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THE SANITARY CODE

ESTABLISHED BY

THE PUBLIC HEALTH COUNCIL

OF THE

STATE OF NEW YORK

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CHAPTERS I-IX

Including Amendments to July 1, 1921

New York (state) Laws, statutes, etc.

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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 by chapter 559 of the laws of 1913, provides as follows:

"Section 2-b. Sanitary code. 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 sanitary regulations, hereinafter called the sanitary code, without discrimination against any licensed physicians. 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.

code

Violation misdemeanor

New York city excepted

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

Supersedes local ordinances

Council may prescribe qualifications

by the public health council. The public health council shall have power to prescribe by regulations the qualifications of directors of divisions, sanitary supervisors, local health officers hereafter appointed and public health nurses. * * *"

Health officers to enforce code

Under the public health law, all local health officers have the power, and it is their duty, to carry into effect 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.

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.

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:

Communicable disease defined

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

Municipality defined

(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 un

(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. Board of health defined

(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.) Health officer defined

Regulation 2. 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 Jan. 22, 1916.) Violations misdemeanors

Regulation 3. When to take effect. Every regulation in this chapter, unless otherwise specifically stated, shall take effect on the first day of May, 1914.

CHAPTER II

Communicable Diseases

(Adopted April 7, 1914)

Regulation 1. Communicable diseases designated. When used in the public health law and this code the terms infectious, contagious or communicable disease shall be held to include the following diseases, which are hereby declared to be communicable through the conveyance of infective organisms. The communicable diseases, for convenience of administration, are divided into two groups: Communicable diseases designated

A. Anthrax
Botulism
Chickenpox

Cholera, Asiatic
Diphtheria (membranous croup)
Dysentery, amoebic and bacillary
Encephalitis lethargica
Epidemic cerebrospinal meningitis
Epidemic influenza
Epidemic or streptococcus (septic) sore throat
German measles
Glanders
Measles
Mumps
Para-typhoid fever
Plague
Pneumonia
a. acute lobar
b. bronchial or lobular
Poliomyelitis, acute anterior (infantile paralysis)
Puerperal septicaemia
Rabies
Scarlet fever
Smallpox
Tetanus
Trachoma
Tuberculosis
Typhoid fever
Typhus fever
Whooping cough

B. Syphilis
Gonorrhoea
Opthalmia neonatorum (suppurative conjunctivitis of the newborn)
Chancroid

(Amended Mar. 20, 1917, May 17, 1917, Dec. 27, 1917, June 25, 1918, Oct. 11, 1918, May 27, 1919, November 18, 1919, April 27, 1920 and May 27, 1920.)

Reporting communicable disease by physicians

Regulation 2. Reporting cases of communicable disease by physicians. It shall be the duty of every phy-

sician to report to the local health officer, within whose jurisdiction such patient is, the full name, age and address of every person affected with a communicable disease enumerated in regulation 1, group A, together with the name of the disease, within twenty-four hours from the time the case is first seen by him. 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 the first class. (Amended January 27, 1916, and June 25, 1918.)

Syphilis, gonorrhea and chancroid

Reporting by physicians

Regulation 2-a. Submitting specimens for laboratory examination in cases of syphilis, gonorrhoea and chancroid. It shall be the duty of every physician to submit promptly to the laboratory of the state department of health, or to a laboratory approved by the state commissioner of health for this purpose, such specimens for laboratory examination and such data relating thereto, as may be prescribed in the special rules and regulations issued by the state commissioner of health, from every person affected with any one of the communicable diseases mentioned in regulation 1, group B, or from any person in whom suspicion of such disease exists. (Added June 25, 1918.)

Reporting persons bitten by rabid animals

Regulation 2-b. Reporting cases of persons bitten by a rabid animal. It shall be the duty of every physician or other person to report to the local health officer within whose jurisdiction such person is, the full name, age and address of every person who has been bitten (a) by a rabid animal, (b) by an animal suspected of being rabid, within twenty-four hours from the time when such fact comes to his knowledge.

Health officer to transmit reports

It shall be the duty of the health officer to transmit promptly these reports to the state department of health. (Added May 17, 1917.)

Reporting communicable disease in institutions

Regulation 3. Reporting cases of communicable disease in institutions. It shall be the duty of the superintendent or person in charge of every hospital, other institution, or dispensary, to report to the local health officer, within whose jurisdiction any such hospital, other institution, or dispensary is located, the full name, age, and address of every person under his charge affected with a communicable disease, together with the name of the disease, and the name and address of the person or organization in whose care the case was immediately prior to admission or by whom the case was referred, within twenty-four hours from the time when the case first develops or is first admitted to such hospital, other institution, or dispensary. Such report shall be by telephone or telegram, when practicable, and shall also be made in writing.

(Amended Mar. 4, 1915.)

Teacher to report disease presumably communicable

Regulation 4. Reporting cases of disease presumably communicable in schools. When no physician is in attendance, it shall be the duty of every teacher to report forthwith to the principal or person in charge of the school all facts relating to the illness and physical condition of any child in such school who appears to be affected with a disease presumably communicable.

Principal to report to health officer

It shall be the duty of the principal or person in charge of every school to report forthwith to the local health officer all facts relating to the illness and physical condition of any child attending such school, who appears to be affected with any disease presumably communicable, together with the name, age, and address of such child. Such child shall be at once sent home or isolated.

Regulation 5. Reporting cases of disease presumably communicable in private households, hotels, boarding and lodging houses. When no physician is in attendance, it shall be the duty of the head of a private household or the proprietor or keeper of any hotel, boarding house, or lodging house, to report forthwith to the local health officer all facts relating to the illness and physical condition of any person in any private household, hotel, boarding house or lodging house under his charge, who appears to be affected with any disease presumably communicable, together with the name of such person. (Amended Sept. 18, 1914.)

Householder to report cases of disease presumably communicable

Regulation 6. Reporting cases of disease presumably communicable by nurses and persons in charge of camps. It shall be the duty of every visiting nurse and public health nurse and of the person in charge of any labor or other camp, having knowledge of any person affected with any disease presumably communicable, who by reason of the danger to others seems to require the attention of the public health authorities, to report at once to the local health officer, within whose jurisdiction such case occurs, all facts relating to the illness and physical condition of such affected person.

Nurses and persons in charge of camps to report cases of disease presumably communicable

Regulation 7. Reporting cases of disease presumably communicable on vessels. It shall be the duty of the master or person in charge of any vessel lying within the jurisdiction of the state to report or cause to be reported immediately in writing to the local health officer at such ports or landings as the state commissioner of health may designate all facts relating to the illness and physical condition of any person in or on such vessel affected with any disease presumably communicable, together with the name of such affected person. This regulation shall not apply to any vessel within the jurisdiction of the health officer of the port of New York.

Reporting cases of disease presumably communicable on vessels

Regulation 8. Reporting cases of communicable disease on dairy farms by physicians. When a case of

Reporting communicable disease on dairy farms, by physicians

Asiatic cholera, diphtheria, amoebic or bacillary dysentery, encephalitis lethargica, epidemic cerebrospinal meningitis, epidemic or septic sore throat, para-typhoid fever, poliomyelitis, acute anterior (infantile paralysis), scarlet fever, smallpox, or typhoid fever exists 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.

It shall be the duty of the health officer to report immediately to the state commissioner of health, by telephone or telegram, the existence on such farm or dairy of such case, together with all facts as to the isolation of such case, and giving the names of the localities to which such dairy products are delivered. (Amended October 15, 1915, May 17, 1917 and April 27, 1920.)

Reporting disease presumably communicable, on dairy farm, by owner or person in charge

Regulation 9. Reporting cases of disease presumably communicable on dairy farms by owner or person in charge. When no physician is in attendance, it shall be the duty of the owner or person in charge of any farm or dairy producing milk, cream, butter, cheese, or other food products likely to be consumed raw, to report forthwith to the local health officer the name and address and all facts relating to the illness and physical condition of any person, who is affected with any disease presumably communicable, and who is employed or resides on or in such farm or dairy, or comes in contact in any way therewith or with its products.

Cultures when there is reason to suspect diphtheria

Regulation 10. Diphtheria; material for cultures to be submitted. In every case of illness which there is reason to suspect is diphtheria, it shall be the duty of the attending physician or, if the local health authorities so require, of the health officer promptly to take material for cultures from the throat of the suspected person and submit the same for examination

to a state, county, or municipal bacteriological laboratory, or to a laboratory approved by the state commissioner of health.

Regulation 10-a. Typhoid or para-typhoid fever; samples of blood to be submitted. In every case of illness which there is reason to suspect may be typhoid or para-typhoid fever it shall be the duty of the attending physician to take a sample of the blood of the suspected person and submit the same for an agglutination test to a state, county or municipal bacteriological laboratory or to a laboratory approved by the state commissioner of health. (Added June 25, 1918.)

Isolation in case of communicable disease

Regulation 11. Isolation of persons affected with communicable diseases. It shall be the duty of every physician, immediately upon discovering a case of communicable disease, to secure such isolation of the patient, or to take such other action, as is required by the special rules and regulations which from time to time may be issued by the local health authorities or by the state department of health.

Adults not to be quarantined in certain cases

Regulation 12. Adults not to be quarantined in certain cases. When a person affected with a communicable disease other than smallpox is properly isolated on the premises, adult members of the family or household, who do not come in contact with the patient or with his secretions or excretions, unless forbidden by the health officer, may continue their usual vocations, except as provided in regulations thirty-seven and thirty-nine of this chapter and provided further that such vocations do not bring them in close contact with children, nor require that they shall handle food or food products intended for sale. (Amended May 17, 1917 and May 27, 1920.)

Removal of cases of communicable disease

Regulation 13. Removal of cases of communicable disease. After isolation by the local health officer no person, without permission from him, shall carry, remove, or cause or permit to be carried or removed

from any room, building, or vessel any person affected with diphtheria, scarlet fever, smallpox or typhus fever.

Removal of cases of communicable disease

Without permission from the local health officer no person shall carry, remove or cause or permit to be carried or removed from or to any hotel, boarding house, lodging house, or other dwelling, any person affected with chickenpox, diphtheria, encephalitis lethargica, epidemic cerebrospinal meningitis, epidemic or septic sore throat, measles, mumps, poliomyelitis, acute anterior (infantile paralysis), scarlet fever, smallpox, typhus fever, or whooping cough.

From hotel, boarding or lodging house

From vessels

Without permission from the local health officer no master of any vessel or other person shall remove or aid in removing, or permit the removal, from any such vessel to the shore of any person affected with any communicable disease.

This regulation shall not apply to any vessel within the jurisdiction of the health officer of the port of New York.

No person shall remove or permit to be removed from one health district into another, any person affected with a communicable disease, except with the permission of the health officer from whose jurisdiction such person is removed and also of the health officer into whose jurisdiction such person is to be removed and in accordance with such rules and regulations as may be adopted by the state commissioner of health. (Amended May 17, 1917, April 27, 1920 and December 7, 1920.)

Removal of articles contaminated with infective material

Regulation 14. Removal of articles contaminated with infective material. Without instruction and permission from the health officer no person shall carry, remove or cause or permit to be carried or removed from any room, building, or vessel, any article which has been subject to contamination with infective material through contact with any person or with the secretions of any person affected with Asiatic cholera,

diphtheria, plague, scarlet fever, smallpox, typhoid fever, or typhus fever, until such article has been disinfected according to the special rules and regulations of the state department of health.

From vessels

Without permission of the local health officer no master of any vessel or other person shall remove or aid in removing or permit the removal from any such vessel to the shore of any article which has been subject to contamination with infective material through contact with any person or with secretions of any person affected with Asiatic cholera, diphtheria, plague, scarlet fever, smallpox, typhoid fever or typhus fever.

This regulation shall not apply to any vessel within the jurisdiction of the health officer of the port of New York. (Amended July 10, 1917 and December 7, 1920.)

Right of entrance and inspection health officer, nurse, etc.

Regulation 15. Right of entrance and inspection. No person shall interfere with or obstruct the entrance to any house, building, or vessel by any inspector or officer of the state or local health authorities, in the discharge of his official duties, nor shall any person interfere with or obstruct the inspection or examination of any occupant of any such house, building, or vessel by any inspector or officer of the state or local health authorities, in the discharge of his official duties.†

Physician to give instructions in regard to disinfection and disposal of excreta

Regulation 16. Instructions as to disinfection of excreta in Asiatic cholera, dysentery, para-typhoid fever, and typhoid fever. It shall be the duty of the physician in attendance on any case suspected by him to be Asiatic cholera, dysentery, para-typhoid fever, or typhoid fever, to give detailed instructions to the nurse or other person in attendance in regard to the disinfection and disposal of the excreta. Such instructions shall be given on the first visit, and shall con-

† Penal Law, § 1741.

form to the special rules and regulations of the state department of health. It shall be the duty of the nurse or person in attendance to carry out the disinfection in detail until its discontinuance is permitted by the local health officer.

Physician to give instructions as to disinfection of discharges

Regulation 17. Instructions as to disinfection of discharges in diphtheria, encephalitis lethargica, epidemic cerebrospinal meningitis, epidemic or septic sore throat, measles, poliomyelitis, acute anterior (infantile paralysis), scarlet fever, smallpox and whooping cough. It shall be the duty of the physician in attendance on any case suspected by him to be diphtheria, encephalitis lethargica, epidemic cerebrospinal meningitis, epidemic or septic sore throat, measles, poliomyelitis, acute anterior (infantile paralysis), scarlet fever, smallpox, or whooping cough, to give detailed instruction to the nurse or other person in attendance in regard to the disinfection and disposal of the discharges from the nose, mouth and ears of the patient. Such instructions shall be given on the first visit and shall conform to the special rules and regulations of the state department of health. It shall be the duty of the nurse or person in attendance to carry out the disinfection in detail until its discontinuance is permitted by the local health officer. (Amended April 27, 1920.)

Precautions by physicians and attendants

Regulation 18. Precautions to be observed by physicians and attendants. The physician or nurse or other necessary attendant upon a case of diphtheria, measles, or scarlet fever, after attendance upon the case, shall take precautions and practice measures of cleansing or disinfection of his person or garments to prevent the conveyance to others of infective material from the patient.

Health officer to distribute circulars

Regulation 19. Distribution of circulars. It shall be the duty of every health officer, as soon as a case of diphtheria, encephalitis lethargica, epidemic cerebro-

spinal meningitis, epidemic or septic sore throat, measles, poliomyelitis, acute anterior (infantile paralysis), scarlet fever, smallpox, typhoid fever, typhus fever or whooping cough is reported to him, or as soon thereafter as possible, to give every family or individual living in the house or building, in which such case is, the circulars of information and copies of any rules and regulations, printed when practicable in a language understood by such individual concerning such diseases, which may be issued by the state department of health or the local health authorities. The health officer shall also notify every family or individual living in the house of the existence of such disease. (Amended April 27, 1920, and December 7, 1920.)

Tenants to be notified

Regulation 20. Posting placards. When a case of diphtheria, encephalitis lethargica, epidemic cerebrospinal meningitis, measles, poliomyelitis, acute anterior (infantile paralysis), scarlet fever, smallpox, whooping cough, or typhus fever exists in any house, or apartment, or room, it shall be the duty of the health officer to post upon such house or apartment or room, or rooms in which such case is isolated, near the entrance thereof, a placard stating the existence therein of a communicable disease. (Amended October 11, 1918, and April 27, 1920.)

Posting placards

Regulation 21. Interference with placards. No person shall interfere with or obstruct the posting of any placard by any health authority in or on any place or premises, nor shall any person conceal, mutilate, or tear down any such placard, except by permission of the health authority.

Interference with placards

In the event of such placard being concealed, mutilated, or torn down, it shall be the duty of the occupant

of the premises concerned immediately to notify the local health officer.

Preventing spread of communicable disease in institutions

Regulation 22. Preventing the spread of communicable diseases in institutions. It shall be the duty of the superintendent or person in charge of any hospital, or other institution, or dispensary, in which there is a person affected with any communicable disease, to take such steps as will, so far as practicable, prevent the spread of infection and trace its original source.

(Amended July 10, 1917.)

Isolation wards required for institutions for children

Regulation 23. Isolation wards required for institutions for children. Every institution for children, in which twenty or more children sleep, shall be provided with at least one isolation ward, or room or apartment or tent, so related to the rest of the building as to make proper isolation therein practicable.

Exposure of persons affected with communicable disease

Regulation 24. Exposure of persons affected with communicable disease. No person shall permit any child, minor or other person under his charge, affected with diphtheria, encephalitis lethargica, measles, poliomyelitis, acute anterior (infantile paralysis), scarlet fever, smallpox or typhus fever, to associate with other than his attendants.

No person affected with any of said diseases shall expose himself in such manner as to cause or contribute to, promote or render liable their spread.

(Amended Sept. 29, 1914, July 11, 1916, and April 27, 1920.)

Needless exposure to communicable disease forbidden

Regulation 25. Needless exposure to communicable disease forbidden. No person shall expose or permit the visiting, association, or contact of any child, minor, or other person under his charge, with any person affected with diphtheria, measles, scarlet fever, smallpox, typhus

fever, whooping cough, syphilis, gonorrhoea, or chancroid in the infective stages, or with discharges of any kind from the person of a patient affected with any of said diseases.

No person shall needlessly expose himself, or visit, or associate, or come in personal contact with, a case of any of said diseases, or the discharges therefrom, or in any manner cause or contribute to, promote or render liable, the spread thereof. (Amended June 25, 1918.)

Exclusion from schools or Sunday school, disease presumably communicable

Regulation 26. Exclusion from school of cases of disease presumably communicable. It shall be the duty of the principal or other person in charge of any public, private, or Sunday school to exclude therefrom any child or other person affected with a disease presumably communicable until such child or other person shall have presented a certificate issued by the health officer or medical inspector, or by the attending physician and countersigned by the health officer or by the medical inspector, stating that such child or other person is not liable to convey infective material.* (Amended November 21, 1916.)

Exclusion from schools and gatherings, certain communicable diseases

Regulation 27. Exclusion from schools and gatherings of cases of certain communicable diseases. No person affected with chickenpox, diphtheria, encephalitis lethargica, epidemic cerebrospinal meningitis, epidemic influenza, epidemic or septic sore throat, German measles, measles, mumps, poliomyelitis, acute anterior (infantile paralysis), scarlet fever, smallpox, trachoma, or whooping cough, shall attend or be permitted to attend any public, private, or Sunday school, or any public or private gathering. Such exclusion shall be for such time and under such conditions as may be prescribed by the local health authorities, not inconsistent with the

* See Education Law, § 77.

provisions of this code or the special rules and regulations of the state department of health. (Amended January 10, 1919 and April 27, 1920.)

Exclusion from schools of children of households

Regulation 28. Exclusion from schools and gatherings of children of households where certain communicable diseases exist. Every child who is an inmate of a household in which there is, or has been within fifteen days, a case of chickenpox, diphtheria, encephalitis lethargica, epidemic cerebrospinal meningitis, German measles, measles, mumps, poliomyelitis, acute anterior (infantile paralysis), scarlet fever, smallpox, or whooping cough, shall be excluded from every public, private or Sunday school and from every public or private gathering of children for such time and under such conditions as may be prescribed by the local health authorities, not inconsistent with the provisions of this code or the special rules and regulations of the state department of health. (Amended April 27, 1920.)

Chickenpox, German measles, mumps, whooping cough

Regulation 29. Precautions to be observed in chickenpox, German measles, mumps, and whooping cough. No person affected with chickenpox, German measles, mumps, or whooping cough shall be permitted to come in contact with or to visit any child who has not had such disease or any child in attendance at school.

Instruction of persons affected with venereal disease

Regulation 29-a. Instruction of persons affected with syphilis, gonorrhoea or chancroid. It shall be the duty of every physician when first attending a person affected with syphilis, gonorrhoea or chancroid to instruct said person in the precautions to be taken in order to avoid the communication of the disease to others, and to inform him of the necessity of continuing treatment until cured; and further to hand to him a circular of information and advice issued or approved by the state commissioner of health. (Added March 20, 1917, and amended June 25, 1918.)

Records confidential

Regulation 29-b. Records of cases of syphilis, gonorrhoea and chancroid not to be disclosed. Records of the state department of health or of any local department or local health officer, relating to cases of syphilis, gonorrhoea and chancroid shall not be made public so as to disclose the identity of the persons to whom they relate, except insofar as may be necessary to safeguard the public health against those who disobey the rules and regulations of the state and local officials relating to these diseases or to secure conformity to the laws of the state. (Added May 17, 1917, and amended June 25, 1918.)

Occupations forbidden

Regulation 29-c. Occupations forbidden by persons affected with syphilis or gonorrhoea in the infective stages. No person affected with syphilis in the infective stage shall engage in the occupation of nurse, nursemaid, domestic servant, barber, hairdresser, chiropodist, manicure, bath attendant or masseur, or in any other occupation in which he may infect others with syphilis. No person affected with gonorrhoea in the infective stage shall engage in any occupation which involves intimate contact with children. (Added June 25, 1918.)

Persons violating laws to be reported

Regulation 29-d. Reporting persons violating laws and regulations concerning syphilis, gonorrhoea and chancroid. If any person affected with syphilis, gonorrhoea or chancroid shall violate any regulation of this code by which the public is safeguarded against these diseases, or any provision of the public health law relating to the so-called "venereal diseases," through which violation in the judgment of a physician attending him said person becomes a menace to the public health, said physician shall immediately report the name and address of said person to the local health officer who shall at once forward a copy of the report to the bureau of venereal diseases of the state department of health. Whereupon the local board of health

or health officer in accordance with the provisions of the public health law shall take such procedure as will prevent said person continuing a menace to the public health and assist in his cure. (Added June 25, 1918.)†

Duties of physicians and others to enforce law

Regulation 29-e. Duties of physicians and others under the public health law concerning syphilis, gonorrhoea and chancroid. It shall be the duty of every physician or other person required to perform any duty or refrain from any act under article 17-b of the public health law as added by chapter 264 of the laws of 1918, providing for the regulation of syphilis, gonorrhoea and chancroid ("venereal diseases"), to take all steps incumbent on him and necessary to carry into effect the provisions of the said law. (Added June 25, 1918.)

Smallpox, or isolation removal

Regulation 30. Isolation or removal in smallpox. It shall be the duty of every health officer, whenever a case of smallpox occurs in his jurisdiction, if a suitable hospital is available, to remove or cause to be removed such case promptly thereto. Every inmate of the household where such case occurs, and every person who has had contact with such case, or with his secretions or excretions, shall be either vaccinated within three days of his first exposure to the disease or placed under quarantine, and, when vaccinated, the name and address of such inmate or other person shall be taken and such inmate or other person shall be kept under daily observation. Such observation shall continue until successful vaccination results, or for at least twenty days. If such inmate or other person refuses to be vaccinated, he shall be quarantined until discharged by the local health officer.

Vaccination or quarantine of inmates of household

If there is no hospital available, the patient shall be isolated and every inmate of the household shall be vaccinated or strictly quarantined until discharged by the local health officer.

† See Public Health Law, § 343-o.

Vaccination or quarantine of contacts

Whenever a case of smallpox occurs in his jurisdiction, it shall be the duty of the local health officer to use all diligence in securing the names and addresses of all persons who have had contact with such case, and in causing such persons to be either vaccinated or placed under quarantine.

Board of health to provide free vaccination

Regulation 31. Provision for free vaccination.† It shall be the duty of the board of health of every municipality to provide, at public expense, free vaccination for all persons in need of the same.

Removal to hospital or isolation

Regulation 32. Removal to hospital or isolation and restriction of visiting in certain cases. It shall be the duty of the health officer to remove, or cause to be removed, every case of diphtheria, encephalitis lethargica, measles, scarlet fever or poliomyelitis, acute anterior (infantile paralysis) promptly to a suitable hospital, or to see that such case is properly isolated. Such isolation shall be maintained until its discontinuance is permitted by the health officer.

Restriction of visiting

No person, except the physician and nurse or other person in attendance, shall be permitted to come in contact with or to visit a case of diphtheria, encephalitis lethargica, measles, scarlet fever or poliomyelitis, acute anterior (infantile paralysis), except by permission of the health officer. (Amended May 17, 1917 and April 27, 1920.)

Removal to hospital from hotels, lodging houses, etc.

Regulation 33. Removal to hospital from lodging houses, hotels, or boarding houses, or isolation, and provision for persons who cannot be removed. It shall be the duty of the health officer, whenever a case of diphtheria, scarlet fever, or typhus fever occurs in a lodging house, hotel, or boarding house within his jurisdiction, if a suitable hospital is available, to remove or cause to be removed such case promptly thereto, unless in

† Public Health Law, § 25,. and § 310.

the judgment of such officer, the case can be safely isolated on the premises.

Isolation and provision for person who cannot be removed

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

Quarantine of entire household, in emergencies

Regulation 34. Quarantine in certain emergencies. When any case of diphtheria, encephalitis lethargica, epidemic cerebrospinal meningitis, measles, scarlet fever, smallpox, poliomyelitis, acute anterior (infantile paralysis), or typhus fever is not or cannot be properly isolated on the premises and cannot be removed to a suitable hospital, it shall be the duty of the local health officer to forbid any member of the household from leaving the premises, except under such conditions as he may specify and except as provided by regulation twelve of this chapter.

(Amended May 17, 1917 and April 27, 1920.)

Maximum period of incubation

Regulation 35. Maximum period of incubation. For the purpose of this code, the maximum period of incubation (that is, between the date of the exposure to disease and the date of its development), of the following communicable diseases is hereby declared to be as follows:

Chickenpox	21 days
Measles	14 days
Mumps	21 days
Poliomyelitis, acute anterior (infantile paralysis)	14 days
Scarlet fever	7 days
Smallpox	20 days
Whooping cough	14 days

(Amended May 17, 1917.)

Regulation 36. Minimum period of isolation. For the purposes of this code, the minimum period of isolation is hereby declared to be as follows: Minimum period of isolation

Chickenpox, until twelve days after the appearance of the eruption and until the crusts have fallen and the scars are completely healed.

Diphtheria (membranous croup) until two successive cultures taken from the nose and throat at intervals of not less than twenty-four hours, have been examined and found negative in a laboratory approved for this purpose by the state commissioner of health, the first of such cultures being taken not less than nine days from the day of the onset of the disease.

Epidemic cerebrospinal meningitis, until two weeks after the temperature has become normal or until three successive cultures, obtained from the nasopharynx at intervals of not less than five days, shall be found free of meningococci.

Measles, until at least five days after the appearance of the rash.

Mumps, until two weeks after the appearance of the disease and one week after the disappearance of the swelling.

Poliomyelitis, acute anterior (infantile paralysis), until three weeks from the day of the onset of the disease.

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

Smallpox, until fourteen days after the development of the disease and until scabs have all separated and the scars completely healed.

Typhoid or para-typhoid fever, if the patient's occupation involves the handling of milk, dairy products, or other food, until all signs of the disease, or all secondary or complicating infections incited by the

agents of these diseases have disappeared, and until two successive specimens of the intestinal discharges of the patient have been taken at an interval of not less than seven days and have been examined in a laboratory approved for this purpose by the state commissioner of health and found to be free from typhoid or para-typhoid bacilli.

Whooping cough, until eight weeks after the development of the disease or until one week after the last characteristic cough. (Amended October 5, 1915, May 17, 1917, June 25, 1918, December 4, 1918, January 10 1919 and December 7, 1920.)

Sale of food forbidden

Regulation 37. Sale of food forbidden in certain cases. When a case of diphtheria, encephalitis lethargica, epidemic or septic sore throat, amoebic or bacillary dysentery, epidemic cerebrospinal meningitis, paratyphoid fever, scarlet fever, smallpox, poliomyelitis, acute anterior (infantile paralysis), or typhoid fever exists on any farm or dairy producing milk, cream, butter, cheese, or other foods likely to be consumed raw, no such foods shall be sold or delivered from such farm or dairy, except under the following conditions:

(a) That such foods are not brought into the house where such case exists;

(b) That all persons coming in contact with such foods 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.

(Amended Sept. 16, 1914, May 17, 1917, June 24, 1919 and April 27, 1920.)

Regulation 38. Destruction of foods in certain cases. When a case of diphtheria, encephalitis lethargica, epidemic or septic sore throat, amoebic or bacillary dysentery, epidemic cerebrospinal meningitis, paratyphoid fever, scarlet fever, smallpox, poliomyelitis, acute anterior (infantile paralysis), 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 so contaminated as to be a source of danger. (Amended Sept. 16, 1914, May 17, 1917, June 24, 1919, and April 27, 1920.) Destruction of food

Regulation 39. Handling of food forbidden in certain cases. No person affected with any communicable disease shall handle food or food products intended for sale, which are likely to be consumed raw or liable to convey infective material. Handling of food forbidden

No person who resides, boards, or lodges in a household where he comes in contact with any person affected with bacillary dysentery, diphtheria, encephalitis lethargica, epidemic or septic sore throat, paratyphoid fever, scarlet fever, poliomyelitis, acute anterior (infantile paralysis), or typhoid fever, shall handle food or food products intended for sale.

No waiter, waitress, cook, or other employee of a boarding house, hotel, restaurant, or other place where food is served, who is affected with any communicable disease, shall prepare, serve, or handle food for others in any manner whatsoever.

No waiter, waitress, cook, or other employee of a boarding house, hotel, restaurant, or other place where food is served, who lodges or visits in a household where he comes in contact with any person affected with bacillary dysentery, diphtheria, encephalitis lethargica, epidemic or septic sore throat, paratyphoid

fever, scarlet fever, poliomyelitis, acute anterior (infantile paralysis), or typhoid fever shall prepare, serve or handle food for others in any manner whatsoever. (Amended May 17, 1917, June 24, 1919, April 27, 1920 and May 27, 1920.)

Carriers of disease subject to rules and regulations of state department

Regulation 40. Carriers of disease germs. Any person who is a carrier of the disease germs of Asiatic cholera, bacillary dysentery, diphtheria, encephalitis lethargica, epidemic cerebrospinal meningitis, poliomyelitis, acute anterior (infantile paralysis), or typhoid fever, shall be subject to the special rules and regulations of the state department of health. (Amended April 27, 1920.)

Reports of food poisoning

Regulation 41. **Reports of botulism and other food poisoning.** Every physician, visiting nurse, public health nurse, and every superintendent or other person in charge of any hospital, institution, dispensary, laboratory, labor camp or other camp, who shall have knowledge of the occurrence of a case of botulism or of a number or group of cases of other severe or fatal 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 state commissioner of health, and to the local health officer. (Amended May 27, 1920.)

Duties of physicians and others concerning tuberculosis

Regulation 42. Duties of physicians and other persons concerning tuberculosis. It shall be the duty of every physician or other person required to perform any duty under sections three hundred and twenty to three hundred and thirty, both inclusive, of article sixteen of the public health law, providing for the reporting and control of cases of tuberculosis, to take all steps incumbent on him and necessary to carry into effect the provisions of the said law.

Regulation 42-a. Duties of health officer on receiving report of apparent case of tuberculosis. Upon receiving a report in writing of an apparent case of tuberculosis, as authorized by section 320 of the public health law, the health officer shall thereupon take the following steps:

Duties of health officer concerning apparent case of tuberculosis

1. If the alleged case has been previously reported to him by a physician as having tuberculosis and the latter has elected to assume the sanitary supervision thereof as permitted in section 328 of the public health law, the health officer shall ascertain promptly whether such physician is maintaining proper sanitary supervision.

Previously reported by physician

2. If the alleged case has not been previously reported to him as having tuberculosis, the health officer shall take proper measures to determine whether there is reason to believe such person is affected with pulmonary tuberculosis and if by suitable physical or sputum examination, or both, he ascertains that the person is affected with pulmonary tuberculosis he shall then proceed in accordance with the provisions of the public health law and the rules of the state department of health.

Not previously reported by physician

(Added December 7, 1915.)

Regulation 42-b. Duties of registrars and health officers when deaths from communicable diseases are reported. 1. 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 immediately report to the health officer the name, age and address of the deceased, together with the disease, and the name of the physician who has filed such certificate.

Duties of registrars when deaths from communicable diseases are reported

2. It shall be the duty of every health officer upon receiving such notice to ascertain immediately whether such person has been reported during life with such communicable disease.

Duties of health officer

Delinquent physicians to be reported to state department

3. It shall be the duty of every health officer, if he ascertains that a physician has failed to report a case of communicable disease, to inform the physician of his failure to conform with the sanitary code, and to report to the state department of health the name of every physician failing to report cases of communicable diseases. (Added Mar. 20, 1917.)

Inoculations with living bacteria forbidden without written permit from state commissioner of health

Regulation 43. Inoculation with living bacteria. The use of living bacterial organisms in the inoculation of human beings for the prevention or treatment of disease is hereby prohibited until full and complete data regarding the method 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.

Distribution of living cultures to be approved

Regulation 43-a. Distribution of living cultures of disease inducing bacteria.* No person having in his possession the cultures of pathogenic bacteria shall sell or convey such cultures to any person or laboratory unless first approved by the state commissioner of health. (Added Feb. 4, 1916.)

Inspection of laboratories

Regulation 44. Inspection of laboratories.† The state commissioner of health, or his authorized representative, shall have authority to inspect every bacteriological or chemical laboratory doing work for the health authorities of the state or of any county or municipality therein. He may advise the person in charge of such laboratory as to the methods employed in the examinations which in any way affect the public health, and he

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* See L. 1917, Chap. 411.
† Public Health Law, § 4-b, and Sanitary Code, Chap. IX, Reg. 1.

may report the result of the inspection to the authorities of the county or municipality employing such laboratory.

Regulation 45. Cleansing, renovation, and disinfection required. Adequate *cleansing* of rooms, furniture and belongings, when deemed necessary by the local health officer, or required by this code or otherwise by law, shall immediately follow the recovery, death, or removal of a person affected with a communicable disease. Such cleansing shall be performed by and at the expense of the *occupant* of said premises, upon the order and under the direction of the local health officer, in accordance with the regulations of the sanitary code.

Cleansing, at expense of occupant of premises

Adequate *renovation* of premises, when deemed necessary by the local health officer, or required by this code or otherwise by law, shall immediately follow the recovery, death, or removal of a person affected with a communicable disease. Such renovation shall be performed by and at the expense of the *owner* of said premises or his agents, upon the order and under the direction of the local health officer, in accordance with the regulations of the sanitary code.

Renovation at expense of owner of premises

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

Disinfection, at public expense

Regulation 46. Methods and precautions in cleansing, renovation and disinfection. The following methods and precautions shall be observed in cleansing, renovation and disinfection:

(a) *Cleansing* shall be secured by the thorough removal of dust and other contaminating material in such a way as to prevent the entry thereof, as far as may

Cleansing, methods and precautions

be possible, into other rooms or dwellings; washing with soap and water; scouring; airing; and exposure to sunlight; in accordance with the special rules and regulations of the state department of health.

Renovation, methods and precautions

(b) *Renovation* shall be secured by removing old paper from walls and ceilings, and repainting, recalcimining, or repapering of walls, ceilings, and woodwork as may be ordered by the local health officer in accordance with the special rules and regulations of the state department of health.

Disinfection, methods and precautions

(c) *Disinfection* of rooms shall be secured by the use of such disinfecting agents in such quantities and in such manner and of such sterilizing procedures as may be ordered by the local health officer, in accordance with the special rules and regulations of the state department of health. When gaseous disinfectants are to be used, all cracks, crevices, and openings into the room shall first be pasted over with paper. Thereafter, all rugs, carpets, upholstered furniture, and such textile fabrics in the said room as cannot, in the opinion of the local health officer, be washed or soaked in a disinfecting solution, may be removed for disinfection by steam when ordered by the local health officer, in accordance with the special rules and regulations of the state department of health.*

Destruction of furniture, clothing, etc., upon order of health officer

Regulation 47. Destruction of furniture, clothing and other articles. Furniture, bedding, clothing, carpets, rugs, and other articles, which may have been contaminated with infective material from any case of diphtheria, scarlet fever, or smallpox, and which are of such a nature or in such condition that they cannot, in the opinion of the local health officer, be properly cleansed, disinfected, or sterilized, shall upon his order be destroyed in the manner designated by him.

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* 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.

Cleansing and disinfection of person by patient, nurse, etc.

Regulation 48. Cleansing and disinfection of the person. It shall be the duty of the patient, upon convalescence or recovery from any communicable disease, and of the nurse or persons in attendance on such case, throughout the course of the disease as well as at its close, suitably to cleanse and, when necessary, to disinfect their persons in accordance with the manner prescribed by the special rules and regulations of the state department of health.

Occupation of rooms forbidden until cleansed, renovated or disinfected

Regulation 49. Letting of rooms forbidden while contaminated with infective material. No proprietor of a hotel, boarding house, or lodging house shall let for hire or cause or permit anyone to occupy a room or apartment previously occupied by a person affected with diphtheria, encephalitis lethargica, epidemic cerebrospinal meningitis, measles, poliomyelitis, acute anterior (infantile paralysis), scarlet fever, smallpox, tuberculosis, or typhus fever, until such room or apartment has been cleansed, renovated, or disinfected, under the direction of the local health officer.

Health officer may placard premises

When an order requiring the cleansing, renovation or disinfection of articles or premises is not complied with, the local health officer shall post a placard on the premises, reading as follows:

> "Notice: These apartments have (or this room has) been occupied by a person affected with . . . They (or it) must not again be occupied until orders for cleansing, renovation, or disinfection have been complied with. This notice must not be removed under penalty of the law.
>
> Date.....
>
> .....Health Officer."

(Amended April 27, 1920.)

Duties of common carriers during epidemics

Regulation 50. Duties of common carriers during epidemics. Whenever the state commissioner of health shall make public declaration of the existence of an epidemic of a communicable disease in any municipality, and

shall notify the local health board or officer of such declaration, the state commissioner of health may declare, and his declaration shall have the force and effect of law, that no common carrier shall receive or admit any person for carriage or transportation in such municipality except upon the presentation and surrender to the agent, conductor, or other person in charge of the conveyance, in which such person desires to travel, of a certificate by the local health officer to the effect that such person is, in the opinion of the officer issuing the same, free from the disease then epidemic, and that such person may be received and carried without danger to the general public health, and giving in plain, legible writing the name, residence, and place of destination of such person; and said declaration may further provide that no person shall board or enter any such conveyance without such certificate.

Such certificate shall be filed in the office of the state department of health by the common carrier receiving the same within thirty-six hours after the receipt thereof.

The provisions of this regulation shall not apply to common carriers carrying passengers wholly within the limits of the municipality affected.

Placarding by common carriers

Regulation 51. Placarding by common carriers. When the declarations are made as provided in the preceding regulation, and a common carrier of passengers or an officer or agent thereof is notified by the state commissioner of health or by the local health officer of such declaration, it shall be the duty of such common carrier of passengers operating public conveyances in any such municipality to forthwith conspicuously place or post in every station, within such area as the state commissioner may designate, and in every conveyance the placard hereinafter described, and to keep the same posted until the epidemic is declared ended by the state commissioner of health:

"WARNING
THERE IS AN OUTBREAK OF ..... IN .....
(give name of the disease and of city, town, or village)
PASSENGERS ARE CAUTIONED.
STATE COMMISSIONER OF HEALTH."

Said placard shall be in heavy block letters in red ink on a white background, with each letter not less than two inches in height and one and a half inches in width, and shall be posted so that the same shall be in plain view of passengers when they are seated.

Any common carrier aforesaid entering any such municipality shall post such placard in such conveyance in the manner aforesaid at least one hour before arriving in any municipality in which an epidemic is declared to exist, and shall keep the same posted not less than half an hour after departing therefrom.

Duties of undertakers

Regulation 52. Duties of undertakers. It shall be the duty of every undertaker 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, epidemic cerebrospinal meningitis, glanders, plague, scarlet fever, smallpox, or typhus fever it shall be his duty to cause it immediately to be wrapped in a sheet saturated with disinfecting solution and promptly thereafter 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 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. But immediately after the embalming he shall cause such body to be wrapped in a sheet and placed in a coffin or casket as hereinabove directed.

Embalming

After handling, embalming, or preparing for burial the body of a person dead of any of the communicable diseases enumerated in this regulation, such parts of the persons, 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 cleansed or disinfected or sterilized in the manner prescribed by the rules and regulations of the state department of health. (Amended February 2, 1915.)

Public funerals forbidden in certain cases

Regulation 53. Public funerals forbidden in certain cases. A public or a church funeral shall not be held of any person who has died of diphtheria, measles, scarlet fever, smallpox, or typhus fever, unless the body is enclosed in a properly sealed casket and the consent of the local health officer has first been obtained.* (Amended May 14, 1918.)

Regulation 54. When to take effect. Every regulation in this chapter, unless otherwise specifically stated, shall take effect on the first day of May, 1914.

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* The purpose of this regulation is to prevent the spread of disease by any members 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.

In view of the probability of the return from time to time of bodies of soldiers who have died of communicable diseases, the Public Health Council amended Regulation 53 by striking out the words "but any funeral of such person shall be private" and substituting the following: "unless the body is enclosed in a properly sealed casket and the consent of the local health officer has first been obtained."

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)

Permit required for sale of milk or cream

Regulation 1. Permit required for sale of milk in municipalities. No corporation, association, firm or individual shall sell or offer for sale at retail, milk or cream in any municipality without a permit from the health officer thereof, which shall be issued subject to such conditions as may be imposed by this code or by the local health officer except that the local health officer may exempt from the provisions of this regulation, persons selling milk from not more than one cow. Such permit shall expire on the thirtieth day of April, unless another date is designated by the local health board, and shall be renewable on or before such date in each year, and may be revoked at any time for cause by the state commissioner of health or the local health officer after a hearing on due notice. (Amended October 1, 1914 and December 7 1920.)

Renewable

May be revoked after hearing

Application required

Regulation 2. Application for permit required. No permit for the sale at retail of milk or cream in any municipality shall be issued unless written application has been made therefor in the form prescribed by the state commissioner of health. (Amended October 1, 1914 and December 7, 1920.)

Information required for permit

Regulation 3. Information required in application for permit. Every application for a permit to sell at retail milk or cream in any municipality shall contain the name of each producer from whom the applicant receives or expects to receive milk or cream for sale, together with the approximate amount of milk or cream to be furnished by each such producer, and upon change in the source or amount of supply notice thereof

shall be given promptly to the local health officer. (Amended Oct. 1, 1914.)

Inspection and scoring of dairy farms

Regulation 4. Dairy farms to be inspected and scored. Each health officer or his representative shall make a sanitary inspection and scoring of every dairy farm where milk or cream is produced for sale at retail within his district, at least once in every twelve months and between November first and April thirtieth unless another date is designated by the local health board pursuant to regulation 1 of this chapter.

The local health officer of such municipality may, however, in his discretion, accept the inspection and scoring by the health officer or his representative of another municipality. (Amended October 1, 1914 and December 7, 1920.)

Conditions of issuance of permit

Regulation 5. Conditions of issuance of permit. On and after the first day of January, 1915, no permit to sell at retail milk or cream in any municipality shall be issued unless the premises, where it is proposed to handle such milk or cream, shall, in the opinion of the local health officer or his representative after inspection, have been rendered clean and sanitary; and unless each farm or dairy, where such milk or cream is produced, shall have been rated after inspection by a health officer or his representative, or, in case of protest, by a sanitary supervisor of the state department of health, at least forty per cent on the score card prescribed by the state commissioner of health. (Amended Oct. 1, 1914.)

Conditions of renewal of permit

Regulation 6. Conditions of renewal of permit. No permit to sell at retail milk or cream in any municipality shall be renewed unless inspection has been made within the preceding six months by the local

health officer or his representative of the premises where such milk or cream is handled and unless each farm or dairy where such milk or cream is produced has been rated by a health officer or his representative, or, in case of protest, by a sanitary supervisor of the state department of health, within the preceding six months after inspection at least forty per cent on the score card prescribed by the state commissioner of health. (Amended Oct. 1, 1914.)

Display of permit

Regulation 7. Public display of permit. Permits to sell milk or cream shall be publicly displayed in such manner as may be prescribed by the local health authorities. (Amended Oct. 1, 1914.)

Milk and cream to be kept only under sanitary conditions

Regulation 8. Milk and cream to be kept only under sanitary conditions. No milk or cream shall be sold or kept for sale under any conditions which in the opinion of the local health officer are not clean and sanitary.

All vessels containing such milk or cream for sale shall at all times be covered, kept cool, and so placed that the contents will not be exposed to sun, dust, dirt, flies or other insects.

Conditions of bottling

Regulation 9. Conditions of bottling of milk and cream. No milk or cream shall be served or sold in bottles or offered for sale in bottles, unless the bottling is done under clean and sanitary conditions at the place of production or collecting or distributing station.

Each bottle shall be capped and each cap shall show the name of the producer or dealer and the place of bottling.

Receptacles to be kept clean

Regulation 10. Receptacles to be kept in sanitary condition; when to be condemned and seized. Every can

or other vessel, which is used to contain milk or cream or ice cream intended for sale, shall be constantly kept in a clean and sanitary condition. When emptied and before being returned by the person to whom it was last delivered full or partly full every such can or other vessel shall be effectively cleansed. 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 be rendered by washing clean and sanitary as a receptacle for milk or cream, or ice cream, and shall destroy or so mark the condemned vessel as to show that it has been condemned. When so condemned and marked, such can or other vessel shall not be used again to contain milk or cream, or ice cream for sale. The local health officer or his representative may seize and hold as evidence any can or other vessel returned or otherwise used in violation of this regulation. (Amended May 14, 1918.)

When to be condemned and seized

Utensils to be cleansed

Regulation 11. Utensils to be cleansed. All dippers, measures or other utensils used in the handling of milk or cream, or ice cream intended for sale shall be maintained in a cleanly condition. (Amended May 14, 1918.)

Pasteurization

Regulation 12. Pasteurization. Except where a different standard of pasteurization has been adopted previous to the first day of September, 1914, by the local health authorities, no milk or cream shall be sold or offered for sale as pasteurized unless it has been subjected to a temperature of 142 to 145 degrees Fahrenheit for not less than thirty minutes, and under such sanitary conditions as may be prescribed by the state commissioner of health; and no milk or cream which has been heated by any method shall be sold or

offered for sale unless the heating conforms to the provisions of this regulation.

After pasteurization the milk or cream shall be immediately cooled and placed in clean containers and the containers shall be immediately sealed.

No milk or cream shall be pasteurized more than once. (Amended October 5, 1915 and December 7, 1920.)

Designations restricted

Regulation 13. Designations of milk and cream restricted. All milk sold and offered for sale at retail, except milk sold or offered for sale as sour milk under its various designations, shall bear one of the designations provided in this regulation, which constitute the minimum requirements permitted in this state.

No term shall be used to designate the grade or quality of milk or cream which is sold or offered for sale, except:

"Certified"
"Grade A raw"
"Grade A pasteurized"
"Grade B raw"
"Grade B pasteurized"
"Grade C raw"
"Grade C pasteurized"

"Certified" milk defined

Certified.† No milk or cream shall be sold or offered for sale as "Certified" unless it conforms to the following requirements:

The dealer selling or delivering such milk or cream must hold a permit from the local health officer.

All cows producing such milk or cream must have been tested at least once during the previous year

† See Agricultural Law, § 32.

with tuberculin, and any cow reacting thereto must have been promptly excluded from the herd. The reports of such tuberculin tests must be filed with the local health officer and the milk commission of the county medical society in the municipality and county respectively in which such milk is delivered to the consumer.

Such milk must not at any time previous to delivery to the consumer contain more than 10,000 bacteria per cubic centimeter and such cream not more than 50,000 bacteria per cubic centimeter.

Such milk and cream must be produced on farms which are duly scored on the scorecard prescribed by the state commissioner of health, not less than thirty-five per cent for equipment and not less than fifty-five per cent for methods.

Such milk and cream must be delivered within thirty-six hours of the time of milking.

Such milk and cream must be delivered to consumers only in containers filled at the dairy or central bottling plant.

The caps must contain the word "Certified" and bear the certification of a milk commission appointed by the county medical society organized under and chartered by the medical society of the state of New York, and must also contain the name and address of the dairy as well as the date of milking.

Every employee before entering upon the performance of his duties shall be examined by a duly licensed physician and the reports of such examination shall be sent to the milk commission certifying the milk from such dairy.

The milkers and all persons handling the milk must be provided with suits and caps of washable material which shall be worn while milking or

handling the milk and shall not be worn at other times. When not in use these garments must be kept in a clean place free from dust. Not less than two clean suits and caps must be furnished weekly. The hands of the milkers must be washed with soap and hot water, and well dried with a clean towel, before milking.

Grade A raw milk defined

Grade A raw. No milk or cream shall be sold or offered for sale as "Grade A raw" unless it conforms to the following requirements:

The dealer selling or delivering such milk or cream must hold a permit from the local health officer.

All cows producing such milk or cream must have been tested at least once during the previous year with tuberculin, and any cow reacting thereto must have been promptly excluded from the herd.

Such milk must not at any time previous to delivery to the consumer contain more than 60,000 bacteria per cubic centimeter, and such cream not more than 300,000 bacteria per cubic centimeter.

Such milk and cream must be produced on farms which are duly scored on the score card prescribed by the state commissioner of health not less than twenty-five per cent for equipment, and not less than fifty per cent for methods.

Such milk and cream must be delivered within thirty-six hours from the time of milking, unless a shorter time shall be prescribed by the local health authorities.

Such milk and cream must be delivered to consumers only in containers sealed at the dairy or a bottling plant. The caps or tags must be white and contain the term "Grade A raw" in large black type, and the name and address of the dealer.

Grade A pasteurized milk defined

Grade A pasteurized. No milk or cream shall be sold or offered for sale as "Grade A pasteurized" unless it conforms to the following requirements:

The dealer selling or delivering such milk or cream must hold a permit from the local health officer.

All cows producing such milk or cream must be healthy as disclosed by an annual physical examination.

Such milk or cream before pasteurization must not contain more than 200,000 bacteria per cubic centimeter.

Such milk must not at any time after pasteurization and previous to delivery to the consumer contain more than 30,000 bacteria per cubic centimeter, and such cream not more than 150,000 bacteria per cubic centimeter.

Such milk and cream must be produced on farms which are duly scored on the score card prescribed by the state commissioner of health not less than twenty-five per cent for equipment and not less than forty-three per cent for methods.

Such milk and cream must be delivered within thirty-six hours after pasteurization, unless a shorter time shall be prescribed by the local health authorities.

Such milk and cream must be delivered to consumers only in containers sealed at the dairy or at a bottling plant. The caps or tags must be white and contain the term "Grade A pasteurized" in large black type.

Grade B raw milk defined

Grade B raw. No milk or cream shall be sold or offered for sale as "Grade B raw" unless it conforms to the following requirements:

The dealer selling or delivering such milk or cream must hold a permit from the local health officer.

All cows producing such milk or cream must be healthy as disclosed by an annual physical examination.

Such milk must not at any time previous to delivery to the consumer contain more than 200,000 bacteria per cubic centimeter, and such cream not more than 750,000 bacteria per cubic centimeter.

Such milk and cream must be produced on farms which are duly scored on the score card prescribed by the state commissioner of health not less than twenty-three per cent for equipment and not less than thirty-seven per cent for methods.

Such milk and cream must be delivered within thirty-six hours from the time of milking, unless a shorter time shall be prescribed by the local health authorities.

The caps or tags on the containers must be white and contain the term "Grade B raw" in large, bright green type, and the name of the dealer.

Grade B pasteurized milk defined

Grade B pasteurized. No milk or cream shall be sold or offered for sale as "Grade B pasteurized" unless it conforms to the following requirements:

The dealer selling or delivering such milk or cream must hold a permit from the local health officer.

All cows producing such milk or cream must be healthy as disclosed by an annual physical examination.

Such milk or cream before pasteurization must not contain more than 1,500,000 bacteria per cubic centimeter.

Such milk must not at any time after pasteurization and previous to delivery to the consumer contain more than 100,000 bacteria per cubic centimeter, and such cream not more than 500,000 bacteria per cubic centimeter.

Such milk and cream must be produced on farms which are duly scored on the score card prescribed by the state commissioner of health not less than twenty per cent for equipment and not less than thirty-five per cent for methods.

Such milk must be delivered within thirty-six hours after pasteurization between April first and November first and within forty-eight hours after pasteurization between November first and April first, and such cream within forty-eight hours after pasteurization, unless a shorter time is prescribed by the local health authorities.

The caps or tags on the containers must be white and contain the term "Grade B pasteurized" in large, bright green type, and the name of the dealer. (Amended Mar. 4, 1915, Oct. 5, 1915, Jan. 9, 1917 and Jan. 10, 1919.)

Grade C raw milk defined

Grade C raw. No milk or cream shall be sold or offered for sale as "Grade C raw" unless it conforms to the following requirements:

The dealer selling or delivering such milk or cream must hold a permit from the local health officer.

Such milk and cream must be produced on farms which are duly scored on the score card prescribed by the state commissioner of health not less than forty per cent.

Such milk and cream must be delivered within forty-eight hours from the time of milking, unless a shorter time shall be prescribed by the local health authorities.

The caps or tags affixed to the containers must be white and contain the term "Grade C raw" in large red type.

Grade C pasteurized. No milk or cream shall be sold or offered for sale as "Grade C pasteurized" unless it conforms to the following requirements: Grade C pasteurized milk defined

All tuberculin tests and physical examinations of cows herein provided for shall be made by a licensed veterinarian approved by the state department of agriculture.

The dealer selling or delivering such milk or cream must hold a permit from the local health officer.

Such milk and cream must be produced on farms which are duly scored on the score card prescribed by the state commissioner of health not less than forty per cent.

Such milk and cream must be delivered within forty-eight hours after pasteurization, unless a shorter time shall be prescribed by the local health authorities.

The caps or tags affixed to the containers must be white and contain the term "Grade C pasteurized" in large red type.

The bacterial count herein required shall be made only at county or municipal laboratories or such other laboratories as may be approved by the state commissioner of health.

In those municipalities where a bacterial count of the milk is, in the opinion of the local health authorities, impracticable, they may in their discretion grade milk and cream according to the score of the dairies producing it, as prescribed in this regulation, but no such milk shall be designated "certified," "Grade A raw," or "Grade A pasteurized."

This regulation shall not be construed to rescind or modify any existing local regulation or ordinance controlling the grading of milk or cream established prior to the first day of September, 1914. (Amended Mar. 4, 1915, Oct. 5, 1915, Jan. 9, 1917, Mar. 1, 1918, Jan. 10, 1919 and Nov. 18, 1919.)

Local authorities may increase stringency of regulations

Regulation 14. Supplementary regulations by local authorities. The health authorities of any municipality may in their discretion increase the stringency of these regulations or add to them in any way not inconsistent with the provisions thereof, and may prohibit the sale, or the keeping for sale, within the municipality of any of the grades of milk herein defined. (Amended July 10, 1917.)

Milk or cream in cold storage warehouses

Regulation 14-a. Milk or cream in cold storage warehouses. Nothing contained in this chapter in reference to the time of delivery of milk and cream shall be deemed to prohibit the keeping of such milk and cream in cold storage in a duly licensed cold storage warehouse for a period of not more than twelve calendar months; provided, such milk and cream is placed in such cold storage warehouse within forty-eight hours after milking or pasteurization, as the case may be. (Added Mar. 1, 1918 and amended June 10, 1921.)

Regulation 15. When to take effect. Every regulation in this chapter unless otherwise specifically stated shall take effect throughout the state of New York except the city of New York on the sixteenth day of November, 1914.

CHAPTER IV

Midwives

(Adopted June 16, 1914)

License and registration required

Regulation 1. License and registration required for the practice of midwifery. On and after the first day of January, 1915, no person, other than a duly licensed and registered physician, shall practice midwifery or use the name or title of midwife unless such person shall be duly registered as a midwife with the local registrar of vital statistics, pursuant to the provisions

of section 385 of the public health law, as amended by chapter 619 of the laws of 1913, and unless such person shall have received a license to practice midwifery from the state commissioner of health.

Only licensed midwives to be registered

Regulation 2. Only licensed midwives to be registered. On and after the first day of January, 1915, no person not duly licensed as a midwife shall be registered as a midwife by the local registrar of vital statistics.

Registration required after issuance of license and change of address

Regulation 3. Registration required after issuance of license and change of address. On and after the first day of January, 1915, every licensed midwife shall register her name and address with the registrar of vital statistics of the district wherein she resides and of each district wherein she engages in the practice of midwifery, within ten days after the issuance of such license and after any change in her address. *(Amended March 9, 1920.)

Application required

Regulation 4. Application for license required. On and after the first day of January, 1915, no license to practice midwifery shall be issued unless written application, sworn to by the applicant, has been made therefor in the form prescribed by the state commissioner of health.

Qualifications required

Regulation 5. Qualifications required of applicant for license on and after the first day of January, 1915. On and after the first day of January, 1915, every applicant for a license to practice midwifery must possess the following qualifications:

(a) Be not less than twenty-one years of age;

(b) Be able to read and write, provided that in cases of persons of foreign birth, who have extended experience or in other exceptional circumstances this requirement may be waived by the public health council;

(c) Be clean and constantly show evidence, in general appearance and in their homes, of habits of cleanliness;

(d) Either

(1) possess a diploma from a recognized school for midwives; or

(2) have attended, under the instruction of a duly licensed and registered physician, not less than fifteen cases of labor and have had the care of at least fifteen mothers and newborn infants during lying in periods of at least ten days each, and shall present a written statement from said physician or physicians that she has received such instruction in said fifteen cases with the name, date and address of each case, and that she is reasonably skillful and competent; or

(3) present other evidence satisfactory to the state commissioner of health of her qualifications; and

(e) Present evidence satisfactory to the state commissioner of health of good moral character, vouched for by at least two reputable citizens. (Amended Dec. 18, 1914, Feb. 2, 1915, Oct. 5, 1915, Oct. 30, 1917, Dec. 27, 1917 and May 27, 1920.)

Qualifications required for license before January 1, 1915

Regulation 6. Qualifications required of applicant for license before the first day of January, 1915. Until the first day of January, 1915, any woman not less than twenty-one years of age, who can read and write, who is registered as a midwife with the local registrar of vital statistics, and whose moral character is vouched for to the satisfaction of the state commissioner of health by two reputable citizens, one of whom is a minister of a recognized religion, may be licensed by said commissioner to practice midwifery.

Register of licensed midwives

Presumptive evidence of right to practice

Regulation 7. Register of licensed midwives; same to be presumptive evidence of right to practice. The state commissioner of health shall cause to be entered immediately upon a register kept for that purpose, the name of every midwife licensed by him. The presence or absence of a woman's name upon said register shall

be taken as presumptive evidence for or against her right to practice midwifery.

License good only during current calendar year

Regulation 8. Length of term of license. Unless revoked, every license to practice midwifery issued by the commissioner of health on or after the first day of January, 1918, shall permit the holder thereof to practice midwifery only during the current calendar year in which such license is issued. (Amended Nov. 20, 1917.)

Revocation of license

Regulation 9. Revocation of license. The state commissioner of health or his deputy may revoke a license to practice midwifery, for cause, after having given the midwife an opportunity to be heard.
(Amended December 7, 1920.)

Regulation 10. Midwives forbidden to use instruments, administer or prescribe medicine, or to treat disease. A duly licensed and registered midwife may practice midwifery in cases of normal labor and in no others. No midwife shall in any case of labor use instruments of any kind nor assist labor by any artificial, forcible or mechanical means nor perform version nor attempt to remove adherent placentae nor administer, prescribe, advise or employ any poisonous or dangerous drug, herb or medicine nor attempt the treatment of disease except where the attendance of a physician cannot be speedily secured, and, in such cases, the midwife shall secure the attendance of a physician as soon as possible.

Midwives forbidden to use instruments, administer or prescribe medicine, or to treat disease

Supplementary rules and regulations

Regulation 11. Supplementary rules and regulations. The practice of midwifery shall be subject to such rules and regulations, not inconsistent herewith, as may be established by the state department of health.

New York city and Rochester excepted

Regulation 12. Date of taking effect and territory where effective designated. Every regulation in this chapter, unless otherwise specifically stated, shall take

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effect throughout the state of New York, except in the cities of New York and Rochester, on the sixteenth day of November, 1914.

CHAPTER V

Labor Camps

(Adopted October 20, 1914)

Pollution of waters prohibited

Regulation 1. Pollution of waters prohibited. All persons living in the open or in camps, tents, or other temporary shelters shall exercise every proper and reasonable precaution to dispose of their wastes so that springs, lakes, reservoirs, streams and other watercourses shall not be polluted.

Notice to health officer, of camp to be occupied by five or more persons

Regulation 2. Notice of labor or construction camp to be occupied by five or more persons to be given health officer. Every railroad or other corporation, contractor, lumberman or other person who shall establish, construct or maintain any labor or construction camp to be occupied by five or more persons, and the person in charge of any temporary living quarters on wheels or otherwise that shall be provided for five or more workmen, shall at once notify the health officer of the town or village in which the camp or quarters are to be located, by telephone, telegraph or letter, of the presence and location of such quarters or camp.

Inspection by health officer

Regulation 3. Health officer to inspect and pass on location and sanitary conditions of camps. It shall be the duty of each health officer when notified of the establishment of any camp with temporary buildings, on wheels or otherwise, in his jurisdiction promptly to inspect and determine the propriety of the location of the camp and of its sanitary conditions. If the location or manner of operation of the camp be found by him to be detrimental to the public health he shall cause the camp to be removed or the manner of its operation to be corrected.

Permit required

Regulation 4. Permit required for labor or construction camp to be occupied by more than ten persons for more than six days. No railroad or other corporation, contractor, lumberman or other person shall establish, construct or maintain any labor or construction camp to be occupied by ten or more persons for a period of more than six days without a permit from the local health officer.

Permit surrendered when camp vacated

Whenever any such camp shall be vacated, the person in charge thereof shall forthwith notify the local health officer and surrender to him the permit therefor.

Application for permit

Regulation 5. Application required for permit. Application for such permit shall be made in writing to the local health officer.

The application shall state the exact situation of the proposed camp, the type of camp to be established, the approximate number of persons to be maintained, the probable duration of stay, the proposed source of water supply for the camp, and the proposed method of sewage and garbage disposal.

Conditions of issuance of permit

Regulation 6. Conditions of issuance of permit; may be revoked. If the local health officer is satisfied after inspection that the proposed camp will not be a source of danger to the health of others or to its inmates, he shall issue the necessary permit in writing in a form to be prescribed by the state commissioner of health.

In case the local health officer declines to issue the permit an appeal may be taken to the state commissioner of health, who may grant a permit.

Revocation after hearing

Any such permit may be revoked for cause by the local health officer or by the state commissioner of health, after a hearing.

Persons responsible for sanitary condition of camp

Regulation 7. Health officer to be notified of the name of the person responsible for sanitary condition of camp. It shall be the duty of the owner, manager or foreman of a labor or construction camp occupied by

twenty or more persons to detail one person who shall be responsible for the sanitary condition of the camp and to notify the local health officer of the name of such person.

Posting of regulations

Regulation 8. Copy of this chapter to be posted. There shall be furnished by the health officer and conspicuously posted in every camp a copy of this present chapter of the sanitary code or of such parts thereof as may be considered necessary by the state commissioner of health.

Distance from public water supply

Regulation 9. No building, tent or car in any camp to be nearer than fifty feet of water's edge of public water supply. In every camp or temporary quarters the nearest part of any building, tent, car or shed shall be at least fifty feet in a horizontal direction from the water's edge of any stream, lake or reservoir, except in the case of the Hudson river below the city of Albany, the waters of which are used for a public water supply.

Toilet facilities

Regulation 10. Suitable privy or other toilet facilities to be provided and used. For every camp there shall be provided convenient and suitable privy or other toilet facilities approved by the local health officer, which the occupants of the camp shall be required to use instead of polluting the ground.

Privies more than two hundred feet of water's edge

Regulation 11. Construction of privies more than two hundred feet from the water's edge. If such privy be more than two hundred feet from the water's edge of any spring, stream, lake or reservoir forming a part of a public or private water supply, it shall consist of a pit at least two feet deep, with suitable shelter over the same. No such pit shall be filled with excreta to nearer than one foot from the surface of the ground and the excreta in the pit shall always be covered with earth or ashes. If the camp is to be occupied for more than six days between May 1 and November 1 the shelter and pit shall be enclosed in fly netting.

Regulation 12. Construction and care of privies located between 50 and 200 feet from the water's edge. If such privy be between 50 and 200 feet from the waters of a spring, stream, lake or reservoir forming part of a public or private water supply, there shall be no pit, but the excreta shall be received in a water-tight tub or bucket and periodically, as often as may be found necessary, shall be taken away and disposed of. Such privy shall be properly screened against flies and kept in a clean and sanitary condition; the pails or buckets shall not be allowed to fill so that they overflow or spill in carrying, and the construction of the privy shall be such that the convenient removal and replacement of the tubs or buckets is facilitated.

Privies between fifty and two hundred feet from water's edge

Regulation 13. Disposal of wastes from privies. The pails or buckets used in privies located between 50 and 200 feet from the water's edge, as referred to in regulation 12, shall when not more than three-quarters filled be removed from the privy and carried at least 200 feet from the water's edge and the contents there either burned or buried in a trench at least two feet deep so that when buried there shall be at least one foot of earth cover. The tubs or buckets immediately after being emptied shall be rinsed out with a suitable disinfectant as particularly prescribed for such purposes by the special rules and regulations of the state department of health and the rinsing fluid shall also be emptied into the trench.

Disposal of wastes from privies

Regulation 14. Garbage to be disposed of in suitable manner. All garbage, kitchen wastes and other rubbish in camps shall be deposited in suitable covered receptacles which shall be emptied daily or oftener if necessary, and the contents burned, buried or otherwise disposed of in such a way as not to be or become offensive or insanitary.

Garbage disposal

Water rules to be observed

Regulation 15. Water rules to be observed. Whenever a camp is established on the banks of a spring, lake, reservoir, stream or other watercourse which is a source of water supply protected by water rules formulated by the state commissioner of health, no bathing or washing by the occupants of said camp shall be allowed in said springs, lakes, reservoirs, streams or other watercourses, and all said water rules shall be strictly observed. There shall be furnished by the local health officer and conspicuously posted in such camp a copy of said rules or parts thereof as may be considered necessary by the state commissioner of health.

Copy of rules to be furnished

Stables

Regulation 16. Location and drainage of stables regulated. No stable or other shelter for animals shall be maintained within one hundred feet of any living quarters in a camp, nor within one hundred and fifty feet of any kitchen or messroom therein. No drainage from such stable or shelter shall be permitted to empty directly into any spring, lake, reservoir, stream or other watercourse forming part of a public or private water supply.

Camps to be kept and left clean

Regulation 17. Camps to be kept and left in clean and sanitary condition. All tents, cars, and buildings in, and the grounds surrounding camps shall at all times be kept and when definitely vacated be left in a clean and sanitary condition.

Cases of disease presumably communicable to be reported

Regulation 18. Person in charge of camp to report cases of disease presumably communicable. It shall be the duty of the person in charge of any labor or other camp to enforce regulation 6 of chapter II of the sanitary code, reading as follows:

> "It shall be the duty of every visiting nurse and public health nurse and of the person in charge of any labor or other camp, having knowledge of any person affected with any disease presumably communicable, who by reason of the danger to

others seems to require the attention of the public health authorities to report at once to the local health officer, within whose jurisdiction such case occurs, all facts relating to the illness and physical condition of such affected person."

Isolation of cases of communicable disease

Regulation 19. Isolation of cases of communicable disease; cases not to be removed without permission of health officer. Whenever a case of disease presumably communicable shall occur in any labor or construction camp it shall be the duty of the person in charge of the camp immediately to isolate the case. Such isolation shall be maintained in a manner approved by the local health officer. The person in charge of the camp shall not allow the case to leave or be removed from such camp without the permission of the local health officer.

Cases not to be removed without permission

Regulations to be enforced

Regulation 20. Duty to enforce regulations on person in charge. It shall be the duty of the superintendent, foreman or other person in charge of a camp to see that all regulations of this chapter are faithfully observed.

Supplementary regulations

Regulation 21. Supplementary rules and regulations. Labor and construction camps shall be subject to such special and supplementary rules and regulations, not inconsistent herewith, as may from time to time be made by the state commissioner of health.

Cities excepted

Regulation 22. Date of taking effect and territory where effective designated. Every regulation in this chapter shall take effect throughout the state of New York except in cities on the first day of January, 1915.

CHAPTER VI

Nuisances Which May Affect Life and Health

(Adopted December 18, 1914)

Health officer to investigate

Regulation 1. Local health officer to investigate all complaints. 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 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.)

Regulation 2. Health officer to file report with local board. The health officer shall also within five days of the receipt of the 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:

Duties of health officer on receipt of complaint

(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 conditions constitute a nuisance likely to affect health;

(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.)

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

(a) examine into the alleged nuisance;

(b) render its conclusion whether or not the conditions constitute a nuisance which may affect health;

(c) furnish the owner, agent or occupant of the premises on which the nuisance is alleged

to exist, with a written statement of the results of its examination and conclusions;

(d) order the suppression or removal of the nuisance if a nuisance is concluded to exist;

(e) enter upon its minutes its conclusions and its order if one is made;

(f) serve a copy of any such order upon the owner or occupant of the premises upon which such nuisance is found to exist or cause the same to be conspicuously posted thereon.

(Added June 14, 1920.)

Board to convene

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.)

Duty of health officer if board fails to act

Notice to convene board

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.)

Board to convene

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.)

CHAPTER VII

Miscellaneous

(Adopted December 18, 1914)

Spitting in public places forbidden

Regulation 1. 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.

Unguarded coughing and sneezing forbidden

Regulation 1-a. Unguarded coughing and sneezing in public places forbidden. In order to prevent the conveyance of infective material to others, all persons are required, in coughing and sneezing, properly to cover the nose and mouth with a handkerchief or other protective substitute.

It shall also be the duty of every person to observe all such regulations as may be issued by the state commissioner of health to prevent the transfer of infective material from the nose and mouth. (Added October 11, 1918.)

Common towel forbidden

Regulation 2. 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.)

Common drinking cup, etc., forbidden

Regulation 3. 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, except in hospitals for the insane, or in any hotel, saloon, 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 Mar. 4, 1915.)

Barbers and barber shops

Regulation 4. Barbers and barber shops. Every barber or other person in charge of any barber shop shall keep such barber shop at all times in a clean and sanitary condition.

No person shall act as a barber who is affected with syphilis in the infective stage or with any other communicable disease enumerated in this code, in an acute form, or with any communicable affection of the skin.

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

Brushes and combs shall frequently be cleansed with soap and water.

Methods and precautions

Shaving mugs and brushes shall be thoroughly rinsed 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.

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 barber shall be immediately disinfected. 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 for a customer affected with any of the above named disorders 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 (40 per cent) 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' exposure to alcohol (70 to 80 per cent), or to a corrosive sublimate solution (1 to 1,000), or by the use of some equally efficient disinfectant. (Amended Feb. 2, 1915 and Feb. 11, 1919.)

Manicures and chiropodists

Regulation 5. Manicures and chiropodists. The utensils and instruments employed by manicures and chiropodists in pursuit of their occupations shall be kept in a clean and sanitary condition.

After serving customers affected with a visible skin disease the hands and instruments of the operators shall be immediately cleansed and sterilized.

Regulations to be posted

Regulation 6. Copies of regulations 4 and 5 to be posted. Every barber or other person in charge of any barber shop or place where manicuring or chiropody is done shall post a copy of regulations 4 and 5 of this chapter in a conspicuous place therein.

This regulation shall take effect on the first day of March, 1915, throughout the state of New York, except in the city of New York and in such cities in which the posting of local regulations in such shops or places is required on January 1, 1915.

Shaving brushes to be treated to destroy anthrax germs

Regulation 6-a. Shaving or lather brushes. No shaving or lather brush shall be manufactured, offered for sale, or used unless the hair or bristles thereof shall have been so treated for the purpose of destroying anthrax germs as to conform with the regulations of the state commissioner of health. (Added February 11, 1919.)

Monthly reports of health officers

Regulation 7. Local health officers to file monthly reports with state commissioner of health. Local health officers shall submit monthly reports to the state commissioner of health on forms to be prescribed by him. The first report shall be due on February 1, 1915.

Inspection of tuberculosis registers, by nurses, etc., approved by commissioner of health

Regulation 8. Local health officers authorized to permit inspection of tuberculosis registers in certain cases.† Local health officers are hereby authorized to permit the inspection of the reports of cases of tuberculosis and of the registers mentioned in section 322 of the public health law by any duly authorized representative of an organization engaged in work for the prevention of tuberculosis, who has been approved for this purpose by the state commissioner of health.

Health officers to keep record

Local health officers shall keep a record of all persons having access to such reports or registers, stating their names, addresses, and official positions or relations to the state department of health or said organizations.

Records confidential

Such persons shall not publish or divulge for publication or communicate to any other person the identity of the persons to whom such reports or registers relate. (Added Feb. 2, 1915.)

Transportation of the dead

Regulation 9. Transportation of dead bodies by common carriers. The transportation of dead human bodies

† See Public Health Law § 25, § 322, and Sanitary Code, Chap. VII, Reg. 14.

by common carriers shall be conducted in such manner as not to be a menace to health and the manner of transportation shall be subject to the special administrative regulations of the state commissioner of health. (Added May 4, 1915.)

Cantonment zones

Regulation 10. Declaration of cantonment zones. The state commissioner of health may from time to time declare such territory as he deems necessary in the neighborhood of a military or naval camp or cantonment a health zone, and he may from time to time change the limits of or abolish such zone. (Added Oct. 30, 1917.)

Permit required to sell food and beverages in health zones

Regulation 11. Permits required to sell food and beverages in all health zones. Whenever the state commissioner of health has declared any territory to be a health zone, as provided for in regulation ten of this chapter, thereafter and so long as such declaration remains in effect no person shall establish or maintain any place for the sale of food or drink intended for human consumption, unless such person shall first have secured from the health officer, in whose jurisdiction the place is situated, a written permit so to do. Such permit shall not be issued unless, after an inspection, the health officer has satisfied himself that the place is maintained under sanitary conditions. Such permit, unless revoked, shall be granted for one year from the date of its issuance and shall be conspicuously displayed in the place for which it was issued. Such permits are not transferable. (Added Oct. 30,1917.)

Inspection by health officer

Permit for one year

Permit to be displayed

Permit not transferable

Monthly inspection

Regulation 12. Monthly inspections by health officers. All places for which such permits are issued shall be inspected at least once in each month by the health officer. (Added October 30, 1917).

Revocation of permit

Regulation 13. Revocation of permit. Any permit so issued may be revoked for cause either by the local

health officer or the state commissioner of health, after giving the person holding the permit an opportunity for a hearing. (Added October 30, 1917.)

Tuberculosis records to be produced only upon subpoena

Regulation 14. 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 sections twenty-five or three hundred and twenty 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.)

CHAPTER VIII

Boarding Houses

(Adopted January 9, 1917)

Inspection by health officer

Written report

Regulation 1. No license shall be issued by the board of health of any city or town under the provisions of section four hundred and eighty-two of the penal law to any person to receive, board or keep any nursing children or any children under the age of twelve years not his relatives, apprentices, pupils or wards, without legal commitment, or to maintain a day nursery, unless the health officer or person performing the duties of health officer of such city or town shall have made an inspection of the premises proposed to be occupied by such children, and shall have filed a written report thereon with the local board of health. Such inspection shall include an examination of each room proposed to be occupied by such child or children, and of the sanitary conditions of the premises. (Amended November 18, 1919.)

† See Public Health Law § 25 § 322, and Sanitary Code, Chap. VII, Reg. 8.

Conditions of issuance of license

Regulation 2. No license shall be issued to any person to receive, board or keep any child or children unless each such child shall sleep in a room having one or more windows opening into the outer air. Provision must be made for the free entrance of fresh air into every such sleeping room and every such room shall be aired at least once in each twenty-four hours.

Form prescribed

Regulation 3. Every such license issued by the board of health of any city or town shall be on a form to be prescribed by the state commissioner of health. Every such license shall expire on the thirty-first day of May after its issue, and may be renewed after a reinspection of the premises by the local health officer and a written report thereon to the local board of health. The licensee shall comply with such special rules and regulations as may be promulgated from time to time by the state department of health. Any such license may be revoked at any time by the state commissioner of health or by the board of health issuing the same. (Amended November 18, 1919.)

License renewable

License revocable

Regulation 3-a. Every day nursery shall have attached thereto a physician of its selection, duly licensed under the laws of the state and in good professional standing, and immediately upon the appointment of such physician the day nursery shall notify the local health officer and the state department of health of the name and address of such physician. Such physician shall perform such duties as may be prescribed by the state department of health or by the authorities of such nursery, and shall make a physical examination of each child before admission, and make a systematic semi-monthly examination of every child regularly attending. (Added November 18, 1919.)

Inspection of boarding houses receiving tuberculosis cases

Regulation 4. It shall be the duty of every health officer to inspect in the municipality under his jurisdiction every boarding house or lodging house where a person or persons affected with tuberculosis may be

boarded or lodged and it shall be his duty to see that the requirements of the public health law and the sanitary code are complied with. (Added March 20, 1917.)

Health officer to furnish literature

Regulation 5. It shall be the duty of every local health officer to furnish the proprietor or other person in charge of such boarding house or lodging house with such sections of the sanitary code and the public health law as may be required by the state commissioner of health. (Added March 20, 1917.)

Proprietor to post regulations

Regulation 6. It shall be the duty of the proprietor or other person in charge of any boarding or lodging house in which a person or persons affected with tuberculosis may be boarded or lodged to post in a conspicuous place such provisions of the sanitary code and public health law as may be required by the state commissioner of health. (Added March 20, 1917.

CHAPTER IX

(Adopted December 27, 1917)

Sale of antipneumococcus and antimeningococcus serum regulated

Regulation 1. Sale of antipneumococcus and antimeningococcus serum regulated.* No serum for the treatment of pneumonia or of meningitis shall be sold or offered for sale in the state of New York unless each package is accompanied by a label or circular on which is stated the potency of the serum as tested by the methods established by the rules and regulations of the state commissioner of health; and no such serum shall be sold or offered for sale the potency of which does not equal or exceed the minimum fixed in such rules or regulations. (Added December 27, 1917.)

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* See Public Health Law §4-b, and L. 1917, Chap. 411, and Sanitary Code, Chap. II, Reg. 44.

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