

TITLE 7

PUBLIC HEALTH, SAFETY AND WELFARE

CHAPTER 1.

PUBLIC HEALTH AND SANITATION

ARRANGEMENT OF SECTIONS

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An Act to provide for the health, safety and welfare of the people of the Republic through the establishment of health services, and control of sanitation, and related matters. [Chapter heading modified to coincide with name of this Act.][Section numbering style modified to conform to new Code format (Rev.2003)]

Commencement:

Source:

TTC 1966

COM P.L. 5-2 (1973)

COM P.L. 5-29 (1973)

COM 5-61 (1973)

COM P.L. 6-100(1976)

63 TTC 1980

PART I - PUBLIC HEALTHDivision 1 - General Provisions**§101. Short Title.**

This Act may be cited as the “Public Health, Safety and Welfare Act.”

§102. Duties of Secretary of Health generally.

The Secretary of Health shall either personally or by his duly authorized representatives maintain and improve health and sanitary conditions, minimize and control communicable disease, establish standards of medical and dental care and practice, encourage scientific investigation in the field of health, supervise and administer all government-owned hospitals, sanitariums, clinics, dispensaries and such other medical and dental facilities as are or may be established throughout the Republic. [TTC 1966, §611; 63 TTC 1970, §2; 63 TTC 1980, §2, modified.] [This section was formerly numbered as §103, re-numbered here as §102. Former section 102 was “Reserved”. All succeeding sections re-numbered accordingly.] [Rev2003]

§103. Promulgation of health regulations by Secretary of Health.

The Secretary of Health shall, subject to the approval of the Cabinet, have powers to make such regulations as he deems necessary for the public health and safety respecting:

(a) nuisances, foul and noxious odors, gases or vapors, water in which mosquitoes breed, sources of filth, and causes of sickness or disease, within the Republic, and on board any vessel within the Republic;

(b) adulteration and misbranding of food, drugs, or milk;

(c) location, air space, ventilation, sanitation, drainage, sewage disposal and other health conditions of buildings, construction projects, excavations, pools, water courses, areas and alleys;

(d) privy vaults and cesspools and other means of human excreta disposal;

(e) fish and fishing;

(f) interments and dead bodies;

(g) disinterments of dead human bodies, including the exposing, disturbing or removing of such bodies from their place of burial or the opening, removing or disturbing after due interment of any receptacle, coffin, or container holding human remains or a dead human body or a part thereof and the issuance and terms of permits for the aforesaid disinterments of dead human bodies:

(h) cemeteries and burying grounds;

(i) laundries, and the laundering and sterilization of all articles of linen and uniforms used by or in the following businesses and professions: barber shops, manicure shops, beauty parlors, restaurants, soda fountains, hotels, rooming and boarding houses, bakeries, butcher shops, public bathhouses, midwives, masseurs, and others in similar calling, public or private

hospitals, and canneries and bottling works where food or beverages are canned or bottled

for public consumption or sale; provided, that nothing contained in this Section shall be construed as authorizing the prohibiting of such laundering and sterilization by those conducting any of such businesses or professions where such laundering or sterilization is done in an efficient and sanitary manner;

(j) hospitals, maternity homes, convalescent homes, children's boarding homes and old folk's homes;

(k) hotels, rooming houses, lodging houses, apartment houses and tenements;

(l) laboratories;

(m) quarantine of communicable diseases and inspection;

(n) poisons, air-conditioning and ventilating; fumigation;

(o) places of business, industry, employment, commerce, and processes, materials, tools, machinery, and methods of work done therein, and places of public gathering, recreation or entertainment;

(p) any restaurant, theater, market, stand, shop, store, factory, buildings, wagon, vehicle, or place where any food, drug, or cosmetic is manufactured, compounded, processed, extracted, prepared, stored, distributed, sold, offered for sale or offered for human consumption or use;

(q) foods, drugs, and cosmetics, and the manufacture, compounding, processing, extracting, preparing, storing, selling and offering for sale or for consumption or use of any food, drug or cosmetic;

(r) devices, including their components, parts and accessories, intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man, or to affect the structure or any function of the body of man;

(s) sources of ionizing radiation, radiation protection;

(t) medical examination, vaccination, re-vaccination, and immunization of school children; and

(u) extermination of insects on aircraft entering or within the Republic as may be necessary to prevent the introduction, transportation or spread of disease or the introduction or spread of any insect or other vector of significance to health.

The Secretary of Health may require such certificates, permits or licenses as he may deem necessary adequately to regulate the conditions or businesses referred to in this Section. [TTC 1966, §612; 63 TTC 1970, §3; COM P.L. 5-2, §2 (1973); 63 TTC 1980, §3, modified.]

Division 2 - Vital Statistics; Autopsies

§104. Birth and death records.

(1) The Ministry of Health shall be responsible for:

(a) the prompt collection of vital statistical information concerning all births and deaths occurring in the Republic;

(b) preparing forms and issuing instructions necessary for uniform registration of births and deaths;

(c) filing a copy of the certificate of such birth or death with the clerk of courts; and
(d) compiling, analyzing and publishing vital statistics concerning births and deaths, and such other general welfare of the inhabitants of the Republic.

(2) Other departments, as designated by the Cabinet, shall cooperate with and assist the Ministry of Health in performing these functions.

(3) The Registrar of Births, Deaths and Marriages shall register births and deaths by recording and indexing each birth and death certificate filed in his office in accordance with the Births, Deaths and Marriages Registration Act 1988. [TTC 1966, §624; 63 TTC 1970, §51; 63 TTC 1980, §51, modified.]

§105. Autopsies.

Autopsies and postmortem examinations may be performed by a physician as a means of revealing or clarifying the cause of death, provided each examination does not violate local custom, and provided written consent is secured from the nearest responsible relative. In the case of a death under conditions suggesting poisoning, violence, or unusual circumstances, where the cause and manner of death cannot otherwise be satisfactorily ascertained, an autopsy shall be performed if practicable, whenever recommended by the Secretary of Health or the Attorney-General and approved by the Chief Secretary. [TTC 1966, §623; 63 TTC 1970, §52; 63 TTC 1980, §52.]

Division 3 - Miscellaneous Regulations

§106. Isolation and quarantine of contagious diseases.

Persons suffering from contagious disease, and persons who have been exposed to such disease, may be isolated and quarantined in accordance with regulations issued pursuant to this Part. [TTC 1966, §621; 63 TTC 1970, §101; 63 TTC 1980, §101.]

§107. Importation of psittacine birds.

No birds of the psittacine family, parrots, parakeets, love birds, etc., shall be imported into the Republic without specific approval in each case by the Secretary of Health. Birds kept in violation of this Section may be ordered exported or destroyed by the Secretary of Health. [TTC 1966, §620; 63 TTC 1970, §102; 63 TTC 1980, §102]

§108. Penalties for violation of Part.

A person who violates any of the provisions of this Part or regulations issued pursuant thereto shall be deemed guilty of a misdemeanor and shall upon conviction be liable to a fine not exceeding \$500, or to a term of imprisonment not exceeding one year, or both. [TTC 1966, §625; 63 TTC 1970, §103; 63 TTC 1980, §103, modified.]

PART II- SANITATION

§109 Latrines and toilets; disposal of human excreta generally.

Latrines or toilets conforming to standards established by public health regulations shall be

constructed and maintained in connection with each inhabited dwelling in the Republic. Depositions of human intestinal excreta in the vicinity of a dwelling or in or within five hundred (500) yards of any village in a place other than an approved latrine or toilet is prohibited. [TTC 1966, §618(a); 63 TTC 1970, §201; 63 TTC 1980, §201.]

§110. Accumulation of rubbish, refuse, etc.

The accumulation of rubbish, garbage, cans, coconut shells and other refuse attractive to animal and insect life is prohibited. Any person who shall permit, create, or maintain any such accumulation on land owned or occupied by him, and who fails to remove and dispose of such accumulation within a reasonable time after due notice thereof in writing by a representative of the Ministry of Health shall be deemed to have violated this Section. [TTC 1966, §618(b); 63 TTC 1970, §202; 63 TTC 1980, §202, modified.]

§111. Standards for and inspection of service establishments.

The Secretary of Health shall establish standards of sanitation to be maintained by all owners, operators, and employees of and in bakeries, restaurants, food stores, barber shops, beauty parlors, and similar establishments. All such establishments shall be inspected at reasonable intervals during business hours by a representative of the Ministry of Health for the purpose of determining whether such standards are being maintained. Failure to correct any substandard conditions after due notice thereof in writing by such representative shall be deemed a violation of this Section. [TTC 1966, §618(c); 63 TTC 1970, §203; 63 TTC 1980, §203, modified.]

§112. Standards for and inspection of food.

All food offered for public sale shall be subject to inspection by duly authorized representatives of the Ministry of Health. Food for human consumption which is adjudged by him to be unsanitary or of questionable sanitary condition because of contamination, spoilage, animal or insect infestation or adulteration shall, as directed by him, either be destroyed, used as animal food, or labeled to describe its true condition. [TTC 1966, §618(d); 63 TTC 1970 §204; 63 TTC 1980, §204, modified.]

§113. Standards for and inspection of schools.

All schools shall be subject to inspection by duly authorized representatives of the Ministry of Health. They shall maintain minimum acceptable standards of health and sanitation. After due warning and advice, failure of a nonpublic school to maintain acceptable standards may result in revocation of its charter. [TTC 1966, 618(e); 63 TTC 1970, §205; 63 TTC 1980, §205, modified.]

§114. Penalties for violation of Part.

A person who violates any of the provisions of this Part or regulations issued pursuant thereto shall be deemed guilty of a misdemeanor and shall upon conviction be liable to a fine not exceeding \$500, or to a term of imprisonment not exceeding one year, or both. [TTC 1966, §625; 63 TTC 1970, §206; 63 TTC 1980, §206, modified.]

PART III - MENTAL ILLNESSES

§115. Execution of diagnosis, treatment and care generally.

The diagnosis, treatment and care of persons suffering from mental disorder shall be carried out in such manner and in such places as may be prescribed by the Secretary of Health or his designated representative. When commitment for insanity is indicated, persons may be committed pursuant to the provisions of Section 116 of this Chapter. Feeble-minded or mentally ill persons shall not be confined in jails or penal institutions, except temporarily in case of emergency. [TTC 1966, §622; 63 TTC 1970, §4CM; 63 TTC 1980, §401, modified.]

§116. Commitment of incompetents; authorized; prerequisites; orders.

The High Court, or any District Court, may, after hearing, commit an insane person within its jurisdiction to any hospital for the care and keeping of the insane in the Republic, or if the court deems best, to a member of the insane person's family lineage or clan, who may thereafter restrain the insane person to the extent necessary for his own safety and that of the public. Such commitment of an insane person shall be made only on the testimony of two or more witnesses who personally testify in open court and at least one of whom is a doctor of medicine or medical practitioner authorized to practice medicine in the Republic. Before testifying, the medical witness shall have personally examined the person sought to be committed, and shall establish to the satisfaction of the court that the person is insane. Except when the court is satisfied that the delay incident to giving such notice will be detrimental to the public interest or the welfare of the patient, such a commitment shall not be made until after notice to the allegedly insane person's husband or wife, if any, or one of his parents or one of his children, or next of kin, if any, as determined by local custom. In making such commitment the court may make such order as it deems in the best interest of the public and of the patient for the patient's temporary custody and transportation to the hospital. [TTC 1966, §330; 63 TTC 1970, §402; 63 TTC 1980, §402, modified.]

§117. Same; temporary commitments.

(1) The High Court, any District Court, or any Community Court, may, after hearing, commit for observation of possible mental illness any person within its jurisdiction. Such commitment shall be made only after testimony presented personally in open court has been received from at least one doctor or medical practitioner authorized to practice medicine in the Republic, or from a nurse, health aide, or nurse's aide, who has personally examined the person sought to be committed, indicating to the satisfaction of the court that the public welfare or the interest of the person demands such commitment; provided, that the court shall, whenever practicable, endeavor to secure the testimony of a doctor or medical practitioner.

(2) Such commitment for observation may be to any person or institution willing to accept the patient, and shall only authorize the patient's detention for a period of not more than thirty (30) days if the services of a doctor or medical practitioner are reasonably available. If such services are not reasonably available, commitment for observation may authorize the patient's detention until he may be brought to a doctor or medical practitioner or until a doctor or a medical practitioner visits the community in which the patient is detained, and for not more than thirty (30) days thereafter. Notice of each such commitment for observation shall be sent by the court making the commitment to the Secretary of Health by the quickest means practicable. [TTC 1966, §331; 63 TTC 1970, §403; 63 TTC

1980, §403, modified.]

§118. Same; transfers.

Any person committed under this Part may be transferred to any institution deemed suitable for his care by order of the Secretary of Health. [TTC 1966, §332; 63 TTC 1970, §404; 63 TTC 1980, §404, modified.]

§119. Same; release.

(1) The husband, wife, parent or child or any of the next of kin as determined by local custom of any person committed for observation or insane under this Part may at any time petition the High Court or the District Court requesting that the commitment be terminated or the patient paroled, and the court may, after notice to the Secretary of Health and to the person in charge of the hospital or other place where the patient is detained, and after public hearing, make such order for the release of the patient or his parole under limited supervision or under specified conditions, if any, as it deems appropriate.

(2) The doctor in charge of any hospital for the insane in the Republic may discharge or parole on such conditions as he deems best any patient, except one held on order of a court having criminal jurisdiction in a proceeding arising out of a criminal offense, as follows:

(a) upon filing with the Clerk of Courts a written certificate by the doctor in charge that such patient is considered to be recovered;

(b) upon filing with the Clerk of Courts a written certificate by the doctor in charge that such patient, while not recovered, is considered in remission and is not deemed dangerous to himself or others and is not likely to become a public charge; or

(c) upon transfer of such patient to an institution for care of mental cases outside of the Republic.

(3) The doctor in charge of any hospital for the insane in the Republic may permit leave of absence for a stated period to any of his hospital patients, under conditions that are satisfactory to the doctor, when in his judgment absence on leave will not be detrimental to the public welfare and will be of benefit to such patient. The doctor in charge of the hospital for the insane from which a patient is absent on leave may, even before the period stated in the leave has expired, terminate the leave and authorize and direct the physical return of such patient to the hospital whenever in the judgment of the doctor the return of the patient would be in the best interest of the public and the patient.

(4) The person to whom or the person in charge of the institution to which a person has been temporarily committed for observation under this Revised Code may release such a patient whenever the person to whom or the person in charge of the institution to which the patient has been temporarily committed, deems such release is safe. [TTC 1966, §333; 63 TTC 1970, §405, modified.]

§120. Same; apprehension of absentees or escapees.

Any patient who has been committed under this Part who is absent on leave, or on parole, or escapes from the hospital or other place of detention to which he has been committed, may upon

direction of the person in charge of such hospital or place of detention be returned thereto by any policeman, or any official or employee of such hospital or place of detention, using such force as may be reasonably necessary to effect such return. [TTC 1966, §334; 63 TTC 1970, §406; 63 TTC 1980, §406.]