

**Tuscarawas County Health  
Department  
Public Health Code**



**Public Health**  
Prevent. Promote. Protect.

**Tuscarawas County  
Health Department**

Last Reviewed:  
July 17, 2024

Adopted:  
August 1, 2024

**Resolution 2024-34**

**Adopting Resolution of the Tuscarawas County Public Health Code**

**RESOLUTION TO APPROVE, ADOPT, AND ENACT THE TUSCARAWAS COUNTY HEALTH CODE AND TO REPEAL BOARD OF HEALTH ACTION IN CONFLICT THEREWITH.**

**WHEREAS**, the Board of Health of the Tuscarawas County Health Department has had the matter of recodification and general revision of Board resolutions, regulations, and actions before it for some time; and

**WHEREAS**, the recodification of such Board resolutions and regulations, together with the new matter to be adopted, the matters to be amended and those to be repealed are before the Board;

**THEREFORE, BE IT RESOLVED BY THE BOARD OF HEALTH OF THE TUSCARAWAS COUNTY HEALTH DEPARTMENT APPROVES THE PUBLIC HEALTH CODE AS FOLLOWS:**

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All Board of Health resolutions, regulations, and actions or parts thereof which are inconsistent with any provision of the Tuscarawas County Health Code are hereby repealed as of the effective date of this Resolution.

This Resolution and all provisions of the Tuscarawas County Health Code shall take effect and be in full force on August 1, 2024.

**ADOPTED: July 17, 2024**  
**EFFECTIVE: August 1, 2024**

## **Chapter 1: Administration**

### **SECTION 101: Definitions and General Provisions**

- Section 101.01 Health Code Citations and Headings
- Section 101.02 General Definitions
- Section 101.03 Conflict of Laws
- Section 101.99 General Code Penalty

### **SECTION 102: Board of Health**

- Section 102.01 Mission, Vision, and Values
- Section 102.02 Board of Health Duties
- Section 102.03 Meetings
- Section 102.04 Officers
- Section 102.05 Authority
- Section 102.06 Orientation and Continuing Education
- Section 102.07 Committees
- Section 102.08 Procedure
- Section 102.09 Minutes, Agendas, and Reporting
- Section 102.10 Compensation and Expense Reimbursement
- Section 102.11 Orders and Regulations
- Section 102.12 Variances
- Section 102.13 License or Permit Suspension or Revocation; Reinstatement; Appeal

### **SECTION 103: Personnel Policies**

### **SECTION 104: Enforcement, Inspection, and Penalty**

- Section 104.01 Enforcement by Health Commissioner
- Section 104.02 Inspection; Right of Entry; Evidence
- Section 104.03 Notice of Violation
- Section 104.04 Evidence of Service
- Section 104.05 Emergencies
- Section 104.06 Availability of Injunctive Relief
- Section 104.99 Penalties



## **SECTION 101: Definitions and General Provisions**

### **SECTION 101.01 HEALTH CODE CITATION AND HEADINGS**

The general and permanent regulations of the Tuscarawas County Board of Health as codified in this Health Code are collectively known as the Health Code of Tuscarawas County and may be referred to herein as “this Health Code” or “this Code.” Code, title, chapter, and section headings do not constitute any part of the law as contained in the Health Code.

All references to titles, chapters, and sections are to such components of the Health Code unless otherwise specified. Sections may be referred to and cited by the designation “Section” followed by the number, such as “101.01.”

### **SECTION 101.02 GENERAL DEFINITIONS**

As used in the Health Code, unless another definition is provided, or the context otherwise requires:

- A. Board of Health** - means the Board of Health of the Tuscarawas County, Ohio, Combined General Health District. References to the Board of Health or the Board mean any employee, agent, or authorized representative of the Board acting for or on behalf of the Board unless expressly provided otherwise or unless the context otherwise requires.
- B. Health District** - means the Tuscarawas County Combined General Health District.
- C. Health Department**- means the Tuscarawas County Combined General Health District.
- D. Health Commissioner** - means the Tuscarawas County Health Officer or his or her employee, agent, or authorized representative acting for or on behalf of such Officer, unless expressly provided otherwise or unless the context otherwise requires.
- E. County** - means County of Tuscarawas, Ohio.
- F. State** - means the State of Ohio.
- G. Person** - any municipal corporation, political subdivision, public or private corporation, individual, partnership, firm, association, or other entity.

### **SECTION 101.03 CONFLICT OF LAWS**

In the event of a conflict between any of the provisions of this Health Code or any resolution, regulation, or order of the Board of Health of the Tuscarawas County Combined General Health District, that provision which establishes the higher or stricter standard shall control.

### **SECTION 101.99 GENERAL CODE PENALTY**

Whoever violates or fails to comply with any of the provisions of this Public Health Code shall be in violation of **ORC 3707.48, 3709.20, 3709.21, or 3709.22**, and subject to penalties provided in **ORC 3707.99 and 3709.99**.

## **SECTION 102: Board of Health**

### **Cross References**

ORC 2506 Appeals from Administrative Officers and Agencies  
ORC 3701 Department of Health  
ORC 3707.48 Prohibition Against Violations of Orders or Regulations of Board  
ORC 3709.02 Board of Health of General Health District  
ORC 3709.21 Orders and Regulations of a Board of General Health  
ORC 3709.11 Organization of Board of General Health District  
ORC 3709.13 Appointment of Clerk, Nurses, Physicians, and Others  
ORC 3709.15 Appointing Sanitarians and Nurses  
ORC 3709.19 Record of Proceedings and Record of Diseases  
ORC 3717.29 Board of Health May Suspend or Revoke Retail Food License  
ORC 3717.49 Licensor May Suspend or Revoke Food Service Operation License  
OAC 121.22 Public Meetings  
OAC 126.31 Travel and Other Expenses

### **SECTION 102.01 MISSION, VISION, AND VALUES**

**Mission:** As a leader in public health, the Tuscarawas County Health Department prevents disease, promotes health, protects the environment, and strives to create health equity for all, through education, enforcement, and empowerment.

**Vision:** Sustainable Environment. Healthier Families. Thriving Communities.

**Values:** These are the guiding principles of the Tuscarawas County Health Department

- **Ethics:** Honesty and integrity that create an inclusive environment
- **Professionalism:** Demonstrate knowledge and skill while providing respectful, courteous, treatment to all
- **Attitude:** Supportive and compassionate to all
- **Leadership:** Accountability for your actions by courageously inspiring others to succeed
- **Communication:** Sharing ideas and information to promote understanding

### **SECTION 102.02 BOARD OF HEALTH DUTIES**

The role of the Board of Health is to adopt policies and make such orders and regulations as are necessary for the purpose of health and prevention of disease and suppression or abatement of nuisances. The Board of Health shall make such orders and establish policies as are needed in the health district in an effort to meet the overall department mission, meet standards established by the Ohio Department of Health, and remain in compliance with the Ohio Revised Codes. The Ohio Revised Code provides the power and authority for Boards of Health to perform, adopt, and execute such orders and policies.

The President shall conduct all meetings of the Board, sign records thereof, and perform generally all the duties performed of presidents of like bodies. The President shall have a vote on all issues and shall be, ex-officio, a member of all committees with the right to vote.

The Vice-President shall perform the duties of the President in his or her absence and provide the President with assistance as required.

### **SECTION 102.03 MEETINGS**

Regular Board of Health meetings shall be held monthly. If there is not a quorum, said meeting shall be held at the discretion of the President of the Board, but in no event shall the Board meet less than once each calendar year.

At its April meeting, the Board of Health shall establish the day, time, and place of its regularly scheduled meeting for monthly meetings for the following year effective until the next April meeting.

Notice of the monthly meeting shall be given to all Board members at least three days in advance of the meeting and shall include an agenda and minutes of the previous meeting.

Notice of all meetings shall be given to the newspapers, radio, and other media outlets at least 24 hours in advance of the meeting.

Special meetings may be called either by the President, or, in the case of his or her absence, the Vice-President, or by any three members of the Board of Health. All special meetings shall be held at the Health Department or at a location determined by the President of the Board of Health. At least 24 hours prior notice shall be provided for special meetings unless an emergency warrants shorter notice.

A majority of the members of the Board shall constitute a quorum. An action of the Board of Health shall be effective if a majority of the quorum consents. Members whose position is vacant due to death, resignation, or failure to appoint will not count to determine a quorum for that meeting.

All meetings of the Board of Health and committee meetings are open meetings. Executive sessions may be held that meet the requirements of **Section 121.22 of the Ohio Revised Code**, provided that the requisite motion with the statement of purpose is passed by a roll-call vote in open session.

The Board shall provide a period for public participation at every regular meeting of the Board and publish rules to govern such participation in Board meetings on their website and as part of sign-in sheets for guests. The presiding officer shall use the following rules:

1. The public comment period shall be at the beginning of the meeting.
2. The speaker will have a maximum of two (2) minutes to make remarks.
3. No time will be yielded to the speaker by another speaker.
4. No participant may speak more than once.
5. All statements shall be directed to the presiding officer, and no person may address or question Board members individually.
6. Public comment is not intended to require the Board to answer any impromptu questions or take any action.
7. The presiding officer may interrupt, warn, or terminate a participant's statement if it is too lengthy, repetitive, personally directed, abusive, obscene, or irrelevant.

#### **SECTION 102.04 OFFICERS**

A President and a Vice-President shall be elected by the Board at its first regular meeting in April of each year. Each shall hold office for one year until the successor is elected and qualified.

If the offices of President or Vice-President become vacant, the Board shall elect a successor from its membership within two months. The Board may elect an interim officer at its next regular meeting. The President and Vice-President shall be entitled to vote on the Board. The Board shall appoint a Health Commissioner who shall serve as the Secretary of the Board of Health.

The Health Commissioner shall serve as the Secretary to the Board of Health as required by the Ohio Revised Code.

#### **SECTION 102.05 AUTHORITY**

An individual Board of Health member has no authority to order or direct Health District staff. The Board's authority comes by a majority vote at a meeting of the Board of Health.

#### **SECTION 102.06 ORIENTATION AND CONTINUING EDUCATION**

Board of Health members are expected to become knowledgeable about the duties, operations, and functions of the health department through the Board of Health orientation material. New members may also consult with the Health Commissioner, members of other local boards of health, and the current members of the County Board of Health to orient them to the responsibilities associated with their new position.

Each Board of Health member must complete two hours of continuing education annually. The continuing education credits shall pertain to ethics, public health principles, and member's responsibilities. Credits may be earned in these topics at presentations that may occur during regularly scheduled meetings or at other programs available for continuing education credits. Continuing education credits earned for license renewal or certification by licensed health professionals serving on the Board may be counted to fulfill the two-hour continuing education requirement.

#### **SECTION 102.07 COMMITTEES**

The President of the Board of Health shall appoint members to standing committees and to advisory committees on which Board of Health member representation is required by Board of Health regulation. Notice of all committee meetings shall be given at a minimum of 24 hours in advance to local newspapers and radio stations. Standing committees are personnel and finance and shall consist of two members each, at minimum.

#### **SECTION 102.08 PROCEDURE**

The Board shall adopt its own rules of procedure but shall rely on Robert's Rule of Order for questions of parliamentary procedure, except where they are inconsistent with the standing rules of the Board or are contrary to existing laws of the State of Ohio.

## **SECTION 102.09 MINUTES, AGENDAS AND REPORTS**

### **A. Minutes**

- a. Board of Health minutes are considered public records, except for matters discussed in executive sessions or those excluded by law. Minutes of executive sessions need only reflect the general subject matter of discussion. The cost of furnishing minutes considered as public records shall be set by the Health Commissioner based on costs of labor and materials. The Health Department shall keep a record of the recipient, date received, and date of any set of minutes distributed. The public may inspect minute books at all reasonable times.
- b. All meeting minutes are available for public view via the Health Department's website.

### **B. Agendas**

- a. The Board may provide for the preparation and distribution of agendas to visitors at meetings.
- b. Agendas are set 24 hours prior to the public meetings and only edited thereafter in emergency circumstances as determined by the Health Commissioner.

### **C. Reports and Records**

- a. Copies of reports and records of the Board or the Health Department shall be furnished to any person upon request if such are public records. Costs shall be set by the Health Commissioner based on costs of labor and materials. All information regarding inspections and notices of violations pertaining to any structure or premises shall be considered a public record and available on request.

## **SECTION 102.10 COMPENSATION AND EXPENSE REIMBURSEMENT**

As permitted in **Ohio Revised Code 3709.02**, Board of Health members are eligible to receive compensation for \$80 per meeting attended, up to 18 meetings per calendar year. Members choosing to forego compensation may donate their payment back to the Health Department. This will be done voluntarily only.

Each member of the Board shall receive travel expenses at rates established by the director of budget and management according to **Section 126.31 of the Ohio Revised Code** to cover the actual and necessary travel expenses incurred for travel to and from meetings that take place outside the county in which the member resides, except that any member may receive travel expenses for registration for any conference that takes place inside the county in which the member resides.

## **SECTION 102.11 ORDERS AND REGULATIONS**

According to **Ohio Revised Code Chapter 3709.21**, the Board of Health may make such orders and regulations as are necessary for its government, for the public health, the prevention or restriction of disease, and the prevention, abatement, or suppression of nuisances. The Board may also make orders and regulations under **Ohio Revised Code 3707.48** to enforce **Ohio**

## **Revised Code Chapter 3707.**

### **SECTION 102.12 VARIANCES**

Unless otherwise prescribed by law or rule, the Board of Health may grant a variance in a specific case and from a specific provision of any regulation, order, or notice subject to appropriate conditions provided the Board makes specific findings of fact-based evidence relating to the following:

1. That there are practical difficulties or unnecessary hardships in carrying out the strict letter of any regulation, order, or notice; and
2. That the effect of the application of the provisions would be arbitrary in the specific case; and
3. That an extension would not constitute an appropriate remedy for these practical difficulties or unnecessary hardships and this arbitrary effect; and
4. That such variance is in harmony with the general purpose and intent of the Board in securing public health, safety, and general welfare.

### **SECTION 102.13 LICENSE OR PERMIT SUSPENSION OR REVOCATION; REINSTATEMENT; APPEAL**

Except as otherwise provided by law, the Board of Health may suspend, revoke, or limit any license or permit issued either temporarily or permanently, for failure to comply with any lawful requirement, regulation, or order. The Board shall notify the licensee or permittee of the specific violations and shall afford a reasonable time and opportunity to correct or abate the same. If such notice is not complied with, then the Board may suspend or revoke such license or permit. Before any such suspension or revocation of a license or permit is made, the Board shall give written notice to the licensee or permittee that suspension or revocation is contemplated and the reasons. Such notice shall set a time for a hearing before the Board and may be sent by certified mail to the licensee or permittee. The hearing shall be conducted, and a decision made by the procedure set forth for a hearing in **Section 203.07**.

Except as otherwise provided by law, reinstatement of any permit or license that has been suspended, revoked, or limited shall be on such terms and conditions as the Board imposes and only after it is satisfied that all noncompliance or violations of this Health Code or any other lawful requirement have been completely satisfied or remedied.

Whoever has been refused the issuance or transfer of a license or permit whose license has been suspended or revoked shall have the right to an appeal provided in **Ohio Revised Code Chapter 2506**.

## **Section 103: Personnel Policies**

Annually, the Board of Health reviews the general wage scale for salaries and wages for the various classes of positions and fixes working conditions for Board employees.

The Board of Health also reviews and revises the Personnel Policy Manual on a routine basis. The manual is provided to all employees upon hire and is available electronically to employees at any time via the Health Department's website. The Health Commissioner is responsible for enforcing the provisions set forth in the manual.

## **Section 104: Enforcement, Inspection, and Penalties**

### **Cross References**

ORC 2933.21 Issuance of Search Warrants

ORC 2933.22 Probable Cause for Search Warrant

### **SECTION 104.01 ENFORCEMENT BY HEALTH COMMISSIONER**

The Health Commissioner shall have the power and duty to enforce the provisions of this Health Code, as authorized by the Board of Health in this resolution.

### **SECTION 104.02 INSPECTION; RIGHT OF ENTRY; EVIDENCE**

The Health Commissioner, or designee, in enforcing the provisions of this Health Code is hereby authorized and directed to make inspections pursuant to procedures of inspection by the Health Department, or designee, or in response to a complaint that an alleged violation of the provisions of this Health Code or applicable rules or orders pursuant thereto may exist; or when the Health Commissioner, or designee, has valid reason to believe a violation of this Health Code or any rules and orders pursuant thereto has been or is being committed.

The Health Commissioner, or designee, is hereby authorized to enter upon and inspect all business buildings, multiple dwellings, dwellings, dwelling units, or premises at any reasonable time subject to the provisions of this Health Code to determine whether there is compliance with its provisions. Upon presentation of proper credentials, the Health Commissioner, or designee, may, where permission is granted, enter at reasonable times any business building, multiple dwelling, structure, or premises in the County to perform any duty imposed on the Commissioner by this Public Health Code. If any owner, occupant, or other person in charge of a building or premises subject to the provisions of this Health Code, fails or refuses to permit free access and entry to the business building, multiple dwelling, dwelling, structure, or premises under that person's control or any part thereof, the Health Commissioner may apply to a judge of a court of record, under **Ohio Revised Code 2933.21(F)** for a warrant of search to conduct an inspection. A warrant of search to conduct an inspection shall not be issued except upon probable cause as provided in **Ohio Revised Code 2933.22**.

All information regarding inspections and notices of violations of any structure shall be public records and available on request. The Health Commissioner may establish a reasonable fee to defray the cost of preparing responses to record requests.

### **SECTION 104.03 NOTICE OF VIOLATION**

Whenever the Health Commissioner, or designee, determines that there is a violation of any provision of the Health Code statutes, the Ohio Administrative Code, Ohio Revised Code, or any rule or regulation adopted pursuant thereto, the Health Commissioner shall give notice of such violation to the person or persons responsible therefore, as hereinafter provided. Such notice shall include at minimum the below items:

1. Be in writing;
2. Include a statement of the reasons why it is issued;



3. Allow for a reasonable time for the performance of any act it requires;
4. Served as prescribed in **Section 104.04**.

#### **SECTION 104.04 EVIDENCE OF SERVICE**

Written or oral acknowledgment by the owner of the receipt of a notice of violation shall be evidence that the owner received the notice of violation. An appeal of the notice of violation by the owner shall constitute evidence of written acknowledgment by the owner of the service of notice of violation.

1. Violation description, and;
2. Actions needed for remediation, and;
3. Specific timeframe for remediation, not to exceed six (6) months.
4. Proof of notice is required for all second orders, by one of the following means:
  - a. By registered mail
  - b. By a law enforcement officer
  - c. By posting or hand delivered by the Department's authorized agent

#### **SECTION 104.05 EMERGENCIES**

Whenever, in the judgment of the Health Commissioner, an emergency exists that requires immediate action to protect the public health, safety, or welfare, the Health Commissioner shall order that the premises be vacated forthwith and not be reoccupied until compliance with the order is achieved.

In cases where it reasonably appears that there is imminent danger to the public health and safety of any person unless the emergency condition is immediately corrected by the owner, the Health Commissioner may cause the immediate repair of such emergency condition. The Health Commissioner shall further cause the costs of such emergency repair to be charged against the land on which the emergency exists as a municipal lien or to be recovered in a civil suit against the owner.

#### **SECTION 104.06 AVAILABILITY OF INJUNCTIVE RELIEF**

Notwithstanding any other provision of the Health Code, whenever there is a violation of any provision of the Health Code, the Health Commissioner may immediately file a complaint for injunctive relief in the appropriate court of competent jurisdiction.

#### **SECTION 104.99 PENALTIES**

Whoever violates or fails to comply with any of the provisions of this Environmental Health Code shall violate **ORC 3707.48, 3707.01, 3707.02, 3709.21, 3709.21, 3709.22**, and may be subject to the penalties provided in **ORC, 3707.02, 3707.021, 3709.211, 3707.99 and 3709.99**.

## **Chapter 2: Environmental Health**

### **Section 201: Health Hazards**

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- Section 201.02 Administration, Enforcement and Penalties
- Section 201.03 Inspections and Dwelling Standards
- Section 201.04 Standards
- Section 201.05 Mosquito and Other Insect Control
- Section 201.06 Emergency Condemnation Order
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### **Section 202: Private Water System**

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Section 212.01 Approval of State Regulations  
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**Section 213: Animal Nuisances**

Section 213.01 Definitions

Section 213.02 Feeding of Garbage to Swine and Poultry

Section 213.03 Disposal of Dead Animals

Section 213.04 Noxious Odors

Section 213.05 Keeping of Animals

Section 213.06 Sale of Animals with Infectious Diseases

Section 213.99 Penalty

## **SECTION 201: Health Hazards**

### **Cross References**

ORC 3707.01 Powers of Board – Abatement of Nuisances  
ORC 3707.02 Proceedings When Order of Board is Neglected or Disregarded  
ORC 3707.021 Injunctive Relief  
ORC 3707.48 Prohibition Against Violation of Orders or Regulations of Board  
ORC 3707.99 Penalty  
ORC 3709.21 Orders and Regulations of Board of General Health District  
ORC 3709.211 Injunctive or Other Relief  
ORC 3709.22 Duties of a Board of a City or General Health District  
ORC 3709.99 Penalty  
ORC 3742 Lead Abatement  
OAC 3701-29-06 General Provisions and Prohibitions  
OAC 4101-10-01 Means of Egress

### **SECTION 201.01 GENERAL PROVISIONS**

#### **A. Compliance required for occupancy or lease:**

No person shall occupy as an owner or occupant, or let to another for occupancy, any dwelling or dwellings, for living, sleeping, cooking, or eating therein, which does not comply with the requirements of this chapter.

### **SECTION 201.02 ADMINISTRATION, ENFORCEMENT, AND PENALTIES**

#### **A. Notice of Violations**

Whenever the Board determines that any housing, or the property surrounding it, fails to meet the requirements outlined in this Housing Code or other applicable rules and regulations issued pursuant thereto, a notice shall be issued setting forth the alleged failures and advising the owner, occupant, operator, or agent that such failures must be corrected. This notice shall:

- i. Be in writing.
- ii. Include a list of violations, refer to the section violated, and order remedial action that will achieve compliance with the provisions of this Code.
- iii. Describe the dwelling(s), where the violations exist or have been committed using the parcel number or address of the property.
- iv. Specify a reasonable time frame for the correction of any violation alleged; and
- v. Be served upon the owner, occupant, operator, or agent of the rental housing by one of the methods listed in **Section 104.04**.

#### **B. Designation of dwellings, units, and rooms as unfit for human habitation**

- a. Any dwelling shall be designated as unfit for human habitation when any of the following defects or conditions are found, and when, in the judgment of the Board, such defect or condition creates a hazard to the health, safety, or welfare of the occupants or the public:
  - i. Damage, decay, dilapidation, unsanitary or unsafe conditions, or pest infestation; or
  - ii. Lack of required functional sanitation facilities; or

- iii. The general condition is unsanitary, unsafe, or unhealthy
  - iv. Lack of proper utilities including heat source, electricity, or potable water.
- b. Whenever any dwelling has been designated by the Health Commissioner, as authorized by the Board of Health herein, as unfit for human habitation, the Department shall placard the dwelling indicating that it is unfit for human habitation and, if occupied, shall order it to be vacated within a reasonable time.
  - c. Any dwelling which has been designated as unfit for human habitation has been placarded as such and vacated shall not be used again for human habitation until written approval has been secured from the Health Commissioner, as authorized by the Board of Health herein, and the placard removed by the Health Commissioner or designee.
  - d. No person shall deface or remove the placard from any dwelling(s) that has been designated as unfit for human habitation and placarded as such.
  - e. The Health Commissioner, as authorized by the Board of Health herein, shall rescind the designation as unfit for human habitation and remove the placard when the defect or condition upon which such designation and placarding was based has been removed or eliminated, via appropriate methods, including utilization of workmanlike practices by licensed tradesmen and verified by permit inspectors as necessary, and the dwelling is deemed by the Health Commissioner as a safe, sanitary, and fit place or unit for human habitation.

**C. Emergencies**

Whenever, in the judgment of the Health Commissioner, an emergency exists which requires immediate action to protect the public health, safety, or welfare, an order may be issued per **Ohio Revised Code 3707.01** or any other applicable section of this code and the Health Commissioner shall proceed in accordance therewith, as authorized by the Board of Health herein.

**D. General Code Penalty**

Whoever violates or fails to comply with any of the provisions of this Environmental Health Code shall violate **ORC 3707.48, 3707.01, 3707.02, 3709.21, 3709.22**, and may be subject to the penalties provided in **ORC, 3707.02, 3707.021, 3709.211, 3707.99 and 3709.99**.

**E. Prohibitions**

The following are hereby expressly declared to be a Public Health Nuisance and are prohibited:

- i. Failure to keep waste, refuse, or garbage in an enclosed building or properly contained in a closed insect and rodent-proof container designed or reasonably adapted for such purpose, except for the immediate time preceding pick-up by a licensed solid waste hauler.
- ii. Accumulation of carcasses of animals, birds, or fish by failing to bury or otherwise dispose of a carcass in a sanitary manner within 24 hours after death.

- iii. Accumulation of decayed animal or vegetable matter, animal or human feces, trash, rubbish, garbage, scrap metal, tires, or any other substance in which flies, mosquitoes, or other disease-carrying insects, rodents, and/or other vermin can harbor. This does not include compost bins or compost sites which are being managed to acceptable standards.
- iv. Any structure that has become dangerous for further occupancy because of sanitary defects which may include but are not limited to accumulation of human or animal feces, evidence of garage or rotting food, infestation by rodents or insects, lack of approved potable water supply or proper sewage disposal.
- v. Causing or allowing improper sewage disposal facilities to be operated, or causing or allowing the effluent from any cesspool, septic tank, drain field, or sewage disposal system to discharge upon the surface of the ground or into any body of water.

**SECTION 201.03 INSPECTIONS AND DWELLING STANDARDS**

“Public Health Nuisance” is any condition which is injurious, or potentially injurious, to the health and safety of the public, or which pollutes the air, land, or water.

The following are hereby expressly declared to be public health nuisances, without limitation:

- 1. A failure to keep waste, refuse, or garbage in a properly contained insect and rodent-proof container designed or reasonably adapted for such purpose, except for the immediate time preceding pickup by a licensed solid waste hauler.
- 2. Accumulation of decayed animal or vegetable matter, animal or human feces, trash, rubbish, garbage, rotting lumber, tires, or other substances in which flies, mosquitos, or other disease-carrying insects or rodents or other vermin can harbor. This definition does not include compost bins or compost sites that are being managed or stored in accordance with acceptable standards.
- 3. Accumulation of carcasses of animals, birds, or fish by failing to bury or otherwise dispose of them in a sanitary manner within 24 hours after death.
- 4. Any structure that has become dangerous for further occupancy because of sanitary defects which may include, but is not limited to, accumulation of human or animal feces, evidence of garbage and rotting food, infestation by rodents or insects, environmental conditions that could affect children and vulnerable adults, lack of approved potable water supply or sewage disposal.
- 5. Maintaining a hole, or opening, caused by an improperly abandoned cistern, septic system, unused or non-maintained private swimming pool, foundation, shaft, or tunnel, including an improperly abandoned, sealed, barricaded, or backfilled excavation.
- 6. A sewage treatment system that is not operating properly due to a missing component, incorrect settings, a mechanical or electrical failure, **(ORC 3718.011)** or;
- 7. There is a blockage in a known sewage treatment system component or pipe that causes a backup of sewage or effluent affecting the treatment process or inhibiting proper plumbing drainage, **(ORC 3718.011)** or;
- 8. An inspection conducted by, or under the supervision of, the environmental protection agency or an environmental health specialist registered under **Chapter 3776 of the Revised Code** documents that there is ponding of liquid or bleeding of liquid onto the surface of the

ground or into surface water and the liquid has a distinct sewage odor, a black or gray coloration, or the presence of organic matter and any of the following (**ORC 3718.011**):

- a. The presence of sewage effluent identified through a dye test;
- b. The presence of fecal coliform at a level that is equal to or greater than five thousand colonies per one hundred milliliters of liquid as determined in two or more samples of the liquid when five or fewer samples are collected or in more than twenty percent of the samples when more than five samples of the liquid are collected;
- c. Water samples that exceed one thousand thirty e. coli counts per one hundred milliliters in two or more samples when five or fewer samples are collected or in more than twenty percent of the samples when more than five samples are collected;
- d. With respect to a discharging system for which an NPDES permit has been issued under **Chapter 6111 of the Ohio Revised Code** and rules adopted under it, the system routinely exceeds the effluent discharge limitations specified in the permit.

#### **A. Authority to Inspect Dwellings**

**Ohio Revised Code 3707.01** “Powers of the board – abatement of nuisances” states “The board of health of a city or general health district shall abate and remove all nuisances within its jurisdiction. It may, by order, compel the owners, agents, assignees, occupants, or tenants of any lot, property, building, or structure to abate and remove any nuisance therein, and prosecute such persons for neglect or refusal to obey such orders. Except in cities having a building department, or otherwise exercising the power to regulate the erection of buildings, the board may regulate the location, construction, and repair of water closets, privies, cesspools, sinks, plumbing, and drains. In cities having such departments or exercising such power, the legislative authority, by ordinance, shall prescribe such rules and regulations as are approved by the board and shall provide for their enforcement.

The board may regulate the location, construction, and repair of yards, pens, and stables, and the use, emptying, and cleaning of such yards, pens, and stables and of water closets, privies, cesspools, sinks, plumbing, drains, or other places where offensive or dangerous substances or liquids are or may accumulate.

When a building, erection, excavation, premises, business, pursuit, matter, or thing, or the sewerage, drainage, plumbing, or ventilation thereof is, in the opinion of the board, in a condition dangerous to life or health, and when a building or structure is occupied or rented for living or business purposes and sanitary plumbing and sewerage are feasible and necessary, but neglected or refused, the board may declare it a public nuisance and order it to be removed, abated, suspended, altered, or otherwise improved or purified by the owner, agent, or other person having control thereof or responsible for such condition, and may prosecute the owner, agent, or other person having control thereof for the refusal or neglect to obey such order. The board may, by its officers and employees, remove, abate, suspend, alter, or otherwise improve or purify such nuisance and certify the costs and expense thereof to the county auditor, to be assessed against the property and thereby made a lien upon it and collected as other taxes.”



- a. A representative of the Board of Health may enter and inspect at any reasonable time all dwellings subject to the provisions of this Health Code to determine compliance with these provisions. Right of entry and access:
  - The owner, occupant, or other person in charge of a dwelling, upon presentation of proper identification by the Representative, shall give the Representative entry and free access to every part of the dwelling or the property surrounding any of these.
- b. If an owner, occupant, or other person in charge of a dwelling fails or refuses to permit free access and entry to the structure or property under their control, or any part thereof, concerning which an inspection authorized by this Housing Code is sought to be made, the Board may, upon a showing that probable cause exists for the inspection and for the issuance of an order directing compliance with the inspection requirements of this chapter for such dwelling petition and obtain such an order from a court of competent jurisdiction.
- c. When required, the Health Commissioner, as authorized by the Board of Health herein, shall obtain a warrant to inspect a dwelling for violations related to this Housing Code.

**B. Condition of Properties**

- a. No owner shall occupy or let another person enter any dwelling unless it and the property is clean, sanitary, and fit for human occupancy following all applicable requirements of state law and the regulations of the Board of Health.
- b. The owner of any dwelling, or other structure located on an unoccupied property shall keep the dwelling or structure secured against unauthorized entry when such a dwelling or structure creates a public health nuisance. Unsafe structures shall be removed or repaired to render them safe when such structures create a public health nuisance.

**C. Maintenance of Shared or Public Areas**

Every owner of a dwelling containing two or more dwellings shall maintain in a clean and sanitary condition the common areas of the dwellings and property thereof to avoid nuisances.

**D. Maintenance of Areas Occupied and Controlled**

Every occupant of a dwelling shall maintain in a clean and sanitary condition that part or those parts of the dwelling and property thereof that they occupy and control to avoid nuisances.

**E. Solid Waste**

- a. The external receptacles for all garbage and rubbish shall be clean and free of any leaks, have close-fitting lids, and be pest-proof.
- b. The area for the storage of all garbage and rubbish containers must be kept in a clean and sanitary condition.

- c. The total capacity of all provided garbage or rubbish containers shall be sufficient to meet the needs of the occupants of the dwelling.
- d. Garbage shall be removed from a property and disposed of in an approved manner at least once per week to prevent the development of odors and the attraction of insects and other vermin.
- e. No solid waste shall be burned or buried on any property except as authorized under the Ohio Administrative Code.

**F. Extermination of Insects and Pests**

- a. The owner of a dwelling shall maintain the structure in a way that keeps it free from insect, rodent, and pest infestation.
- b. Every dwelling, multiple dwelling, or accessory structure and the property on which they are located shall be maintained in a way to prevent rat and rodent infestation.
- c. The owner of any lot on which pooled or contained water has stagnated and become a breeding place for mosquitoes shall eliminate the stagnant water or otherwise abate the nuisance condition.
- d. The owner of any lot in a developed residential area, that is accessible to the public, shall keep the lot free of overgrown weeds, rank vegetation, and high grass and shall be required to cut such weeds, rank vegetation, and high grass between May 1<sup>st</sup> and October 1<sup>st</sup> if in exceeding two feet in overall height.
- e. A licensed pest control operator must be used to eliminate pest infestations.
  - For a multiple dwelling of three or more dwellings, a pest management professional with a certification or license must develop and integrate an Integrated Pest Management plan.
- f. Documentation from a licensed pest control operator shall be provided upon request after treatment.

**G. General Storage Nuisances**

No owner or occupant of any dwelling may allow the accumulation of any items within or outside the dwelling that may hurt the health or safety of the occupants or neighbors or create a nuisance.

**H. Water Supply**

- a. The owner shall provide an adequate supply of potable water.
- b. When a cistern, well, spring, or pond is utilized as a potable water supply, the owner shall maintain such cistern, well, spring, or pond and its appurtenances to prevent contamination of the water supply.
- c. When the water in any cistern, well, spring, or pond becomes polluted and cannot

be corrected to meet the quality standards for potable water, or when a well or cistern is no longer intended for use, the owner shall properly abandon the well or cistern in a manner consistent with **Private Water System Rules under OAC 3701-28-17**.

**I. Plumbing and Sewage**

- a. The owner shall continuously maintain all toilet fixtures, water supplies to fixtures, waste pipes from fixtures, cesspools, catch basins, sumps, sewer lines, or other containers of water or sewage in good operating condition free from obstructions or leakage.
- b. No person shall create a nuisance through the improper operation or maintenance of a household plumbing, household sewage treatment system, or semi-public sewage treatment system.
- c. Whenever public sewer becomes available to a property having a privy, the dwelling shall be connected to the public sewer and the privy shall be properly abandoned in a manner consistent with **Chapter 205 of this Code and OAC 3701**.

**J. Animals and Animal Wastes**

- a. The owner or person having immediate control of an animal shall promptly remove and dispose of in a sanitary manner any excreta left or deposited by the animal to avoid a nuisance.
- b. All pens, yards, structures, or areas where animals are kept shall be maintained in a nuisance-free manner. Droppings and manure should be removed regularly and disposed of properly in the garbage so as not to attract insects or rodents, cause a nuisance, or cause objectionable odors.
- c. No dogs, cats, fowls, goats, cows, horses, or other animals shall be kept in a manner that creates a public health nuisance.

**K. Hazardous Wastes**

- a. No occupant or owner shall store or keep household hazardous wastes in a manner that can be potentially dangerous to both the environment and personal health.
- b. Storage containers of hazardous waste shall be kept clean and free of any leaks or spillage.

**L. Lead Hazards**

- a. No occupant or owner shall deposit, cause to be deposited, maintain, or otherwise create a dust-lead hazard or soil-lead hazard at the premises of any dwelling, dwelling unit, outbuilding, or childcare facility.
- b. Removal of lead must be conducted in accordance with **ORC 3742**.

## **SECTION 201.04 STANDARDS**

### **Structural Components**

The owner of a dwelling:

- i. Shall provide windows and doors that are safe, sound, reasonably weather-tight, can lock, be waterproof, and are rodent and pest-proof.
- ii. All windows used or intended to be used for ventilation, all other openings, and all exterior doorways which might provide an entry for rodents or pests, shall be supplied with adequate screens or other such devices as will effectively prevent the entrance of pests into the structure.
- iii. Shall maintain the foundation, walls, ceilings, and roof in a manner that is safe, sound, reasonably weather and rodent and pest-proof.
- iv. If excessive dampness exists, corrective measures shall be required to relieve this dampness.
  1. If any mold growth is seen inside a structure due to excessive dampness, corrective measures shall be required to remediate this mold growth or any structural damage.
- v. Shall provide either sewage or household sewage treatment systems in accordance with **OAC 3701-29-06**.

## **SECTION 201.05 MOSQUITO AND OTHER INSECT CONTROL**

*(see also Mosquito Control Manual 201.07)*

- A.** No owner or occupant of any premises within the Health District shall maintain premises in a mosquito larvae-infested condition.
- B.** Provisions shall be made to ensure that any water-holding containers are not breeding sites for mosquitoes: Bird baths, buckets, tires, gutters, or any other water-holding containers shall be emptied and/or cleaned to prevent or eliminate mosquito breeding sites.
- C.** Tires shall be stored in a manner that prevents the collection of water to limit breeding sources or treated regularly to keep tires free of mosquito larvae.
- D.** It shall be the authority of the Board, or their duly authorized representative, to perform an inspection of any premises in the Health District which there is reason to believe that a premise is not in a mosquito-proof condition.
- E.** If such premises are not being maintained in a manner that prohibits mosquito breeding, or if mosquito larvae are observed, a notice in writing shall be served upon such owner or occupant. The notice shall state the condition of said premises, the required corrections, and the timeframe for abatement.
- F.** After the owner or occupant of any such premises has been notified by the Board that such premises contain mosquito larvae or are not being maintained in a manner that prohibits mosquito breeding, it shall be the duty of such owner or occupant to take appropriate measures to remedy the condition per the notice.

**SECTION 201.06 EMERGENCY CONDEMNATION ORDER**

Below is an approved sample condemnation which may be utilized as this Code allows:

**Emergency Condemnation and Orders to Vacate**

**Findings of Unfitness for Human Habitation and  
Determination of Immediate Danger and Orders to Abate-Correct Violations**

Address: XXXX

Re: XXX

Dear XXX,

In accordance with **Ohio Revised Code Section 3707.01** Powers of Board – Abatement and Nuisances:

“The board of health of a city or general health district shall abate and remove all nuisances within its jurisdiction. It may, by order, compel the owners, agents, assignees, occupants, or tenants of any lot, property, building, or structure to abate and remove any nuisance therein, and prosecute such persons for neglect or refusal to obey such orders. Except in cities having a building department, or otherwise exercising the power to regulate the erection of buildings, the board may regulate the location, construction, and repair of water closets, privies, cesspools, sinks, plumbing, and drains. In cities having such departments or exercising such power, the legislative authority, by ordinance, shall prescribe such rules and regulations as are approved by the board and shall provide for their enforcement.”

Acting as agents for the Tuscarawas County Board of Health, employees of the Department have visited your residence located at XXX multiple times throughout recent years, most recently being XXX.

Based on the results of that visit, the Board of Health (“Board”) finds that the dwelling is unfit for human habitation, under **Ohio Revised Code 3701.01(B)** the Board further finds that the dwelling is “in a condition dangerous to life or health”.

Conditions in the dwelling that give rise to the emergency finding of unfitness and determination of danger include:

**Occupancy Orders:** Based on these findings any occupants are hereby ordered to vacate, and the owner is ordered to secure the dwelling within the first 48 hours of receipt of this order.

If any person refuses to leave a dwelling, or portion thereof, which was ordered condemned and vacated s/he may be forcibly removed by the local Board of Health or by local police authorities at the request of the Board of Health.

Furthermore, anyone who fails to comply with any order of the Board of Health may be subject to fines ranging up to \$150.00. Each day’s failure to comply with an order shall constitute a separate violation.

Once vacated, this building may not be occupied without the written approval of the Board of Health.

**Inspection History:**

Area	Nuisance Description	Abatement Requirements	Timeline for Completion
Entire-dwelling			
Kitchen, bathrooms			
Entire-dwelling			
Kitchen, bathrooms			
Entire-dwelling			
Exterior yard			
Kitchen, bathrooms			
Miscellaneous			
Exterior			

**Abatement Order to Correct:** You are hereby ordered to correct the violations within the timeframes listed. A follow-up reinspection will be conducted to determine your compliance with this Order. All corrections must be performed in a workmanlike fashion by properly trained and licensed personnel, when required, with appropriate permits obtained as needed. **The dwelling must be properly cleaned of all potentially infectious materials and sanitized prior to bringing workers to the site to make structural or systems repairs. Individuals cleaning biohazardous materials must be trained in the proper use of personal protective equipment, effective methods for bioremediation, and disposal of biological materials.**

**Penalty for Failure to Comply with Order:** Failure to comply with the deadlines set out above may result in this agency initiating criminal or civil proceedings against you, under **Ohio Revised Code 3707.02** “When an order of the board of health of a city or general health district, made pursuant to **Section 3707.01 of the Revised Code**, is neglected or disregarded, in whole or in part, the board may elect to cause the arrest and prosecution of all persons offending or to perform, by its officers and employees, what the offending parties should have done.” Further, R.C. 3707.01 states, “When a building, erection, excavation, premises, business, pursuit, matter, or thing, or the sewerage, drainage, plumbing, or ventilation thereof is, in the opinion of the board, in a condition dangerous to life or health, and when a building or structure is occupied or rented for living or business purposes and sanitary plumbing and sewerage are feasible and necessary, but neglected or refused, the board may declare it a public nuisance and order it to be removed, abated, suspended, altered, or otherwise improved or purified by the owner, agent, or other person having control thereof or responsible for such condition, and may prosecute the owner, agent, or other person having control thereof for the refusal or neglect to obey such order. The board may, by its officers and employees, remove, abate, suspend, alter, or otherwise improve or purify such nuisance and certify the costs and expense thereof to the county auditor, to be assessed against the property and thereby made a lien upon it and collected as other taxes.”

Signature of enforcing agent: \_\_\_\_\_ Date: \_\_\_\_\_  
Tuscarawas County Health Commissioner

## **SECTION 201.07 MOSQUITO CONTROL MANUAL**

### **A. Mosquito Control Cooperative**

Preparation is the most important component of the Tuscarawas County Health Department’s (TCHD) Mosquito Control Program. Achieving the most effective control of mosquito populations will necessitate the coordinated efforts of the Health Department and, just as importantly, its residents.

- a. What the Health Department will do:
  - i. Engage in an aggressive public information campaign for its residents;

- ii. Develop seasonal program for assessing the numbers and types of mosquitoes found in the County;
  - iii. Emphasize source reduction by focusing on the elimination or modification of mosquito breeding sites;
  - iv. Apply EPA-approved larvicides to control and eliminate mosquito larvae; and
  - v. Apply EPA-approved pesticides, meant for adult mosquito control, to quickly reduce the density of adult mosquito populations.
- b. What the residents must do:
- i. Reduce the amount of water used in their yards;
  - ii. Eliminate any stagnant bodies of water in their yards; and
  - iii. Notify the Health Department of swarms of mosquitoes, dead birds, or stagnant bodies of water in parks or rights-of-way.

## **B. Executive Summary**

The objective of the Mosquito Control Policy (the “Policy”) is to attain an efficient and effective mosquito control operation that will provide the best results possible and be consistent with all ecological aspects and the best interests of Tuscarawas County. The Policy outlines strategies for the prevention and control of mosquito-borne diseases that pose a threat to public health. The Tuscarawas County Health Department’s immediate priority is to prepare for, and take preventive measures, to reduce the potential of the West Nile Virus (WNV) and other mosquito-borne diseases. The Policy emphasizes a coordinated Integrated Pest Management (IPM) approach to minimize the public health threat from mosquito-borne diseases, by utilizing proven sound mosquito control techniques recommended by the Centers of Disease Control and Prevention (CDC). IPM utilizes a variety of control techniques and evaluation procedures that include:

- Public education;
- Personal responsibility;
- Breeding Source reduction;
- Surveillance and monitoring; and
- Chemical control (larvicide and adulticide).

The prevention of any mosquito-borne disease is most efficiently accomplished by the residents knowing how to recognize potential mosquito breeding sites on their property and taking appropriate actions to eliminate these breeding sites. This Policy outlines actions that citizens can take to help reduce the threat of an arbovirus and eliminate potential breeding sites from their property.

All citizens must be active in personal protection and do their part to aid in the abatement process to protect themselves, their family, their homes, and their community. Providing the public with the most updated information is only one part in the control of mosquito breeding and disease prevention. It is important for the residents to understand that the



majority of mosquito breeding sites are developed due to the creation of artificial breeding sites caused by excessive watering of lawns and plant beds, pet bowls, birdbaths, and flowerpots with saucers, buckets, gutters, catch basins, or anything that may hold water outdoors around their homes.

Additionally, the Health Department Environmental Health staff will promote personal protection responsibility through a public information campaign and will stress personal protection responsibility during the peak mosquito season. The Department will also utilize the CDC's "Fight the Bite" campaign to supplement its public information efforts. The Health Department will use source reduction and surveillance to track larval and adult mosquito populations, species types, and breeding locations to evaluate the potential for any arbovirus disease outbreak within the community. Knowing when and where a virus is likely to strike allows for precise targeting control techniques.

The use of larvicides and adulticides is a necessary component of mosquito control. Larviciding and adulticiding is recognized by the CDC and other federal health authorities as critical program elements in reducing public health threats from mosquito-borne diseases. Given the relative importance and capabilities of source reduction and larviciding to reduce the breeding of mosquitoes, such activities will be undertaken before adulticiding. It is acknowledged that source reduction and larviciding cannot eliminate adult mosquito populations in Tuscarawas County. Should surveillance data indicate increased mosquito population(s) and/or the presence of an arbovirus that poses a risk to public health, adulticiding can help reduce such populations over a large area in a relatively short period. Larviciding would only help reduce populations of future generations, but would not affect existing adult mosquitoes, which are infected or could be infected.

Larviciding is an important control mechanism since the objective of larviciding is to control the immature stages at the breeding sites before adult populations have had a chance to disperse, and to maintain populations levels at which the risk of arbovirus transmission is minimal.

It will be standard procedure for the Tuscarawas County Health Department to only use pesticides meant for adult mosquitoes as a last resort to control adult mosquito populations. The Health Department will only use adulticiding chemicals that have been tested, registered, and approved by the EPA. The Health Department's decision to use pesticides will be based the CDC's recommendation that mosquito adulticiding should only be used in situations where surveillance data indicates that it is necessary to reduce the density of adult mosquito populations quickly to lower the risk of WNV or other mosquito-borne diseases based on established set thresholds. These thresholds are:

- When a particular trap location has over 200 mosquitoes in one night of trapping;
- When a mosquito pool (one trap's catch of mosquitoes) has tested positive for WNV;
- When the Tuscarawas County Health Department or the Ohio Department of Health reports a suspected human case of WNV or other mosquito-borne illness in the County;

- When the Tuscarawas County Health Department or the Ohio Department of Health reports a confirmed human case of WNV or other mosquito borne illness in the County;
- When the Tuscarawas County Health Department is notified of a confirmed equine case of WNV in the County;

### **C. Introduction**

Mosquitoes are members of a family of nematocerid flies: the Culicidae, from the Latin *culex*, genitive, *culicis* meaning "midge" or "gnat." The word mosquito (formed by *mosca* and diminutive *ito*) is from the Spanish for "little fly." The female mosquitoes have modified mouthparts that form a long piercing-sucking proboscis, while male mosquitoes have mouthparts that are incapable of piercing skin. There are over 2,500 different species of mosquitoes that have been identified throughout the world, with approximately 150 species occurring in the United States (National Center for Infectious Disease).

WNV is maintained in nature in a manner similar to SLE, in a bird- mosquito cycle. Several *Culex* spp., including the common house mosquitoes, *Culex quinquefasciatus*, *Cx. pipiens*, and *Cx. salinarius*, and possibly also *Cx. restuans*, are the principal vectors to people. WNV appears to be most dangerous to the elderly or immune-compromised patient. Since WNV has been demonstrated to amplify in the Asian tiger mosquito in the lab, it is possible that this mosquito is also involved in WNV transmission. In contrast to other mosquito-borne viruses, WNV also kills many birds in the U.S., especially crows, blue jays, and raptors. Surveillance efforts to detect the presence of WNV, therefore, can target the reporting and testing of those three types of dead birds. WNV does not cause as serious illness as some other arboviral diseases. In fact, only one out of every 150-200 people exposed to the virus will become ill, and less than 10% of clinically ill patients will die. Still, the public's perception and reaction to local reports of WNV cases cause much anxiety and fear in communities.

Female mosquitoes require still and stagnant water away from predators in which to lay her eggs. These areas can include catch basins, gutters, birdbaths, tree holes, freshwater wetlands, and plant pots. Female mosquitoes will lay their eggs on the water surface either singly, or in a raft containing up to 300 eggs, and will hatch within about 24 hours. As adults, both the male and female adult mosquito feed on sugars from plants and from other insects that feed on plant sugars. This is the only source of nutrition for the males, as they do not feed on blood. The females use the sugar meals for energy and the blood meals for egg development (IFAS Mosquito Information, 2012).

### **D. Public Information and Personal Responsibility**

Public information relates to the development and maintenance of community-wide mosquito control activities and programs. Areas of individual responsibility relate to personal actions that residents can take to reduce personal risk from mosquitoes, such as eliminating breeding sites on their property and using insect repellants (Banks, 2009).

#### **a. Public Information:**

The Health Department will identify potential partners to ensure a continuous

flow of consistent information. Additionally, the Department will also utilize the CDC's "Fight the Bite" campaign to supplement its public information efforts. Effective risk communication campaigns are successful because they provide accurate, clear, and timely information. The prevention of any mosquito-borne disease is most efficiently accomplished by ensuring that prompt and accurate information reaches the public. If the appropriate information reaches the public in a timely manner, personal protective measures may be implemented without panic and confusion. If a sampled mosquito pool tests positive for arbovirus/diseases, information describing the location of the sampling event, the date, and other pertinent information will be provided. Techniques used to disseminate information may include, but not limited to, the following:

- Utilization of the Health Department's website to post information on mosquito abatement activities, personal protection best practices, and mosquito control website links;
- Letters, pamphlets, brochures, and/or door hangers to be distributed to residents
- Press releases describing WNV response activities; and
- The development of a public service announcement to be provided to local media outlets.

b. Personal Responsibility

All citizens must be active in personal protection and do their part to aid in the abatement process to protect themselves, their family, their homes, and their community. Providing the public with the most updated information is only one part in the prevention of mosquito breeding and disease prevention. It is important for the residents to know that the majority of mosquito breeding sites are developed due to the creation of artificial breeding sites around their homes. The following information will assist the residents, and help them to become more aware of mosquito breeding sites, and prevent the spread of WNV and other mosquito-borne diseases.

i. 4-D's

1. Dusk / Dawn: Dusk and dawn are the times of the day when mosquitoes are most active. During peak mosquito season, residents will be encouraged to stay indoors if possible or limit outdoor activity during these periods.
2. DEET: Use repellants that contain DEET as the active ingredient for treating exposed skin areas.
3. Dress: Dress to keep skin covered as much as possible, consider wearing loose, long-sleeved shirts and long pants
4. Drain: Drain any standing water on the property. This includes water from flower pots, bird baths, rain gutters, rain barrels, and pet dishes at least once a week.

- ii. Eliminate breeding sites for larvae
  1. Reduce all standing water around the property that provides breeding sites.
  2. Check the irrigation system to prevent excessive-watering of lawns and plant beds.
  3. Repair leaky pipes and outside faucets.
  4. Clean gutters every three (3) to four (4) months.
  5. Empty outside pet bowls when not in use.
  6. Clean and add fresh water to birdbaths once a week.
  7. Empty plastic wading pools weekly and store them indoors when not in use.
  8. Use mosquito fish in decorative ponds and fountains.
  9. Fill holes or depressions in trees with sand or mortar or drain them after each rain by drilling holes into the tree.
  10. Use organic and/or EPA-approved larvicide products following the directions on the product label.
- iii. Reduce adult mosquito populations
  1. Mow tall grass or reduce the amount of brush and other foliage on the property to reduce the resting sites for adult mosquitoes.
  2. For temporary relief in yards or high-traffic areas, use organic and /or EPA-approved fog treatments or surface treatments of insecticides that are labeled for that use, and apply them following the directions on the product label.
  3. Use screening in homes and pet kennels. Keep door and window screens in good repair and be sure that they are properly sealed around the frames
  4. Protect pets with drugs that eliminate heartworm.

## **E. Breeding Source Reduction**

The elimination or modification of mosquito breeding sites is critically, and typically, the most effective and economical solution for long-term mosquito control. The American Mosquito Control Association (AMCA) states that source reduction efforts can often minimize and/or eliminate the need for mosquito larviciding in the affected habitat. Additionally, source reduction can greatly reduce the need for adulticiding (AMCA A. M., 2009).

The normal habitat for mosquito larvae in the community is produced by summer rain pools and stagnant water from over-watering of landscapes. Small pools of water that are created by irrigation or heavy rains during the summer produce most of our nuisance species of mosquitoes. A summer rainfall of less than an inch can produce breeding grounds for mosquitoes. Almost anything, whether natural or artificial, that will hold

water for about a week or more, may breed mosquitoes. These insects have adapted to a wide variety of larval habitats, and it is important to check for larvae in any pools of standing water.

## **F. Surveillance and Monitoring**

The Health Department's surveillance and monitoring program will be used to pinpoint large mosquito populations in the community. The Department will survey and monitor adult mosquitoes using gravid traps. Captured mosquitoes will be sent to the Ohio Department of Health (ODH) for testing. Each sample will consist of mosquitoes that are collected at a single collection site. The information obtained from these surveillance efforts will be used to map mosquito populations, provide public information, and determine the occurrence of any mosquito-borne disease. The risk of mosquito-borne diseases depends on the size of mosquito populations and the incidence rate of disease. Mapping mosquito breeding habitat locations can help with source reduction, habitat disruption, larviciding, and adulticiding activities, and strategically pinpoint target areas for community education efforts (NMVCA, 2003).

The Department will use mosquito surveillance and monitoring by collecting adult mosquitoes to determine what control measures are to be used and evaluate the potential for any arbovirus disease outbreak within the community. The objective of the surveillance and monitoring program is to:

- a. Assess the threat of arbovirus exposure to citizens;
- b. Identify high risk adult mosquito population areas;
- c. Identify larval habitats that are in need of targeted control;
- d. Monitor the effectiveness of control measures; and
- e. Determine what level of control methods need to be implemented.

Typically, The Tuscarawas County Health Department's surveillance programs are conducted June through August. During these months, Tuscarawas County will only test for the WNV. If chemical control measures are needed to control mosquito populations, mosquito traps may be used more frequently to assess the effectiveness of the control measures.

## **G. Traps**

The purpose of using traps is to determine the relative human health threat due to WNV, and other mosquito-borne diseases, by detecting the presence of arboviral agents in female mosquitoes, primarily the *Culex* species. After the mosquitoes have been collected and counted, they will be sent to the ODH for identification and arbovirus isolation.

Traps will be placed in areas that provide overhead cover to protect the trap and captured mosquitoes from extreme environmental conditions. Targeted sites are to include but not limited to park areas, easements, alleys, along waterways, reported areas of clusters of dead birds, and suspected areas that may support mosquito populations that may test positive for WNV.

The information obtained from these surveillance efforts will determine the need for

various control measures, conduct more effective searches for larval breeding places, assess the extent of the problem, and potentially gauge the effectiveness of control measures.

## **H. Mosquito Control Measures**

Mosquitoes may be controlled through an assortment of control practices. Such practices include physical control through source reduction; chemical control through the use of pesticides such as larvicide and adulticide; biochemical through growth regulation in the larval stage; and mechanical controls.

### **a. Chemical Control:**

The CDC recommends that chemical control applications should be dependent on set threshold levels (CDC, 2003). This simply means that a certain defined risk needs to exist before particular chemical control measures are implemented. The most commonly used chemical control treatments are larvicide and adulticide. Larviciding and adulticiding is recognized by the CDC and other federal health authorities as critical program elements in reducing public health threats from mosquito-borne diseases. Given the relative importance and capabilities of source reduction and larviciding to reduce the breeding of mosquitoes, such activities will be undertaken before adulticiding. It is acknowledged that source reduction and larviciding cannot completely eliminate adult mosquito populations. Should surveillance data indicate increased mosquito population(s) and/or the presence of an arbovirus that poses a risk to public health, adulticiding can help reduce such populations over a large area in a relatively short period. Larviciding would only help reduce populations of future generations, but would not affect existing adult mosquitoes, which are infected or could be infected.

### **i. Larvicide:**

The Health Department will utilize EPA approved larvicides that will be applied according to the manufacturer's directions. Larviciding is an important control mechanism since the objective of larviciding is to control the immature stages at the breeding sites before adult populations have had a chance to disperse, and to maintain populations levels at which the risk of arbovirus transmission is minimal. The staff will utilize a larviciding program in combination with surveillance and source reduction to control mosquito larvae before they develop into biting adults. The staff will inspect locations that are known to have the potential to hold water and breed mosquitoes. Larvicide efforts will include, but not be limited to, the following mosquito breeding sites on public property:

1. Curb and gutter;
2. Tree-holes and rock-pools;
3. Vegetated edges of lakes and creeks;
4. Culverts, catch basins, ornamental fountains, pools; and
5. Manhole covers, storm water inlets, and discharge areas.

ii. Adulticide:

It will be standard procedure for the Health Department to only use pesticides meant for adult mosquitoes as a last resort to control adult mosquito populations. The Department will only use adulticiding chemicals that have been tested, registered, and approved by the EPA. The Health Department's decision to use pesticides will be based on the CDC's recommendation that mosquito adulticiding should only be used in situations where surveillance data indicates that it is necessary to reduce the density of adult mosquito populations quickly to lower the risk of WNV or other mosquito-borne diseases.

Adulticiding is the application of pesticides to kill adult mosquitoes. The ability to control adult mosquitoes is an important component of any IPM program. The Department will use chemical control measures in accordance with the CDC and the Ohio Department of Health's recommended thresholds based on the analysis of either larval or adult mosquito surveillance, or other available field data. These thresholds are:

1. When a particular trap location has over 200 mosquitoes in one night of trapping;
2. When a mosquito pool (one trap's catch of mosquitoes) has tested positive for WNV;
3. When the Tuscarawas County Health Department or the Ohio Department of Health reports a suspected human case of WNV or other mosquito-borne illness in the County;
4. When the Tuscarawas County Health Department or the Ohio Department of Health reports a confirmed human case of WNV or other mosquito-borne illness in the County;
5. When the Tuscarawas County Health Department is notified of a confirmed equine case of WNV in the County.

The Health Department will use the following guidelines when applying adulticides:

1. Spraying shall be conducted between dusk and dawn;
2. Notify the citizens when an area is being sprayed;
3. When weather conditions are inappropriate for spraying a new notification must be issued;
4. Publish spraying area(s) information on the Health Department's website and social media pages;
5. In the case of an arbovirus event, the location of the positive site shall be sprayed a minimum of two times;
6. Do not spray if the wind speed is below 1 MPH, or exceeds 10 MPH;
7. Do not apply pesticides just before or during a rain event.

The CDC has reported that many mosquito control programs have relied heavily upon using chemical agents for mosquito control. Those mosquitoes that are exposed constantly to chemical applications are genetically able to resist higher pesticide concentrations. Eventually, the pesticide becomes less effective as resistance increases in the mosquito populations. The CDC states the onset of resistance can be minimized through:

1. Using doses that are no lower than the lowest level rate to avoid genetic selection;
2. Using less frequent applications;
3. Using chemicals of short environmental persistence;
4. Avoiding the use of slow release formulations;
5. Avoiding using the same class of pesticides to control both adults and immature stages; and
6. Applying pesticides to only hot spots. (Area-wide treatments should only be considered during imminent public health threats).

The effects on human health are primary factors considered in the regulation of adulticides. The CDC reports that pesticides that can be used for mosquito control, and have been approved by the EPA, do not to pose an unreasonable risk to human health. The CDC recommends people who are concerned about exposure to chemicals, such as those with chemical sensitivity, or breathing conditions such as asthma, can reduce their potential for exposure by staying indoors during the application period (CDC, 2012).

In addition, the CDC posted a report that examined illnesses in nine states associated with exposure to pesticides used to control mosquito populations from 1999-2002. This study found that "application of certain insecticides poses a low risk for acute, temporary health effects among person in areas that were sprayed, and among workers handling and applying chemicals" (CDC, 2012). Currently, there is no concrete evidence to show that any pesticides for mosquito control are completely safe. Therefore, it is recommended that EPA approved adulticides should only be used when CDC and TCHD thresholds are met and be used in accordance with the TCHD application recommendations as stated in this section.

## **I. References**

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[http://mosquito.ifas.ufl.edu/Mosquito\\_Biology.htm](http://mosquito.ifas.ufl.edu/Mosquito_Biology.htm)
2. AMCA, A. M. (2009). Best Management Practices for Integrated Mosquito Management.
3. Banks, K. E. (2009). Mosquito Surveillance and Response Plan. City of Denton-Division of Environmental Quality.



4. CDC. (2012). West Nile Virus. Retrieved from [www.cdc.gov](http://www.cdc.gov): <http://www.cdc.gov/ncidod/dvbid/westnile/qa/pesticides.htm>
5. CDC, C. f. (2003). Epidemic/Epizootic West Nile Virus in the United States: Guidelines for Surveillance, Prevention, and Control. Centers for Disease Control and Prevention. Retrieved 2012, from <http://www.cdc.gov/ncidod/dvbid/westnile/resources/wnvguidelines-apr-2001.pdf>
6. National Center for Infectious Disease. (n.d.). Retrieved October 2012, from Center for Disease Control: [http://www.cdc.gov/ncidod/diseases/list\\_mosquitoborne.htm](http://www.cdc.gov/ncidod/diseases/list_mosquitoborne.htm)
7. NMVCA, N. M. (2003). Standard Operating Procedures and Arbovirus Mosquito Control in Idah

### **SECTION 201.99 PENALTY**

Whoever violates or fails to comply with any of the provisions of this Environmental Health Code shall violate **ORC 3707.48, 3707.01, 3707.02, 3709.21 and 3709.22** and may be subject to penalties provided in **ORC 3707.02, 3707.021, 3709.211, 3707.99, and 3709.99**.

## **Section 202: Private Water System**

### **Cross References**

OAC 3701-28 Private Water Systems

ORC 3701.334 Rules for Private Water Systems

ORC 3701.345 Applying for Variance from Rules

### **SECTION 202.01 APPROVAL OF STATE REGULATIONS**

Under the authority of **ORC 3701.334** and **ORC 3701.345**, the Tuscarawas County Board of Health administers and enforces those provisions of **OAC 3701-28** pertaining to private water systems. This responsibility includes issuing permits; establishing sampling fees; registering water haulers; inspecting sites; sampling water wells; and all other acts or efforts necessary to assure compliance with the requirements of private water systems law and regulations. The private water systems law and regulations are published by the Ohio Department of Health, copies of which are available for distribution by the Tuscarawas County Board of Health.

### **SECTION 202.02 VARIANCES**

The Board of Health may grant a variance from the requirements of this chapter as will not be contrary to the public interest, where a person shows that because of practical difficulties or other special conditions, a strict application will cause unusual and unnecessary hardship. However, no variance shall be granted that will defeat the spirit and general intent of this chapter or be otherwise contrary to the public interest.

## **Section 203: Household Sewage Treatment System**

### **Cross References**

ORC 3709.09 Board of Health to Establish Uniform Set of Fees  
ORC 3709.091 Failure to Pay Household Sewage Disposal System Permit or Inspection Fee  
ORC 3718.08 Violation of Chapter  
ORC 3718.09 Enforcement Orders – Emergency Orders  
ORC 3718.10 Prosecution or Injunction for Violation  
ORC 3718.99 Penalty  
OAC 3701-29 Sewage Treatment Systems

### **SECTION 203.01 APPROVAL OF STATE REGULATIONS**

The Tuscarawas County Board of Health administers and enforces those provisions of OAC 3701-29 pertaining to household sewage treatment systems (HSTS). This supplemental code has been adopted to ensure compliance with the requirements of sewage treatment system laws and regulations.

### **SECTION 203.02 SUBDIVISIONS AND NEW LOTS**

Before the transfer of a deed or other instrument of conveyance for a lot within this subdivision, the grantee or grantor shall secure the approval of the Health District for the location and design of an HSTS and the location of the private water system for the lot being transferred. It is required that any lot split resulting in a parcel less than five (5) acres be reviewed and approved by the Health Department. No review or approval is required by the Health Department if each parcel is five (5) acres or greater.

No variance will be granted for any lots on which conditions not meeting the sanitary regulations of the Health District are found.

Acceptance by the grantee or his agent of the Health District's HSTS Plan constitutes an agreement by the grantee and his heirs or assigns to locate and construct the home and to locate and construct the HSTS and private water system as outlined in the plan and to operate and maintain such HSTS as set forth by the Health District, until the construction of a public sanitary sewer system which will serve the lots in the subdivision, at which time grantee shall connect to such system.

The subdivision plat may illustrate the proposed location of a HSTS and replacement area, alternative locations for the HSTS and replacement area may be possible as long as all Health District codes can be met, without requiring a Board of Health variance.

All buildings shall be located to conform to the isolation distances from the designated HSTS and replacement area.

There shall not be constructed nor caused to be constructed any structure, building, device, driveway, parking area, swimming pool, livestock enclosure, geothermal heating/cooling device, or other obstruction on the portion of the lot designated by the Health District to be used for the HSTS or on any area designated for replacement of the said system.

The grantee must conform all landscaping and final grading on any lot within this subdivision to the operation of said lot's HSTS.

Except for the subdivision described on this plat, there shall be no further subdivision of lands on

this plat for the purpose of creating additional building sites without the consent of the Board of Health.

Once construction of an HSTS is completed and until the HSTS has been abandoned due to sewer connection or other reasons, the Health District reserves the right to periodically inspect the operation of each HSTS on each sub lot within this subdivision and charge a reasonable fee to the owner of the sub lot for the operation inspection.

The seller of any subplot within this subdivision has the responsibility of making any potential buyer of any subplot within this subdivision aware of these plat restrictions.

**SECTION 203.03 GRAY WATER RECYCLING SYSTEM (OAC 3701-29-9 and OAC 3701-29-17)**

No person shall design or install a type 1 gray water recycling system without an approved and valid type 1 gray water recycling system permit issued by the Board of Health.

**SECTION 203.04 OPERATION AND MAINTENANCE PROGRAM**

According to **Ohio Administrative Code 3701-29-19**, the Board of Health shall develop a program for the administration of the Operation and Maintenance (O&M) for Home Sewage Treatment Systems (HSTS) and Gray Water Recycling Systems (GWRS) in compliance with **(A)(7) of Section 3718.02 of the Ohio Revised Code and 3701-29-19 of the Ohio Administrative Code.**

**A. Definitions**

Terms used in this code shall have the same meaning specified in **Ohio Revised Code 3718 and Ohio Administrative Code 3701-29.**

**B. Service Contracts Required for Certain Systems**

An owner of an HSTS utilizing any of the following treatment or dispersal components is required to maintain a service contract with a registered service provider or register as a service provider to perform services at his/her residence for the life of the system. This requirement shall apply to all of the following systems irrespective of age or date of installation.

- a. System utilizing a pretreatment component, such as an aerobic treatment unit, or type 4 graywater system
- b. A system utilizing microdosing, such as drip irrigation
- c. A system utilizing surface application of pretreated wastewater, such as spray irrigation
- d. Any other system required to maintain a service contract by law or approval as a special device for use in the State of Ohio

**C. General Permits Requirements**

- a. No person shall operate an HSTS without an approved and valid operation permit from the Board of Health. The owner or a responsible management entity shall comply with the terms and conditions of the permit, **ORC 3718**, and **OAC 3701-**

**29.**

- b. An operation permit shall be issued with the approval of installation, replacement, or alteration of an HSTS. Additionally, the issuance of an operation permit for existing HSTS may be initiated following service or inspection permitted by Registered Service Providers, the Board of Health, or tank pumping by a Registered Septage Hauler.
- c. An operation permit may be renewed, suspended, or revoked by the Board of Health.

**D. Operation Permit Terms**

**a. Two (2) Year Permits**

- 1. Renewed every 2 years on January 15 (beginning 2023) and will be accompanied by a fee established by the Board of Health.
- 2. Required for all systems with a mechanical or discharging component.

**b. Five (5) Year Permits**

- 1. Renewed every 5 years on January 15 (beginning 2024) and will be accompanied by a fee established by the Board of Health.
- 2. Required for all system types **without** a mechanical or discharging component.

**c. Type 2 Annual Alternate Operation Permit**

- 1. When the terms and conditions of a 2-year or 5-year operation permit have not been fulfilled as described, then a Type 2 Annual permit may be issued, and an appropriate fee assessed.
- 2. Annual permits are reviewed in December of each year, if the homeowner has complied with the maintenance requirement for their system type for the previous year, then they will be re-enrolled in the 2-year or 5-year permit cycle at no additional cost.
  - 1. If the homeowner fails to comply with the maintenance requirements for the property the homeowner will be enrolled in the Type 2 annual permit cycle, and an appropriate fee will be assessed.
  - 2. The Health Department has the authority to conduct a pass/fail inspection for any system enrolled under a Type 2 permit. This does not take the place of the required maintenance of the system.

**E. Enforcement and Penalties**

Whoever fails to obtain an operation permit as required, fails to comply with the terms of a permit and applicable regulations, fails to obtain contracts with a registered service provider, when required, or fails to submit proof of compliance may be subject to a yearly inspection by the Board of Health and the associated fee. If the owner refuses the inspection or to pay the fee for the inspection the sum of the inspection or permit fee may be placed as a lien against the real property in accordance with **Ohio Revised Code**

**Section 3709.091.**

Failure to submit the application and fee may also result in a lien against the real property in accordance with **Ohio Revised Code Section 3709.091**.

A property owner may object to a notice sent to them regarding a lien on their real property within thirty (30) days of the receipt of the notice, by delivering a written notice of objection to the Health Commissioner. Any objection submitted shall undergo administrative review. If any of the following are determined, the notice and lien shall be voided:

- a. It is found that the notice was sent in error.
- b. The owner’s service provider failed to submit appropriate documentation.
- c. The structure has been connected to sanitary sewer and HSTS was properly abandoned.

If the administrative review finds that the objection does not meet the criteria in (ii)(1) then civil action will commence in accordance with **ORC 3709.091**.

If a sewage treatment system is found to be in need of service, malfunctioning, and/or creating a nuisance as defined in **ORC 3718.011** the owner will be subject to enforcement action in accordance with **ORC 3718 and OAC 3701-29** and may be subject to penalties outlined in **ORC 3718.99**.

**F. Service Provider Reporting and Requirements**

Each HSTS or component thereof, requiring a service contract with a registered service provider, shall be serviced in accordance with **ORC 3718 and OAC 3701-29**, the manufacturer’s specifications, and the conditions of the operation permit.

The registered service provider shall report monthly, at minimum, any new or renewed service contacts and the systems that have been routinely serviced within the Health District on a form approved by the Board of Health, however, it is ultimately the responsibility of the homeowner to ensure that maintenance reports are provided to the Health Department within 30 days of service completion.

In lieu of a contract with a registered service provider, a property owner may register as a service provider who performs service at his/her own personal residence and shall register yearly in accordance with **OAC 3701-29-03**. The registrant shall be subject to a registration fee but shall not be required to present proof of liability coverage of surety coverage. The registrant must submit a record of service activities performed at his/her property at the time of registration on a form approved by the Board of Health.

**SECTION 203.06 VERTICAL SEPARATION DISTANCES**

- A. In reference to **3701-29-15 (G) of the Ohio Administrative Code**, whereas, except for paragraphs (E), (F) and (H) of this rule, when a seasonal water table is present, the Board of Health may establish a vertical separation distance no less than six inches and no greater than eighteen inches, with a required minimum thickness of in situ soil within the infiltrative distance of no less than six inches when effluent is discharged to the soil

absorption component. The Board of Health does hereby establish a vertical separation distance of six (6) inches, with a required minimum thickness of in situ soil of six (6) inches when septic effluent is discharged to the soil absorption component.

- B.** In reference to **3701-29-15 (H) of the Ohio Administrative Code**, the Board of Health may establish the required minimum vertical separation distance of greater than zero (0) inches and less than six (6) inches, and the required minimum in situ soil thickness within the vertical separation distance of greater than zero (0) inches and less than six (6) inches where the seasonal water table is present and the sewage effluent is pretreated to less than one thousand fecal coliform CFU per one hundred milliliters. The Board of Health does hereby establish a vertical separation distance of one (1) inch, with a minimum required in situ soil thickness of one (1) inch, to the seasonal water table for sewage effluent that is pretreated to less than one thousand fecal coliform CFU per one hundred milliliters.

### **SECTION 203.05 VARIANCES**

The Board of Health may grant a variance from the requirements of this chapter as will not be contrary to the public interest, where a person shows that because of practical difficulties or other special conditions, a strict application will cause unusual and unnecessary hardship. However, no variance shall be granted that will defeat the spirit and general intent of this chapter or be otherwise contrary to the public interest.

## **Section 204: Point of Sale**

### **SECTION 204.01 LIMITATIONS ON THE SALE, TRANSFER, OR CONVEYANCE OF PROPERTY**

There shall be no sale, transfer, or conveyance of any parcel within the Tuscarawas County Health District served by a Private Water System (PWS) and/or Home Sewage Treatment System (HSTS) until the following are met:

1. The seller obtains a PWS evaluation report by the TCHD or files with TCHD a PWS evaluation report by a registered water system contractor; or
2. The seller obtains an HSTS evaluation report by the TCHD or files with TCHD an HSTS evaluation report by a qualified registered HSTS Evaluator; or
3. An exemption form is signed and filed with the TCHD.

### **SECTION 204.02 EVALUATIONS**

Prior to a property transfer (or sale), a property served by an HSTS within the Health District shall be inspected by the Board of Health or a registered service provider to determine compliance with **O.R.C. 3718 and O.A.C. 3701-29**. The inspection shall be conducted in accordance with the sewage treatment system property transfer inspection guidelines provided by the Board of Health.

When a system is inspected by a service provider, a report on an approved form shall be submitted for review to the Board of Health, within three (3) business days of Inspection. A fee established by the Board of Health shall be paid for each report reviewed within thirty (30) days. Inspections will not be reviewed for those Service Providers whose invoice(s) are more than 90 days overdue.

When a transferor fails to have an inspection conducted before the transfer, the Board of Health may require the transferee to have a post-transfer inspection completed. If the inspection is conducted by the Board of Health, the transferee shall pay the cost of the inspection. Failure to do so will result in the collection of Inspection fees under **O.R.C 3709.091**.

If it is determined that sanitary sewer is available to a property at the time of inspection (See Section 205), the property shall be connected to the sanitary sewer within sixty (60) days of the property transfer, and the inspection may be waived.

An inspection may be postponed when the structure has been vacant for thirty (30) days or more due to the difficulty in accurately assessing the HSTS. When the inspection is to be postponed, the buyer and seller must notify the Board of their intention before the transfer on a form approved by the Board. The transferee shall then be responsible for ensuring that the inspection is conducted within 120 days of occupancy.

The following are exempt from the requirements above (see form Auditor's form DTE 100 (EX)):

- A. All transfers and partitions of real property under order of a court of competent jurisdiction including but not limited to foreclosure sales, probate property sales, and divorce decrees.
- B. Transfers from a sole owner to survivorship when the transferor is also one of the survivor transferees and where no valuable consideration is paid at the time of the transfer.



- C. Transfers from a survivorship instrument/Joint tenancy to one or both survivors so long as a non-party transferee is not added to the deed, and so long as no valuable consideration is paid at the time of the transfer.
- D. Transfers to one or more of the beneficiaries on a Transfer on Death (T.O.D) deed, so long as no valuable consideration is paid at the time of transfer.
- E. Transfers to a trust, when the transferor is the beneficiary of that trust, and so long as no valuable consideration is paid at the time of the transfer.
- F. Transfers from a trust to the remaining beneficiaries, so long as no valuable consideration is paid at the time of the transfer.
- G. Transfers by and between spouses, as a result of the death of one spouse or otherwise from or to survivorship or a tenancy in common, where the spouses are the only parties to the instrument and so long as no valuable consideration is paid at the time of the transfer.
- H. Transfers from a parent to a child or grandchild, where the parent reserves a life estate, and so long as no valuable consideration is paid at the time of the transfer.
- I. Transfers made for corrective purposes, so long as the transfer inspection was completed before the time of the original transfer, or the original transfer was exempt by virtue of these exemptions, or if the transfer inspections were not mandated at the time of the original transfer.

**SECTION 204.03 PERFORMANCE STANDARDS**

The evaluation shall determine whether the system(s) adversely affects public health and the environment or violates any other applicable rules or regulations. The evaluation shall determine whether the PWS and/or HSTS structure and its operational status are in substantial conformance with the standards of this Regulation and the HSTS and PWS regulations.

Water samples that are collected shall be analyzed at a laboratory certified by the Ohio Environmental Protection Agency (OEPA) to determine the presence of coliform bacteria, nitrates, E. Coli, or other contaminants as determined by the TCHD, or as requested by any person involved with the purchase or sale of the property.

The process used for the collection of potable water samples shall comply with Ohio Department of Health (ODH) rules and regulations. The process used for the collection of non-potable water samples shall comply with ODH rules and regulations and/or TCHD regulations.

**SECTION 204.04 REGISTRATION OF WATER SYSTEM EVALUATORS**

All private inspectors performing evaluations of PWSs under this regulation must be registered with the Ohio Department of Health as a Private Water Systems Contractor (OAC 3701-28-18).

**SECTION 204.05 REGISTRATION OF SEWAGE TREATMENT SYSTEM EVALUATORS**

All private inspectors performing evaluations on HSTSs under this regulation must be registered as an HSTS Service Provider with the TCHD (OAC 3701-29-03).

### **SECTION 204.06 FEES**

Fees adopted in the Environmental Health Code of the TCHD shall be paid before the compliance evaluation by the TCHD. When the inspection has been performed by a private evaluator, the review fee shall be paid when inspection reports are filed with the TCHD.

### **SECTION 204.07 NUISANCE (FAILURE/NUISANCE)**

When a PWS and/or HSTS fails, the owner, agent, or other responsible party shall contact TCHD to inquire about corrective actions for repairing or replacing the PWS and/or HSTS. This may include, but is not limited to, the following requirements where applicable site and soil evaluations must be completed, site visits, and applications for designs and permits.

If repairs cannot be completed before the date of the property transfer, TCHD will issue orders for correction to the owner of the record for repairs to be completed within a reasonable timeframe.

If because of TCHD's document and/or on-site review of the transfer evaluation conducted by a PWS and/or HSTS Evaluator that it's discovered the PWS and/or HSTS are/is not in substantial conformance and/or is creating a nuisance, TCHD will notify the Evaluator of its findings and order correction by the owner of the record where applicable.

*See also Ohio Revised Code 3718.011.*

### **SECTION 204.08 INSPECTION NOTIFICATION**

If, after conducting the inspection, or receiving a private evaluator's inspection report, TCHD determines that the PWS and/or HSTS are/is not in substantial conformance as defined, then the property owner shall be subject to enforcement as provided by TCHD policy.

TCHD shall notify, in writing, the owner and/or purchaser or transferee or other person with a legally recognizable interest in the property. This written notice shall be sent after the determination is made or when the inspection report of the premises is filed and reviewed by the TCHD.

Any party is considered notified if the notice is sent to that party's last known mailing address or the property address if the party occupies the premises with the non-conforming PWS and/or HSTS.

### **SECTION 204.09 CORRECTIVE ACTION**

Upon receiving written notice from the TCHD of noncompliance with this Regulation, the owner, buyer, or authorized agent shall, within sixty (60) days, submit appropriate TCHD applications and fees for alteration or replacement and a proposed corrective action and contract for services to bring the affected system into compliance with applicable laws.

The TCHD shall review the proposed corrective action and amend it as required to conform to federal, state, and local laws, rules, and regulations. All necessary corrective action shall be completed within the timeframe determined by TCHD.

Once TCHD gives final approval of the completed corrective action, the system shall be deemed in substantial conformance with this Regulation and any affidavit previously filed with the

Registrar of Deeds shall be discharged. If a PWS or HSTS presents an immediate health hazard, the owner or other responsible party shall take such measures, in cooperation with the TCHD, which will immediately reduce or eliminate the impact of such failure until the full remediation plan can be implemented as described earlier in this section.

#### **SECTION 204.10 ENFORCEMENT AND COMPLIANCE**

If, after investigation, the TCHD believes that a person is violating these regulations, the TCHD shall attempt to enter a voluntary agreement with the property owner to resolve the violation.

If a voluntary agreement cannot be reached, the TCHD may issue a violation notice to the owner.

If an owner, transferee, or purchaser does not comply with the requirements of this regulation, a TCHD enforcement action will be pursued through the Board of Health, and if necessary and directed by the Board of Health, through prosecution.

#### **SECTION 204.11 ASSESSMENT AGAINST THE PROPERTY**

If an owner does not have his/her property evaluated as specified by this regulation, the-TCHD shall cause an inspection to be performed and may charge all costs and fees for the evaluation to the owner of the premises.

If the owner or party violating this regulation refuses on demand to pay such expenses incurred by the TCHD to inspect, abate, correct, or remove a violation, unsanitary condition, or nuisance, the sum shall be assessed against the property and shall be collected and treated in the same manner as taxes assessed under the general tax laws of the State of Ohio, **Ohio Revised Code Section 3709.091**.

#### **SECTION 204.99 PENALTY**

Whoever violates or fails to comply with any of the provisions of this Environmental Health Code shall be in violation of **ORC 3707.48, 3709.21, or 3709.22**, and subject to penalties provided in **ORC 3707.99 and 3709.99**.

## **Section 205: Sewer Accessibility**

Sewer accessibility shall mean that a property has been provided with a lateral, wye, or main line on the property or to the property line, or a public easement adjacent to the property line.

Additionally, the definition shall also mean that the available sewer and downstream sewerage facilities can accept the additional flows, and otherwise not be declared not accessible by the authority having jurisdiction over the sewer due to unusual topographical or other exceptional physical conditions. In the case of an existing structure where the home sewage treatment system (HSTS) is operating in accordance with Ohio Law, **Ohio Revised Code (ORC) 3718**, and **Ohio Administrative Code (OAC) 3701-29**, the sewer is deemed not accessible when the distance from the sewer to the connection point at the structure is more than 400 feet. However, if the system is not operating following Ohio Law, the sewer may be deemed accessible to abate a public health nuisance or safety hazard; prevent the pollution of surface or groundwater; or prevent the installation of a discharging STS. When a property has been deemed not accessible, for any reason, written notice shall be sent to the property owner stating such, and copies shall be maintained by the applicable sewer authority and the Board of Health.

### **SECTION 205.01: CONNECTION PROCEDURE**

After sanitary sewer is made available, a notice is sent to the property owner from the Tuscarawas County General Health District, giving them 12 months to connect to the sanitary sewer and abandon the HSTS per **OAC 3701-29**. If the sewage treatment system is failing, then the procedure for environmental health nuisances must be followed to allow for a timely abatement of the public health nuisance.

If no connection is made in the first 12 months, an Order will be sent to the property owner giving them 120 days to connect to the sanitary sewer and abandon the HSTS under the proper permit.

If still no connection has been made a Board Order will be issued to the property owner giving the owner 90 days to connect to the sanitary sewer and abandon the HSTS under the proper permit.

After the above 90 days have expired and a connection has not been made, the case will be turned over to the Tuscarawas County Prosecutor for further enforcement action.

### **SECTION 205.02 CONNECTION TO A PUBLIC SEWER**

When a sanitary sewer becomes accessible to a property served by a home sewage treatment system (HSTS), a direct connection shall be made thereto, by and at the expense of the owner. The HSTS shall be pumped by a registered septage hauler and abandoned in accordance with **Ohio Administrative Code 3701-29** within 14 days of connection to the sanitary sewer. This will require an abandonment permit which is issued by the TCHD.

Within 30 days of the date that the owner of a property served by an eligible HSTS, receives notification that the sanitary sewer is accessible for connection, the owner may choose to submit a written request for connection deferment to the TCHD. The TCHD will examine the request for

eligibility and, if conditions warrant, the requirement to connect to the sanitary sewer may be deferred for a reasonable time not less than two (2) years and not more than ten (10) years.

**A.** The TCHD will use the following guidelines in evaluating eligibility for the deferment:

1. Sanitary sewer that becomes available to a property treating wastewater by a National Pollutant Discharge Elimination System (NPDES) or discharging type HSTS may be relieved of connecting to the public system until the HSTS is no more than five (5) years in age from the date of its approval by the TCHD at installation, provided it is operated in accordance with applicable laws and regulations. The deferment of five (5) years will be counted from the time of system installation approval and not when the public sewer becomes available. However, if less than two years remain on the five (5) year period when sewer becomes available, the property owner may be relieved for two (2) years. Any system not operated in accordance with the law or that creates a public health nuisance shall forfeit the deferment.
2. Sanitary sewer that becomes available to a property treating wastewater by a non-discharging, soil absorption type HSTS may be relieved of connecting to the public system until the HSTS is no more than ten (10) years in age from the date of its approval by the Health Department at installation, provided it is operated in accordance with applicable laws and regulations. The deferment of ten (10) years would start at the time of system installation approval and not when the public sewer becomes available. However, if less than two years remain on the ten (10) year period when sewer becomes available, the property owner may be relieved for two (2) years. Any system not operated in accordance with the law or that creates a public health nuisance shall forfeit the deferment.
3. Any system that TCHD does not have approval records for, will be eligible for relief for two (2) years.

**B.** Eligibility for deferment will be determined by the TCHD, in consultation and may be declined based on the factors listed below:

1. The system is creating a public health nuisance as defined by the **Ohio Revised Code 3718**.
2. The system has not been operated in accordance with **Ohio Revised Code 3718 and Ohio Administrative Code 3701-29**.

Properties for which deferment is declined or any system for which connection has been deferred and is not operated in accordance with the law or that creates a public health nuisance shall have the deferment revoked and be required to connect to the sanitary sewer.

Any property for which connection has been deferred, upon conveyance to a new owner, shall be connected to the sanitary sewer within sixty (60) days of the conveyance or sixty (60) days of possession, whichever is later.

### C. Disposal of Septic Tank and Holding Tank Wastes

1. No person, firm, or corporation shall discharge septic tank or holding tank wastes into any watercourse or storm sewer.
2. No person, firm, or corporation shall discharge septic tank or holding tank wastes into any manhole or other appurtenance of any sewer that discharges either directly or indirectly into the sewage facilities.

## **Section 206: Public Swimming Pools and Spas**

### **Cross References**

OAC 3701-31 Public Swimming Pools or Spas

ORC 3749 Swimming Pools

### **SECTION 206.01 APPROVAL OF STATE REGULATIONS**

**Chapter 3701-31 of the Ohio Administrative Code and Ohio Revised Code Chapter 3749** are hereby approved by the Board of Health as the minimum compliance standard for enforcement by the Tuscarawas County Health Department.

No person shall construct or install a new public swimming pool until the plans therefore have been submitted to and approved in accordance with **Chapter 3701-31 of the Ohio Administrative Code**.

No person shall alter an existing public swimming pool to affect the manner or re-circulation or basic design of the system until plans for such alteration have been submitted to and approved in accordance with **Chapter 3701-31 of the Ohio Administrative Code**.

A complete set of approved plans and specifications shall be registered with the Director on any new or altered public swimming pool before written authorization to operate is given.

No person shall operate or maintain a public swimming pool unless the standards of the Tuscarawas County Board of Health have been complied with and a current license for the operation of such a swimming pool has been obtained from the Health Commissioner.

Whenever grounds exist for suspending or revoking a license such suspension or revocation shall not take place until the Health Commissioner has first notified such licensee, calling specific attention to the infractions of this regulation, and affording a reasonable time and opportunity to correct same. If such notice is not complied with in the time specified, then the Health Commissioner may suspend or revoke such license after an opportunity for an administrative hearing to contest such suspension or revocation is afforded to the licensee in accordance with **ORC 119.01 to 119.13**.

When in the judgment of the Health Commissioner such infractions constitute an imminent health hazard, the Health Commissioner may immediately order the pool to be closed until such time as the imminent health hazard has been corrected and the Health Commissioner has inspected and approved the pool to reopen.

#### **Closure Procedure:**

- a. Immediate Closure - A public swimming pool shall be immediately closed if any of the conditions exist that are listed as critical operational items in **OAC 3701-31-04(B)(1)**.
- b. When the public swimming pool is closed by the Health Commissioner, a sign in compliance with **OAC 3701-31-04(E)(3)(d)** must be posted at the public swimming pool point of entry, and
- c. Any person, firm, association, or corporation whose license has been suspended or revoked may appeal from such order to the Board of Health.
- d. Per **OAC 3701-31-03**, an annual fee equivalent to the amount which is required to be

transmitted to the State of Ohio for each license is levied and assessed upon the owner or operator of each public swimming pool, spa, or special use pool.

### **SECTION 206.02 HEALTH AND SAFETY**

A safety pool cover, when provided for any purpose, shall completely cover the pool cavity, be secured at all anchor points, be in good condition, and meet the definition of “pool safety cover.” The water shall be kept in such condition as not to breed mosquitoes, cause a nuisance, or health hazard.

### **SECTION 206.03 CLOSED POOLS**

All public swimming pools closed, or otherwise not in operation, whether licensed or unlicensed shall be maintained secure from unauthorized access during times of closure. Closed pools shall meet the barrier and signage requirements of **OAC 3701-31**.

### **SECTION 206.04 VARIANCES**

The Board of Health may grant a variance from the requirements of this chapter as will not be contrary to the public interest, where a person shows that because of practical difficulties or other special conditions, a strict application will cause unusual and unnecessary hardship. However, no variance shall be granted that will defeat the spirit and general intent of this chapter or be otherwise contrary to the public interest.

### **SECTION 206.05 VIOLATION ENFORCEMENT**

In the interest of promoting a culture of safety throughout the licensed public swimming pools and spas in Tuscarawas County, the Tuscarawas County Health Department (TCHD) has developed an Enforcement Policy/Procedure for its Public Swimming Pools program.

#### **A. Criteria for Inclusion for Standard Violations**

- a. Facilities found with the same violation(s) during 2 consecutive inspections will undergo a file review conducted by the Environmental Health Services Director and an Environmental Health (EH) Specialist. Facilities will be provided with a copy of the documented violation and the appropriate timeframe for remediation after each violation.
- b. The Environmental Health Services Director and EH Specialist will review the inspection reports, discuss the violations, and determine if the facility needs a Corrective Action Plan. This determination will be made on a case-by-case basis. The Corrective Action Plan is developed to bring the facility into compliance. The Environmental Health Services Director may conduct the scheduled re-inspection with the EH Specialist. However, the EH Specialist will be afforded the use of professional judgment regarding these circumstances to determine if enough progress has been made to avoid an inspection being made by the Environmental Health Services Director. The operator will then be required to adhere to the developed action plan. If the operator does not comply with the developed action plan, then the Environmental Health Services Director will schedule a re-inspection with the EH Specialist. If the violation(s) are not corrected or if substantial progress has not been made to correct the violations at the time of the



Environmental Health Services Director’s inspection, they will inform the operator they will be requested to appear at an administrative review (AR) with the Environmental Health Services Director and Health Commissioner. The operator will be notified a minimum of 24 hours in advance of the AR.

- c. The AR will provide the operator with an opportunity to inform the Environmental Health Services Director and Health Commissioner of why they have not brought their facility into compliance. The operator will be asked to provide a realistic timeframe for when the facility will be brought into compliance. The Environmental Health Services Director and/or EH Specialist will conduct a follow-up inspection in accordance with the agreed-upon timeframe to determine if the facility has achieved compliance. If the facility has corrected the violation(s), the Environmental Health Services Director or EH Specialist will document the inspection on an approved inspection form and inform the Health Commissioner of the inspection results. If the operator does not comply or meet the requirements outlined, then the Environmental Health Services Director or EH Specialist will schedule a re-inspection. After the re-inspection, if the facility has corrected the violation(s), the Environmental Health Services Director or EH Specialist will document the inspection on an approved inspection form and inform the Health Commissioner of the inspection results. After the re-inspection, if the violation(s) are not corrected or if substantial progress has not been made to correct the violations, the Environmental Health Services Director will inform the operator they will be requested to appear at an administrative review (AR) with the Board of Health. The operator will be notified a minimum of 24 hours in advance of the AR. The AR will provide the operator with an opportunity to inform the Board of Health of why they have not brought their facility into compliance. The operator will be asked to provide a realistic timeframe for when the facility will be brought into compliance.
- d. The Environmental Health Services Director will conduct a follow-up inspection in accordance with the agreed-upon timeframe, as outlined in the Board of Health’s AR, to determine if the facility has been brought into compliance. If the facility has corrected the violation(s) the Environmental Health Services Director will document the inspection on an approved inspection form and inform the Health Commissioner of the inspection results. If the facility has failed to correct the violations, the Environmental Health Services Director will inform the Health Commissioner who will then take the necessary steps to schedule a hearing regarding the suspension or revocation of the facility’s license with the Tuscarawas County Board of Health. The operator will be notified in accordance with the recommendations provided by the Tuscarawas County Prosecutor’s Office, and the hearing will proceed in accordance with Chapter 119 of the Ohio Revised Code, and in accordance with any recommendations provided by the Prosecutor’s Office.

**B. Increased Inspection Frequency**

Any facility that is entered into a Corrective Action Plan will have its inspection frequency increased from the required frequency contained in the Ohio Administrative Code. All facilities on a Corrective Action Plan will receive monthly inspections for 6 months after the violations that resulted in the Corrective Action Plan have been

corrected. If a facility maintains substantial compliance in the opinion of the EH Specialist, EH Director, and Health Commissioner, for 3 consecutive months, the inspection frequency may be returned to the required level by the Health Commissioner.

**C. Health Commissioner Suspension of Pool/Spa License**

The Tuscarawas County Health Commissioner has been granted authority by the Tuscarawas County Board of Health, per approval of this plan, to suspend the license of an operator if it is deemed there is present and clear danger to public health. The Health Commissioner will determine if the facility's license is to be suspended and closed. The Health Commissioner may personally inspect the facility before making the determination, or they may have their designee conduct the inspection. The facility will be required to develop a plan of action to address the violations found during the inspection, and the plan of action will need to be executed to the satisfaction of the Health Commissioner before the consideration of lifting the suspension of the facility's license.

**D. Evaluation**

All ARs will be documented through minutes taken by the Human Resources Coordinator and/or Environmental Health Service Coordinator. Any actions taken by the Board of Health will be documented in the official meeting minutes.

## **Section 207: Schools**

### **Cross References**

ORC 3707.03 Correction of Nuisance or Unsanitary Conditions on School Property

ORC 3707.26 Boards Shall Inspect Schools and May Close Them

### **SECTION 207.01 APPROVAL OF STATE REGULATIONS**

**Section 3707.03 and Section 3707.26 of the Ohio Revised Code** is hereby approved by the Board of Health as the minimum compliance standard for enforcement by the Health Department in the County.

## **Section 208: Solid Waste**

### **Cross References**

ORC 3707.01 Powers of the Board – Abatement of Nuisances  
ORC 3709.99 Penalty  
ORC 3714.01 Construction and Demolition Debris Definitions  
ORC 3734.01 Solid and Hazardous Waste Definitions  
OAC 3745-400 Disposal Methods for Construction and Demolition Debris  
OAC 3745-19 Opening Burning Standards  
OAC 3745-27 Solid Waste and Infectious Waste Regulations  
OAC 3745-560 Composting Facilities

### **SECTION 208.01 DEFINITIONS**

#### **A. Definitions**

- a. “Board of Health” means the Board of Health of the Tuscarawas County, Ohio, Health Department.
- b. “Clean Hard Fill” has the same meaning as in **OAC 3745-400-05**.
- c. “Collection” means the act of collecting solid waste and placing it into a vehicle for transportation to another location.
- d. “Construction and Demolition Waste” has the same meaning as in **ORC 3714.01(C)**.
- e. “Disposal” has the same meaning as in **ORC 3734.01**.
- f. “Facility” means a site, location, tract of land, installation, or building as defined in **3745-27-01 (C) of the Ohio Administrative Code**.
- g. “Hazardous Waste” has the same meaning as in **ORC 3734.01**.
- h. “Health Commissioner” means the Health Commissioner of the Tuscarawas County, Ohio, Health Department, or authorized representative.
- i. “Open Burning” has the same meaning as in **ORC 3734.01**.
- j. “Open Dumping” has the same meaning as in **ORC 3734.01**.
- k. “Nuisance” means anything that is injurious to human health, offensive to the senses, interferes with the comfortable enjoyment of life or property and affects a community, neighborhood, or any considerable number of persons (although the extent of annoyance or damage inflicted upon individual persons may be unequal).
- l. “Person” has the same meaning as in **ORC 3734.01**.
- m. “Premises” means any location, tract of land, area or building where solid wastes are stored, placed, or allowed to accumulate.
- n. “Scrap Tire” has the same meaning as in **ORC 3734.01**.
- o. “Site” means any geographic location, tract of land, area, building, structure or premises used for stabilization, conversion, transfer, incineration, resource recovery, or burial of solid waste, construction or demolition wastes.
- p. “Solid Waste” has the same meaning as in **ORC 3734.01**.
- q. “Transportation” means the act of conveying solid waste from the location from which it was generated, stored, processed, condensed or treated, to another location.
- r. “Yard Waste” means grass clippings, leaves, brush, shrub trimmings, branches, garden waste, tree trunks, holiday trees, tree trimmings, herbaceous waste and other plant waste generated because of gardening, landscaping or other similar activities.

- s. “White Good” means residential and commercial appliances that are composed primarily of steel and other recyclable metals including, but not limited to, refrigeration equipment, laundry equipment, ranges, furnaces, heating equipment, and water heating devices.

### **SECTION 208.02 SOLID WASTE HAULER PERMITS**

- A. No person shall engage in the collection, removal, or transportation of solid wastes within the Tuscarawas County General Health District until a Solid Waste Hauler Permit is obtained from the Board of Health.
- B. The Health Commissioner shall issue a Solid Waste Hauler Permit only to those persons having proper equipment and personnel for the collection of solid waste and agreeing to comply with all the conditions of issuance or possession of the certificate and otherwise having met the requirements of this regulation.
- C. Application for a Solid Waste Hauler Permit shall be in writing on a form provided by the Health Commissioner and contain pertinent information as required by the Board of Health. The annual fee for a Solid Waste Hauler Permit shall be determined by the Board of Health and shall accompany the application.
- D. Each Solid Waste Hauler Permit issued shall expire on May 1 of each year. A renewal application for a Solid Waste Hauler Permit shall be submitted in writing accompanied by the annual fee and contain pertinent information as required by the Board of Health, to the Health Commissioner and shall be submitted at least ten (10) days prior the expiration date.
- E. Every holder of a Solid Waste Hauler Permit shall maintain, and submit to the Board of Health, data and records as may be required for determining compliance to this regulation.
- F. The issuance of a Solid Waste Hauler Permit does not exempt the holder thereof from securing any other local registrations, permits or licenses as may be required.
- G. Ownership of a Solid Waste Hauler Permit is not transferable.
- H. Application for a Solid Waste Hauler Permit from out-of-state haulers must be accompanied by a valid copy of their consent-to-service document.

### **SECTION 208.03 VEHICLE IDENTIFICATION**

Each vehicle authorized for use by the issuance of a Solid Waste Hauler Permit shall be in satisfactory mechanical condition and be properly maintained.

Each vehicle authorized for use by issuance of a Solid Waste Hauler Permit shall be properly identified with an identification marking as furnished by the Board of Health. Said identification shall be affixed conspicuously as determined by the Health Commissioner.

For establishing the fee, the following shall apply:

- a. When the vehicle is a two-part unit, i.e., tractor and trailer, each tractor shall be considered as a single unit and must be properly identified. Said identification shall be affixed conspicuously as determined by the Health Commissioner.
- b. When used to transport solid wastes over public roads, all trailers must be in satisfactory mechanical condition and be attached to vehicles in satisfactory mechanical condition.
- c. Vehicles designed to pick up and transport large, bulk-type containers are considered as a single unit. However, each container shall be considered as part of said vehicle and therefore subject to the provisions of this regulation.
- d. Vehicle identification may be transferred from one vehicle to another provided that:
  - i. The original vehicle was taken out of service
  - ii. official written notification is submitted to the Board of Health
  - iii. the vehicle to which the identification is to be affixed is inspected to confirm that it is in sufficient mechanical condition and meets the requirements of this regulation.

#### **SECTION 208.04 VEHICLE OPERATION, DESIGN, MAINTENANCE**

- A. When solid waste is collected that has a moisture content of sufficient quantity or is of consistency that could cause leakage, said waste must be transported in a manner that will not cause leakage onto the ground surface or roadway.
  - a. That portion of the vehicle in which solid waste is contained must be easily cleanable, provided with a suitable cover, and designed in a manner that will not permit the loss of solid waste during transportation.
  - b. The storage or parking of vehicles used to transport solid wastes shall be in a manner that will not cause a nuisance, as referenced in **ORC 3707.01**.
- B. All vehicles used to transport solid waste shall be cleaned as often as necessary to prevent odors and insect breeding and shall be maintained in satisfactory repair.
- C. All vehicles shall always possess a means of fire suppression.
- D. The Health Commissioner, or designee, is hereby authorized to inspect vehicles, storage areas, and other facilities used in the operation of solid waste collection business at a reasonable time to assure compliance with this regulation.
- E. The Health Commissioner or designee may determine that vehicles be brought to a central location at a specified time for inspection.

## **SECTION 208.05 STORAGE AND DISPOSAL OF SOLID WASTE**

- A. All solid waste not transported or stored for salvage, recycling, or reuse shall be disposed of at an approved, licensed solid waste disposal site unless otherwise approved by the Health Commissioner or the Board of Health.
- B. No person shall dispose of solid waste by means of open burning or open dumping, as defined in **Ohio Administrative Code 3745-19 and 3745-27**.
- C. No person shall store, place, or dispose of on his or her premises or the premises of another or permit to accumulate on his or her premises any solid waste in such a manner whereby it will create a health menace or nuisance condition.
- D. Solid waste shall be removed from the premises as often as necessary to prevent nuisance conditions, as referenced in **ORC 3707.01**.
- E. Owners and/or lessees of commercial and/or industrial premises shall provide an adequate number of refuse storage containers to hold all solid waste generated between collections. Waste containers shall be durable, cleanable, rodent, and insect-proof, free of leaks, not absorb liquids, have tight-fitting lids, doors, or covers, and be placed on a level, stable surface. Storage containers shall be cleaned as frequently as necessary to prevent the development of a public health nuisance, as referenced in **ORC 3707.01**.
- F. The owner of dumpsters and/or industrial/commercial type solid waste storage containers shall be responsible for the maintenance and cleaning thereof.

## **SECTION 208.06 RESIDENTIAL RECYCLING, SCRAPPING AND COMPOSTING**

- A. The collection of any scrap material, including but not limited to metal products, white goods, and plastic products, shall be separated, neatly stacked, and stored in containers that meet the requirements of this regulation. All scrap material shall be stored in such a manner whereby it will not create a health menace or nuisance condition, as referenced in **ORC 3707.01**.
- B. All scrap material shall be removed from the premises as often as necessary to prevent nuisance conditions, as referenced in **ORC 3707.01**.
- C. All recycled, recovered and/or reprocessed materials shall be stored and/or transported in compliance with all applicable local, state, and federal laws and regulations.
- D. No person shall engage in the act of composting on or off their premises in a manner contrary to all applicable provisions provided in this Code and per **OAC 3245.560**.

## **SECTION 208.07 DISPOSITION AND TRANSPORTATION OF CONSTRUCTION AND DEMOLITION DEBRIS**

- A. Sites used to dispose of construction and demotion wastes, including clean hard fill, must be approved by the Health Commissioner, County Commissioners, Regional Planning, and any local authorities having jurisdiction over the location of said site. In the event of a disaster or other catastrophic condition, the Health Commissioner may approve a site for the temporary disposal of construction and demolition waste and other materials not inimical to public health.
- B. Sites used to dispose of construction and demolition wastes shall be operated in a manner that will not cause a nuisance, as referenced in **ORC 3707.01**.
- C. The use of construction or demolition waste disposal sites must be limited to construction and/or demolition wastes only. All necessary provisions shall be made to exclude other solid waste material.
- D. Construction and demolition wastes shall be transported in a manner that said wastes are not scattered on the roadway or ground surface.
- E. Sites used to dispose of clean hard fill shall maintain compliance with **Ohio Administrative Code 3745-400-05**.

## **SECTION 208.08 DENIAL, REVOCATION, OR SUSPENSION OF SOLID WASTE HAULER PERMIT APPEAL**

Whenever the Health Commissioner, or designee, determines that there has been a violation of any provision of this regulation, written notice of such violation shall be given to the person or agent of the concern to whom the Solid Waste Hauler Permit was issued. The notice shall state the provisions of this regulation that are violated and shall allow such time to correct the alleged violation as the Health Commissioner determines necessary, giving due consideration to the immediacy of the threat to health because of the alleged violation. The notice provided herein shall be served to the owner or his agent personally or by certified mail with the return receipt requested. Service by certified mail shall be deemed sufficient if mailed to the holder of the Solid Waste Hauler Permit or other person in charge thereof at the address listed in the application for a Solid Waste Hauler Permit.

The Board of Health, at the recommendations of the Health Commissioner, may deny, revoke, or suspend the Solid Waste Hauler Permit of any person to collect or transport solid waste who has demonstrated inability or unwillingness to comply with this regulation.

Any person whose Solid Waste Hauler Permit is being considered for denial, suspension, or revocation, shall be notified by certified mail and may, within ten (10) days, make a written request for a hearing before the Board of Health of the Tuscarawas County Health Department. The Board of Health shall grant such a hearing within a reasonable time after the request is made.



Any person whose application for a Solid Waste Hauler Permit has been denied may make a written request for a hearing before the Board of Health of the Tuscarawas County Health Department. The Board of Health shall grant such a hearing within a reasonable time after the request is made.

### **SECTION 208.09 VARIANCE AND EXEMPTIONS**

The Board of Health may grant a variance from the requirements of this code, inclusive of this regulation, as will not be contrary to the public interests, where a person shows that because of practical difficulties or other special conditions, their strict application will cause unusual and unnecessary hardships. However, no variance shall be granted that will defeat the spirit and general intent of said regulations or be otherwise contrary to the public interest.

#### **Exemptions**

- a. The following are exemptions:
  - i. The State and political subdivisions not engaging in individual residential or commercial establishment waste collection.
  - ii. Persons performing the services of a sewage tank cleaner.
  - iii. Participants officially organized special clean-up campaigns.
  - iv. Persons transporting solid waste generated on the premises which they occupy.
  - v. Persons engaged in interstate and intrastate transporting of solid waste not collected or disposed of within the jurisdiction of the Tuscarawas County, Ohio, Board of Health.
    1. Persons engaged in the transportation of construction and/or demolition wastes only (this does not exempt any person engaging in the disposal of construction and demolition debris and clean hard fill from the requirements of this code).
  - vi. Persons engaged in the transportation of waste resulting from a disaster or other catastrophic condition as determined by the Health Commissioner.

### **SECTION 208.99 PENALTY**

Any person who violates any provision of this regulation shall upon conviction be subject to the penalties provided in **Section 3709.99 of the Ohio Revised Code**.

## **Section 209: Animal Bites**

### **Cross References**

ORC 955.26 Rabies Quarantine

ORC 955.39 Prohibition Against Violating a Rabies Quarantine OAC 4741-1-21 Record Keeping

OAC 3701-3-28 Report of A Bite of Dog or Other Animal

OAC 3701-3-29 Biting Animal to be Confined

OAC 3701-3-30 Report of Suspected Rabid Animal

### **SECTION 209.01 RABIES, CASE DEFINITION**

Rabies is a preventable viral disease of mammals most often transmitted through the bite of a rabid animal or, less commonly, when saliva from an infected animal gets into an open wound or onto a mucous membrane.

Rabies is almost always fatal once clinical symptoms appear; however, it is 100% preventable in humans through prompt and appropriate medical care. In addition to washing any bite wound with soap and water as soon as possible, animal bite victims should consult with their doctor and promptly report the incident to the local health department.

Ohio's local health departments investigate approximately 20,000 animal bites and exposure incidents annually. Because of health department activities and medical treatment, human rabies is rare in the United States. Ohio's last human rabies case was in 1970.

#### **A. Human Clinical Description**

Rabies is an acute encephalomyelitis that almost always progresses to coma or death within 10 days after the first symptom.

#### **B. Laboratory Criteria for Diagnosis**

- a. Detection of Lyssavirus antigens in a clinical specimen (preferably the brain or the nerves surrounding hair follicles in the nape of the neck) by direct fluorescent antibody test, or
- b. Isolation (in cell culture or in a laboratory animal) of a Lyssavirus from saliva or central nervous system tissue, or
- c. Identification of Lyssavirus-specific antibody (i.e., by indirect fluorescent antibody (IFA) test or complete rabies virus neutralization at 1:5 dilution) in the cerebrospinal fluid (CSF), or
- d. Identification of Lyssavirus-specific antibody (i.e., by indirect fluorescent antibody (IFA) test or complete rabies virus neutralization at 1:5 dilution) in the serum of an unvaccinated person, or
- e. Detection of Lyssavirus viral RNA (using reverse transcriptase-polymerase chain reaction [RT-PCR] in saliva, CSF or tissue.

### **SECTION 209.02 CASE CLASSIFICATION**

Confirmed: A clinically compatible case that is laboratory-confirmed by testing at a state or federal public health laboratory.

Laboratory confirmation by all the above methods is strongly recommended. Several tests are necessary to diagnose rabies antemortem (before death) in humans, no single test is sufficient. Tests are performed on samples of saliva, serum, spinal fluid, and skin biopsies of hair follicles at the nape of the neck. Saliva can be tested by virus isolation or reverse transcription followed by polymerase chain reaction (RT-PCR). Serum and spinal fluids are tested for antibodies to rabies virus. Skin biopsy specimens are examined for rabies antigen in the cutaneous nerves at the base of hair follicles.

#### **A. Animal Clinical Description**

Rabies virus causes acute encephalitis in all warm-blooded hosts and the outcome is always fatal. The first symptoms of rabies may be nonspecific and include lethargy, fever, vomiting, and anorexia. Signs progress within days to cerebral dysfunction, cranial nerve dysfunction, ataxia, weakness, paralysis, seizures, difficulty breathing, difficulty swallowing, excessive salivation, abnormal behavior, aggression, and/or self-mutilation.

#### **B. Laboratory Criteria for Diagnosis**

- a. A positive direct fluorescent antibody test (preferably performed on brain tissue) or another confirmatory test performed by CDC.
- b. Isolation of rabies virus (in cell culture or a laboratory animal).

#### **C. Case Classification**

Confirmed: a case that is laboratory-confirmed.

### **SECTION 209.03 SIGNS AND SYMPTOMS**

#### **A. Humans**

- a. Humans infected with the rabies virus have an initial, asymptomatic incubation period.
- b. The incubation period can vary from about 10 days to rarely over a year. The average incubation period is 31 to 90 days. Shorter incubation periods are associated with exposure sites closer to the central nervous system, such as wounds of the head and neck, wounds in highly innervated areas and in younger persons.
- c. The prodromal period in human rabies usually lasts 2-10 days. Pain and paresthesia are common at the wound site. Non-specific complaints such as general malaise, chills, fever, headache, sore throat, and fever are commonly reported, as are behavioral changes such as apprehension, anxiety, agitation, irritability, insomnia and depression.
- d. The acute neurologic period in humans can last 2-21 days. Rabies presents as encephalitis which is difficult to distinguish from other causes of encephalitis. An excitation or furious phase includes hyperesthesia and extreme sensitivity to light and sound, dilation of pupils and an increase in salivation. Ascending or asymmetric paralysis can occur. Swallowing dysfunction due to muscle spasms is seen in most patients. Some experience laryngopharyngeal contractions when just looking at

liquid and stop swallowing their saliva. This excitation phase can persist until death or change to a generalized paralysis. In some cases, paralytic symptoms predominate in the disease course. Patients with furious rabies usually die within a week, while those with paralytic rabies (often seen with bat-strain rabies) may survive up to 30 days.

## **B. Animals**

- a. Initial symptoms in animals include behavior changes, agitation, and reflex excitability. With the furious form, animals become dangerously aggressive, biting objects, other animals, and humans. Salivation may be profuse and there may be voice changes due to paralysis of the throat muscles. In the dumb form, the excitatory phase is short or absent and paralysis is the dominant sign. There can be paralysis of a limb beginning at the site of exposure.
- b. Dogs show either the furious or dumb form of rabies, with the symptoms described above. Cats generally show the furious type, followed by paralysis 2-4 days later. Cattle primarily show paralysis and incoordination. Cattle have difficulty swallowing and show abnormal abdominal contractions.

## **SECTION 209.04 DIAGNOSIS**

### **A. Human**

CDC can perform antemortem testing for human rabies but requires that all four of the following samples be submitted: saliva, neck biopsy, serum, and CSF. Providers need to complete the CDC Patient Information Form and contact the ODH Zoonotic Disease Program at 888-RABIES1 (888-722-0544) to arrange for testing pre- approval. Specific information for sample collection and the Patient Information Form can be found at the following website: [http://www.cdc.gov/rabies/specific\\_groups/doctors/index.html](http://www.cdc.gov/rabies/specific_groups/doctors/index.html).

### **B. Animal**

The ODH Laboratory performs testing of animals for rabies. Contact the ODH Laboratory at 1-888-ODH-LABS (888-634-5227) (Monday – Friday; 8 AM – 5 PM) for specimen submission criteria. Include a completed Rabies Test Submission Form (HEA 2539, rev 10/12) with each specimen submitted.

## **SECTION 209.05 VACCINE SCHEDULE FOR ANIMALS**

- A. Per the Compendium of Animal Rabies Prevention and Control, 2016, dogs and cats should be initially immunized at three months of age, re-immunized 12 months after the first vaccination, and given a booster every three years if they are vaccinated with a licensed rabies vaccine and the label indicates three years duration of immunity. If an animal is vaccinated with a one-year rabies vaccine (the label indicates a one-year duration of immunity), then a booster is needed annually. To improve rabies vaccination coverage, the use of three-year rabies vaccines is encouraged for dogs and cats. However, there is no laboratory or epidemiologic data to support the annual or biennial administration of three-year vaccines following the initial series.

- B. Owners interested in checking their dog’s or cat’s rabies titer in between vaccinations or following a booster to ensure an immune response was elicited can contact their veterinarian for titer testing.
- C. Ferrets, horses, and cattle should be vaccinated annually against rabies. The first vaccination of ferrets is recommended at 3 to 4 months of age.
- D. Any animal that has an unknown, undocumented, or questionable vaccination history should be vaccinated immediately and then again in 12 months.

For information on vaccine names, manufacturers, schedules, and dosages available for species for which a vaccine has been approved (dogs, cats, cattle, horses, ferrets, and sheep) please refer to the current Compendium of Animal Rabies Prevention and Control, 2016.

**SECTION 209.06 ASSESSING CURRENT VACCINE SCHEDULE**

An animal is considered currently immunized against rabies if the following criteria are met:

- a. The animal was vaccinated with a product that was approved for use in the species.
- b. The vaccine was listed in the current Compendium of Animal Rabies Prevention and Control, 2016.
- c. A licensed veterinarian administered the vaccine, and the licensed veterinarian administering the vaccine signed a certificate.
- d. Vaccines were given at the recommended schedule.
- e. It is at least 28 days past administration of the first rabies immunization.

Currently, there is no established titer level in dogs or cats that is known to provide adequate protection in the face of all potential rabies virus variants or rabies exposure scenarios. Data is being collected nationwide to determine if there is a minimum titer level that can be established that would indicate an animal would not develop rabies if exposed. Titers are currently used to provide extra proof of previous vaccination when pets are traveling to rabies-free areas (ex. Hawaii). Due to the broad public health implications, titers are not currently valid proof of adequate rabies protection. It is up to the local animal control agency as to whether or not they will accept a rabies titer in lieu of a rabies vaccination certificate. In scenarios where an animal has had a severe reaction to the rabies vaccine previously, or is immunocompromised (such as undergoing chemotherapy), rabies vaccination might be contraindicated, and a conversation should be had between the veterinarian, animal control agency, and pet owner regarding the risks and benefits.

**SECTION 209.07 CURRENT RABIES PROTOCOL**

Vaccination of Dogs and Cats

- a. No person who owns a dog or cat in the Health District shall fail to vaccinate the dog or cat against rabies within 30 days after the dog or cat has reached the age of 3

months.

- b. Every dog or cat initially vaccinated must be revaccinated one year later and thereafter at not more than 36-month intervals or other appropriate intervals based on the type of vaccine being used, the nature of rabies in the community, or the current Compendium of Animal Rabies Vaccines prepared by the National Association of State Public Health Veterinarians.
- c. Unvaccinated dogs and cats acquired or moved into the Health District must be vaccinated within 30 days after purchase or arrival unless under 3 months of age.
- d. All dogs or cats entering the Health District for shows, field trials, hunting or any other purpose shall be properly vaccinated and shall be accompanied by their vaccination certificates.
- e. All vaccines must be administered by a licensed veterinarian or under the supervision of a licensed veterinarian.
- f. Vaccination requirements shall not apply where a veterinarian states in writing that vaccination is contraindicated

#### **SECTION 209.08 VACCINATION DOCUMENTATION**

Each veterinarian, when vaccinating any dog, cat, or ferret shall complete a certificate of rabies vaccination. The certificate shall include the following information:

- A. Owner's name and address
- B. Description of dog, cat, or ferret
- C. Date of vaccination
- D. Expiration date of vaccine
- E. Rabies vaccination tag number
- F. Name and address of the veterinarian administering the vaccine
- G. Type of rabies vaccine administered
- H. Manufacturer's serial number of vaccine

A copy shall be retained by the issuing veterinarian as described in section 4741-1-21 of the Ohio Administrative Code. The owner shall retain their copy for the interval between vaccinations and provide a copy of the rabies vaccine certificate to the Health Commissioner upon request.

#### **SECTION 209.09 REPORTS OF EXPOSURE**

- A. Whenever an individual has been exposed to a susceptible animal, the report of such exposure shall be made within twenty-four (24) hours to the Health Commissioner or his/her authorized representative, as required by **OAC 3701-3-28**.
- B. Reports of such exposures shall be made to the Health Commissioner or his/her authorized representative by physicians, laboratories, owners, victims, or anyone else who knows about an exposure incident.

- C. Reports of exposure should include the name, age, address, and telephone number of the person who was exposed, the part of the body where the exposure was inflicted, and, if known, the name, address, and telephone number of the owner of the suspected animal.

### **SECTION 209.10 POST-EXPOSURE MANAGEMENT-ANIMAL**

Any susceptible animal exposed to a suspected rabid animal not available for testing shall be regarded as having been exposed to rabies and must be confined in accordance with **OAC 3701-3-29 and OAC 3701-3-30.**

#### **A. Unvaccinated Animal**

- a. Unvaccinated susceptible animals that are exposed to a rabid or suspected rabid animal shall either be euthanized immediately and submitted for testing to an approved laboratory or be quarantined, at the owner's expense, for not less than six (6) months or longer as determined by the Health Commissioner or his/her authorized representative. The animal shall be vaccinated against rabies immediately or up to twenty-eight (28) days before being released from quarantine.
- b. Unvaccinated livestock exposed to a rabid or suspected rabid animal shall be euthanized immediately or quarantined, at the owner's expense, for not less than six (6) months.

#### **B. Vaccinated Animal**

- a. Currently vaccinated susceptible animals exposed to a rabid or suspected rabid animal shall be vaccinated immediately and held in quarantine, at the owner's expense, for forty-five (45) days or longer as determined by the Health Commissioner or his/her authorized representative.
- b. Vaccinated livestock exposed to a rabid or suspected rabid animal shall be vaccinated immediately and held in quarantine, at the owner's expense, for forty-five (45) days.

#### **C. Quarantine**

All quarantined animals shall remain in quarantine until examined, by a veterinarian for clinical signs of rabies. The observation shall not occur before the final day of the quarantine period.

- i. If the owner does not strictly comply with the quarantine procedures as specified anywhere in this regulation, the Health Commissioner or his/her authorized representative may order that the animal be immediately euthanized and examined for rabies.

### **SECTION 209.11 POST-EXPOSURE MANAGEMENT- HUMAN**

- A. Cats, dogs, or ferrets that have an exposure incident with a human shall be quarantined, at the owner's expense, for ten (10) days. If the quarantined dog, cat, or ferret dies within the quarantine period, then the animal shall be submitted to an approved laboratory for testing for rabies.

- B. Susceptible animals, other than dogs, cats, or ferrets that have an exposure incident with a human shall either be euthanized immediately and submitted to an approved laboratory for testing for rabies or quarantined, at the expense of the owner, for a period determined by the Health Commissioner or his/her authorized representative. If the quarantined animal dies within the quarantine period, then the animal shall be submitted to an approved laboratory for testing for rabies.
- C. Home quarantine by the owner is acceptable, provided that the following conditions are met:
  - a. The owner assumes all risks related to the animal during home quarantine.
  - b. Animals confined indoors must be confined to a house, building, or other enclosure in such a way that prevents human contact, other than contact with the owner(s).
  - c. Animals, when outdoors, must be kept on a leash, under direct supervision of the owner, or confined in a kennel or enclosure to prevent contact with other susceptible animals or humans.
  - d. All quarantined animals shall remain in quarantine until examined by a veterinarian for clinical signs of rabies. The observation shall not occur before the final day of the quarantine.
- D. If the owner does not strictly comply with the quarantine procedures as specified anywhere in this regulation, the Health Commissioner or his/her authorized representative may order that the animal be immediately euthanized and examined for rabies.
- E. Law enforcement canines are exempt from the requirements of quarantine in Section VI of this rule provided:
  - a. The exposure occurred while the law enforcement canine was being used for law enforcement activities,
  - b. The law enforcement canine is under the care of a veterinarian, and
  - c. The law enforcement canine's vaccination records are provided to the Health Commissioner or his/her authorized representative.

**SECTION 209.12 ADMINISTRATION**

- A. The Board of Health may appoint and authorize any agency to administer and enforce the provisions of these regulations concerning the prevention of rabies.
- B. Whenever rabies is prevalent, in the judgment of the Board of Health, the Board of Health shall declare a quarantine of all dogs, cats, and ferrets in the Health District, or part thereof, as authorized by **Section 955.26 of the ORC**. The quarantine order shall be considered an emergency and need not be published.
- C. Per **Section 955.39 of the ORC**, no person shall violate a rabies quarantine order issued



under **Section 955.26 of the ORC.**

### **SECTION 209.13 ENFORCEMENT**

- A.** The provisions of these regulations shall be enforced and enforceable by the Health Commissioner or his/her authorized representative.
- B.** After the report of exposure, the Health Commissioner or his/her authorized representative shall mail or deliver to the owner(s) of the suspected rabid animal or susceptible animal forms and instructions containing the following:
  - a. The length of time the suspected rabid or susceptible animal shall remain in quarantine.
  - b. An investigation form to be filled out by a veterinarian that shall be returned to the Health Commissioner, his/her authorized representative, releasing the animal from quarantine, and the date the investigation form is due back to the Health Commissioner his/her authorized representative.
- C.** If the investigation form is not returned by the specified date, the Health Commissioner or his/her authorized representative may seize the suspected rabid or susceptible animal for evaluation and refer the animal owner to the Tuscarawas County Prosecutor for the determination of appropriate legal action.

### **SECTION 209.99 VIOLATIONS**

Each violation of the provisions of this chapter shall constitute a separate offense. A violation is punishable by **Section 3709.99 of the ORC.**

## **Section 210: Recreational Campgrounds**

### **Cross References**

OAC 3701-25 Camps

OAC 3701-26 Expanded Camp Rules

ORC 3729 Recreational Vehicle Parks, Camps, and Combined Park-camps

### **210.01 APPROVAL OF STATE REGULATIONS**

**Chapter 3701-25 and 26 of the Ohio Administrative Code**, as well as **Chapter 3729 of the Ohio Revised Code** is hereby approved by the Board of Health as the minimum compliance standard for enforcement by the Tuscarawas County Health Department.

## **Section 211: Food Safety**

### **Cross References**

ORC 3717 Retail Food Establishments; Food Service Operations

OAC 901:3-4 Retail Food Establishments- Licensing

OAC 3717-1 Ohio Uniform Safety Code OAC 3701-21 Food Service Operations

### **SECTION 211.01 APPROVAL OF STATE REGULATIONS**

**Ohio Revised Code Chapter 3717 and Ohio Administrative Code Chapters 901:3-4-01, 3701-21, and 3717-1** are hereby approved by the Board of Health as the minimum compliance standards for enforcement by the staff of the Tuscarawas County Health Department.

### **SECTION 211.02 COMPLAINT PROCEDURE**

A complaint investigation is generated when the public informs the Tuscarawas County Health Department (TCHD) that they have a concern regarding the sanitary conditions of food handling procedures of a licensed food service facility. Often, a routine inspection and a complaint investigation will be performed simultaneously. Generally, TCHD will respond to complaints within 24-72 business hours after receiving the complaint.

When a complaint is received via phone the caller can be directed to the online complaint form. However, the information contained in the complaint form may be obtained via phone and entered on the form on the caller's behalf. It should be noted that contact information from the complaint is optional and if given may appear on public records associated with the given complaint.

The complaint form will automatically be sent to the general email for Environmental Health at [eh@tchdnow.org](mailto:eh@tchdnow.org). Once received, a copy of the email should be printed to be uploaded into the food inspection database as a public record and the information should be transferred onto the Nuisance Complaint Log shared Google sheet.

The information shall also be forwarded to an Environmental Health Specialist for investigation. Timeframe for response:

- a. Any potential critical violations should be investigated by an Environmental Health Specialist within 24 business hours of receipt.
- b. Any potential non-critical violations should be investigated by an Environmental Health Specialist no later than 72 business hours of receipt.
- c. An investigation should only be declined if an inspection has been performed at the facility within the last 7 days with similar violations noted and appropriate follow-up planned.

Once the investigation is completed all results and supporting documents including the complaint form, laboratory results, and any other documents shall be stored in the licensor's file via the State database.

## **SECTION 211.03 ENFORCEMENT**

In the interest of promoting a culture of food safety throughout the licensed food service operations (FSO) and retail food establishments (RFE) in Tuscarawas County, the Tuscarawas County Health Department (TCHD) has developed an Enforcement Policy/Procedure for its Food Safety Program.

### **A. Criteria for Inclusion for Standard Violations**

1. Facilities found with the same standard (non-critical) violation(s) during 3 consecutive inspections will undergo a file review conducted by the Environmental Health Program Director and an Environmental Health Specialist.
2. The Director and Specialist will review the inspection reports, discuss the violations, and determine if the facility needs an action plan. This determination will be made on a case-by-case basis. The action plan is developed to bring the facility into compliance. The Director may conduct the scheduled re-inspection with the Environmental Health Specialist. However, the Specialist will be afforded the use of professional judgment regarding these circumstances to determine if enough progress has been made to avoid an inspection being made by the Director. The operator will then be required to adhere to the developed action plan. If the operator does not comply with the developed action plan, then the Director will schedule a re-inspection with the Specialist. If the violation(s) are not corrected or if substantial progress has not been made to correct the violations at the time of the Director's inspection, they will inform the operator they will be requested to appear at an administrative review (AR) with the EH Director and Health Commissioner. The operator will be notified a minimum of 24 hours in advance of the AR.
3. The AR will provide the operator with an opportunity to inform the EH Director and Health Commissioner of why they have not brought their facility into compliance. The operator will be asked to provide a realistic timeframe for when the facility will be brought into compliance. The Director and/or Specialist will conduct a follow-up inspection following the agreed-upon timeframe to determine if the facility has achieved compliance. If the facility has corrected the violation(s), the Director or Specialist will document the inspection on an approved inspection form and inform the Health Commissioner of the inspection results. If the operator does not comply or meet the requirements outlined, then the Director or Specialist will schedule a re-inspection. If the facility has corrected the violation(s), the Director or Specialist will document the inspection on an approved inspection form and inform the Health Commissioner of the inspection results. If the violation(s) are not corrected or if substantial progress has not been made to correct the violations at the time of the Director's re-inspection, the Director will inform the operator they will be requested to appear at an administrative review (AR) with the Board of Health. The operator will be notified a minimum of 24 hours in advance of the AR. The AR will provide the operator with an opportunity to inform the Board of Health of why they have not brought their facility into compliance. The operator will be asked to provide a realistic timeframe for when the facility will be brought into compliance.

4. The Director will conduct a follow-up inspection following the agreed-upon timeframe, as outlined in the Board of Health's AR, to determine if the facility has been brought into compliance. If the facility has corrected the violation(s) the Director will document the inspection on an approved inspection form and inform the Health Commissioner of the inspection results. If the facility has failed to correct the violations, the Director will inform the Health Commissioner who will take the necessary steps to schedule a hearing regarding the suspension or revocation of the facility's license with the Tuscarawas County Board of Health. The operator will be notified in accordance with the recommendations provided by the Tuscarawas County Prosecutor's Office, and the hearing will proceed in accordance with Chapter 119 of the Ohio Revised Code, and in accordance with any recommendations provided by the Prosecutor's Office.

**B. Criteria for Inclusion for Critical Violations**

- a. Facilities found to have one or more critical violations during an inspection will be scheduled for a reinspection within 10 business days of the date of the inspection. The timeframe for the reinspection will be dependent upon the nature of the violation. If the same critical violation is observed during the reinspection, the Environmental Health Specialist will consult with the Director to determine if the facility should be provided with a corrective action plan. The Director and Specialist will review the inspection reports, discuss the violation(s) and develop an action plan for the facility.
- b. The Director may conduct the scheduled re-inspection with the Specialist. However, Specialist will be afforded the use of professional judgement regarding these circumstances. If the operator does not comply or meet the requirements of the developed action plan, the Director will schedule a re-inspection with the Specialist. If the violation(s) are not corrected or if substantial progress has not been made to correct the violations at the time of the Director's inspection, the Director will inform the operator they will be requested to appear at an administrative review (AR) with the Health Commissioner. The operator will be notified a minimum of 24 hours in advance of the AR. The AR will provide the operator with an opportunity to inform the Health Commissioner of why they have not brought their facility into compliance. The operator will be asked to provide a realistic timeframe for when the facility will be brought into compliance. The Director or Specialist will conduct a follow-up inspection in accordance with the agreed-upon timeframe to determine if the facility has been brought into compliance. If the facility has corrected the violation(s), the Director or Specialist will document the inspection on an approved inspection form and inform the Health Commissioner of the inspection results. If the operator does not comply with the requirements outlined within the Health Commissioner's AR, the Director will schedule a re-inspection. If the facility has corrected the violation(s) the Director will document the inspection on an approved inspection form and inform the Health Commissioner of the inspection results. If the violation(s) are not corrected or if substantial progress has not been made to correct the violations at the time of the Director's re-inspection, the Director will inform the operator they will be requested to appear at an administrative review (AR) with the Board of Health. The operator will be notified a minimum of 24 hours in advance of the AR. The AR will provide the operator with an opportunity to inform the Board of Health of why they have not brought their facility into compliance. The operator will be asked to provide a realistic timeframe for when the facility will be

brought into compliance. The Director will conduct a follow-up inspection in accordance with the agreed-upon timeframe, as outlined in the Board of Health's AR, to determine if the facility has been brought into compliance. If the facility has corrected the violation(s) the Director will document the inspection on an approved inspection form and inform the Health Commissioner and Board of Health of the inspection results.

- c. If the facility has failed to correct the violations, the Director will inform the Health Commissioner who will take the necessary steps to schedule a hearing regarding the suspension or revocation of the facility's license with the Tuscarawas County Board of Health. The operator will be notified in accordance with the recommendations provided by the Tuscarawas County Prosecutor's Office and the hearing will proceed in accordance with **Chapter 119 of the Ohio Revised Code** and in accordance with any recommendations provided by the Prosecutor's Office.
- d. If a facility reaches the point where they are requested to appear in front of the Board, the operator will still be requested to appear regardless of whether the violations have been corrected or not. The timeframes for reinspection related to critical violations will be more aggressive than the timeframe required for non-critical violations.
- e. Facilities that are entered into corrective action plans multiple times will start the enforcement process in the subsequent step in the process from when they were last entered into the program.

### **C. Increased Inspection Frequency**

Any facility that is entered into a Corrective Action Plan will have its inspection frequency increased from the required frequency contained in the Ohio Administrative Code. All facilities on a corrective action plan will receive monthly inspections for a period of 6 months after the violations that resulted in the facility being entered into the program are corrected. If a facility maintains substantial compliance with the opinion of the Environmental Health Specialist, Director, and Health Commissioner, for a period of 3 months, the inspection frequency may be returned to the required level by the Health Commissioner

### **D. Health Commissioner Suspension of FSO/RFE License**

- a. The Tuscarawas County Health Commissioner has been granted authority by the Tuscarawas County Board of Health (February 2016) to suspend the license of an FSO and/or RFE if they are deemed to present a clear and present danger to public health. This type of action will be taken in cases where a facility is offering food unsafe for human consumption or if a facility is in such a state that it cannot safely offer food for human consumption. If such a case is found to exist, the inspecting Environmental Specialist will contact their director at the time of the inspection. At that point, the proper chain of command will be followed, and the Health Commissioner will be notified of the conditions. The Health Commissioner will determine if the facility's license is to be suspended and closed and if the food will be embargoed based on information provided by the specialist and Director. The Health Commissioner may personally inspect the facility prior to making the determination, or they may have their designee conduct the inspection. The facility will be required to develop a plan of action to address the

violations found during the inspection, and the plan of action will need to be executed to the satisfaction of the Health Commissioner prior to the consideration of lifting the suspension of the facility's license.

- b. All ARs will be documented through minutes taken by the Administrative Assistant and/or Environmental Health Clerical Specialist. Any actions taken by the Board of Health will be documented in the official meeting minutes.

## **SECTION 211.04 FSO/RFE FACILITY PLAN REVIEW AND LICENSING POLICY**

In the interest of promoting consistent service for licensed food service operations (FSO) and retail food establishments (RFE) in Tuscarawas County, Ohio, the Tuscarawas County Health Department (TCHD) has developed the following policy to outline requirements and limitations for reviewing facility plans and issuing licenses (including transfers of licenses under **R.C. 3717.46 and 3717.26**) under the Food Safety Program.

### **A. General Standards**

- a. All FSO/RFE License are non-transferable.
- b. Once an FSO/RFE is bought and/or sold, the current FSO/RFE license is null and void and the facility will be marked as "Out-of-Business" in the appropriate tracking program
- c. Once an FSO/RFE is bought and/or sold, the facility must immediately cease operation until a new license is issued.
- d. License will not be issued until a plan review has been submitted with payment, reviewed, and approved by TCHD.
- e. Purchasers of an FSO/RFE may work under a current license with written permission from the former license holder. The former license holder accepts any and all responsibility for the conditions and requirements of the license.
- f. All requests must be made in writing on TCHD's FSO/RFE License Attestation Form.
- g. Any person who acts contrary to this policy may be subject to enforcement action under O.R.C. 3717.

### **B. FSO/RFE License Transfer Allowances**

In the event of a sale of the business or disposition of its assets or if a licensee becomes deceased, disabled, or unable to operate a licensed facility, a transfer of ownership may be granted. Requests must be filed in writing and must state the reason for the transfer of the license. Licenses may only be transferred once per food licensing year under **ORC 3717**.

### **C. Criteria for when TCHD requires a Plan Review**

- a. Change of Ownership
  - o LLC or Corporation is sold to the new owner and no change in LLC or

- Corporation name has occurred
  - Current LLC or Corporation is sold to a different LLC or Corporation
  - The owner sells the facility or its assets to a different owner
- b. Relocation or Remodel
- Substantial alteration to facility structure, change in the flow of food, change in building materials, changes in equipment, or relocation of business premises
- c. New Construction
- Brand new facility with no prior operation
- d. Change in Facility Risk Level
- If the facility will need to be substantially altered in order to accommodate the change in risk level
- e. Lapse in Licensing
- If more than one full licensing year has passed since the last license renewal.

**D. Criteria for when TCHD DOES NOT require a Plan Review**

- a. Not Considered a Change of Ownership
- Facility Name Change
  - Owner places facility in LLC or Corporation under the same owner's name
  - Owner adds another partner or co-owner to the facility
- b. Plan Review has been completed within the last five (5) years and no substantial alteration to the facility has occurred.
- A new license is required to be issued by TCHD to the new operator prior to the operation of the facility.
  - Consultation with EHS required prior to issuance to determine if the facility has undergone substantial alteration.

**E. Facility Equipment Requirements**

- a. Facility Obtaining New Operating License
- Certified commercial-grade equipment required
- b. Existing Facility that Continues to Renew License
- Current equipment, if in proper working order is acceptable. Once equipment no longer functions properly, it must be replaced as outlined in **OAC 3717-1- 4.1(KK) and OAC 3717-1-04.4 (A)**
- c. Change of Ownership/Remodel/Risk Level/Lapse Requiring a Plan Review
- Certified commercial-grade equipment required
- d. Change of Ownership NOT Requiring a Plan Review
- Facility will be able to transfer all equipment from prior operation, given that it meets the operation requirements for existing equipment as noted



above.

***NOTE: Equipment without commercial certification, as allowed above, must meet the requirements of OAC 3717-1-04.3(A) to be utilized.***

**F. Procedure for Food Safety Staff Members:**

- a. Upon renewal and/or inspection of all licensed brick-and-mortar FSO's/RFE's, all Food Safety staff are required to verify current ownership information associated with the licensed FSO/RFE.
- b. Additionally, upon inspection, all Food Safety staff are required to take note of any unapproved remodel activity, changes in processes that require a change in risk level, and lapses in licensure.
- c. Upon renewal and/or inspection, if any of the circumstances requiring plan review are found to have occurred, the licensee shall be required to submit a completed Plan Review Application with the associated fee to the Tuscarawas County Health Department for review within thirty (30) days of notice.
  - Failure to do so may result in further enforcement activity against the facility
- d. Each additional request for information by TCHD staff must be submitted by the operator within thirty (30) days of said request.
  - Failure to do so may result in the project being denied by TCHD and the operator must submit a new packet and a new fee will be required.
- e. A written notice will be sent to the licensee reflecting these requirements.
- f. All activity associated with any Facility Plan Review shall be documented appropriately.

**SECTION 211.05 FEES**

The first reading of the proposed food service fees shall be presented to the Board of Health no later than the October Board of Health meeting for the subsequent year. These fees shall be established based on appropriate cost methodology.

The second reading of the proposed food service fees shall be presented to the Board of Health no later than the November Board of Health meeting for the subsequent year.

A notice of hearing shall be mailed to all affected entities with the proposed fees. The notice shall contain the place, date, time and amount of the proposed fees. The meeting date shall not be less than twenty (20) days from the date the letter is mailed.

The third and final reading of the proposed food service fees shall be presented to the Board of Health no later than the December Board of Health meeting for the subsequent year.

## **SECTION 211.06 TRAINING**

To protect the consumers of food in Tuscarawas, the Tuscarawas County Health Department (TCHD) has adopted this food safety training program for environmental health staff. This policy will ensure that all staff working in the Food Safety Program will receive ongoing training to remain current with all aspects of the Program.

The goal of the Food Safety Training Program is to provide TCHD food service staff with necessary training to reduce the chances of a foodborne illness in Tuscarawas County.

### **A. Knowledge Expectations**

- a. Ohio Uniform Food Safety Code Chapter 3717-1 of the Ohio Administrative Code
- b. Chapter 3717 of the Ohio Revised Code related to food service operations
- c. Chapter 3701-21 of the Ohio Administrative Code related to food service operations
- d. Chapter 901:3-4 of the Ohio Administrative Code related to retail food establishments

### **B. New Staff Training in Food Safety**

- a. All environmental health specialists and specialists in training assigned to the Food Safety Program will be required to review the most current version of the Ohio Uniform Safety Code during their first 10 days in the program.
- b. All environmental specialists in training or environmental specialists with limited experience with the Food Safety Program will be required to accompany a seasoned sanitarian in the Food Safety Program in the field to observe inspections for a minimum of 20 days. This will also allow the newly assigned staff to become familiar with the documentation process and database.
- c. Once the observation period is complete, the newly assigned staff will be required to conduct a Class 3 and Class 4 inspection under the observation of a seasoned Food Safety Program staff. The Director of Environmental Health Services will then review completed documentation and reports prior to their release to the operator.
- d. When the Environmental Health Services Director is satisfied with the new environmental health specialist's basic understanding and knowledge of the food program the sanitarian will be authorized to work independently.

### **C. Continuing Education**

All environmental health specialists and specialists-in-training will be required to complete 24 continuing education units (CEUs) every two (2) years to maintain their certification status. Staff working in the Food Safety Program are required to have a portion of these CEUs pertaining to food safety. Additional training may be required by

TCHD's workforce development plan and staff should refer to the training calendar in that plan to become familiar with annual requirements. Staff should complete meeting and training requests and expense forms according to policy.

#### **D. Potential Educational Opportunities**

a. 2016 Ohio Uniform Food Safety Code Updates: 2.5 CEUs

- The Ohio Uniform Food Safety Code, OAC 3717-1, has been amended to reflect the FDA Food Code Supplement and 2013 FDA Model Food Code. The changes became effective March 1, 2016, with the exception of sections of Chapter 3 which became effective June 1, 2016. Sanitarians who attend this program will increase their understanding of the changes to the Ohio Uniform Food Safety Code and the impact of those changes. Many of the updates are to clarify existing language in the code. However, a significant portion of the program is dedicated to new concepts. The goal of this program is to enable sanitarians to apply the food code and the updates uniformly and correctly during their inspection of retail food establishments. Sanitarians who attend this program should be able to implement the changes to the Ohio Uniform Food Safety Code with confidence.

b. Basic Food Labeling: 2.5 CEUs

- This program addresses labeling requirements and guidelines for food products produced in a retail food establishment based on the Ohio Uniform Food Safety Code, OAC 3717-1-03.5(C). It includes the basic components of a label, declaration of allergens, nutritional labeling, and fresh juice labeling. The program focuses on the practical application of retail labeling in situations the sanitarian may encounter during an inspection. This includes guidance for verifying the label of a food item produced on-site.

c. Basic Food Labeling: Workshop: 4.0 CEUs

- This program is a combination of lectures and workshops. This program addresses labeling requirements and guidelines for food products produced in a retail food establishment based on the Ohio Uniform Food Safety Code, OAC 3717-1-03.5(C). It includes the basic components of a label, declaration of allergens, nutritional labeling, and fresh juice labeling. The program focuses on the practical application of retail labeling in situations the sanitarian may encounter during an inspection. This includes guidance for verifying the label of a food item produced on-site.

The workshop portion gives the attendees the opportunity to develop labels for self-serve, packaged food products. Groups will present their labels in front of the class and solutions will be discussed. This format is designed to encourage attendees to ask questions and develop a better understanding of the application of labeling requirements.

d. Facility Layout and Equipment Specifications Review: 3.0 CEUs

- This program has three modules and an exercise. The first module addresses the regulations that require health departments to conduct a facility layout

and equipment specification review, including the Ohio Uniform Food Safety Code, OAC 3717-1- 09, Criteria for reviewing facility layout and equipment specifications. The second module makes recommendations for the information the licensor needs to conduct the review, the basic tools for the review, and what to do when the documents are received for review. The third module addresses the review, the site visit, and the final inspection. Attendees may complete an optional exercise that demonstrates the need for a complete facility layout and equipment specifications review application to be submitted for review. Sanitarians attending this course will receive the program handout as well as informational reference documents that will be useful when reviewing plans.

- e. Facility Layout and Equipment Specification Review Workshop: 4.0 CEUs
  - This program has three modules and two exercises. The first module addresses the regulations that require health departments to conduct a facility layout and equipment specification review, including the Ohio Uniform Food Safety Code, OAC 3717-1-09, Criteria for reviewing facility layout and equipment specifications. The second module makes recommendations for the information the licensor needs to conduct the review, basic tools for the review, and what to do when the documents are received for review. The third module addresses the review, the site visit, and the final inspection. Attendees will complete an exercise that demonstrates the need for a complete facility layout and equipment specifications review application to be submitted for review. Sanitarians attending this course will receive the program handout as well as informational reference documents that will be useful when reviewing plans. The workshop component includes a small-scale plan review exercise.
  
- f. Process Review Inspection Report Writing: 2.5 CEUs
  - This program teaches environmental health specialists to question the person in charge about food handling procedures, identifies food handling procedures that require the retail food establishment to be licensed as a risk level IV, and the inspection frequency at which Process Review Inspections must be conducted. Each component of the Process Review Inspection Form and Continuation Form are explained in detail. Attendees will demonstrate their report writing skills by completing three Process Review Inspection Reports based on provided scenarios, reviewed, and discussed as a class. Attendees should improve their Process Review Inspection Report writing skills.
  
- g. Standard Inspection Report Writing 2.5 CEUs
  - This program addresses the write-up of findings found during a Standard Inspection conducted in a retail food establishment. The course includes an overview of the statutes that give health department sanitarians the authority to conduct an inspection, an explanation of the proper forms to be used for documenting the inspection findings, the characteristics of a good inspection

report, examples, and criteria for writing the violation statement (code reference, observed violation, corrective action and the public health reason if applicable). Sanitarians who attend this training should improve their Standard Inspection report writing skills.

h. Standard Inspection Report Writing Workshop 4.0 CEUs

- This program addresses the write-up of findings found during a Standard Inspection conducted in a retail food establishment. The course includes an overview of the statutes that give health department sanitarians the authority to conduct an inspection, an explanation of the proper forms to be used for documenting the inspection findings, the characteristics of a good inspection report, examples, and criteria for writing the violation statement (code reference, observed violation, corrective action and the public health reason if applicable). Sanitarians who attend this training should improve their Standard Inspection report writing skills. Attendees will participate in a workshop where they are given violative situations, and they will be tasked with finding the correct code citation and writing violation statements using the criteria provided in the course. When completed, groups will present their findings for discussion.

- i. New employees and those in need of continuing education who work in the Food Safety Program will be encouraged to utilize the training opportunities listed above as well as other opportunities that may become available via the Ohio Department of Health or the Ohio Department of Agriculture.

**E. Field Observation & Documentation Review**

The Environmental Health Services Director will use his/her discretion to offer in-house training or require the attendance of staff at food safety-related meetings, training, or workshops. Training topics may include but are not limited to violation trends, updates on program policies and procedures, and updates on software used for the Food Safety Program.

Additionally, it is required that the Environmental Health Services Director conduct field evaluations for each environmental specialist and specialist in training. Environmental Health Specialist-In-Trainings will be directly observed in the field at least once per calendar year by a Registered Environmental Health Specialist or the Environmental Health Services Director. Additionally, the Environmental Health Director will review, at minimum, one completed inspection per specialist in training per quarter.

Registered Environmental Health Specialists will be directly observed in the field at least once per calendar year by the Environmental Health Services Director. Additionally, the Environmental Health Services Director will review, at minimum, one completed inspection per Registered Environmental Health Specialists once per calendar year.

It is the responsibility of the Environmental Health Services Director to communicate areas of improvement to the staff and make appropriate necessary corrections to the program.

## **Section 212: Tattoo and Body Piercing Establishment**

### **Cross References**

ORC 3730 Tattooing or Body Piercing Services

OAC 3701-9 Tattoo and Body Piercing Services

### **SECTION 212.01 APPROVAL OF STATE REGULATIONS**

Sections 3730.01 to 3730.11 and 3730.99 of the Ohio Revised Code are hereby adopted by the Board of Health as the minimum compliance standard for enforcement by the Tuscarawas County Health Department.

### **SECTION 212.02 BODY ART PLAN REVIEW AND LICENSING POLICY**

In the interest of promoting consistent service for body art facilities in Tuscarawas County, Ohio, the Tuscarawas County Health Department (TCHD) has developed the following policy to outline requirements and limitations for reviewing facility plans and issuing licenses under the Body Art Safety Program, pursuant to **O.R.C. 3730 and O.A.C. 3701-9.**

#### **A. General Standards**

- All persons or entities operating a business that offers tattooing, permanent cosmetics, and/or body piercing must first obtain approval from TCHD, pursuant to **O.R.C. 3730.03 and O.A.C 3701-9-02.**
- Once approval is obtained, an annual license to operate will be granted.
- Body Art licenses expire on December 31 of each calendar year and must be reviewed annually by TCHD prior to this expiration date, according to **OAC 3701-9-02.**
- All Body Art licenses are non-transferable.
- Once a Body Art facility is bought and/or sold, or has moved locations, the current Body Art license is considered null and void, and the facility will be marked as “Out-of-Business” in the appropriate program.
- Once a Body Art Facility is bought and/or sold, the facility must immediately cease operation and a new license must be obtained, pursuant to **O.A.C. 3701-9-02.**
- Any person who acts contrary to this policy may be subject to enforcement action under **O.R.C. 3730.**

#### **B. Procedure for Body Art Safety Staff Members**

- Upon submission of a new or existing facility body art plan review application, TCHD service coordinators will log the application in TCHD’s Body Art project spreadsheet and the appropriate program.
- An environmental health specialist (EHS) will review the plans within thirty (30) days of receipt.
- Each additional request for information by TCHD staff must be submitted by the operator within thirty (30) days of said request.
- Failure to do so may result in the project being denied by TCHD and the operator must submit a new plan review packet.
- Any additional submissions of information will be reviewed and responded to by TCHD within thirty (30) days.

- Upon receipt of a plan approval, a pre-licensing inspection of the facility must be conducted by TCHD.
- At or after a pre-licensing inspection and upon final approval, the annual license application will be provided to the applicant.
- The completed application and associated license fee must be submitted to TCHD prior to issuance of a license and subsequent operation.
- A written notice will be sent to the licensee reflecting these requirements.
- All activity associated with any body art facility will be documented in the appropriate program.

## **Section 213: Animal Nuisances**

### **Cross References**

ORC 935 Possession of Wild Animals and Snakes

ORC 941.14 Disposal of Dead or Destroyed Animals

ORC 942 Garbage-fed Swine And Poultry

### **SECTION 213.01 DEFINITIONS**

- A. “Board” or “Board of Health” means Tuscarawas County Board of Health or its authorized representative including the Health Commissioner, Environmental Health Director, Environmental Health Specialist, Public Health Nurse, and any other authorized employee or agent.
- B. “Body of Water” means any significant accumulation of water. The term most often refers to lakes, ponds, wetlands, or puddles. A body of water does not have to be still or contained; rivers, streams, canals, and other geographical features where water moves from one place to another are also considered bodies of water.
- C. “Dangerous Wild Animals” means any animal listed as a dangerous wild animal in **ORC 935**.
- D. “Fowl”– means any type of bird.
- E. “Garbage” means all waste material derived in whole or in part from the meat of any animal, including fish and poultry, or other animal material, and other refuse of any character that has been associated with such waste material resulting from the handling, preparation, cooking, or consumption of food.
- F. “Habitat” means the place that an animal lives in.
- G. “Infectious Disease” means a disease that is caused by a microorganism, such as a bacterium, virus, or protozoan, that is not normally found in the body and can cause infection.
- H. “Noisome” means having an extremely offensive, disagreeable, or unpleasant smell.
- I. “Noxious Odors” means smells that are harmful or destructive to living beings.
- J. “Pest” means any mammals, birds, insects, rodents, or reptiles, which may be a potential vector for human diseases or presents a public health threat.
- K. “Poultry” means any domesticated birds kept for eggs or meat.
- L. “Premises” means a house or building, together with its land and outbuildings.
- M. “Private Water System” means any water system, other than a public water supply system, for the provision of water for human consumption, if the system has fewer than fifteen service connections and does not regularly serve an average of at least twenty-five individuals daily at least sixty days each year.
- N. “Sanitary Sewerage System” means pipelines or conduits, pumping stations, force mains, and all other constructions, devices, appurtenances, and facilities that convey sewage to a central sewage treatment plant and that are required to obtain a permit under **Chapter 6111 of the Ohio Revised Code**.
- O. “Sewage Treatment System” means a household sewage treatment system, a small flow on-site sewage treatment system, or both, as applicable.
- P. “Wastes” means any material composed of excreta, with or without bedding materials and/or animal drugs, collected from poultry, livestock, or other animals.



### **SECTION 213.02 FEEDING OF GARBAGE TO SWINE AND POULTRY**

The feeding of garbage to swine and poultry in Tuscarawas County shall comply with **ORC 942.**

### **SECTION 213.03 DISPOSAL OF DEAD ANIMALS**

- A.** No person shall place or deposit, or permit to be placed or deposited, the carcass of a dead animal in any street, alley, road, open excavation, abandoned well or cistern, ditch, stream or body of water, or onto the surface of the ground, or in any other place or manner deemed improper by the Board. The owner of the land on which the carcass of a dead animal is found shall promptly provide for its proper removal and disposal in accordance with **ORC 941.14.**
- B.** The carcass shall be disposed of in a manner in accordance with **ORC 941.14** to avoid the creation of a nuisance or the pollution of a public or private water supply. The disposal shall not take place within a municipal corporation and not less than 500 feet from any public or private water supply, building of human occupancy, road, stream, or body of water

### **SECTION 213.04 NOXIOUS ODORS**

- A.** No person shall erect, continue, use or maintain a building, structure, or place for the exercise of keeping an animal which, by occasioning noxious exhalations, noisome or offensive smells, or becomes injurious to the health or comfort to the individuals of the public. Manure from any animals, animal housing, or enclosures shall be removed or disposed of to not create a nuisance or at such intervals as the Board of Health may deem necessary.
- B.** In no case shall manure be allowed to accumulate on private property until it becomes a nuisance, and in no event or circumstance shall manure or other waste be thrown or disposed of in any alley, street, lane, body of water, or other public place.

### **SECTION 213.05 KEEPING OF ANIMALS**

#### **A. Swine**

No person shall keep a swine in the Health District unless the building in which these animals are housed or fenced-in enclosures are at least 300 feet from any building used for human habitation or occupancy, including the residence of the owners, and at least 100 feet from any body of water, public way, street or road.

#### **B. Other hoofed animals**

No person shall keep horse, cow, or other hoofed animals unless the building or fenced enclosure in which such animal is kept at least 100 feet from any neighboring building used for human habitation or occupancy, other than the residence of the owner of such animal.

#### **C. Fowl**

No person shall keep a chicken or other fowl unless the building or fenced enclosure in which such fowl is kept is at least 100 feet from any neighboring building used for human habitation or occupancy, other than the residence of the owner of such animal or fowl.

#### **D. Rabbits**

No person shall keep rabbits unless the building or fenced enclosure in which such rabbits are

kept is at least 25 feet from the building used for human habitation or occupancy, other than the residence of the owner of such animal.

**E. Mink**

No person shall keep mink in the Health District unless the building in which these animals are housed or fenced-in enclosures are at least 300 feet from any building used for human habitation or occupancy, including owners, and at least 100 feet from any body of water, public way, street, or road.

**F. Dangerous Wild Animals**

All persons must comply with **ORC 935**.

**G.** All animal housing, holding pens or enclosures without grass cover, manure piles, fabricated manure storage, or animal waste shall be kept 50 feet or more from a private water system.

**SECTION 213.06 SALE OF ANIMALS WITH INFECTIOUS DISEASES**

**A.** No person shall sell, offer for sale, or give away as a pet or novelty any animal shedding infectious disease. Samples of the habitat in which the animals are kept may be sampled periodically or upon notification by any person of possible illness due to contact with such animals or their habitat.

**B.** If upon examination of the sampled environment, infectious diseases are found, the animals shall be treated, and the habitat shall be disposed of and/or sanitized in a way approved by the Board. Any water shall be disposed of in the sanitary sewerage system, sewage treatment system, or in a manner acceptable to the Board.

**SECTION 213.99 PENALTY**

Whoever violates or fails to comply with any of the provisions of this Environmental Health Code shall violate **ORC 3707.48, 3707.01, 3707.02, 3709.21, and 3709.22**, and may be subject to penalties provided in **ORC 3707.02, 3707.021, 3709.211, 3707.99 and 3709.99**.

## **Chapter 3: Local Public Health Department Rules and Regulations**

### **Section 301: Fatality Review Boards**

Section 301.01 Approval of State Regulations

### **Section 302: Children Medically Handicapped (CMH)**

Section 302.01 Approval of State Regulations

### **Section 303: Communicable Disease Reporting**

Section 303.01 Approval of State Regulations

### **Section 304: Tuberculosis (TB) Control**

Section 304.01 TB Disease Reports

Section 304.02 Diagnosis

Section 304.03 Financial Assistance

Section 304.04 Management of Reactors/Converters

Section 304.05 Active TB

Section 304.06 Direct Observation Therapy (DOT)

Section 304.07 Isolation

Section 304.08 Compliance

Section 304.09 Release from Isolation

Section 304.10 Confidential Information

Section 304.11 Contact Investigations

### **Section 305: HIV/AIDS Reporting**

Section 305.01 Approval of State Regulations

### **Section 306: Vaccines and Immunizations**

Section 306.01 Approval of State Regulations

### **Section 307: Vital Statistics**

Section 307.01 Approval of State Regulations

## **Section 301: Fatality Review Boards**

### **Cross References**

OAC 3701-67 Child Fatality Review Board

ORC 307.641 Establishing suicide fatality review committee

ORC 307.631 Establishing drug overdose fatality review committee

### **SECTION 301.01 APPROVAL OF STATE REGULATIONS**

**Chapter 3701-67 of the Ohio Administrative Code** is hereby approved by the Board of Health as requirements under the law by which the Health Department in the County operates.

**Section 307.641 of the Ohio Revised Code** is hereby approved by the Board of Health for the establishment of a suicide fatality review committee.

**Section 307.631 of the Ohio Revised Code** is hereby approved by the Board of Health for the establishment of an overdose fatality review committee.

## **Section 302: Children With Medical Handicaps (CMH)**

### **Cross References**

ORC 3701.023 Program for children and youth with special health care needs

### **SECTION 302.01 APPROVAL OF STATE REGULATIONS**

**Section 3701.023 of the Ohio Revised Code** is hereby approved by the Board of Health as the requirement under the law by which the Health Department in the County operates.

## **Section 303: Communicable Disease Reporting**

### **Cross References**

OAC 3701-3 Communicable Diseases

### **SECTION 303.01 APPROVAL OF STATE REGULATIONS**

**Chapter 3701-3 of the Ohio Administrative Code** is hereby approved by the Board of Health as requirements under the law by which the Health Department in the County operates.

## **Section 304: Tuberculosis (TB) Control**

### **Cross References**

ORC 339.72 Designation of Tuberculosis Control Unit  
ORC 339.73 Treatment to be Available to All Persons with Tuberculosis  
ORC 339.80 Investigations  
ORC 339.81 Confidential Information  
ORC 339.84 Order Compelling Compliance with Duties  
ORC 339.85 Injunctions

Tuscarawas County Health Department is designated as the Tuberculosis (TB) Control Unit for Tuscarawas County by the County Commissioners as established in **Ohio Revised Code 339.72**. The Health Commissioner is responsible for coordinating the TB control program throughout Tuscarawas County. A master copy of this plan will be kept in the Clinic and the Administration office. The plan will be reviewed every two years and revisions will be made at the discretion of the Health Commissioner, Medical Director, Director of Nursing, and the TB Coordinator(s).

### **SECTION 304.01 TB DISEASE REPORTS**

Compliance with TCHD reportable Disease, Surveillance and Investigation, and Reporting will prevent or reduce the spread of infectious illnesses in Tuscarawas County. Procedures are adapted from the Ohio Department of Health, Bureau of Infectious Disease Control.

### **SECTION 304.02 DIAGNOSIS**

Individuals with symptoms of TB, which include persistent or bloody cough, weight loss, chills and/or night sweats, will be evaluated with the following diagnostic tests:

- A. Mantoux skin test or QuantiFERON Gold Blood Test
- B. Chest X-ray and/or Scans
- C. Pre-treatment laboratory work
- D. Sputum smears for 3 consecutive days (or bronchial washings)
- E. Physical exam as soon as possible

### **SECTION 304.03 FINANCIAL ASSISTANCE**

If an individual is unable to secure financial assistance per **ORC 339.73** The board of county commissioners is the payor of last resort for active cases of tuberculosis treatment and shall pay for treatment only to the extent that payment is not made through third-party benefits.

### **SECTION 304.04 MANAGEMENT OF REACTORS/CONVERTERS**

Any individual who, after receiving his purified protein derivative (PPD) at TCHD, is found to have a positive test as outlined below:

- A. 5 mm or more
  - a. Persons with HIV or AIDS
  - b. Recent contact with an infectious case of TB

- c. Persons with fibrotic lesions of chest radiography
  - d. Persons with organ transplants or other immunosuppressed persons
- B.** Persons receiving treatment with tumor necrosis factor-alpha antagonists 10 mm or more
- a. Foreign-born persons recently arrived (within 5 years) from countries with high TB incidence or prevalence
  - b. Persons who inject drugs
  - c. Alcoholics
  - d. Residents or employees of high-risk, congregate settings (homeless shelters, jails, healthcare facilities, etc.)
  - e. Mycobacteriology lab personnel
  - f. Children younger than 5 years old
- C.** 15 mm or more
- a. Persons with no known risk factors for TB

Individuals returning positive skin tests will be given a requisition for a chest x-ray and follow-up appointment scheduled here at the health department. If the patient has a private physician and would like to schedule with him/her, stress the need to see him/her immediately for follow-up studies.

The individual should be given information on prophylactic therapy and strongly encouraged to receive prophylactic therapy especially if they are at a high risk of developing TB disease.

Prophylactic therapy consists of a 6-9-month course of daily Isoniazid (INH). One-month supply will be dispensed at a time. The medication is self-administered unless otherwise indicated. A nurse will question the client on the side effects of the drug at each medication pick-up.

Management of women of childbearing age: A pregnancy test will be administered before treatment. The provider will discuss and prescribe a form of birth control, as needed. Depo Provera or a LARC is preferred. If the patient chooses oral contraceptive medication or if the patient is not ordered birth control, then before the distribution of each month's medication the last menstrual period will be documented, and a pregnancy test will be performed. The client will assume the cost of the pregnancy test.

Prophylactic therapy is not a cure but will aid in the prevention of active disease by at least 69% for those who complete a six-month course.

### **SECTION 304.05 ACTIVE TB**

Tuberculosis is a public health concern and Tuscarawas County Health Department is the Tuberculosis control unit for the county. This health department will be involved in all active cases of TB in our county. Private physicians may follow their patients, but it is TCHD's responsibility to work with the physician and offer assistance if needed.

Tuberculosis is a Class B disease and must be reported to the Ohio Department of Health by the close of business the next day. Case investigation must be started within 72 hours of the report. Management of TCHD clients with active TB will include education, case investigation, contact investigation, follow-up on lab work, chest x-rays, sputum, response to treatment, distribution of



medication, and DOT (direct observation therapy).

### **SECTION 304.06 DIRECT OBSERVATION THERAPY (DOT)**

All cases of active TB will be required to undergo DOT. Supportive services and incentives that reduce barriers to adherence will be provided or arranged by the health department to ensure the completion of therapy and protect the health of the public. If necessary, the Health Commissioner may obtain an order from the court to administer DOT.

When conducting direct observation therapy:

- A. Assess and respect cultural, individual, and family differences that will contribute to the development of strong, trusting relationships with the person and the family.
- B. Determine the need for interpreters and/or translators
- C. Assess the client's knowledge about their condition and provide appropriate education.
- D. Correct myths and misunderstandings as they arise.

### **SECTION 304.07 ISOLATION**

Tuscarawas County Health Department will require all persons with suspected or confirmed infectious tuberculosis to exercise all precautions to prevent the spread of infection to others. It is important to educate the individual and the family on ways to reduce the risk of transmission. Stress the importance of staying home or at another agreed-upon location. Emphasize the importance of excluding previously unexposed persons until non-infectious. If the individual fails to comply with isolation an order issuing the individual to comply may be issued under the Ohio Revised Code

339.84. A sample order is contained below:

Date

RE: ORDER OF ISOLATION FOR KNOWN TUBERCULOSIS PATIENT

To: XXXX

Address: XXXX

You have been identified to have positive sputum smear and culture results for mycobacterium Tuberculosis (TB). You pose a substantial threat to the health of the citizenry. To prevent transmission of TB you were ordered by XXXX the Tuscarawas County Health Department to remain in home isolation and comply with direct observational therapy (DOT) to ensure medication treatment completion. On multiple occasions, you have violated the initial order of the Health Department to remain in home isolation and comply with **Ohio Revised Code (ORC) 339.82**. The Tuscarawas County Health Department, under **ORC 339.84**, is now issuing an order compelling you to comply with home isolation and **ORC 339.82**.

The location where you are isolated is XXXX. During the period of isolation, you are to remain apart from other people. You may not have visitors and you cannot have direct contact with other people. You will, however, be required to submit for daily direct observational therapy (DOT) by a Tuscarawas County Health Department representative at your home address. During your isolation period you will be required to undergo medical exams and bodily specimens will be collected for analysis. In addition, you should accept any treatment recommended by your healthcare providers. Failure to accept treatment may significantly increase the duration of

isolation that will be necessary and may require the Department to issue an order compelling treatment.

This isolation order will be in effect until you are deemed non-contagious by the Tuscarawas County Health Department and therefore no longer pose a substantial threat to the health of the public. It is anticipated that it will take at least 6-8 weeks to verify and render you non-contagious provided you continue and respond to treatment. A Tuscarawas County Health Department representative will notify you when this occurs.

If it is necessary that you leave your home isolation for medical reasons or otherwise, you must first gain permission from the Tuscarawas County Health Department and wear a mask provided to you.

If you leave the place of isolation designated above without the prior consent of the Department, action will be taken as authorized under **ORC 339.85**.

Any questions regarding this order may be directed to XXXX at 330-343-5555 extension XXX.

I hereby certify that this order was served in hand to the above-named individual on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. by \_\_\_\_\_.

Tuscarawas County Health Department Commissioner

Acknowledgement of Receipt and Understanding

\_\_\_\_\_  
Date: \_\_\_\_\_

### **SECTION 304.08 COMPLIANCE**

If an individual fails to comply with isolation orders, an injunction can be issued by the court under **Ohio Revised Code 339.85**.

### **SECTION 304.09 RELEASE FROM ISOLATION**

An individual with active, pulmonary tuberculosis will be released from isolation after the following four conditions:

- A. 3 or more weeks of medications
- B. 3 consecutive negative sputum smears; collected at least 8 hours apart
- C. Clinical improvement
- D. Release from physician

### **SECTION 304.10 CONFIDENTIAL INFORMATION**

As outlined in **Ohio Revised Code 339.81**, any information, data, and reports with respect to a case of tuberculosis that is furnished to, or procured by, a county or district tuberculosis control unit or the Department of Health shall be confidential and used only for statistical, scientific, and medical research for the purpose of controlling tuberculosis in this state. No physician, hospital, or other entity furnishing information, data, or reports pursuant to this chapter shall by reason of such furnishing be deemed to have violated any confidential relationship, be held to answer for willful betrayal of professional confidence or be held liable in damages to any person.

## **SECTION 304.11 CONTACT INVESTIGATIONS**

Epidemiologic investigations may be indicated for several situations. These include, but are not limited to, a) the occurrence of PPD test conversions or an active case of TB; b) the occurrence of possible person-to-person transmission of Mycobacterium Tuberculosis (MTB); and c) situations in which patients with active TB are not promptly identified and isolated, thus exposing other persons to MTB. The general objectives of the epidemiological investigations in these situations are as follows:

- A.** To determine the likelihood that transmissions of MTB have occurred
- B.** To determine the extent to which MTB has been transmitted
- C.** To identify those persons who have been both exposed and infected
- D.** To enable individuals to receive appropriate clinical management
- E.** To identify factors that could have contributed to transmission and infection and to implement appropriate interventions
- F.** To evaluate the effectiveness of any interventions and to ensure that exposure to and transmission of MTB has been completed. The exact circumstances of these situations are likely to vary considerably, and the associated epidemiologic investigations should be tailored to the individual circumstances. More information may be accessed in the Ohio Department of Health's Ohio Tuberculosis Prevention & Control, and Surveillance Manual: 2013.

## **Section 305: HIV/AIDS Reporting**

### **Cross References**

ORC 3701.24 Report as to Contagious or Infectious Diseases – AIDS and HIV

### **SECTION 305.01 APPROVAL OF STATE REGULATIONS**

**Section 3701.24 of the Ohio Revised Code** is hereby approved by the Board of Health as the requirement under law by which the Health Department in the County operates.

## **Section 306: Vaccines and Immunizations**

### **Cross References**

ORC 3707.27 Boards May Offer Vaccination Free or at a Reasonable Charge

### **SECTION 306.01 APPROVAL OF STATE REGULATIONS**

**Section 3707.27 of the Ohio Revised Code** is hereby approved by the Board of Health as required under the law by which the Health Department in the County operates.

## **Section 307: Vital Statistics**

### **Cross References**

ORC 3705 Vital Statistics

### **SECTION 307.01 APPROVAL OF STATE REGULATIONS**

**Section 3705 of the Ohio Revised Code and Chapter 3701-5 of the Ohio Administrative Code** are hereby approved by the Board of Health as requirements under the law by which the Health Department in the County operates.