclude pollution of an accidental, incidental or wilful nature. Water therefrom shall be delivered to the camp fixtures, if such fixtures are provided, by means of a watertight discharge pipe by gravity or by pumping.

(f) No common drinking cup shall be used. If drinking fountains are provided they shall be of sanitary design and construction.

Regulation 7. Approved toilet and sewage disposal facilities to be provided. For every camp there shall be provided convenient and adequate toilet facilities, so located, constructed and maintained that they shall not be offensive to the users, become the breeding place for flies, nor by leakage or seepage offer a possible pollution of any adjacent waters.

Sewage disposal systems shall not allow exposure of any inadequately treated sewage on the surface of the ground.

Unless otherwise permitted by the authority granting the permit:

(a) No privy shall be within one hundred (100) feet of any place where food is prepared or served.

(b) No privy shall be within fifty (50) feet of any lake, reservoir or stream.

(c) No drainage from a privy, cesspool, sewer or sewage treatment plant shall flow directly into any lake, reservoir or stream unless such drainage has been approved by the state commissioner of health.

(d) No privy shall be located in the direct line of drainage to nor less than one hundred (100) feet in a horizontal direction from any well, spring, or water supply intake pipe in a lake, reservoir, or stream used as a source of water supply.

(e) Privies, one hundred (100) to two hundred (200) feet from the source of a water supply shall be provided with watertight vaults or receptacles, the contents of which shall be removed and disposed of in a satisfactory manner.

(f) No leaching pits for disposal of excreta, cesspools, subsurface tile drains, sand filters, or other units of sewage treatment works or sewers which are not watertight shall be located in the direct line of drainage to nor closer than two hundred (200) feet from wells, springs, or water supply intake pipes in ponds, lakes, reservoirs, or streams used as sources of water supply.

Regulation 8. Approval of plans and permit for sewage treatment works required. Approval of plans for new or modified sewage treatment works and a written permit from the state commissioner of health shall be obtained for the discharge of sewage effluent into any waters of this state.

Regulation 9. Milk and cream. Only milk and cream obtained from a dealer holding a permit under chapter III of the sanitary code shall be used at a camp. Only pasteurized milk and cream shall be used whenever reasonably obtainable.

Regulation 10. Protection of food supplies. Adequate provisions shall be made for sanitary storage, handling, and protection of food and milk supplies.

Regulation 11. Dishwashing. Adequate facilities, including a plentiful supply of hot water for washing of dishes and utensils, shall be provided. Dishes and utensils shall be washed, cleansed and disinfected effectively after each use.

Regulation 12. Garbage disposal. Methods of collection, storage and disposal of garbage, kitchen wastes and other rubbish shall be such as to prevent access of animals and flies to the contents of all storage receptacles, and such receptacles shall be regularly emptied and cleansed and the contents burned, buried or removed so that no nuisance is created at any time.

Regulation 13. Swimming pools and bathing beaches. If swimming pools or bathing beaches are provided, they shall be maintained and operated in conformity with the provisions of chapter VI of the sanitary code.

No bathing at swimming pools and bathing beaches by children under eighteen years of age shall be permitted unless under the supervision of an operator or competent attendant trained in life saving procedure.

Regulation 14. Persons in charge of camp to report cases of disease presumably communicable. When no physician is in attendance, it shall be the duty of the camp nurse or, where no such nurse is provided, it shall be the duty of the person in charge of a camp to report immediately to the local health officer the name and address of any individual in the camp known to have or suspected of having a communicable disease. Until official action on such case has been taken, strict isolation shall be maintained.

The method of isolation shall be approved by the local health officer. The person in charge shall not allow the case to leave or to be removed without permission of the local health officer.

Whenever there shall occur in any camp an outbreak of suspected food poisoning or an unusual prevalence of any illness in which fever, diarrhea, sore throat, vomiting, or jaundice is a prominent symptom, it shall be the duty of the person in charge of the camp to report immediately the existence of such an outbreak or disease prevalence to the county commissioner of health or the local health officer verbally, or by telegram or telephone, who shall report by telegram or telephone immediately the existence of such an outbreak to the state commissioner of health or to the district state health officer. Local health officers shall exercise due diligence in ascertaining the existence of such outbreaks or the unusual prevalence of disease in camps.

Regulation 15. Duty to enforce regulations. It shall be the duty of the director, superintendent, foreman or other persons in charge of a camp to see that all regulations of this chapter are faithfully observed.

Regulation 16. When to take effect. Every regulation in this chapter shall take effect on the first day of January, 1940.

CHAPTER VII-A

Hotels, Lodging Houses, Boarding Houses

(Added February 23, 1940)

Regulation 1. Definitions. (a) The term "hotel" shall mean a building where transient guests are received without stipulated engagement as to the duration of their stay and are supplied with and charged for meals, lodging and such services and attention as are necessarily incident to use of such place as a temporary abode.

(b) The term "lodging house" shall mean a building or group of buildings where selected persons are supplied with and charged for sleeping accommodations but not meals.

(c) The term "boarding house" shall mean a building or group of buildings where selected persons for fixed periods of time are supplied with and charged for sleeping accommodations and meals.

(d) The term "county commissioner of health" shall mean the commissioner of health of a county health district in those counties of the state which maintain county health departments.

(e) The term "district state health officer" shall mean the physician appointed by the state commissioner of health under authority of section 4-a of article II of the public health law.

Regulation 2. Application of regulations. The regulations of this chapter shall apply only to hotels, lodging houses and boarding houses not served by public water supply and sewer systems. Establishments licensed under section 304 of the state charities law shall be exempt from the provisions of this chapter.

It shall be the duty of the proprietor or person in charge of each establishment to which this chapter applies to see that all regulations herein are observed.

Regulation 3. Water supply. (a) Water supplied to hotels, lodging houses and boarding houses for drinking and culinary purposes shall be adequate and of safe sanitary quality. Only water which is of safe sanitary quality shall be delivered or piped so as to be accessible for drinking purposes.

(b) Wells or springs used as sources of water supply shall be so constructed and located as to preclude their pollution by seepage from cesspools, privies, sewers, sewage treatment works, stables or manure piles, or by surface drainage. The water from such sources shall be obtained by free gravity flow or by metal pumps so arranged as to provide for delivery of water of safe sanitary quality.

(c) Basins or reservoirs used for the storage of drinking water subsequently distributed without treatment shall be so lined, curbed, covered or otherwise protected as may be necessary to prevent pollution of the supply by surface water, and to preclude pollution of an accidental or wilful nature. Water therefrom shall be delivered to all fixtures, if such fixtures are provided, by means of a water-tight discharge pipe by gravity or by pumping.

(d) Where a water treatment process is employed, accurate and complete daily reports on the operation thereof shall be kept and submitted at monthly intervals, on a form prescribed by the state commissioner of health, to the county commissioner of health if the hotel, lodging house, or boarding house be located in a county health district and, if located elsewhere, to the district state health officer of the state sanitary district in which the establishment is located.

(e) Any failure of adequate treatment or change in source of water supply shall be reported immediately to such county commissioner of health or district state health officer.

(f) No common drinking cup shall be provided. All drinking fountains shall be of sanitary design and construction.

Regulation 4. Approved toilet and sewage disposal facilities to be provided. Convenient and adequate toilet facilities shall be provided, so located, constructed and maintained that they shall not be offensive to the users, become a breeding place for flies, nor by leakage or seepage, offer a possible pollution of any adjacent waters.

Sewage disposal systems shall not allow exposure of any inadequately treated sewage on the surface of the ground.

Unless otherwise permitted by the county commissioner of health of the county health district in which the establishment is located; or, if not located within a county health district, unless otherwise permitted by the district state health officer of the sanitary district in which the establishment is located:

(a) No privy shall be within one hundred (100) feet of any place where food is prepared or served.

(b) No privy shall be within fifty (50) feet of any lake, reservoir or stream.

(c) No drainage from a privy, cesspool, sewer or sewage treatment plant shall flow directly into any lake, reservoir or stream unless such drainage has been approved by the state commissioner of health.

(d) No privy shall be located in the direct line of drainage to nor less than one hundred (100) feet in a horizontal direction from any water supply intake pipe, well, or spring used as a source of water supply.

(e) Privies, one hundred (100) to two hundred (200) feet from the source of a water supply shall be provided with water-tight vaults or receptacles, the contents of which shall be removed and disposed of in a satisfactory manner.

(f) No leaching pits for disposal of excreta, cesspools, subsurface tile drains, sand filters or other units of sewage treatment works or sewers which are not water-tight shall be located in the direct line of drainage to nor shall they be closer than two hundred (200) feet to water supply intake pipes, wells, or springs used as sources of water supply.

Regulation 5. Approval of plans and permit for sewage treatment works required. Approval of plans for new or modified sewage treatment works and a written permit from the state commissioner of health shall be obtained for the discharge of sewage effluent into any waters of this state.

Regulation 6. Milk and cream. Only milk and cream secured from a dealer holding a permit under chapter III of the sanitary code shall be used. Only pasteurized milk and cream shall be used whenever reasonably obtainable.

Regulation 7. Protection of food supplies. Adequate provisions shall be made for sanitary storage, handling and protection of food and milk supplies.

Regulation 8. Dishwashing. Adequate facilities, including a plentiful supply of hot water for washing dishes and utensils, shall be provided. Dishes and utensils shall be washed, cleansed and disinfected effectively after each use.

Regulation 9. Communicable diseases. (a) No person known to be capable of transmitting a communicable disease shall be employed in a hotel, lodging house, or boarding house in any capacity or admitted thereto unless properly isolated. However, this requirement shall not apply to persons with tuberculosis housed in establishments approved by health officers for the housing of tuberculous persons.

(b) When no physician is in attendance, it shall be the duty of the person in charge of any hotel, lodging house, or boarding house, or any other person to report immediately to the local health officer the name and address of any individual in such an establishment known to have or suspected of having a communicable disease. Until official action on such case has been taken, strict isolation shall be maintained. The person in charge shall not allow the patient to leave or be removed without permission of the local health officer.

(c) Whenever there shall occur in any hotel, lodging house, or boarding house an outbreak of suspected food poisoning or an unusual prevalence of

any illness in which fever, diarrhea, sore throat, vomiting, or jaundice is a prominent symptom, it shall be the duty of the person in charge of such establishment to report immediately the existence of such an outbreak or unusual prevalence of illness to the local health officer, in person, or by telegram or telephone. Local health officers shall exercise due diligence in ascertaining the existence of such outbreaks or the unusual prevalence of illness in hotels, lodging houses and boarding houses.

Regulation 10. When to take effect. Every regulation of this chapter shall take effect on the first day of April, 1940.

Regulation 2. Health officer to file report with local board. The health officer, except in municipalities in which a different procedure is prescribed by general or special law, shall file within five days of the receipt of a complaint or of the discovery of the probable existence of a nuisance which may affect health, unless the nuisance has in the meantime been abated and the complainant satisfied, his with the local board of health.

(a) A report showing (i) his findings of the facts; (ii) his opinion as to whether or not the condition constitutes a nuisance; (iii) whether in his opinion the nuisance has been abated.

Regulation 3. Action to be taken by local board. Within five days of the filing with the local board of health of the report provided for in regulation 2 of this chapter, such local board shall (a) convene and examine into the complaint and if it appears that a nuisance dangerous to health exists; (b) furnish the owner, agent or occupant of the premises on which the condition alleged to constitute a nuisance exists, with a written statement of the condition found; and have duly served upon such owner, agent or occupant, a notice to appear before the board of health at a stated time and place, to show cause why such condition should not be declared a nuisance dangerous to health and an order for its abatement issued, and the prescribed penalty imposed if the condition constitutes a violation of a local health regulation in force in the municipality;

(c) if after such hearing, it decides that the condition found to exist constitutes a nuisance dangerous to health, issue and enter upon its minutes an order directing the abatement of such nuisance, a copy of which order shall be served upon the owner, agent or occupant of the premises, or posted conspicuously thereon;

(d) impose in addition, if the condition constitutes a violation of a local health regulation in force in the municipality, the prescribed penalty for such violation. (Added June 14, 1930, amended December 8, 1930 and June 28, 1932.)

(e) if after such hearing, it decides that the condition found to exist constitutes a nuisance dangerous to health, issue and enter upon its minutes an order directing the abatement of such nuisance, a copy of which order shall be served upon the owner, agent or occupant of the premises, or posted conspicuously thereon;

(f) impose in addition, if the condition constitutes a violation of a local health regulation in force in the municipality, the prescribed penalty for such violation. (Added June 14, 1930, amended December 8, 1930 and June 28, 1932.)

* Formerly Chap. VI, renumbered June 28, 1932. See Public Health Law, § 8 and sections and § 28.

CHAPTER VIII*

Nuisances Which May Affect Life and Health †

(Adopted December 18, 1914)

Regulation 1. All complaints to be investigated. The local health officer, upon receiving a complaint of the existence within his jurisdiction of a nuisance which may affect health, or when the probable existence of any such nuisance comes to his attention, shall make or cause to be made by his duly authorized representative an immediate and thorough investigation, and if, in his opinion, such a nuisance exists, he shall take steps to secure its voluntary abatement. (Amended June 14, 1920 and June 28, 1932.)

Regulation 2. Health officer to file report with local board. The health officer, except in municipalities in which a different procedure is prescribed by general or special law, shall also within five days of the receipt of a complaint or of the discovery of the probable existence of a nuisance which may affect health, unless the nuisance has in the meantime been abated and the complainant satisfied, file with the local board of health:

- (a) the complaint, if made in writing, or, if not in writing a summary thereof; or, if no complaint has been made, a statement of the facts, and
- (b) a report showing
 - (i) his findings of the facts;
 - (ii) his opinion as to whether or not the condition constitutes a nuisance likely to affect health and whether or not such condition constitutes a violation of any local regulation in the municipality;
 - (iii) the steps, if any, already taken to abate the nuisance;
 - (iv) whether in his opinion the nuisance has been abated. (Added June 14, 1920 and amended June 28, 1932.)

Regulation 3. Action to be taken by local board. Within five days of the filing with the local board of health of the report provided for in regulation 2 of this chapter, such local board shall

- (a) convene, and examine into the complaint and if it appears that a nuisance dangerous to health exists;
- (b) furnish the owner, agent or occupant of the premises on which the condition alleged to constitute a nuisance exists, with a written statement of the condition found; and have duly served upon such owner, agent or occupant, a notice to appear before the board of health at a stated time and place, to show cause why such condition should not be declared a nuisance dangerous to health and an order for its abatement issued, and the prescribed penalty imposed if the condition constitutes a violation of a local health regulation in force in the municipality;
- (c) if, after such hearing, it decides that the condition found to exist constitutes a nuisance dangerous to health, issue and enter upon its minutes an order directing the abatement of such nuisance, a copy of which order shall be served upon the owner, agent or occupant of the premises, or posted conspicuously thereon;
- (d) impose in addition, if the condition constitutes a violation of a local health regulation in force in the municipality, the prescribed penalty for such violation. (Added June 14, 1920, amended December 8, 1926 and June 28, 1932.)

* Formerly Chap. VI, renumbered June 28, 1932.

† See Public Health Law, § 6 and footnote and § 26.

Regulation 4. Health officer to report to state commissioner of health. Within forty-eight hours after the entry of any decision of the board declaring the conditions not to be a nuisance affecting health, or if within five days of the filing of the report of the health officer with the local board of health, said board fails to take action provided by regulation 3 of this chapter, the health officer shall forward a copy thereof to the state commissioner of health, together with the original or copies of his report and other papers filed by him with the local board, as required in regulation 2 of this chapter. (Added June 14, 1920.)

Regulation 5. State commissioner of health may direct local board of health to take certain definite proceedings. If, in the opinion of the state commissioner of health, the conditions complained of constitute a nuisance likely to affect health and the abatement or removal thereof is necessary for the public good and for the protection of life and health, the said commissioner may, by notice to the presiding officer of the local board of health, direct him, pursuant to section 26 of the public health law, to convene such local board to take certain definite proceedings concerning which the said commissioner is satisfied that the action recommended by him is necessary for the public good and is within the jurisdiction of such local board of health. (Added June 14, 1920.)

Regulation 6. Presiding officer to convene local board and take action directed. Upon the receipt of such notice from the state commissioner of health, the presiding officer of the local board of health shall promptly convene such local board, which shall take the action directed by the said commissioner. (Added June 14, 1920.)

Regulation 7. When to take effect. Every regulation in this chapter, unless otherwise specifically stated, shall take effect on the first day of September, 1932. (Added June 28, 1932.)

* Originally a part of former Chap. VII then entitled "Nuisances" and renumbered June 28, 1932.

CHAPTER IX*

Certain Health Hazards

(Adopted as a separate chapter June 28, 1932)

Regulation 1. Distribution of tetraethyl lead in concentrated form to public prohibited. The sale or distribution of tetraethyl lead in concentrated form, except to refineries, bulk stations or filling stations, is hereby prohibited. Such sale or distribution shall be made in safe, sealed containers.

Nothing herein contained shall be construed to prevent the sale or distribution of tetraethyl lead in concentrated form for experimental and research purposes or for use under special circumstances to persons whose applications therefor have been approved by the state commissioner of health. (Added January 20, 1925 and amended and renumbered June 28, 1932.)

Regulation 2. Use of nitro-cellulose x-ray film prohibited. It shall be unlawful for the person or authority in charge of maintaining, operating or conducting any hospital, clinic, dispensary, school, college, home, asylum or institution to bring into, expose or develop or allow to be brought into, exposed or developed in such institution any nitro-cellulose material in the form of sheet film, or other form intended to be exposed to Roentgen rays, x-rays, or to light of any kind. Any such nitro-cellulose film, or material, that may be in or upon the premises of any such institution and already exposed and developed at the time this regulation becomes effective shall be stored in such place and manner as the state commissioner of health shall prescribe.† (Added June 26, 1929, amended September 11, 1929 and amended and renumbered June 28, 1932.)

Regulation 3. Poisonous substances for polishing kitchenware or silverware prohibited. No polish or article or substance containing any cyanide preparation or other poison shall be sold or offered for sale when such sale is obviously or presumably for the cleaning of nickle, copper, silverware or silver plated ware or other articles or utensils used for the service or preparation of food or food stuffs in any hotel, club, restaurant, public institution or public eating place.

No polish or article or substance containing any cyanide preparation or other poison shall be used for the cleaning of nickle, copper, silverware or silver plated ware or other articles or utensils used for the service or preparation of food or food stuffs in any hotel, club, restaurant, public institution or public eating place. (Added November 6, 1929, amended June 30, 1931, and renumbered June 28, 1932.)

Regulation 4. Manufacture or sale of articles which may be contaminated with anthrax. No person shall manufacture, sell or offer for sale a shaving or lather brush containing horsehair. (Added February 11, 1919, amended December 6, 1921 and amended and renumbered June 28, 1932.)

Regulation 5. Spitting in public places forbidden. Spitting upon the floor of public buildings or buildings used for public assemblage, or upon the floors or platforms or any part of any railroad or trolley car or ferry boat, or any other public conveyance, is forbidden. (Renumbered June 28, 1932.)

Regulation 6. Common towel forbidden. No person, firm, corporation or authorities owning, in charge of, or in control of any lavatory or wash room in any hotel, lodging house, restaurant, factory, school, store, office building, railway or trolley station, or public conveyance by land or water shall provide in or about such lavatory or wash room any towel for common use. The term "common use" in this regulation shall be construed to mean, for use by more than one person without cleansing. (Amended April 27, 1920 and renumbered June 28, 1932.)

* Originally a part of former Chap. VII, then entitled Miscellaneous.

† See Administrative Rules and Regulations, page 95.

Regulation 7. Common drinking cups and drinking and eating utensils forbidden. The use of common drinking cups, and of common drinking or eating utensils in any public place or public institution, or in any hotel, lodging house, theatre, factory, store, school or public hall; or in any railway or trolley car or ferry boat; or in any railway or trolley station or ferry house; or the furnishing of any such common drinking cup or drinking or eating utensil for common use in any such place is prohibited.

The term "common use" in this regulation shall be construed to mean for use by more than one person without adequate cleansing. (Amended March 4, 1915 and amended and renumbered June 28, 1932.)

Regulation 8. Sale or use of lead nipple shields prohibited. The sale or use of metal or foil breast nipple shields made of or containing lead is prohibited. This regulation shall take effect February 1, 1939. (Added January 20, 1939.)

Regulation 9. When to take effect. Every regulation in this chapter, unless otherwise specifically stated, shall take effect on the first day of September, 1932. (Added June 28, 1932 and renumbered January 20, 1939.)

CHAPTER X*

Barber Shops and Beauty Parlors

(Adopted as a separate chapter June 28, 1932)

Regulation 1. Barber shops, hairdressing establishments, manicuring and beauty parlors. This regulation shall apply to all barber shops, hairdressing establishments, manicuring parlors and beauty parlors and the aforementioned terms shall include all premises or portions thereof wherein the business of shaving, clipping, cutting, trimming, singeing, shampooing, massaging, manicuring, dressing, adorning or beautifying the human hair, face, scalp or hands is conducted for fee, charge or hire.

Every person in charge of any such establishment shall keep such establishment at all times in a clean and sanitary condition.

No operator shall be employed in any such establishment who is affected with syphilis in the infective stage or with any other infectious disease in a communicable stage or with any communicable affection of the skin.

The hands of the operator shall be washed with soap and water before serving each customer.

Hair brushes and combs shall be kept clean at all times.

Shaving mugs and brushes and finger bowls shall be thoroughly rinsed with hot water after each use thereof.

There shall be a separate clean towel for each customer. The head rest shall be covered by a clean towel or paper for each customer.

Alum or other material used to stop the flow of blood shall be applied in powdered or liquid form only.

After the handling of a customer affected with any eruption, or whose skin is broken out, or is inflamed or contains pus, the hands of the attendant shall be disinfected immediately. This shall be done by thorough washing with soap and water, followed by rinsing in alcohol (70 to 80 per cent) or in a solution of corrosive sublimate (1 to 1,000), or by the use of some equally efficient disinfectant.

The instruments used on a customer shall be made safe immediately after such use by washing with soap and water and dipping for one minute in a ten per cent solution of commercial formalin; or dipping for three minutes in alcohol (70 to 80 per cent), or by the use of some equally efficient disinfectant.

No cup or brush which has been used in the shaving of a customer affected with any of the above infectious disorders of the face shall be used for another customer unless the cup shall have been emptied and cleansed by boiling water and furnished with fresh soap, and the brush has been sterilized by a three minutes' immersion in alcohol (70 to 80 per cent), or in a corrosive sublimate solution (1 to 1,000), or by the use of some equally efficient disinfectant.

No powder puff, sponge or neck duster shall be used in any such establishment.

The use of soap in common, or for more than one person is prohibited in any such establishment.

The person in charge of every barber shop, hairdressing establishment, manicuring parlor and beauty parlor shall post conspicuously in such establishment a copy of this regulation. (Amended February 2, 1915, February 11, 1919, and June 29, 1927 and amended and renumbered June 28, 1932.)

Regulation 2. When to take effect. Every regulation in this chapter, unless otherwise specifically stated, shall take effect on the first day of September, 1932. (Added June 28, 1932.)

* Originally part of former Chap. VII, then entitled Miscellaneous.

CHAPTER XI

Qualifications of Public Health Personnel

SECTION A--LOCAL HEALTH OFFICERS *

(Originally adopted May 20, 1932)

Regulation 1. Definitions. The term "local health officer" as used in this chapter shall be construed to mean a health officer or health commissioner of a city, a county commissioner of health or a health officer of a town, village or consolidated health district in New York state.

Regulation 2. Qualifications required. No person shall hereafter be appointed as a local health officer unless he shall possess at the time of appointment, the qualifications hereinafter prescribed for such position: Provided, that any local health officer now holding office who possessed the qualifications prescribed by the public health council at the time of his appointment shall be qualified for reappointment.

Regulation 3. Preliminary qualifications. All local health officers shall be physicians and, except those now holding office as local health officers, shall be licensed or eligible for examination for license to practice medicine in New York state.

Regulation 4. Grades established. There are hereby established qualifications for local health officers in two grades to be known as Grade I and Grade II. Health officers of cities having a population of more than 50,000 at the next preceding federal census, and all county health commissioners shall have the qualifications prescribed for Grade I, provided that in cities having health departments organized under the provisions of chapter 249, laws of 1921, a physician who has received the degree of doctor of public health in a course in any institution of learning recognized by the university of the state of New York shall be eligible for appointment as health officer. Health officers of all towns, villages, consolidated health districts, and of cities having less than 50,000 population at the next preceding federal census shall have the qualifications prescribed for Grade II. (Amended June 26, 1934.)

Regulation 5. Qualifications, Grade I. The qualifications for health officers in Grade I shall be practical experience and/or special training and education in public health, consisting of:

(a) Not less than four years of full-time experience in a responsible public health position. Or,

(b) Not less than two years of full-time experience in a responsible public health position and the completion of a course in public health approved by the public health council of at least one scholastic year in residence. Or,

(c) A combination of part-time or full-time experience in public health with special training which combination in the opinion of the council is the equivalent of either of the above qualifications.

Regulation 6. Qualifications, Grade II. The qualifications for health officers in Grade II shall be practical experience and/or special training and education in public health consisting of:

(a) Four or more years' part-time experience and the completion of a postgraduate course in public health approved by the public health council prior to June 1, 1932.

(b) The completion of a postgraduate course in public health approved by the public health council subsequent to June 1, 1932, as qualifying for this grade, providing appointment as health officer is made within ten years after the completion of such course.

* See Public Health Law, §§ 2-c and 20. Regulations relating to local health officers were originally adopted as a resolution of the public health council July 6, 1915, and subsequently amended from time to time.

(c) The completion of an undergraduate course in public health approved by the public health council as qualifying for this grade, providing appointment as health officer is made within five years of graduation in medicine.

(d) Other practical experience and/or special training and education in public health work which in the opinion of the council is the equivalent of any of the above qualifications: Provided, that under special circumstances specified in writing by the local board of health or other appointing power or by the proposed health officer, the public health council may waive the requirements for a health officer in Grade II as to any proposed appointment, such waiver to be valid for a period not longer than the term of the proposed appointment. (Amended December 16, 1932 and June 23, 1936.)

Regulation 7. Submission of qualifications. Any physician may submit his qualifications or any local appointing authority may submit the qualifications of a physician, to the public health council for opinion as to whether or not he meets the qualifications of a specified grade.

Regulation 8. Examination may be requested. The public health council may request any physician whose qualifications it is called upon to consider, to take such written, oral and practical examinations in public health as the council may direct.

Regulation 9. Lists to be maintained. The public health council may maintain lists of persons who have submitted to the council satisfactory evidence that they possess the qualifications for either of the two grades herein established.

Regulation 10. When to take effect. Every regulation in this section shall take effect June 1, 1932.

SECTION B—PUBLIC HEALTH NURSES *

(Originally adopted June 28, 1932)

Regulation 11. Definitions. The term "public health nurse" as used in this chapter shall mean a nurse employed pursuant to the provisions of the public health law by the state department of health, a county health commissioner, local health officer or a town board, or by a county board of supervisors or the board of managers of a county tuberculosis sanatorium pursuant to the provisions of paragraph 44-a, section 12 and section 47 of the county law, or a nurse employed by the health authority of a city to provide, wholly or in part through domiciliary visits, instruction in medical, sanitary and social procedures for the prevention of disease, correction of defects and the promotion of health and to render assistance in the application of such procedures and in the domiciliary care of the sick. The term "public health nursing experience" shall mean experience acquired through domiciliary nursing visits while in the employ of a public or private agency authorized to provide such service.

The term "adequate nursing supervision" shall mean direct supervision by a public health nurse, Grade I, who shall: (1) give preliminary instruction in the technique and purposes of nursing visitation; (2) visit from time to time with the supervised nurse the families under her charge; (3) give continuous instruction by means of office and field conferences. (Amended May 18, 1934, effective June 26, 1934.)

Regulation 12. Qualifications required. No person shall hereafter be appointed as a public health nurse unless she shall possess at the time of appointment, the following qualifications:

- (a) Shall be a graduate nurse;
- (b) Shall be not less than twenty-one years of age at the time of her appointment;
- (c) Shall be registered or eligible for registration as a graduate nurse in New York state;

* See Public Health Law, § 2-c. Regulations relating to public health nurses were originally adopted as a resolution of the public health council April 21, 1914, and subsequently amended from time to time.

(d) Shall have graduated from a high school or have had an equivalent education if graduating from a school of nursing after January 1, 1932, or if graduating from a school of nursing before 1932 is entering public health nursing for the first time.

Regulation 13. Grades established. There are hereby established qualifications for public health nurses in two grades to be known as Grade I and Grade II. Public health nurses in municipalities where no adequate nursing supervision is provided shall have the qualifications prescribed for Grade I. Public health nurses in municipalities where adequate nursing supervision is provided shall have not less than the qualifications prescribed for Grade II.

Regulation 14. Qualifications, Grade I. The qualifications for public health nurses in Grade I shall be practical experience and/or special training and education in public health, consisting of:

(a) Not less than three years of public health nursing experience which included a program of field work. Or,

(b) Not less than one year of public health nursing experience which included a program of field work under adequate nursing supervision. Or,

(c) The completion of a postgraduate course in public health nursing approved by the public health council for this grade of at least one scholastic year in residence. Or,

(d) A combination of public health nursing experience with special training which combination in the opinion of the public health council is the equivalent of any of the above qualifications. (Amended June 26, 1934.)

Regulation 15. Qualifications, Grade II. The qualifications for public health nurses in Grade II shall be practical experience and/or special training and education in public health, consisting of:

(a) The completion of a course of at least four months in residence in public health nursing approved by the public health council for this grade. Or,

(b) Not less than one year of experience in public health nursing which in the opinion of the public health council qualifies the applicant for public health nursing under adequate nursing supervision: Provided, that under special circumstances specified in a written statement by the appointing power which shall include the facts relating to the nursing supervision under which the applicant is to serve, the public health council may waive the requirements of this regulation for a public health nurse, Grade II, for any proposed appointment. A statement signed by the proposed appointee giving her education and experience shall accompany such request. (Amended June 26, 1934.)

Regulation 16. Submission of qualifications. Any graduate nurse may submit her qualifications or any local appointing authority may submit the qualifications of a graduate nurse, to the public health council for opinion as to whether or not she meets the qualifications of a specified grade.

Regulation 17. When to take effect. Every regulation in this section shall take effect immediately. (Added June 28, 1932, amended June 26, 1934.)

SECTION C—LABORATORY PERSONNEL*

(Originally adopted June 28, 1932)

Regulation 18. Definitions. The terms "director," "pathologist," and "bacteriologist," as used in this section, shall be construed to mean respectively, directors of laboratories, directors or their assistants in charge of pathological examinations in laboratories, and bacteriologists in charge of laboratories, or in charge of bacteriological examinations in laboratories, in instances where such laboratories have been approved pursuant to section 4-b of the public health law. (Amended May 21, 1937.)

* See Public Health Law, § 4-b. Regulations relating to laboratory personnel were originally adopted as a resolution of the public health council December 11, 1923, and subsequently amended from time to time.

Regulation 19. Qualifications required. No person shall hereafter be appointed as a director, pathologist, or bacteriologist, unless he shall possess at the time of appointment the qualifications hereinafter prescribed for such position. (Amended May 21, 1937.)

Regulation 20. Preliminary qualifications. All directors, pathologists and bacteriologists shall possess the integrity and ability to conduct a laboratory in which satisfactory standards of work can be maintained; directors and pathologists shall be graduates in medicine of schools recognized by the regents of the university of the state of New York and licensed to practice medicine or eligible for examination for license to practice medicine in the state of New York; and bacteriologists shall possess the educational requirements for a doctorate degree in science, public health or medicine as prescribed by a university holding membership in the association of American universities: Provided, that under special conditions any or all of the qualifications relating to education or experience may be waived by the public health council. (Amended May 21, 1937.)

Regulation 21. Qualifications, directors. The qualifications for directors shall include an adequate knowledge of pathology and bacteriology and, subsequent to graduation, at least four years' training and experience in pathological and bacteriological work approved by the public health council: Provided, that under special conditions any or all of the qualifications relating to education or experience may be waived by the public health council. (Amended May 21, 1937.)

Regulation 22. Qualifications, pathologists. The qualifications for pathologists shall include an adequate knowledge of pathology and, subsequent to graduation, at least four years' training and experience in pathological work, approved by the public health council, of which at least one year shall have been devoted to training and experience in the diagnosis of neoplastic disease: Provided, that under special conditions any or all of the qualifications relating to education or experience may be waived by the public health council. (Amended May 21, 1937.)

Regulation 23. Qualifications, bacteriologists. The qualifications for bacteriologists shall include, subsequent to graduation, at least four years' experience or training in pathology and bacteriology or in bacteriology alone, approved by the public health council: Provided, that under special conditions any or all of the qualifications relating to education or experience may be waived by the public health council. (Amended January 19, 1934 and May 21, 1937.)

Regulation 24. When to take effect. Every regulation in this section shall take effect September 1, 1932. (Amended May 21, 1937, effective June 1, 1937.)

SECTION D—DAIRY AND MILK INSPECTORS

(Originally adopted September 24, 1937)

Regulation 25. Definition. The term "milk inspector" as used in this section shall be construed to be synonymous with "dairy and milk inspector" and shall mean any individual who is paid from public funds, other than a local health officer, and who is employed or appointed by any county, city, town, village, or consolidated health district, to inspect milk pasteurizing or milk bottling plants, or dairy farms or herds, except that it shall not apply to a veterinarian employed occasionally to make physical examinations or tests of cattle.

Regulation 26. Qualifications required. No person shall be appointed hereafter as milk inspector unless he shall possess at the time of appointment the qualifications hereinafter prescribed for such position. This regulation shall not apply to appointments made from civil service lists established prior to

October 1, 1937, nor to an individual engaged on September 30, 1937 as such an inspector so as to interfere with his continuance in the same position in the same district where then employed. (Amended March 15, 1940, effective April 1, 1940.)

Regulation 27. Preliminary qualifications. A milk inspector shall be physically capable of performing his duties, able to read, write, make simple arithmetical computations and shall produce evidence acceptable to the appointing authority as to his character and his ability to perform the required duties.

Regulation 28. Grades established. There are hereby established qualifications for milk inspectors in three grades to be known as Grade I, Grade II, and Grade III.

Grade I. Milk inspectors in charge of the milk inspection service of any county or county health district, or of any city having a population of 50,000 or more, according to the last federal census, shall have the qualifications prescribed for Grade I.

Grade II. Milk inspectors in charge of the milk inspection service of a city, town, village, or consolidated health district having a population of more than 10,000 and less than 50,000 according to the last federal census, and milk inspectors acting under general supervision of milk inspectors in municipalities or districts in which milk sanitation is required to be under the charge of Grade I inspectors, shall have the qualifications prescribed for Grade II.

Grade III. Milk inspectors of any city, town, village, or consolidated health district having a population of less than 10,000 according to the last federal census, and milk inspectors acting under general supervision of milk inspectors in municipalities or districts in which milk sanitation is required to be under the charge of Grade II milk inspectors, shall have the qualifications prescribed for Grade III.

Nothing herein shall be construed to prevent the employment or appointment of a milk inspector in a grade lower than that for which he is qualified.

Regulation 29. Qualifications, Grade I. The qualifications for milk inspectors in Grade I shall be practical experience and special training and education in milk sanitation, consisting of:

(a) Graduation from a university or school of recognized standing with a degree in public health or sanitary engineering, veterinary medicine or agriculture, provided that graduates shall have completed acceptable courses in milk sanitation; and shall have had not less than one year of satisfactory full-time experience in milk sanitation; or,

(b) Completion of a course of instruction in milk sanitation approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three years of satisfactory full-time experience in milk sanitation; or,

(c) Any combination of education, training and experience which in the opinion of the public health council is the equivalent of either of the above qualifications.

Regulation 30. Qualifications, Grade II. The qualifications for milk inspectors in Grade II shall be practical experience and special training and education in milk sanitation, consisting of:

(a) Graduation from a high school and completion of a course of instruction in milk sanitation approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than one year of satisfactory full-time experience in milk sanitation; or,

(b) Completion of a course of instruction in milk sanitation approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three years of satisfactory full-time experience in milk sanitation; or,

(c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of any of the above qualifications.

Regulation 31. Qualifications, Grade III. The qualifications for milk inspectors in Grade III shall be practical experience and/or special training and education in milk sanitation, consisting of:

- (a) Not less than one year of satisfactory experience in milk sanitation; or,
- (b) Completion of a course of instruction in milk sanitation approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three months of satisfactory experience in milk sanitation; or,
- (c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of either of the above qualifications.

Regulation 32. Submission of evidence of qualifications. Any person may submit evidence of his qualifications or any appointing authority may submit evidence of the qualifications of any person, to the public health council for opinion as to whether or not such person meets the qualifications for milk inspectors in a specified grade.

Regulation 33. Authority to waive requirements or to require examinations. The public health council may, under special circumstances specified by the local appointing authority or by the proposed milk inspector, waive the requirements in any grade as to any proposed appointment, such waiver to be valid for such period as may be specified by the public health council but not for a period longer than the term of the proposed appointment. The public health council may require any person whose qualifications it is called upon to consider, to take such written, oral, or practical examinations as it may direct.

Regulation 34. When to take effect. Every regulation in this section shall take effect on October 1, 1937.

SECTION E—OPERATORS OF PUBLIC WATER TREATMENT AND PURIFICATION PLANTS

(Originally adopted September 24, 1937)

Regulation 35. Definition. The term "operator" as used in this section shall mean any individual who is paid from public funds and who is employed or appointed by any county, city, village, town or district, or by any state department as the person in charge of the operation of any water treatment or purification plant or essential part thereof.

Regulation 36. Qualifications required. No person shall be appointed hereafter as operator unless he shall possess at the time of appointment the qualifications hereinafter prescribed for such position. This regulation shall not apply to appointments made from civil service lists established prior to October 1, 1937, nor to an individual engaged on September 30, 1937 as such an operator so as to interfere with his continuance in the same position in the same plant where then employed. (Amended March 15, 1940, effective April 1, 1940.)

Regulation 37. Preliminary qualifications. An operator shall be physically capable of performing his duties, able to read, write, make simple arithmetical computations and shall produce evidence acceptable to the appointing authority as to his character and his ability to maintain and operate properly all equipment entrusted to his care.

Regulation 38. Grades established. There are hereby established qualifications for operators in three grades to be known as Grade I, Grade II, and Grade III.

Grade I. The following operators shall have the qualifications prescribed for Grade I:

(1) Operators responsible for or in charge of the operation of any water treatment or purification plant supplying water to a population of more than 20,000; or,

(2) Operators responsible for or in charge of the operation of any water purification plant employing a filtration process and supplying water to a population of more than 10,000.

Grade II. The following operators shall have the qualifications prescribed for Grade II:

(1) Operators responsible for or in charge of the operation of any water treatment plant not employing a filtration process and supplying water to a population of from 5,000 to 20,000; or,

(2) Operators responsible for or in charge of the operation of any water purification plant employing a filtration process and supplying water to a population of less than 10,000; or,

(3) Operators acting under general supervision in plants required to be under the charge of Grade I operators.

Grade III. The following operators shall have the qualifications prescribed for Grade III:

(1) Operators of any water treatment plant not employing a filtration process and supplying water to a population of less than 5,000; or,

(2) Operators acting under general supervision in plants required to be under the charge of Grade II operators.

Nothing herein shall be construed to prevent the employment or appointment of an operator in a grade lower than that for which he is qualified.

Regulation 39. Qualifications, Grade I. The qualifications for operators in Grade I shall be practical experience and special training and education in water purification or treatment, consisting of:

(a) Graduation from a university or school of recognized standing with a degree in public health, sanitary, chemical, or civil engineering, provided that graduates in chemical or civil engineering shall have completed acceptable courses in sanitation; and, provided that all shall have had not less than one year of satisfactory experience in a water purification or treatment plant; or,

(b) Completion of a course of instruction in water purification or treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than five years of satisfactory experience in a water purification or treatment plant; or,

(c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of either of the above qualifications.

Regulation 40. Qualifications, Grade II. The qualifications for operators in Grade II shall be practical experience and special training and education in water purification or treatment, consisting of:

(a) Graduation from a high school and completion of a course of instruction in water purification or treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than one year of satisfactory experience in a water purification or treatment plant; or,

(b) Completion of a course of instruction in water purification or treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three years of satisfactory experience in a water purification or treatment plant; or,

(c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of either of the above qualifications.

Regulation 41. Qualifications, Grade III. The qualifications for operators in Grade III shall be practical experience and/or special training and education in water purification or treatment, consisting of:

(a) Not less than one year of satisfactory experience in a water purification or treatment plant; or,

(b) Completion of a course of instruction in water purification or treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three months of satisfactory experience in a water purification or treatment plant; or,

(c) Any combination of education, training and experience which in the opinion of the public health council is the equivalent of either of the above qualifications.

Regulation 42. Submission of evidence of qualifications. Any person may submit evidence of his qualifications, or any appointing authority may submit evidence of the qualifications of any person, to the public health council for opinion as to whether or not such person meets the qualifications for operators in a specified grade.

Regulation 43. Authority to waive requirements or to require examinations. The public health council may, under special circumstances specified by the local appointing authority or by the proposed operator, waive the requirements in any grade as to any proposed appointment, such waiver to be valid for such period as may be specified by the public health council but not for a period longer than the term of the proposed appointment. The public health council may require any person, whose qualifications it is called upon to consider, to take such written, oral, or practical examination as it may direct.

Regulation 44. When to take effect. Every regulation in this section shall take effect on October 1, 1937.

SECTION F—OPERATORS OF PUBLIC SEWAGE TREATMENT PLANTS

(Originally adopted September 24, 1937)

Regulation 45. Definition. The term "operator" as used in this section shall mean any individual, who is paid from public funds and who is employed or appointed by any county, city, village, town, or district, or by any state department, as the person in charge of the operation of any sewage treatment plant or essential part thereof.

Regulation 46. Qualifications required. No person shall be appointed hereafter as operator unless he shall possess at the time of appointment the qualifications hereinafter prescribed for such position. This regulation shall not apply to appointments made from civil service lists established prior to October 1, 1937, nor to an individual engaged on September 30, 1937 as such an operator so as to interfere with his continuance in the same position in the same plant where then employed. (Amended March 15, 1940, effective April 1, 1940.)

Regulation 47. Preliminary qualifications. An operator shall be physically capable of performing his duties, able to read, write, and make simple arithmetical computations and shall produce evidence acceptable to the appointing authority as to his character and his ability to maintain and operate properly all equipment entrusted to his care.

Regulation 48. Grades established. There are hereby established qualifications for operators in three grades, to be known as Grade I, Grade II, and Grade III.

Grade I. The following operators shall have the qualifications prescribed for Grade I:

(1) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of more than 40,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary; or,

(2) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of from 20,000 to 40,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of the process of separate sludge digestion, chemical precipitation, incineration of sludge, activated sludge, or biological oxidation; or,

(3) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of from 10,000 to 20,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of the activated sludge process.

Grade II. The following operators shall have the qualifications prescribed for Grade II:

(1) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of from 20,000 to 40,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of any process except separate sludge digestion, chemical precipitation, incineration of sludge, activated sludge, or biological oxidation; or,

(2) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of from 10,000 to 20,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of any process except activated sludge; or,

(3) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of from 5,000 to 10,000 persons or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of the process of separate sludge digestion, chemical precipitation, incineration of sludge, activated sludge, or biological oxidation; or,

(4) Operators responsible for or in charge of any sewage treatment plant to which the sewage of less than 5,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of the process of gas collection, chemical precipitation, or activated sludge; or,

(5) Operators acting under general supervision in plants required to be under the charge of Grade I operators.

Grade III. The following operators shall have the qualifications prescribed for Grade III:

(1) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of from 5,000 to 10,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of any process, except separate sludge digestion, chemical precipitation, incineration of sludge, activated sludge, or biological oxidation; or,

(2) Operators responsible for or in charge of the operation of any sewage treatment plant to which the sewage of less than 5,000 persons, or the population equivalent, as determined by the bio-chemical oxygen demand, is tributary and in which plant use is made of any process, except gas collection, chemical precipitation, or activated sludge; or,

(3) Operators acting under general supervision in plants required to be under the charge of Grade II operators.

Nothing herein shall be construed to prevent the employment or appointment of an operator in a grade lower than that for which he is qualified.

Regulation 49. Qualifications, Grade I. The qualifications for operators in Grade I shall be practical experience and special training and education in sewage treatment, consisting of:

(a) Graduation from a university or school of recognized standing with a degree in public health, sanitary, chemical, or civil engineering, provided that graduates in chemical or civil engineering shall have completed acceptable

courses in sanitation; and, provided that all shall have had not less than one year of satisfactory experience in a sewage treatment plant; or,

(b) Completion of a course of instruction in sewage treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three years of satisfactory experience in a sewage treatment plant; or,

(c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of either of the above qualifications.

Regulation 50. Qualifications, Grade II. The qualifications for operators in Grade II shall be practical experience and special training and education in sewage treatment, consisting of:

(a) Graduation from a high school and completion of a course of instruction in sewage treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than one year of satisfactory experience in a sewage treatment plant; or,

(b) Completion of a course of instruction in sewage treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than two years of satisfactory experience in a sewage treatment plant; or,

(c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of either of the above qualifications.

Regulation 51. Qualifications, Grade III. The qualifications for operators in Grade III shall be practical experience and/or special training and education in sewage treatment, consisting of:

(a) Not less than one year of satisfactory experience in a sewage treatment plant; or,

(b) Completion of a course of instruction in sewage treatment approved by the public health council as qualifying for this grade, provided that such persons shall have had not less than three months of satisfactory experience in a sewage treatment plant; or,

(c) Any combination of education, training, and experience which in the opinion of the public health council is the equivalent of either of the above qualifications.

Regulation 52. Submission of evidence of qualifications. Any person may submit evidence of his qualifications or any appointing authority may submit evidence of the qualifications of any person, to the public health council for opinion as to whether or not such person meets the qualifications for operators in a specified grade.

Regulation 53. Authority to waive requirements or to require examinations. The public health council may, under special circumstances specified by the local appointing authority or by the proposed operator, waive the requirements in any grade as to any proposed appointment, such waiver to be valid for such period as may be specified by the public health council but not for a period longer than the term of the proposed appointment. The public health council may require any person, whose qualifications it is called upon to consider, to take such written, oral, or practical examination as it may direct.

Regulation 54. When to take effect. Every regulation in this section shall take effect on October 1, 1937.

CHAPTER XII

Maternity Hospitals or Homes

(Adopted January 9, 1917)

Regulation 1. Definition. Any hospital or home which is not incorporated and which is not a public institution as provided in Section 482, subdivision 2 of the Penal Law and into which women not related to the proprietor or person in charge by blood or marriage are received to be cared for during pregnancy, during parturition, or while recovering from parturition, shall be considered a maternity hospital or home.

Each maternity hospital or home shall have a name, which name shall appear on the license form and on all certificates of birth and death occurring in the hospital or home. (Added June 28, 1932 and amended November 20, 1936 and April 16, 1937.)

Regulation 2. License and inspection. Each maternity hospital or home shall, before the admission of any patient, obtain annually from the state commissioner of health a license to conduct and maintain such a hospital or home. On and after December 1, 1936, no license for the conduct of a maternity hospital or home shall be issued to any person unless he or she is a physician or midwife licensed to practice in the state of New York, or a registered nurse registered in the state of New York, except that this shall not apply to proprietors licensed previous to December 1, 1936. On and after December 1, 1936, every proprietor of a maternity hospital or home, not a physician or midwife licensed in the state of New York, or a registered nurse registered in the state of New York, if maintaining an establishment with a capacity of four or more beds, shall employ a nurse so registered to give full time attention to maternity patients while they are under care in such maternity hospital or home.

No license shall be issued by the state commissioner of health to any person to maintain a maternity hospital or home unless the commissioner or his duly authorized agent shall have made an inspection of the premises. A record of each such inspection shall be made on a form prescribed by the state commissioner of health and such record shall be filed in his office.*

In each maternity hospital or home the license shall be kept posted by the licensee in a conspicuous place.

Each license for a maternity hospital or home shall state the maximum number of beds which are provided and reserved for maternity patients only and no more maternity patients than that number shall be cared for at any one time. The capacity as stated in the license shall not exceed the number of beds so reserved.

Every proprietor of a maternity hospital or home shall maintain a register containing the names and addresses of all maternity patients cared for and such other information as may be required by the state commissioner of health or by section four hundred eighty-two of the penal law and section three hundred three of the state charities law.

If the maternity service for which such license was issued be discontinued, or if the license expires or be revoked, such license shall be returned immediately to the state department of health, together with all registers. (Amended June 27, 1928, amended and renumbered June 28, 1932 and amended November 20, 1936.)

Regulation 3. General requirements. In maternity hospitals or homes each patient shall have and occupy a separate bed located in a room adequately ventilated and providing at least eighty square feet of floor space for each bed.

In any maternity hospital or home in which there are rooms accommodating more than one patient, the beds shall be separated by spaces at least

* See Penal Law, § 482 and State Charities Law, § 303.

three feet in width; a separate adequately ventilated room shall be provided exclusively for newborn infants, with one crib for each infant.

In a maternity hospital or home with a capacity of four or more patients, a delivery room which shall be used for no other purpose, shall be provided and maintained, separate and distinct from the bedrooms and from any operating room used for general hospital service. The delivery room shall be equipped with running water and furnished with such minimum equipment as may be prescribed by the state commissioner of health. Except with the permission of the state commissioner of health such delivery room shall be located on the same floor as that on which the maternity patients are cared for.

Where general hospital service is given, the bedrooms for maternity patients and for newborn infants and the delivery rooms shall occupy an entire floor, or a separate wing of a floor, reserved exclusively for maternity patients, and the floor or wing so reserved shall not be occupied by other medical or surgical patients.

Every floor in a maternity hospital or home shall be adequately equipped with fire extinguishers approved by the state commissioner of health, and no patient shall be cared for above the first floor unless there is adequate provision approved by the state commissioner of health for safe exit in an emergency, with easy access from patients' rooms in case of fire.*

The surfaces of all ceilings, walls and floors and furnishings in delivery rooms and in rooms to be occupied by maternity patients or newborn infants shall be of washable material and such rooms shall be provided with suitable equipment necessary for the care of mothers and infants. Such rooms shall be maintained in a cleanly condition at all times.

Adequate and sanitary bathing and toilet facilities shall be provided for maternity patients and for infants.

All outside doors, windows and other outside openings shall be screened, except during the winter.

Adequate facilities shall be provided for the sterilization of instruments and water, and for the steam sterilization of supplies.

Each maternity hospital or home shall have at least a minimum of equipment as prescribed by the state commissioner of health. (Added June 28, 1932 and amended November 20, 1936.)

Regulation 4. Standard procedures. No maternity patient shall be cared for in the same room with a patient not a maternity case and equipment and beds used by maternity patients shall not be used by other persons.

Except in a temporary emergency, no infant shall be cared for in a maternity hospital or home except during the residence of the mother therein, without the approval of the state commissioner of health or his authorized agent.

Every patient in a maternity hospital or home shall be attended during confinement and supervised during the puerperium by a registered physician or a licensed midwife.

The advantage of breastfeeding shall be explained and emphasized to the mother by the physician or midwife in attendance and artificial feeding shall not be resorted to except upon a specific written order from a physician.

It shall be the duty of the attending physician, midwife, nurse or other person in attendance on a confinement to drop into both eyes of the infant immediately on delivery a one per cent solution of nitrate of silver or some other agent equally efficient for preventing ophthalmia neonatorum.†

Before either mother or infant is taken from the delivery table or bed, a means of identification approved by the state commissioner of health shall be attached to each newborn infant and such means of identification shall not be removed from the infant until discharged from hospital or home.

All drugs and solutions shall be correctly and distinctly labeled and kept in a locked closet when not in use.

* Sec. 334, Article XVI, Public Health Law.

† See Chap. II, Reg. 12.

A chart shall be kept for each maternity patient and for each newborn infant, which shall show the history of the case, results of examinations, progress of the case and such other data as may be required by the state commissioner of health, and on a form approved by him. (Added June 28, 1932 and amended November 20, 1936.)

Regulation 5. Communicable disease. No maternity hospital or home shall accept for care or treatment any patient, not a maternity patient, suffering from influenza, erysipelas, or an infected wound or lesion, or from a communicable disease required to be isolated by the sanitary code. A maternity patient suffering from any such disease may be admitted and cared for in a maternity hospital or home if a separate room with adequate isolation facilities is available and such patient is isolated in such room.

In the event that a case of such disease develops in any patient in a maternity hospital or home, the patient shall be isolated in accordance with instructions of the local health officer, and the bed and equipment used for such patient suffering from such disease shall not be used for a maternity patient until they shall have been disinfected in accordance with the instructions of the health officer, and no other patient shall be admitted to the hospital or home until permitted by the health officer. (Added June 28, 1932 and amended November 20, 1936.)

Regulation 6. Reports. At the end of each calendar year the licensee of an unincorporated maternity hospital or home shall submit to the state commissioner of health a report of maternity cases cared for during the year and such other data and in such form as may be required by the state commissioner of health. (Added November 20, 1936.)

Regulation 7. Revocation. For failure to comply with any state or local law, rule or regulation, or for any cause which the state commissioner of health may deem a menace to the health of the patients in the maternity hospital or home, any license may be suspended and, after due notice and opportunity for hearing has been given, may be revoked. (Added November 20, 1936.)

Regulation 8. When to take effect. Every regulation in this chapter, unless otherwise specifically stated, shall take effect on the first day of December, 1936. (Added November 20, 1936.)

Section B¹ and Section C² formerly of this chapter repealed, effective December 1, 1936.

¹ Section B, Boarding Homes for Children.

² Section C, Day Nurseries.

CHAPTER XIII*

Transportation of Dead Bodies

(Adopted as a separate chapter June 28, 1932)

Regulation 1. Transportation of dead bodies by common carriers. The transportation of dead human bodies by common carriers shall be conducted in such manner as not to be a menace to health and shall conform to the following requirements:

(1) A transit permit and transit label issued by the local registrar of vital statistics must accompany each dead body transported by a common carrier.

The transit permit shall state the date of issuance, the name, sex, race and age of the deceased, and the cause and date of death. The transit permit shall also state the date and route of shipment, the point of shipment and destination, the method or preparation of the body, and shall bear the signature of the undertaker and the signature and official title of the officer issuing the permit.

The transit label shall state the date of issuance, the name of the deceased, the place and date of death, the name of the escort or consignee, the point of shipment and destination; and shall bear the signature and official title of the officer who issued the transit permit. The transit label shall be attached to the outer box or case.

(2) The transportation by common carriers of bodies dead of any diseases other than those mentioned in subdivision 3 shall be permitted only under the following conditions:

(a) The coffin or casket shall be encased in a strong outer box made of good sound lumber, not less than $\frac{3}{8}$ of an inch thick. All joints shall be securely put together and the box tightly closed. Either the coffin or casket, or the outer box or case, shall be watertight. Every outside case holding any dead body offered for transportation by common carrier shall bear at least four handles and when over 5 feet 6 inches in length, shall bear six handles.

(b) When the destination cannot be reached within 60 hours after death, all body orifices shall be closed with absorbent cotton and the body placed at once in a coffin or casket which shall be immediately closed and the coffin or casket shall be prepared as indicated in subdivision (2-a) of this regulation.

(3) The transportation by common carrier of bodies dead of smallpox, plague, Asiatic cholera, typhus fever, diphtheria (membranous croup, diphtheritic sore throat), scarlet fever (scarlet rash, scarlatina), shall be permitted only under the following conditions:

All body orifices shall be closed with absorbent cotton, the body shall be enveloped in a sheet saturated with an effective disinfecting fluid and shall be placed at once in a coffin which shall be immediately and permanently closed. The coffin or casket shall be prepared as indicated in subdivision (2-a) of this regulation.

(4) No dead bodies shall be disinterred for transportation by common carrier, or for removal to another cemetery in the same registration district, or in another district, but not requiring shipment by common carrier, without the previous consent of authorities having jurisdiction at the place of disinterment.

The undertaker shall make a request to disinter the body on a form provided for the purpose. This form shall provide for a statement of principal facts concerning the decedent, whether body is to be transported by common carrier or otherwise, final disposition of same, and approval of health officer. Upon receipt of such request the local registrar shall issue a transit permit and transit label as required by subdivision (1) and the provisions of subdivision (2-a) shall apply. (Amended June 28, 1932.)

Regulation 2. When to take effect. Every regulation in this chapter, unless otherwise specifically stated, shall take effect on the first day of September, 1932. (Added June 28, 1932.)

* Originally part of former Chap. VII, then entitled Miscellaneous; and administrative rules for transportation of dead bodies.

CHAPTER XIV

Restaurants

(Adopted as a new chapter May 20, 1938)

Regulation 1. Definitions. (a) Restaurant. The term restaurant as used in this chapter shall mean any hotel, public restaurant, public dining room, dining car, drug store, soda fountain, steamboat, or any other establishment where food or drink for consumption upon the premises is prepared for sale or sold.

(b) Eating, drinking and cooking utensils. Eating, drinking and cooking utensils shall include all kitchenware, tableware, glassware, cutlery, utensils, containers, and other equipment with which food or drink comes into contact during the storage, preparation, or serving of food or drink, used in the restaurants. (Amended June 28, 1939, effective September 1, 1939.)

Regulation 2. General cleanliness of equipment. All show or display cases and windows, counters, shelves, tables, refrigerating cabinets and other equipment used in connection with the operation of a restaurant shall be so constructed as to be easily inspected and cleaned and shall be kept clean and in good repair and free from dust, dirt, insects and other contaminating material. All cloths used by waiters, chefs and other employees shall be clean.

Regulation 3. Cleansing and disinfection of eating, drinking and cooking utensils. All eating, drinking and cooking utensils shall be so cleansed and disinfected as to be free from bacilli of the coliform group and to have a total bacterial count of not more than 100 per utensil as determined by test in a laboratory approved for the purpose by the state commissioner of health. (Amended June 28, 1939, effective September 1, 1939.)

Regulation 4. Storage of utensils and equipment. After cleansing and disinfection, all eating, drinking and cooking utensils shall be stored in a clean place. (Amended June 28, 1939, effective September 1, 1939.)

Regulation 5. Refrigeration. All perishable food or drink shall be kept at or below 50° F., except when being prepared or served. This shall include all creamfilled pastries.

Regulation 6. Health of employees. No persons suffering from a communicable disease transmissible through food or drink, or who resides in a household with a case of such disease, or who is known to be a carrier of the organisms causing such disease, and no person suffering from a local infection transmissible through food shall be employed in any restaurant.

Regulation 7. Cleanliness of employees. All employees shall wear clean outer garments and shall keep their hands clean at all times while on duty in a restaurant.

Regulation 8. Poisonous materials. No article, polish or other substance containing any cyanide preparation shall be used for the cleansing or polishing of eating or cooking utensils.

Regulation 9. Toilet facilities. Every restaurant shall provide for its employees adequate toilet facilities conveniently located, and properly constructed and maintained.

Regulation 10. Lavatory facilities. Every restaurant shall provide for its employees adequate and convenient washing facilities, including soap and individual sanitary towels. The use of a common towel is prohibited.

Regulation 11. Water supply. The water supply shall be easily accessible to rooms in which food is prepared, shall be adequate and shall be of a safe sanitary quality.

Regulation 12. When to take effect. Every regulation in this chapter, unless otherwise specifically stated, shall take effect July 1, 1938.

ADMINISTRATIVE RULES AND REGULATIONS

THE HANDLING OF BODIES OF PERSONS DYING ON COMMON CARRIERS

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 375 of Article XX of the Public Health Law

(Adopted July 5, 1932)

Rule 1. A special stop may be made by a common carrier for the purpose of removing a body, but in any event, it shall be removed at the first regular stop where an attendant is on duty and where there are known to be facilities for handling the corpse.

Rule 2. A physician accompanying a person who dies on a common carrier or a physician who is traveling on the same carrier who is called to give medical aid may certify to the cause of death and sign the certificate as the physician last in attendance on the deceased. If death occurs without medical attendance, the health officer of the district in which the body is removed shall be notified and shall certify to the cause of death and sign the certificate provided that if the health officer has reason to believe that the death may have been due to unlawful act or neglect, he shall refer the case to the coroner or other proper officer of his district for investigation and certification and this officer shall make out and sign the medical portion of the certificate of death.

Rule 3. The name of the registration district in which a body is removed from a common carrier shall be entered on the certificate of death as the place of death.

Rule 4. Upon receipt of a certificate of death which shall be filed by the undertaker engaged, or the person in charge of the body, the registrar of vital statistics of the district in which the body has been removed from a common carrier, shall issue a burial or transit permit.

PRACTICE OF EMBALMING AND UNDERTAKING

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 291 of Article XIV of the Public Health Law

(Adopted April 18, 1933; amended August 17, 1934, June 15, 1936 and March 1, 1937.)

Rule I. Tests prescribed by state commissioner of health for signs of death. The embalmer or funeral director, before proceeding to embalm, remove, cremate or bury the body, shall determine that life is extinct by ascertaining that:

- (a) Pulsation has ceased in the radial or other arteries;
- (b) Heart sounds are not heard with the use of a stethoscope or with the ear applied directly over the heart;
- (c) Respiratory sounds are not heard over the chest.

He shall make at least three of the following additional tests to determine that life is extinct:

- (a) See that the hand held before a light appears opaque at the margins of the fingers.
- (b) See that no moisture gathers upon a cold mirror held over the mouth.
- (c) See that no motion occurs in a cup of water resting on the chest.
- (d) See that the pupils do not react to light.
- (e) See that there is rigidity of the muscles which fails to return after being broken up.

Rule II. Preliminary Training and Experience—*Embalming.* (a) A person who has served satisfactorily and practically continuously as an employee under the immediate direction of a licensed embalmer for a period of not less than two years and during such employment has embalmed or assisted in the embalming of not less than fifty bodies may be deemed to have served an apprenticeship of two years.

(b) A person who has successfully completed a course of not less than six or nine months in a recognized school of embalming, and in addition thereto has served a satisfactory apprenticeship of at least eighteen or fifteen months respectively, working under the immediate direction of a licensed embalmer, such apprenticeship and school training to have included the embalming or assisting in embalming of at least fifty bodies of which not less than thirty cases must be covered by the apprentice outside of the school course and school period, shall be deemed to have acquired both necessary training and experience in embalming.

(bb) On and after May 1, 1938, no apprenticeship for embalming shall be accepted unless the service is rendered under the immediate direction of a New York State licensed embalmer practicing in the state of New York. This shall not apply, however, to apprentices whose applications for registration of apprenticeship have been accepted and approved prior to May 1, 1938. (Added April 13, 1938.)

Undertaking. (c) A person who has actually served for a period of not less than one year as an employee of a licensed undertaker and in such employ has materially assisted in making arrangements for and conducting not less than fifty funerals, shall be deemed to have served an apprenticeship of one year in undertaking.

(d) A person who has successfully completed a course of not less than six months in a recognized school of embalming including in its curriculum the subjects of mortuary jurisprudence and funeral management, and in addition thereto has served a satisfactory apprenticeship of at least six months, working under the immediate direction of a licensed undertaker, such apprenticeship and school training to have included material assistance in making arrangements for and conducting not less than fifty funerals of which not less than thirty bodies must be covered by the apprentice outside of the school course and school period, shall be deemed to have acquired "necessary training and experience in undertaking."

(dd) On and after May 1, 1938, no apprenticeship for undertaking shall be accepted unless the service is rendered under the immediate direction of a New York state licensed undertaker practicing in the state of New York. This shall not apply, however, to apprentices whose applications for registration of apprenticeship have been accepted and approved prior to May 1, 1938. (Added April 13, 1938.)

Embalming and Undertaking. (e) No credit for apprenticeship will be allowed for attendance at a school of undertaking and embalming, unless or until the school shall have complied with the following rules and regulations and a certificate of compliance and approval issued by the commissioner, after adequate inspection.

There must be:

PHYSICAL PROPERTIES

- 1 Adequate space and satisfactory arrangement of rooms.
- 2 Adequate equipment for student body.
- 3 Separate rooms for class instruction and office with sufficient modern equipment for instructional purposes for each subject taught.
- 4 Adequate records for administration purposes, including student work either on the premises of the school or elsewhere.
- 5 Adequate operating facilities for practical instruction either on the premises or regularly available elsewhere.

FACULTY

- 1 Every school must maintain an experienced staff adequate for the efficient presentation of the subjects taught. Each member of the faculty shall be competent to teach his assigned subjects and of good moral character in the judgment of the state commissioner of health.
- 2 The instructor in every subject, except embalming, funeral arrangement, restorative art or plastic surgery, must be a graduate of a standard college or university who has received a degree basically related to the subjects assigned to him for instruction.
- 3 Instructors now actually engaged in teaching will be considered acceptable unless charges of incompetency are preferred against them and sustained in the judgment of the commissioner.
- 4 No instructor of embalming will be acceptable unless he shall be a licensed embalmer and have had full-time experience as an embalmer of not less than five years.
- 5 No teacher shall instruct classes in or teach more than two major subjects.
- 6 A satisfactory instructor-student ratio shall be maintained in all classes.

TEACHING

- 1 Adequate facilities for teaching pathology, chemistry, bacteriology and plastic surgery (restorative art) shall be available.
- 2 An adequate number of bodies must be available in each school for proper practical embalming instruction.
- 3 The following minimum instruction must be included in the curriculum of each day course of twenty-four weeks or each night course of forty-four weeks.

<i>Subject</i>	<i>Per cent of Time</i>
1 Embalming	30
(practical and theoretical including restorative art)	
2 Anatomy	18
3 Bacteriology, pathology and hygiene.....	20
4 Chemistry	5
5 Mortuary law, funeral management and ethics.	15

STUDENTS

- 1 No apprenticeship credit shall be given to future matriculants for attendance at an embalming school until the student has all the preliminary educational requirements necessary for admission to the New York state examination for embalming and undertaking.
- 2 Certification of attendance at a school shall not be made by a school and accepted by the department in lieu of or credited toward apprenticeship, unless the student attended at least 90 per cent of all classes in all required subjects, and satisfactorily passed a school examination in each required subject.

COURSES

- 1 Courses shall include a minimum of twenty-four weeks' day-time instruction of twenty-five hours per week, divided into five days of at least five hours of actual instruction; or may consist of night instruction for forty-four weeks of fifteen hours per week divided into five days of at least three hours of actual instruction.
- 2 No apprenticeship credit shall be given for partial courses where the student has discontinued during the course, unless the balance of the minimum required courses of study are completed in another school.
- 3 Entering dates for school courses shall not exceed four in any calendar year. Students shall not be admitted to a course after the tenth day of school instruction, in that term.

REPORTS

- 1 Every school shall report to the bureau of embalming and undertaking of the state department of health in writing within fifteen days after the beginning of each term the name of each student expressing intention to apply for credit for New York state apprenticeship. Every school shall inquire from each student to determine this information.
- 2 Every school shall report in writing to the bureau of embalming and undertaking of the state department of health within fifteen days after the end of each course, the names of all students enrolled in the course who intend to take the New York state licensing examination, together with his marks in each subject and his complete attendance record for each subject.
- 3 The records and operations of every school shall be open to accredited representatives of the department.

ADVERTISING

Improper or misleading advertisements by schools which tend to deceive or mislead or that make false claims may, in the discretion of the commissioner of health, be grounds for the withdrawal of approval for apprenticeship credits.

APPROVALS

- 1 Schools may apply in writing to the state commissioner of health for approval for apprenticeship credits, setting forth such data and information as he may require, and if within his judgment they meet these requirements, he shall issue an approval for the calendar year for which the application is made.
- 2 Applications for renewal of approval for apprenticeship credits must be made on or before December 15 of each calendar year for the following year.
- 3 Approvals for apprenticeship credits may be revoked or suspended by the state commissioner of health for failure to comply with these rules. (These regulations shall become effective on March 1, 1937.)

Rule III. A license to practice undertaking and embalming may not be issued to a candidate who, upon being notified that he has successfully passed the required examination, shall fail to pay the prescribed fee therefor within one year from the date of such notice.

Rule IV. A firm, individual, or corporation will be permitted to use an undertaker's sign on his or her place of business only, but will not be prohibited from advertising both his or her business and residence telephone and addresses.

Rule V. No individual, firm or corporation shall continue to conduct the business of undertaking unless the licensed member or licensed manager actually is available, and does in fact conduct the business covered by his or her license by being actually present and having direct supervision over all activities requiring the services of a licensed undertaker.

Rule V-a. The name of the licensed owner or manager or in case of a firm or corporation the name of the licensed partner or member must be shown on window signs and in advertisements.

Rule V-b. After September 1, 1937, the name of a living person not licensed to practice undertaking or embalming shall not be used or appear in any place or manner, alone, in, as part of, or in connection or together with the name of any person, firm, corporation or other form of enterprise engaged in embalming or undertaking or maintaining a mortuary, funeral home, or other similar establishment and/or using in connection with their name and business, the words, funeral director, mortician, undertaker, embalmer or any other

title or words of similar meaning and/or import unless in connection with such name there shall appear prominently the words, "not licensed" or "unlicensed." This rule shall not be construed as prohibiting, in individual instances, the use of a name under conditions and in a manner approved or accepted by the department of health prior to such date.

Rule V-c. After May 1, 1938, the name of the unlicensed person or persons wherever used or shown shall not be larger than the name or names of the licensed persons, firm or corporate name. The word "not licensed" or "unlicensed," which shall always follow immediately the name of any unlicensed person intended to be so described, shall be the same type style and in type size at least three-quarters as large of the name of the unlicensed person or persons.

Rule VI. A licensed undertaker filing a death certificate with the registrar shall write or type thereon, in the space provided for the purpose, the firm name, if any, and in addition shall sign his own name, giving his license number.

Rule VII. When requested by the registrar of vital statistics the undertaker shall produce his registration card when applying for a permit.

Rule VIII. Application for examination for undertakers' or embalmers' licenses may not be accepted in the department of health at Albany after February 1 or August 1, respectively, immediately preceding the date of the examination.

Rule IX. No fluid or compound that contains arsenic, zinc, mercury, copper, lead, silver, antimony or chloral or any poisonous alkaloid shall be used for the purpose of embalming a dead body.

Rule X. No person, except the licensed funeral director and/or embalmer in direct charge of a case, unless a member of the firm or corporation, a licensed employee, or a person actually employed by said licensed funeral director and/or licensed embalmer, firm or corporation shall be allowed in an operating or preparation room while a body is being prepared or dressed for burial, without the consent of the family.

Rule XI. Every preparation room shall be kept in a sanitary condition and free from any accumulation of articles or implements not necessary for the preparation of the dead human body.

Rule XII. Floors and walls of operating or preparation rooms and all permanent operating tables, portable couches, cooling boards and transfer cases shall be so constructed that they can be kept in a clean and sanitary condition.

Rule XIII. All embalming instruments and receptacles shall be washed and disinfected after every operation.

Rule XIV. All blood and excretions of a dead human body, before final disposition, shall be thoroughly disinfected.

Rule XV. Any room used for the preparation of the dead human body shall be adequately ventilated.

Rule XVI. Misconduct in the meaning of the law, shall be deemed to include the following:

(a) Knowingly aiding or abetting an unlicensed person in transacting, practicing or holding himself or herself out as transacting or being entitled to transact the business or practice of funeral directing or embalming in this state in violation of the law.

(b) The use of intoxicants or drugs to such a degree as to render the licensee unfit to practice funeral directing or embalming.

(c) Paying, giving or causing to be paid or given, or offering to pay or to give to any person a commission or other valuable consideration for the solicitation or procurement, either directly or indirectly, of funeral business.

(d) False or misleading advertising.

(e) Refusal to promptly surrender the custody of a dead human body upon the order of the person lawfully entitled to the custody thereof.

(f) Fraud, deceit, or gross negligence or incompetence, in the practice of funeral directing or embalming.

Rule XVII. Subdivision 3 of Section 295 of the Public Health Law is interpreted to require:

(a) That a licensed undertaker shall be present and personally supervise and arrange for the removal or transfer of each dead human body from the place where death occurs or it is released to him by the family or other legal authority.

(b) That a licensed undertaker shall be present and personally supervise the conduct of each funeral service.

(c) That a licensed undertaker shall be present and personally supervise the interment, cremation or other disposition.

DISTRICT LABORATORY SUPPLY STATIONS

In accordance with Section 5, Article II, of the Public Health Law, the following rules and regulations have been prescribed by the State Commissioner of Health for the maintenance of district laboratory supply stations.

(Adopted January 19, 1921; amended February 1, 1924, December 17, 1931, and July 21, 1938)

Rule 1. The custodian of each district supply station shall submit to the Division of Laboratories and Research for approval a list of proposed substations, if in his judgment any are necessary, with the name, in each instance, of the person whom he proposes to place in charge.

Rule 2. He shall distribute laboratory supplies for the district and constantly maintain in each substation a sufficient supply of laboratory outfits and materials in good condition to meet ordinary demands.

Rule 3. He shall render a report to the Division of Laboratories and Research semi-annually on or shortly before the first of January and July, showing the quantities of various supplies on hand in each station and substation.

Rule 4. Supplies shall be accessible to physicians at all times.

Rule 5. Perishable supplies shall be kept in a refrigerator, except that in substations maintaining small quantities of supplies, *when facilities for refrigeration are not available*, such supplies may be kept in a cool, dark place, not subject to extremes of heat or cold. *Under no conditions should perishable supplies be kept at living room temperature, nor should supplies kept in a refrigerator be allowed to freeze.*

Rule 6. Antitoxins, sera, vaccines, and chemical preparations which are labeled with a return date shall not be distributed after its expiration. Outdated products shall be returned for exchange semi-annually, January and July.

Rule 7. Tubes containing culture medium shall be inspected frequently and all tubes in which medium is dried, liquefied or otherwise deteriorated, returned for exchange.

Rule 8. Laboratory supplies distributed by the state department of health shall under no circumstances be sold.

Rule 9. Supply stations will furnish state products (subject to stipulated restrictions with reference to certain preparations) for use in institutions and among residents of the state, and in any emergency among individuals temporarily residing in the state in which their use is likely to conserve life or health; the custodian shall, however, assume responsibility for conserving the state products from waste through unnecessary or excessive distribution.

Rule 10. Reports on the use of antitoxins, sera, and vaccines are required as specified. A record is to be kept by the custodian of each district station of the distribution of antitoxins, sera, vaccines, and chemical products from the district station and its substations; such record to include the name and address of each physician to whom materials are furnished, the date, the kind, the number of packages distributed, units or cc., lot number, number of packages returned to supply station and whether or not reports on use of products have been received from the physicians. The reports shall be submitted, even if no supplies have been distributed, on the first of each month to the Division of Laboratories and Research, a copy being sent to the district state health officer.

According to the provisions of section 1262, subdivision 2, of the education law, as amended by chapter 741, laws of 1939, osteopathic physicians who have been certified by the state board of regents are granted the right to use biological products but are not permitted to administer drugs (for example, arsenical and bismuth preparations). The regents have interpreted the term biological products as follows: "The phrase 'biological products,' as used in the law, shall be construed to include serums, vaccines, toxins, anti-toxins and glandular or other products of living tissues." These rights are not extended to osteopathic physicians not certified.

NOTE.—Shipments of supplies from Albany will be made by mail or express, C.O.D.; those returned for exchange or otherwise should be sent prepaid by mail or express. A special form is provided to be used both for semiannual reports and for requisitions for supplies. These forms should be used for all requisitions. In emergencies, orders may be telephoned or telegraphed, but in each instance should be followed by a written order marked "confirmatory."

PRACTICE OF MIDWIFERY

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 180 of Article VIII-a of the Public Health Law

(As amended August 30, 1934)

Rule 1. Midwife to sign the pledge. Whenever a license is issued to a woman to practice as a midwife she shall be given a copy of the vital statistics law, article 8-A of the public health law, and the special rules and regulations of the state department of health relating to midwives and the practice of midwifery, and she shall pledge herself to carry out said provisions and shall sign a pledge on a specially prepared blank. The license shall be returned by the midwife to the state department of health at the close of the current calendar year, or at any time during said calendar year when the midwife may remove outside the jurisdiction of article 8-A of the public health law. The midwife shall inform the state department of health immediately of any change in her address.

Rule 2. Midwife to attend only normal cases. A midwife shall attend only cases of normal labor in which there is an uncomplicated vertex (head) presentation. In all other cases a physician must be called.

Rule 3. Midwife's home to be open for inspection. The home of the midwife, her equipment, record of cases, and register of birth shall at all times be open to inspection to the authorized officers, inspectors and agents of the state and local health departments.

Rule 4. Midwife to be clean. Each midwife must be scrupulously clean in every way, including her person, clothing, equipment and house. She must not wear rings or bracelets when attending a case of labor. She must keep her nails short, smooth and clean and the skin of her hands, as far as possible, free from cracks and abrasions by the use of some simple application.

When attending a case of labor she must wear a clean dress, of washable material which can be boiled, such as linen or cotton, and over it a clean freshly laundered apron or coverall. The sleeves of the dress must be so made that they can be readily rolled up above the elbows.

Rule 5. Cases to be referred to physicians. If, during pregnancy, any of the following conditions develop, or are suspected, the midwife shall not engage to attend the case, but must refer it to a physician.

- 1 Whenever the patient is a dwarf or is deformed
- 2 Whenever there is sudden sharp pain in abdomen
- 3 Whenever there is bleeding, or repeated staining in small amounts
- 4 Whenever there is swelling or puffiness of the face, hands or feet
- 5 Whenever there is excessive vomiting
- 6 Whenever there is excessive shortness of breath
- 7 Whenever there is persistent headache
- 8 Whenever there is dimness of vision
- 9 Whenever there is loss of consciousness, fainting, fits, or convulsions
- 10 Whenever there is heart or kidney disease
- 11 Whenever there is persistent cough with loss of weight
- 12 Whenever there is a purulent discharge from any part of the body
- 13 Whenever there are sores or warts on the genitals
- 14 Whenever there is communicable disease
- 15 Whenever there is any case known to have syphilis, or suspected of it.

Rule 6. Midwife's equipment. Every midwife must take to each case the following equipment:

- Nail brush*
- Wooden nail cleaner*
- Bottle of liquid soap*
- Freshly laundered gown or coverall apron*
- Clean cap or square which will cover hair*
- Tube of white vaseline*
- Lysol*
- Silver nitrate* (Furnished free of charge. Obtained from local laboratory supply station)
- Blunt scissors for cutting cord*
- Sterile umbilical dressings* (Individual packages)
- Narrow tape or soft twine for tying cord*
- Sterile absorbent cotton* (In $\frac{1}{4}$ pound package)
- Clinical thermometer
- Agate or glass douche reservoir
- Two rounded vaginal douche nozzles (Not to be used except upon physician's order)
- Two rectal nozzles, large and small
- One soft rubber catheter.

Rule 7. Container for equipment; how to be kept. The equipment specified in rule 6 must be carried in a suitable bag fitted with a lining of washable material which can be easily removed. As this lining must be washed and boiled before each case of labor a sufficient supply of linings must be provided. The bag and its contents must at all times be kept neat and clean. The douche nozzles for rectal and vaginal use must be kept separately.

At every case, before using the nail brush, nail cleaner, douche reservoir and tubing, vaginal nozzle, catheter, scissors and tape or twine, they must be boiled for five minutes; hard rubber nozzles should be thoroughly cleansed with hot water and soap and put in lysol solution for 15 minutes before using; when the labor is terminated, the douche reservoir and tubing, vaginal nozzles, catheter, scissors, nail brush, nail cleaner, must be washed with soap and water and boiled before replacing them in the bag.

* Minimum equipment.

Rule 8. Preparation for internal examination. Before making an internal examination or conducting a delivery, a midwife must prepare her hands and the patient as follows:

The midwife, after thoroughly washing her hands and arms with warm water and soap, must thoroughly wash the lower part of the patient's abdomen, the inner surface of the thighs and the external genitals, always sponging from above down with warm water and soap, then rinse them with clean water and a disinfecting solution, prepared by adding one teaspoonful of lysol to one quart of water. She must then cover the genitals with a clean towel or cloth or cotton which has been soaked in the disinfecting solution, and she must allow it to remain there until the examination is made. The midwife's hands must be cleansed and disinfected as follows:

Cut the finger nails with clippers or scissors. Scrub the hands and fore-arms, including elbows, with the nail brush and liquid soap and warm water for five minutes, paying special attention to the nails and to the inner surface of the fingers. Then soak the hands and arms for three minutes in the disinfecting solution. After having cleansed and disinfected the hands in this way they must not come in contact with anything before touching the parts of the patient to be examined. Before delivery make as few vaginal examinations as possible and none after delivery.

No vaginal douche should be given at any time except by physician's order.

Rule 9. Midwife not to leave patient. A midwife in charge of a case of labor must not leave the patient without giving an address at which she may be found without delay, and after the beginning of the second stage she must stay with the patient until the birth is completed, and must stay for at least an hour after the expulsion of the afterbirth. Before leaving the patient examine her for excessive bleeding. Where a physician has been sent for because the case is abnormal or complicated, the midwife must await his arrival and be ready to carry out his instructions.

Rule 10. Physician is to be summoned during labor. If, during labor, any of the following conditions exist or develop, a physician must be summoned immediately:

- (a) The presenting part is other than an uncomplicated vertex (head)
- (b) Intense headache, dimness of vision, fits or convulsions
- (c) Excessive bleeding before, during, or after labor
- (d) Prolapse of the cord
- (e) A swelling or tumor that obstructs the birth of the child
- (f) Signs of exhaustion or collapse of the mother
- (g) Unduly prolonged labor
- (h) When fetal heart has been heard and ceases to be heard
- (i) When fetal heart cannot be heard or fetal movements felt
- (j) When there is severe abdominal pain other than labor pains.

Rule 11. In cases of convulsion or bleeding, physician to be summoned. If the mother develops convulsions or has excessive bleeding or has been lacerated, a physician must be called in attendance at once.

Rule 12. Midwife to examine afterbirth. A midwife must, in all cases, examine the afterbirth (placenta and membranes) before it is destroyed and must satisfy herself that all of it has been expelled.

Rule 13. Physician to be called if afterbirth is not expelled. Under no circumstances shall a midwife introduce her hand into the vagina or uterus to remove either the whole or parts of the afterbirth (placenta and membranes) or pull on the cord. If, after an hour from the birth of the child, the afterbirth (placenta and membranes) is not expelled or cannot be expelled by gentle manipulation of the uterus through the abdominal walls, a physician must be called to extract it.

Rule 14. Procedure after delivery. After the labor is over the midwife must clean the skin around the external genitals with the antiseptic solution mentioned in rule 8 and then placé a dry sterile pad over the vulva. The

midwife must bathe and dress the patient in this manner at least once daily for seven days after delivery, and also after each time that it is necessary to use a catheter. After the birth is complete the midwife must not make vaginal examinations. If the patient has not urinated for 12 hours and the bladder is full, before using the catheter try placing hot wet compresses over the bladder and pouring warm antiseptic solution over the vulva. Give the patient water to drink. If this fails and it is necessary to catheterize the patient, the catheter must be boiled for five minutes and the midwife, after washing her hands (rule 8) and before passing the boiled catheter, should separate the upper part of the vulva and wash the opening to the bladder by pouring the disinfecting solution over it from a cup or small pitcher that has been previously boiled.

Rule 15. Soiled articles to be removed after labor. After the labor is over and before washing the baby, the midwife should remove the soiled sheets, together with all soiled pads, newspapers, etc., that have been used to protect the mattress, leaving the patient on a smooth, dry, clean sheet.

Rule 16. Stillbirths. Should the child not breathe after birth, the midwife must report the fact at once by telephone, messenger or in person, to the local health officer, when an inspector will visit the case and countersign the stillbirth certificate which the midwife must leave at the house.

The body of the child must not be removed from the premises until this certificate has been approved by the inspector from the local health officer and a burial or removal permit received from the registrar.

Rule 17. Use of silver nitrate. As soon as the child is born, and if possible before the expulsion of the afterbirth, the eyelids should be washed with water which has been boiled and cooled, using a separate soft linen cloth or clean absorbent cotton for each eye. Wipe the lids from the nose outward, without opening the lids. The eyelids must then be separated and held open and two drops of a one per cent (1%) solution of silver nitrate dropped into each eye and the lids brought together. Be sure the silver nitrate is inside the lids. One application only of the silver nitrate solution should be used, and ordinarily no further attention should be given the eyes for several hours. The silver nitrate solution will be furnished free by the local laboratory supply station.

Rule 18. Reports of cases of sore eyes. When the infant has or develops sore eyes, or any redness, inflammation or discharge from the eyes, the midwife in attendance must at once call a physician and must report to the local health officer the name and address of the mother, and state the time when such condition of the eyes was first noticed.

Rule 19. Care of the newborn child. Before beginning care of child, have everything necessary for its care in readiness in a well warmed room. A newly born infant must be covered at once and kept warm, therefore have ready to receive it a small, clean, woolen blanket or piece of flannel.

1 As soon as the head is born wipe the mucus from the eyes, using a separate clean piece of cloth or cotton for each eye. Wipe away from the nose.

2 In order that respiration be properly established, remove mucus from the throat by position and from the mouth of the infant by gently wiping with a piece of wet sterile cotton.

3 If the child does not cry promptly after birth, stimulate respiration by proper gentle methods. Do not use force. It does no good and does do harm.

4 With thoroughly cleaned hands tie the cord with the boiled tape or twine (rule 7) after pulsations have ceased. Tie cord carefully. Cover cord with sterile dressing. Keep navel covered with sterile dressing until it is healed.

5 If the baby's breasts are swollen do not treat them in any way. If inflamed send for a physician.

6 Use silver nitrate solution in the eyes, as described in rule 17.

7 Examine child carefully for any deformity or malformation or injury. If any are found send for a physician at once.

8 Do not give infant a tub bath until the navel is healed. The first bath should be given with either liquid albolene or olive oil, paying particular attention to the folds and creases of the body. Wipe dry with a soft clean cloth.

9 Dress infant in simple, clean, warm clothes. Wrap in blanket and keep warm. Do not cover face of child.

10 Instruct and encourage every mother to nurse her child, thereby lessening infant mortality.

11 Make careful examination of child before leaving case to see if there is bleeding from cord and the baby in good condition.

Rule 20. Care of patient after labor. After labor, and throughout the lying-in period, the midwife must exercise the same care in washing the hands and in dressing or catheterizing the patient as before and during labor.

Rule 21. Physician to be summoned during lying-in period. If, during the lying-in period, any of the following conditions develop, a physician must be summoned:

- 1 When there are convulsions, persistent headache or dimness of vision
- 2 When there is excessive bleeding
- 3 When there is foul smelling discharge (lochia)
- 4 When there is persistent rise of temperature to 100 degrees F. for twenty-four hours
- 5 When there is swelling and redness of the breasts or soreness of nipples
- 6 When there is a severe chill (rigor) with rise of temperature
- 7 When there is inability to nurse the child.

Rule 22. Physician to be summoned if child develops certain conditions. Every child should be thoroughly examined after birth and if the child has or develops any of the following conditions a physician must be summoned:

- 1 When there is any deformity or malformation or injury
- 2 When there is inability to suckle or nurse
- 3 When there is inflammation around, or discharge from the navel or breasts
- 4 When there is swelling and redness of the eyelids with a discharge of matter from the eyes
- 5 When there is bleeding from the mouth, navel or bowels
- 6 When there is any rash, sores or snuffles—suggestive of syphilis.

Rule 23. Midwife to attend cases seven days after labor. The midwife shall visit her patient at least once daily for seven days after labor, giving the necessary attention to the toilet and bed of both mother and infant. She shall record the pulse and temperature of the mother at each visit and give proper directions as to food of mother and nursing of the child during the periods between her visits; she shall give instructions how to keep the air in the patient's room fresh; she shall arrange to have the baby sleep in a basket or crib, instead of in the bed with the mother; she shall watch constantly for any symptoms of the complications or abnormalities described in rules 5, 21 and 22.

She shall give to the child its daily bath and attend to the dressing of the cord.

Rule 24. Disinfection of midwife's equipment, etc., after infectious disease. Whenever a midwife has been in attendance upon a patient in contact with any person suffering from puerperal fever or from any other conditions known or believed to be infectious, she must disinfect herself, her clothing and all the contents of her bag and other appliances before going to any other maternity patient. In order to disinfect her person a midwife must take a hot bath and must wash her hair. She must disinfect her hands as in rule 8.

She must make an entire change of clothing and have all garments she wore while in attendance upon the infected person washed and boiled. Those garments which cannot be washed should be well and repeatedly shaken during the course of two days, and hung out in the open air so that they may be exposed to the rays of the sun.

Care should be taken to change their exposure frequently so as to insure the sunlight reaching every part.

Should the midwife herself contract a local infection, such as a sore on her hands or an abscess or boil, or a communicable disease, such as diphtheria, scarlet fever, typhoid fever, erysipelas, etc., she shall not attend cases of confinement or visit her patients until she has entirely recovered and disinfected herself, her clothing, and all the contents of her bag and other appliances according to rules 4 and 7 and has received a certificate from the local health officer.

After any case of communicable disease the house must be thoroughly cleansed and the floor and surface of midwife's bedroom scrubbed with soap and water. Bedding must be washed and boiled. Carpets, hangings and other articles which cannot be boiled must be sunned and aired.

Rule 25. Report of births. Within five days of the birth of the child, the midwife must file a complete and correct birth certificate with the local registrar of vital statistics of the registration district (town, village or city) in which the birth occurred. It is not sufficient to mail a certificate on the fifth day; it must reach the registrar in correct form within five (5) days.

STORAGE OF NITRO-CELLULOSE X-RAY FILMS IN HOSPITALS AND OTHER INSTITUTIONS

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Regulation 2 of Chapter IX of the Sanitary Code

(Adopted October 10, 1929)

Rule 1. Under no circumstances shall any film be stored in a basement.

Rule 2. Unless another method of storage provided herein is used, twenty-five pounds of film or less shall be stored in a box or cabinet insulated with non-combustible material, such box or cabinet to be located preferably on the upper floor.

Rule 3. Unless such film is stored in a vault as provided herein, film in excess of twenty-five pounds but less than four hundred pounds shall be stored in self-closing cabinets insulated with non-combustible material not over two hundred pounds to each cabinet, such cabinets to be vented to the outside air, the diameter of the vent to be not less than 1 square inch throughout its length for each cubic foot of cabinet space, the vent to open above the roof line and the opening to be at least twenty-five feet in a horizontal direction from any door or window in the same building or in another building unless such door or window is situated below the level of the vent opening.

Rule 4. Film in amounts of more than four hundred pounds shall be stored in a separate vault, such vault to be located either on the roof of the building or at least 75 feet distant from any other building in which there is or may be human occupancy. The walls, partitions, floor and ceiling of such vault shall be of non-combustible material, the walls to be continuous from floor to ceiling and securely anchored; for this purpose the following constructions are approved:

- | | |
|---|---|
| 1 Reinforced concrete | |
| 2 Metal lath with solid cement plaster not less than two and one-half inches thick | |
| 3 Three-quarters of an inch of cement or gypsum plaster on metal lath on each side of studs | |
| 4 Brick | } plastered to a thickness of one-fourth inch |
| 5 Tile | |
| 6 Hollow concrete block | |

Such vault shall be vented to the outside air, the diameter of the vent to be not less than 1 square inch for each cubic foot of vault capacity, the opening of the vent to be above the roof line of the vault, and if such vault is located on the roof of the building the opening of the vent shall be at least

25 feet in a horizontal direction from any door or window in the same building or in another building unless such door or window is below the level of the vent opening.

Such vault shall be equipped with a self-closing door which when closed shall be tight enough to prevent the passage of flame around the edges.

Rule 5. In a room where films are stored there shall be no method of heating other than steam or hot water. Film storage cabinets shall not be placed near radiators or pipes and radiators shall be protected by screening at least two feet from the radiator and of such form that a horizontal surface is not presented.

Rule 6. Only incandescent electric lights shall be permitted in a room in which film is stored. Such lights shall be protected with vapor proof globes. The use of portable lights on extension cords is prohibited.

Rule 7. Smoking shall be prohibited in all rooms where film is stored and "No Smoking" signs shall be posted conspicuously. The principal administrative officer shall exercise due diligence to secure compliance with this regulation.

Rule 8. The door to an outside storage vault shall be self-locking, opening from the outside only by means of a key, and a conspicuous warning sign calling attention to the inflammable and explosive character of the contents of the vault shall be posted thereon.

NEW YORK STATE RECONSTRUCTION HOME, WEST HAVERSTRAW, N. Y.

ADMISSION OF PATIENTS

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 352, Article XIX of the Public Health Law

(Adopted January 1, 1932)

Rule 1. Eligibility for admission. Only persons under twenty-one years of age, not blind, deaf mutes, insane or mental defectives, and who are suffering from remediable orthopedic defects or disorders, shall be deemed to be eligible for admission, subject to the further conditions herein prescribed. Any patient having an intelligence quotient below 70 upon application of the Binet-Simon test, or its equivalent, shall be deemed to be ineligible. A patient shall not be considered eligible for admission if he is suffering from any communicable disease which, in the opinion of the surgeon-in-chief, is likely to be a source of danger to others, or the carrier of the germs of such a disease; unless he has been successfully vaccinated against smallpox within three years; or, if under fifteen years of age, unless he has been actively immunized against diphtheria or has been determined by means of the Schick test to be immune.

Rule 2. Guarantee of expense. Adequate guarantee of payment of the cost of hospitalization, as determined by the institutional authorities, shall be required in each instance before admission of any patient. If payment is to be made from public funds, an order issued by a judge of a children's court shall be required before admission.

Rule 3. Application and admission. (a) Applications shall be made upon forms provided for the purpose and obtainable upon request from the reconstruction home, from the offices of the state department of health in Albany, or New York city, from any district state health officer, or from such additional distributing centers as the superintendent may determine to be desirable.

(b) The application, in each instance, properly filled out and containing the required information, shall be signed by the person legally responsible for the care and support of the patient, or by the children's court judge contemplating issuance of an order, and returned to the superintendent, together with the reports or certificates, if any, of physicians or others bearing upon the physical and mental condition of the patient.

(c) If further examination or investigation is required, the superintendent will cause the person who signed the application to be so advised and, when deemed necessary, may designate the physician or other person to make such further examination or investigation. When he is satisfied that the case is suitable he will admit the patient, if or when an available vacancy exists; or, if the application was signed by a children's court judge, he will notify the signatory in order that an appropriate order may be issued before the patient is admitted.

Rule 4. Expenses prior to admission. Except when specifically authorized by the state commissioner of health or his authorized representative, or when included in an order of a children's court judge approved by the commissioner of health, expenses incurred previous to admission for the purpose of complying with requirements for admission, other than authorized expenses incurred by state employees in line of duty, shall not be a charge upon the state.

Rule 5. Emergencies. The superintendent shall have authority to waive any of the prescribed requirements for admission, other than those relating to financial responsibility, when in his judgment an emergency exists requiring immediate admission of a patient. Upon waiving any such requirements he shall immediately cause a report of the facts and the reasons for such waiver to be made to the state department of health.

Rule 6. Vacancies. The superintendent shall have authority to maintain such a number of vacancies as in his judgment will make adequate provision for immediate admission of possible emergency cases.

Rule 7. Reports to department of health. The superintendent shall immediately report each admission to the state department of health, such report to include the name, age and home address of the patient, a description of his physical condition, with such additional information as may be required.

Rule 8. Priority of admissions. Preference in admission shall be given to those cases most in need of the type of service the institution can provide; otherwise, so far as practicable, distribution or admissions shall be equitable, on the basis of population of the various counties.

Rule 9. Charge for maintenance. The superintendent shall from time to time determine what shall be the daily or weekly maintenance rate per patient, and when such rate has been approved by the state commissioner of health, it shall be the basis of all charges for care and maintenance.

Rule 10. Payment of maintenance charges. The superintendent shall render bills at suitable intervals and a final bill immediately on discharge of the patient, to the person in each instance who guaranteed payment, or, if the patient was admitted on the order of a children's court judge, to the proper fiscal officer of the county or municipality indicated. The superintendent, at the time of rendering bills, shall report to the state department of health the name of the patient, the amount charged and the period which such charge covers.

Rule 11. Discharges. Authority to determine when such patient shall be discharged shall rest with the surgeon-in-chief. The superintendent shall notify the state department of health of each discharge, so far as practicable a week in advance, indicating in each instance the name of the patient, his physical condition and the reason for discharge. The state department of health, upon request of the superintendent will, if practicable, make necessary arrangements for transfer of the patient to the place to which he is to be removed.

Rule 12. Supervision after discharge. The state department of health will, wherever necessary and practicable, provide suitable supervision of patients after discharge and at appropriate intervals will report to the surgeon-in-chief the condition of such discharged patients.

STATE AID, PHYSICALLY HANDICAPPED CHILDREN

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 19-a of the Public Health Law and Sections 1206, 1211 and 1212 of the Education Law

(Adopted May 26, 1933 and June 1, 1933)

Operative Cases

Rule 1. An order issued for an operative case must include the amounts to be expended under such order for surgical operation or operations, follow-up service and hospital expenses, and also the name of the hospital where the operation is to be performed and of the surgeon who is to perform the operation.

Rule 2. The hospital where the operation is to be performed must have an adequate number of registered nurses on duty who have had approved training and experience in orthopedic work.

Rule 3. A hospital furnishing operative service or convalescent care, or both, must house the patients in a fireproof building or in a building with adequate provision for fire protection as determined by the department of social welfare of the state of New York.

Rule 4. A hospital caring for convalescent cases must provide the special facilities necessary for convalescent care; a separate ward for children under sixteen years of age, the necessary equipment and a staff qualified to provide adequate care and treatment.

Rule 5. Hospitals which offer convalescent care for crippled children must supply suitably supervised recreational facilities and adequate educational advantages. The educational work must be approved by the state education department.

Reconstruction Homes and Hospitals

Rule 6. Must provide adequate medical services including the services of a qualified orthopedic surgeon.

Rule 7. Must have an adequate number of registered nurses on duty who have had approved training and experience in orthopedic work.

Rule 8. A reconstruction home or a hospital furnishing operative service or convalescent care, or both, must house the patients in a fireproof building or in a building with adequate provision for fire protection as determined by the department of social welfare of the state of New York.

Rule 9. Must have separate wards for children under sixteen years of age.

Rule 10. Must have an adequate equipment for adequate care and treatment and a staff qualified to give it.

Rule 11. Must have equipment and staff necessary to provide adequate educational services for the children. The educational program must meet the approval of the state education department.

Rule 12. Must have suitably supervised recreational facilities.

Compliance with Rules of State Board of Social Welfare and State Department of Health

Rule 13. The commissioner of health will not approve orders issued by the judges of the children's court for the physical care of crippled children for the purpose of reimbursement by the state: (a) unless the hospital, reconstruction home or other institution named in the order be certified by the commissioner of social welfare as complying with the rules established by the state board of social welfare applicable thereto; and (b) unless the hospital, reconstruction home or institution named in the order has previously been inspected by the commissioner of health or his representative and listed as complying with the standards for such institutions set forth in these regulations.

Approval of Court Orders

Rule 14. On and after June 1, 1933 no approval of state aid will be given for services rendered prior to the date of the order of the court.

Rule 15. On and after June 1, 1933 the commissioner of health will approve state aid for convalescent hospital and rehabilitation care of handicapped children up to the maximum amount of \$3.00 per day; operative cases or those who may require special care following operation will be approved at the rate of \$4.50 per day for hospital care for a period not to exceed three weeks. No exceptions will be made unless in special instances prior approval has been secured from the commissioner of health.

Rule 16. On and after June 1, 1933 in order to facilitate the payment of accounts it is requested that all bills rendered for services authorized under an order of a judge of the children's court be referred to the division of orthopedics of the state department of health for audit before forwarding to the proper local officials responsible for payment.

THE SANITATION OF OYSTER HOUSES AND OYSTER BOATS*

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 317 of the Conservation Law

(Adopted August 10, 1925)

Rule 1. All boats, storehouses and other buildings in which oysters, clams, or other shellfish are taken, received, stored, culled, shucked or otherwise handled shall be kept at all times in a clean and sanitary condition as herein-after provided. All such storehouses and other buildings shall be adequately lighted and ventilated.

Boats

Rule 2. The decks of boats upon which oysters, clams or other shellfish are carried shall be kept clean.

Rule 3. Each boat used in the handling of oysters, clams or other shellfish on which men work continuously for two hours or more shall be provided with a tight covered receptacle for the excreta both solid and liquid of persons on the boat. The contents of such receptacles shall be disposed of in such a manner as to cause no nuisance, either by incineration, by emptying into some satisfactory sewage disposal system, or by burial in the sand at some remote place at least 200 feet from any house, road, well, stream, lake, pond, bay, cove, lagoon or other body of water whether salt or fresh and covered with not less than six inches of earth in such a manner that it may not flow or be washed by rain or melted snow or other means over the surface of the ground or into any well, stream or body of water.

It shall be the duty of the man in charge of each boat to see that said receptacles are properly used and that there is no discharge of excreta into waters bearing shellfish.

Each receptacle shall be thoroughly cleaned and disinfected after emptying and a quantity of a standard disinfectant allowed to remain in it before it is replaced.

Buildings

Rule 4. Adequate toilet facilities shall be provided for the employees in buildings in which oysters, clams, or other shellfish are received, stored, culled, shucked, or otherwise handled. If waterclosets are provided they shall be located in a separate compartment not connected directly with any room in which oysters are opened or shucked and the compartment shall be provided with ventilation directly with the outside air by means of a window at least 1 foot by 3 feet between stop beads and so made as to be readily opened.

* Copy may be obtained upon request to the Superintendent of Marine Fisheries, State Office Building, 80 Centre Street, New York City.

The door or doors of the watercloset compartment shall be self-closing. All watercloset compartments and all watercloset fixtures shall be maintained in a clean and sanitary condition and in good repair.

The waste from such waterclosets shall be properly disposed of into a sewer system connected with an approved disposal plant or into a leaching cesspool of approved construction located not less than 50 feet back from the high water mark of the nearest stream or body of water. Cesspools shall not be provided with overflow pipes nor shall they be permitted to overflow on the surface of the ground.

If privies are provided they shall be located not less than 50 feet from any building and not less than 50 feet back from the high water mark of the nearest stream or body of water. All privies shall be of tight construction, have self-closing doors, and the seats shall be provided with self-closing covers. Before the contents of any privy vault shall fill said vault to within 18 inches of the surface of the ground, said contents shall be either removed and disposed of in the same manner as required in regulation 3 or the vault shall be filled with soil and the location of the privy changed. The superstructure of such privies shall be kept in good repair and in a clean and sanitary condition.

Where the location is such as to require toilet facilities close to a natural body of water, tight covered receptacles may be provided such as prescribed for boats in regulation 3. Such receptacles are to be emptied, cleaned, and disinfected as required in said regulation. Separate compartments shall be provided for such receptacles as required for waterclosets in this regulation.

Rule 5. Adequate facilities shall be provided for all employees handling oysters to wash their hands. There shall be a sink or wash basin with running hot water, soap and individual cloth or paper towels for the use of the workers, conveniently located with respect to, but not in the toilet room. The location shall be such that the workers may be under observation while washing. Each worker shall be required to wash his or her hands thoroughly before commencing work and before resuming work after each interruption of work for any cause.

Rule 6. All rooms in which oysters are opened or shucked shall be used for that purpose alone. No culling or other operations shall be conducted there nor shall any person sleep or lounge in such rooms.

Rule 7. All rooms in which oysters are shucked shall have smooth water-tight floors which shall be washed at least daily when in use. All walls and ceilings of such rooms shall be of material that can be readily washed and shall be kept clean at all times when said rooms are in use.

Rule 8. All benches upon which oysters are opened or shucked shall be of smooth, hard, impervious, and non-absorbent material which can be readily washed and shall be kept in a clean and sanitary condition at all times when in use. Said benches, if located or placed against a wall or walls, shall be provided with a back or backs, of monolithic construction or with tight joints, extending at least 18 inches above the benches. The surface of all benches and backs shall be thoroughly cleaned and scalded with hot water or steam after each day's work.

The placing of shelves, boxes, lockers, hooks, nails or other devices for storing clothing or other things above the shucking benches is prohibited.

Rule 9. Suitable containers conveniently located to the benches shall be provided for waste materials and shells. Said containers shall be kept in a sanitary condition at all times. No waste materials nor rubbish shall be permitted to accumulate in the shucking rooms.

Rule 10. Adequate facilities shall be provided for cleaning and sterilizing all containers, utensils and implements used to open, handle or hold shucked oysters. There shall be an abundant supply of cold water and either hot water at 200° F. or steam all under pressure. All utensils and containers used to hold shucked oysters, as well as knives and other implements with which oysters are handled, shall be thoroughly cleansed and then scalded with hot water or steam at least after each day's work.

Rule 11. Shucked oysters shall be washed only in fresh water of sufficient purity to pass the treasury department standard* for drinking water. All dippers, tubs, skimmers, buckets, paddles, blowers, tanks, and other devices shall be of such material and construction that they can be readily cleansed. All washing or blowing devices shall be provided with means for catching the refuse from the oysters in order to keep refuse from further contact with the oysters. All devices for washing shucked oysters shall be thoroughly cleaned of accumulated refuse from the oysters between washings. Water for washing shucked oysters shall be taken directly from the pipe and shall not be dipped from tubs or other containers and shall not be reused for washing.

Rule 12. All containers in which shucked oysters are packed for shipment or storage shall be thoroughly cleaned with hot water or steam.

Rule 13. Shucked oysters shall be placed in their containers and iced in such a manner that neither the ice nor the water produced by its melting shall come in contact with the oysters.

Rule 14. Persons engaged in shucking oysters shall wear clean outer clothing or be supplied with rubber aprons.

Rule 15. No persons with infected or suppurating wounds on the hands or arms shall be permitted to open oysters or handle the same.

Rule 16. No person afflicted with any infectious disease capable of contaminating oysters shall be permitted to work in or to enter any room in which oysters are opened or shucked.

Rule 17. No persons having had typhoid fever shall be employed in handling oysters in any way and no persons shall be re-employed after attacks of typhoid fever until such persons have secured certificates from the state commissioner of health to the effect that bacteriological examinations have shown said persons to be free from typhoid bacilli.

Culling and Storage Rooms

Rule 18. All rooms in which oysters are culled, packed or stored shall have floors of watertight construction and be free from contamination by outside surface wash. Said floors shall be kept in a clean and sanitary condition.

Rule 19. Any person violating, disobeying or disregarding the terms of any of these regulations shall be liable to the people of the state for a civil penalty not to exceed fifty dollars (\$50) for every such violation in accordance with the provisions of section 17 of article II of the public health law.

PREMARITAL EXAMINATIONS FOR SYPHILIS

Pursuant to authority vested in him by section 23 of the Domestic Relations Law, the State Commissioner of Health has promulgated the following administrative rules and regulations in connection with the amendment to the Domestic Relations Law requiring premarital examinations, including serological tests. (Amended July 28, 1939.)

Rule 1. Statements and court orders, furnished by applicants. No marriage license shall be issued to any person unless he or she shall submit a statement, on a form provided by the state commissioner of health, signed by a licensed physician together with a statement signed by the director of a laboratory approved by the state commissioner of health that said applicant has been examined for syphilis including a standard serological test and that the applicant is free from syphilis in a stage which may become communicable, except that

(a) The above requirements need not be complied with where the applicant furnishes an order dispensing with such requirements from a justice of the supreme court or the county judge of the county in which the woman

*The standard, promulgated by the Secretary of the Treasury, October 21, 1914, requires, in brief a count of not more than 100 total bacteria per cubic centimeter and not more than 2 B. coli per 100 cc. of water.

resides, or the judge of the children's court of such county where the woman has attained the age of 14 and has not attained the age of 16 years, and except

(b) Further that no proof of freedom from syphilis and no order of a judge of a court shall be required of either party if the woman is pregnant.

(Note. Whenever it is claimed that the woman is pregnant, it is advisable that the town or city clerks, in order to protect themselves against charges of violating the law, should request and obtain a physician's certificate that the woman is pregnant. Such pregnancy certificates should be filed in a confidential file in his own office and should not be sent to the state department of health except upon request.)

Rule 2. Duly licensed physician. A duly licensed physician is one licensed under the laws of this state or of another state where the examination is made, or a commissioned medical officer of the United States army, navy or public health service. The town or city clerk may verify whether the physician is licensed in New York State by consulting the list of registered physicians published annually by the New York State Education Department, Albany, N. Y. Where a statement is signed by a physician licensed under the laws of another state, the town or city clerk issuing the marriage license may verify whether the physician is licensed by consulting the directory of the American Medical Association. If such directory is not available, or if the physician's name does not appear therein, the clerk shall require an affidavit from the physician and certified to by the county clerk or the state authority issuing licenses in that state that such physician is licensed.

Rule 3. Approved laboratories. A list of approved laboratories will be supplied to physicians and clerks with revision from time to time.

Rule 4. Date of examination. The date of examination shall be interpreted to be the date on which the physician takes the specimen of blood from the applicant and which shall not be more than the thirtieth day prior to that on which the license is applied for unless such time shall have been extended (limited to ninety days) in accordance with provisions under 1 (a) above.

Rule 5. Statements and court orders filed with the state department of health. In forwarding completed marriage records in each case there shall be attached thereto the physician's and laboratory's statement, or court order which provides for a waiver after notation thereof in the register.

Note.—Rule 6 was established temporarily to provide for the routing of laboratory reports through county health districts and in cities of 50,000 or over and, with the recent amendment to the Public Health Law, is no longer needed.

The Conduct of State Tuberculosis Hospitals

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 342-D of the Public Health Law

(Adopted December 31, 1935 and amended April 16, 1938)

Each state tuberculosis hospital shall be part of the Division of Tuberculosis and under the supervision of the General Superintendent of Tuberculosis Hospitals. Each Superintendent's duties shall be those defined by Section 342-D of Article XVI-A of the Public Health Law and by these rules.

Rule 1. Hospital areas. The following areas to be served by the state tuberculosis hospitals are hereby designated:

(a) **The eastern or Catskill area** shall be comprised of Madison, Chenango, Otsego, Delaware, Schoharie, Greene, Sullivan, Putnam, and Lewis Counties and shall be served by the Homer Folks Tuberculosis Hospital at Oneonta, N. Y.

(b) **The central or Finger Lake area** shall be comprised of Wayne, Seneca, Cayuga, Schuyler, Yates, Tompkins, Tioga, Chemung, and Cortland Counties and shall be served by the Hermann M. Biggs Memorial Hospital at Ithaca, N. Y.

(c) The western area shall be comprised of Orleans, Genesee, Wyoming, Allegany, Steuben, Livingston, and Ontario Counties and shall be served by the Mount Morris Tuberculosis Hospital at Mount Morris, N. Y.

(d) The Adirondack area shall be comprised of Clinton, Essex, Franklin, Hamilton, St. Lawrence, and Washington Counties and shall be served by the New York State Hospital for Incipient Tuberculosis at Ray Brook, N. Y.

Rule 2. Tuberculosis case and contact register. Each hospital shall maintain an active tuberculosis case and contact register for each county in its area. Report cards of tuberculosis cases shall be routed to and from the area tuberculosis hospitals according to the central office regulations for routing of tuberculosis report cards. Data relating to contacts shall be compiled from the clinic records and filed in the area hospital.

Rule 3. Service provided by each hospital. A. Each hospital shall provide, within its respective area:

(a) Diagnostic chest clinics for tuberculosis cases, contacts and suspects through out-patient service within the hospital and through itinerant clinics. Except in unusual instances, all patients attending any clinics maintained by the hospital shall present an admission card signed either by the attending physician or the local health officer.

(b) Scientific and progressive study, care, and treatment for all patients within the hospital.

(c) Appropriate research studies in clinical, pathological, bacteriological, epidemiological, and other aspects of the tuberculosis problem.

(d) Clinical and therapeutic services both within the hospital and at the itinerant clinics for the follow-up of discharged cases and contacts.

B. The Superintendent of each hospital shall collaborate with the district state health officers of the area in securing the interest and cooperation of the local health officers, practicing physicians, nursing committees, and unofficial health agencies in the promotion, organization, and administration of tuberculosis control measures.

Rule 4. Admission, study, and treatment of patients. The Superintendent shall have full authority over, and responsibility for, the admission, type of study, duration of care and treatment, and the discharge of patients in accordance with the following:

(a) The Superintendent shall furnish, upon request, to physicians and health officers, application blanks for the admission of patients.

(b) The following persons having, or suspected of having, tuberculosis in any form may be admitted to a state tuberculosis hospital: (1) A resident of a county included in one of the above areas. (The term "resident" is to be interpreted on the basis of the Public Welfare Law.) (2) A resident of a county not included in a hospital area, when a suitable vacancy exists, after satisfactory arrangements have been made for the payment of the cost of care. (3) A resident of an upstate county not included in a state hospital area, who is in need of special therapy or study, not available at the local tuberculosis hospital, and upon recommendation of the chief medical officer of such hospital, and approval of the superintendent. (4) Except in an emergency, when application is made by a physician for the admission of a patient suffering from pulmonary disease in which there is no evidence of tuberculosis, or in which tuberculosis is not suspected as being the cause of the disease, the Superintendent shall complete arrangements for the payment for the care and treatment of such patient by the patient, his family, a friend, the children's court, or local welfare officer, before admission is approved. (5) These regulations shall not be interpreted as changing the method of admitting patients to Ray Brook Hospital in accordance with Chapter 481 of the Laws of 1931.

(c) All applications for admission shall be made directly to the Superintendent on the prescribed form. Applications may be made in behalf of patients by: (1) Physician or health officer. In this event, the recommendation of said physician or health officer shall be considered as bona fide evi-

dence that the person named on the application is in need of care and treatment. (2) In person or by a member of the immediate family. (3) Welfare commissioner or officer.

(d) The Superintendent shall admit patients in the order of their applications as suitable vacancies occur. Residents of the hospital area shall receive preference. However, if there exists a bona fide emergency, a person may be admitted without reference to such waiting list.

(e) Following the admission of a patient, the Superintendent shall cause to be made such clinical studies as may be indicated. A report of the finding of preliminary studies shall be made to the referring physician as soon as practicable. Subsequent reports of the patient's progress shall also be made, as indicated, to the referring physician. The Superintendent shall forward to the district state health officer the name, address, diagnosis, and whether the examinations of sputa of all patients admitted to the hospital show the presence or absence of tubercle bacilli.

(f) Orthopedic Service. (1) An orthopedic service shall be established and conducted at the Homer Folks Tuberculosis Hospital, the Mount Morris Tuberculosis Hospital, and the Ray Brook State Tuberculosis Hospital. (2) Decision as to the type of treatment of bone and joint conditions shall be determined following consultation between the Director of the Division of Orthopedics, or his representative, and the Superintendent. The Director of Orthopedics shall be responsible for the type and kind of medical and surgical treatment which shall be carried out under the immediate supervision of the Superintendent. The Director of the Division of Orthopedics, or his representative, shall be present at those clinical conferences held each month at the sanatoria when orthopedic cases are present for discussion. (3) Admission of patients for study or treatment of tuberculous, or suspected tuberculous, orthopedic conditions shall be made on the same basis as admission of other patients to the hospitals as far as residence is concerned, and in addition, on the basis of recommendations of state orthopedic clinic examinations or qualified orthopedists. (4) Activities of orthopedic patients within the institution, as far as they relate to institutional and ordinary medical control, shall be under the authority of the Superintendent. Necessary accommodations, appliances, and apparatus shall be furnished by the Superintendent, at the request of the Division of Orthopedics. (5) A member of the resident professional staff shall be assigned by the Superintendent to carry out the service orders and recommendations of the Division of Orthopedics. (6) Immediate nursing care shall be by nurses approved by the Division of Orthopedics, as to knowledge of care for bone and joint conditions. (7) Follow-up service after discharge shall be the function and obligation of the Division of Orthopedics, and shall be in cooperation with the hospital follow-up service. (8) Should an emergency arise in an orthopedic case, the Director of the Division of Orthopedics shall be notified immediately.

Rule 5. Discharge of patients. (a) The Superintendent of each tuberculosis hospital shall determine to what type of medical supervision each patient shall be discharged. Upon discharge of a patient, the Superintendent shall make a suitable report to the patient's physician, which shall include a statement of the patient's home address, diagnosis, whether examination of the sputum shows the presence or absence of tubercle bacilli, and other suitable data regarding the patient's clinical condition and recommendations concerning the type of post-sanatorium supervision indicated. A copy of such report shall be sent to the district state health officer, who will notify the local health officer promptly. Reports of the status of discharged patients who are residents of New York City shall be forwarded to the Department of Health in New York City.

(b) The Superintendent shall provide for post-sanatorium examination and supervision of discharged patients as far as possible with the facilities and personnel at his disposal.

Rule 6. Discipline. The Superintendent is responsible for the discipline of patients. Any patient whose conduct is contrary to the satisfactory administration of the hospital may be disciplined or discharged at the discretion of

the Superintendent. A report of all disciplinary discharges shall be made in writing and forwarded to the General Superintendent of Tuberculosis Hospitals within a reasonable time.

Rule 7. Fees and charges. (a) Per Capita Per Diem Charge. In accordance with Chapter 205, Section 340, Laws of 1934, the State Commissioner of Health will establish for each fiscal year a per capita per diem fee which shall be the charge to the counties for the treatment of patients. The same rate shall be charged to patients who are paying in whole or in part for their care and treatment.

(b) Unless a person is specifically employed by any state tuberculosis hospital on a definite part-time basis and such part-time basis is specified in the formal notice of appointment, he shall be considered a full-time employee. No full-time employee shall receive any tips, gifts, gratuities, or monies for any service, materials, or advice, except as hereinafter provided by these rules and the rules of the Superintendent approved by the State Commissioner of Health.

(c) No physician who is a full-time employee of any state tuberculosis hospital shall accept any money, gift, or gratuity for any advice, examination, or treatment.

(d) If any practicing physician desires a consultation with any member of the medical staff and in requesting such consultation, stipulates that a fee shall be charged, then such staff member shall explain to the physician, or the patient, that he is not allowed to accept fees, but the patient may make a voluntary contribution to the Patients' Welfare Fund which is maintained by the Superintendent.

Rule 8. Surgeon and pathologist. (a) A full-time principal thoracic surgeon, to be appointed by the State Commissioner of Health, will serve all the state tuberculosis hospitals and shall have his headquarters at the Hermann M. Biggs Memorial Hospital, Ithaca N. Y. He shall be available on call to each Superintendent for consultation in surgical diagnosis and for surgical treatment. The Superintendent, or the thoracic surgeon, may require a confirming consultation with the attending physician or surgeon. The Superintendent of each hospital shall schedule the requests for surgical consultations so that economy in time and travel will result. However, the surgeon shall respond as far as practicable without delay to all emergency calls and shall render such treatment as he and the Superintendent shall agree is indicated.

(b) A principal diagnostic pathologist to be appointed by the State Commissioner of Health, shall be in general charge of the laboratory work in all the state tuberculosis hospitals and be in immediate charge of the laboratory at the Hermann M. Biggs Memorial Hospital, Ithaca, N. Y., and shall reside at that hospital.

Rule 9. Research and publication committee. There shall be a Hospital Research and Publications Committee which shall be composed of the General Superintendent of Tuberculosis Hospitals, Chairman, the senior diagnostic pathologist, the principal thoracic surgeon, the Superintendent of the state tuberculosis hospitals. This Committee shall review and approve, prior to execution, all major research projects to be undertaken in all state tuberculosis hospitals. All theses, papers and articles by members of the staffs of the tuberculosis hospitals which are intended for publication, except regular reports, shall be reviewed and approved by the Research and Publications Committee prior to publication.

Rule 10. Consulting staff. Each superintendent shall nominate to the State Commissioner of Health such person, or persons, as he deems qualified for appointment to the Board of Consultants in accordance with Chapter 205, Section 342-E, Laws of 1934. These consultants are expected to counsel and advise on any professional aspect of the tuberculosis control program of the hospital and to render clinical consultation in their specialty. In addition to the duties and responsibilities imposed by Chapter 205, Section 342-E, any consultant shall be available upon call for such special service as the Superintendent may require.

Rule 11. Attending (visiting) physicians. The State Commissioner of Health at his discretion may appoint certain especially qualified attending physicians or surgeons to state tuberculosis hospitals. These appointees shall visit each hospital at such intervals and for such periods of time as are specified under the terms of appointment to consult with the Superintendent and staff on problems of medical practice, diagnosis, and therapy. Each attending physician or surgeon shall submit a written report to the State Commissioner of Health, through the General Superintendent of Tuberculosis hospitals, summarizing his professional activities during each of his visits to the hospitals. The attending physicians shall be available for special consultations at their regular offices or residences when visited by a Superintendent or his designated representative.

Rule 11-A. Board of visitors. The Board of Visitors of the State Tuberculosis Hospital at Ray Brook shall carry out and perform the powers and duties prescribed in Section 363 of Article XIX of the Public Health Law, and may make such recommendations as they consider advisable for the welfare of the hospital to the General Superintendent of Tuberculosis Hospitals through the Superintendent.

Rule 12. District tuberculosis control service. (a) The superintendent of each state tuberculosis hospital shall be responsible to the State Commissioner of Health, through the General Superintendent of Tuberculosis Hospitals, for the development of an adequate program of tuberculosis control in each county of the hospital area. To this end, he shall formulate with the district state health officer, a plan of field tuberculosis work for each county. The administration of this plan shall be in general conformity with the provisions of the Operating Manual and these rules. If the Superintendent and district state health officer fail to agree on any details of a plan, the central office shall decide.

(b) The relationship of the district state health officer to the local nursing service in tuberculosis work shall be in conformity with Chapter 12 of the Operating Manual. Communities in which there is no public health nursing service, or in which this type of service is inadequate, shall be considered as special problems.

(c) The Superintendent and the district state health officer shall jointly prepare a program to be followed in each county and submit such program to the Department of Health. Among other elements, the program shall contain the following information:

- 1 The number of diagnostic examinations required.
- 2 The location and frequency of field diagnostic clinics.
- 3 The methods of organizing and operating such clinics with special reference to the part to be played by the local health officer.
- 4 The nature and scope of any special epidemiological investigations to be undertaken.
- 5 The health districts in which the local health officer will assist in promoting early diagnosis and reporting of tuberculosis and maintain adequate domiciliary supervision of cases.
- 6 Methods to be followed in providing adequate tuberculosis field nursing service, and particularly the extent to which available local nursing service will need to be supplemented by additional state district nursing personnel.

Rule 13. Clinic (out-patient) and consultation service. (a) The superintendent shall establish an out-patient service at the hospital and provide itinerant chest clinics according to needs as indicated by a study of morbidity and mortality and population statistics, as arranged by the district state health officer pursuant to Rule 12 of these rules.

(b) Upon request to the Superintendent, members of the medical staff of the hospital shall be available for consultation service to the practicing physicians of the area.

(c) The Superintendent and members of the medical staff of each State tuberculosis hospital are encouraged to accept appointments to the consulting or courtesy staffs of other hospitals, such services to be rendered without remuneration.

Rule 14. Superintendent's administrative responsibility. The Superintendent of each state tuberculosis hospital shall be its chief executive and medical officer and as such shall:

(a) Under the general direction of the Commissioner of Health, through the General Superintendent of Tuberculosis Hospitals, have full supervision and administrative control of the hospital and of the professional services therein.

(b) Make such rules and regulations as he may deem necessary to insure good conduct, fidelity, and economy in every department.

(c) Be responsible for the property of the State, its protection, development, maintenance, and operation.

(d) As treasurer of the hospital, perform such duties as are directed by law and required by the State Commissioner of Health.

(e) Appoint all subordinate officers and employees of the hospital subject to the provisions of the Civil Service Law. Such officers and employees shall be directly responsible to him and may be removed by him according to the Civil Service Law. In the event of the disciplinary removal of an officer, the Superintendent shall forward a written report of such action promptly to the General Superintendent of Tuberculosis Hospitals.

(f) Direct the assignment of duty, training, and instruction of subordinate officers and employees.

(g) Make such periodic and special reports as may be required by law, by these regulations, or by the Department of Health.

Rule 15. Vacation and sick leave. The following rules and regulations pertaining to vacation and sick leave shall apply, whenever possible, to all employees of hospitals in the State Department of Health:

(a) Annual leaves of absence for nurses and permanent employees in the competitive Civil Service will be granted, subject to the exigencies of the work of the hospital, at the rate of twenty-two (22) working days for each calendar year. Saturdays occurring during the vacation period are counted as half days and legal holidays occurring during the vacation period are not counted as part of the vacation allowance. Employees who have been in the service of the Department for less than one year will be allowed two (2) days' vacation for each full month of past employment. The Superintendent of each hospital shall determine when employees may be allowed their vacation period in order that the conduct of the hospital shall not be handicapped.

(b) In addition to the annual vacation leave of absence, and except in emergencies, employees in the competitive Civil Service classification shall be allowed additional time off on the following holidays: New Year's Day, Lincoln's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Armistice Day, Thanksgiving Day, Christmas day, and Sundays. In order that the care and treatment of patients shall not be sacrificed, Superintendents shall decide as to which employees may be allowed time off on the above days, and those who are not excused from duty on these days shall be given equivalent time off when, in the judgment of the Superintendent, they can be spared.

(c) All employees in the non-competitive and labor groups are entitled to two weeks' vacation with pay and in addition, shall be allowed holidays and Sundays in accordance with the provisions made for competitive employees.

(d) Temporary employees who are paid on a per diem basis will not be entitled to annual leaves of absence or sick leave. All permanent employees shall receive the same sick leave allowance, regardless of whether they are in the competitive or the non-competitive Civil Service classification.

Rule 16. Communications. All communications to the central office shall be sent to the Division of Tuberculosis, attention of the person concerned. The original and one copy of all communications to other State departments in Albany shall be addressed to the appropriate person but sent to the Division of Tuberculosis for forwarding, unless a different procedure is prescribed by the General Superintendent of Tuberculosis Hospitals for certain types of communications.

APPROVED METHODS OF VACCINATION

Promulgated Pursuant to Authority Vested in the State Commissioner of Health by Section 311 of the Public Health Law

(Adopted March, 1925)

Rule 1. Only vaccine which has been kept constantly cold shall be used.* Vaccine shall not be used later than the date stamped upon the container.

Rule 2. The vaccination should be performed on the arm (preferably the left arm in right-handed persons, and vice versa), over the insertion of the deltoid muscle. Vaccinations on the leg are not recommended, but if so done, the person vaccinated should rest in bed from the time of the appearance of the vesicle until the crust is well formed.

Rule 3. The arm should be clean, and should be prepared with a volatile disinfectant, which must be allowed to evaporate completely before the vaccine is applied or the skin broken. Care must be taken not to use alcohol which has been denatured with bichloride of mercury or other non-volatile disinfectant.

Rule 4. One of the following methods shall be used, unless special permission for the use of another method is obtained from the state commissioner of health:

- (a) **Single scratch method.** This consists of a single superficial scratch with a sterile needle. An attempt should be made not to draw blood. The scratch should not be more than one-eighth of an inch long and may be made through a drop of vaccine, or the vaccine may be applied afterward. The vaccine should be gently rubbed into the scratch with the side of the needle or other suitable sterile instrument.
- (b) **Multiple pressure method.** This consists of pressures against the skin with the side of a needle point through a drop of vaccine. The needle is held parallel to the skin and the flat side pressed into the skin in such a way that the point of the needle passes through the drop of vaccine. Although the needle is merely pressed flat against the skin, the point will make a tiny but practically invisible scratch which nevertheless is sufficient to introduce the virus into the superficial layers of the skin. From five to ten pressures should be made rapidly, lifting the needle clear of the skin each time, with care to limit the insertion to a skin area not to exceed one millimeter in diameter. If properly performed the skin will not be broken, and only a minute indentation will be visible after the procedure at the point of vaccination. (Amended July 22, 1939.)

Rule 5. The following methods are specifically disapproved:

- (a) Cross-hatching
- (b) Multiple scratches, or scarifications, less than one inch apart
- (c) Scratches more than one-fourth of an inch in length.

Rule 6. (a) If the person vaccinated has a scar of a previous vaccination, or if he has a history of possible smallpox, he shall be instructed to return for observation within forty-eight hours and again on the fifth to seventh day.

(b) If he has no scar nor a history of possible smallpox, on the fifth to seventh day.

Rule 7. If no reaction of immunity appears within forty-eight hours, or if a reaction resembling the reaction of immunity appears later than forty-eight hours, and proves not to be a primary vaccinia or vaccinoid when observed on the fifth to seventh day, a second vaccination should be performed, being sure to use potent vaccine and being careful as to technique. A reaction should occur in every instance. Failure to find it means impotent vaccine, improper technique, or possibly the use of disinfectants by the person vaccinated at some time shortly after the vaccination was performed.

* 40° F. or lower. The optimum temperature is about 10° below the freezing point.

Rule 8. The person vaccinated is to be instructed by the physician in the proper care of the vaccination. No "shields" of any sort shall be provided or recommended. After the vesicle has developed six to eight thicknesses of gauze strapped at the edge with adhesive tape may be worn as a protection. The gauze should be of sufficient size to prevent the adhesive tape from covering any part of the inflamed area of the skin. The person vaccinated should be warned against injury to the vaccination or excessive use of the arm (or leg). The crust which finally forms should be allowed to fall off.

Rule 9. The vaccination must be reported to the local health officer as required by the public health law. Forms for this purpose are provided by the state department of health.

VITAL STATISTICS, WAIVING OF FEES FOR BIRTH, DEATH AND MARRIAGE RECORDS

Promulgated pursuant to authority vested in the state commissioner of health by section 391 of article XX of the public health law and section 20-a of article III of the domestic relations law

(Adopted May 24, 1940)

Rule 1. The New York state department of health shall make searches and issue certifications and certified copies of birth, death, and marriage records without charge to:

(a) Local or state organizations of war veterans in connection with claims for soldiers' burial fees, markers for soldiers' graves, and securing relief for veterans or their families.

(b) Applicants for employment on projects conducted by the works progress administration.

(c) Applicants for admission to the civil conservation corps.

(d) Applicants for enlistment in the U. S. army or navy.

(e) Persons of any age filing applications with the state employment bureau.

(f) Persons residing in Canada applying to Canadian authorities for public relief or veterans' claims, providing the province of Canada in which applicant resides furnishes similar information gratis to persons residing in the United States.

(g) Children under the age of sixteen—limited to certifications of birth.

(h) Persons who were either adopted or whose paternity was established by law, limited to a certification of birth made out in the name by which the person is designated in the adoption or filiation papers.

4-29-40-8150 (17-8096).

