

Town of Ipswich
Public Health Department & Board of Health

Department Overview

Introduction

- ▶ Local boards of health in Massachusetts are required by state and local laws and regulations to perform many critical duties related to the protection of public health. These duties cover a wide range of public health control and prevention activities, including:
 - disease surveillance; the promotion of sanitary conditions in housing, recreational facilities, and food establishments; the protection of the environment; elimination of nuisances; and numerous other responsibilities.
- ▶ This presentation is designed to provide a broad overview of some of the duties and responsibilities of local boards of health in Massachusetts.



Creation and General Authorizing Statutes

- ▶ The general structure, powers, and duties of local boards of health are found at [M.G.L. c. 111, s.26-33](#).
- ▶ Local boards of health derive their authority primarily through explicit and specific delegation of power from the state legislature. This authority includes both the powers that are expressly granted by state statutes and those powers that are necessarily implied from those statutes.
- ▶ Local boards of health have the power and responsibility to enforce regulations made under the State Sanitary Code and Environmental Code.
- ▶ Boards have authority to adopt and enforce reasonable health regulations under [M.G.L. c. 111, s.31](#).



Ipswich Board of Health and Health Office

- ▶ The Ipswich Board of Health is comprised of three members appointed by the Town Manager for 3 year staggered terms. The Board of Health meets once a month.
- ▶ The Town Manager appoints the Director of Public Health annually. The Director carries out the duties and responsibilities of the Board of Health conferred or imposed by law. The Director is subject to the general supervision of the Town Manager.
- ▶ The Public Health Nurse is responsible for disease prevention and disease surveillance activities. The Public Health Nurse works 5 hours a week and is supervised by the Director of Public Health .
- ▶ The Public Health Office has a full-time administrative assistant.



Duties and Responsibilities

- ▶ The duties and responsibilities carried out by the Director of Public Health / Board of Health:
 - ▶ Housing
 - ▶ Food
 - ▶ Public/Semi-Public Swimming Pools
 - ▶ Bathing Beaches
 - ▶ Recreational Camps for Children
 - ▶ Tanning Facilities
 - ▶ Medical or Biological Waste
 - ▶ Septic Systems
 - ▶ Sludge and Septage
 - ▶ Hazardous and Solid Waste
 - ▶ Air Pollution
 - ▶ Pesticides
 - ▶ Mosquito Control
 - ▶ Nuisances
 - ▶ Noisome and Noxious Trades
 - ▶ Beavers and Muskrat
 - ▶ Smoking
 - ▶ Local Health Regulations
 - ▶ Disease Prevention and Control
 - ▶ Emergency Planning



HOUSING



- ▶ Chapter II of the State Sanitary Code, 105 CMR 410.000: Minimum Standards of Fitness for Human Habitation, sets forth the minimum standards for housing in the Commonwealth. The purposes of this chapter are to protect public health, safety, and the well-being of occupants and the general public and to provide enforcement procedures for local boards of health. Except as specified in this chapter, the housing code applies to all types of housing, including single and multi-family dwellings, rooming houses, dormitories, and temporary housing.

- ▶ Local boards of health are required to enforce all aspects of the housing code. Enforcement of Chapter II includes
 - inspecting dwellings (upon request or upon the Board's initiative) for compliance with the minimum standards,
 - certifying violations,
 - issuing correction orders
 - enforcing compliance,
 - holding hearings,
 - granting variances
 - instituting court proceedings, if necessary to enforce such orders.

- ▶ If the board determines that a dwelling has become a nuisance, is unfit for human habitation, or may be a cause of sickness or accident to the occupants or the public, the board may issue a written condemnation order requiring the occupants to vacate, requiring the premises be put in a clean condition, or torn down, or requiring compliance with the regulations set forth in the code or adopted by the board of health.



HOUSING



- ▶ The State Lead Poisoning Prevention regulations, 105 CMR 460.000 relate to housing conditions and authorize the enforcement of violations pursuant to the State Sanitary Code. Enforcement of this regulation includes :
 - ❑ inspecting dwellings constructed before 1978 in which a child under six resides for lead paint (upon request or upon the board's initiative)
 - ❑ issuing orders for removal of lead paint
 - ❑ instituting court proceedings to enforce compliance in accordance with the timelines set forth in 105 CMR 560.000, if necessary
- ▶ Also, the board must offer to conduct a lead determination any time it conducts a Sanitary Code inspection in such premises.
- ▶ The board must inspect public lodging houses and certify compliance with 105 CMR 410.000: Minimum Standards of Fitness for Human Habitation. Public lodging houses include boarding houses, hotels, motels, inns and dormitories.
- ▶ Subdivision of Land, M.G.L. c.41, ss.81S-81V. The board of health has 45 days to review and approve, approve with conditions, or disapprove preliminary and definitive plans for the subdivision of land. The board considers drainage and water pollution, sewage, potential damage to well fields.



FOOD PROTECTION



- ▶ Chapter X of the State Sanitary Code, 105 CMR 590.000, Minimum Sanitation Standards for Food Establishments sets forth the minimum requirements to operate a retail food establishment in the Commonwealth. Boards issue permits for the operation of retail food establishments, including restaurants, markets, caterers, retail bakeries, institutions, mobile food vendors, temporary food events, home kitchens that are part of a bed and breakfast operation, food pantries, and other charitable and/or church operated food events.
 - ▶ Boards are responsible for inspecting retail food establishments, issuing orders, and under certain circumstances suspending, revoking or not renewing permits where necessary.
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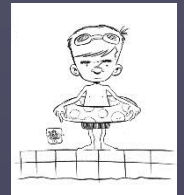


FOOD PROTECTION

- ▶ Massachusetts has numerous other statutes and regulations that place requirements on local boards of health related to food safety, food security, and consumer protection. Other statutes related to food are as follows:
 - ▶ In accordance with [105 CMR 570.000, The Manufacture, Collection, and Bottling of Water and Carbonated Non-alcoholic Beverages](#), Boards of Health issue permits to and conduct inspections of facilities within the Commonwealth in the business of bottling or manufacturing water and/or non-alcoholic beverages.
 - ▶ Boards are responsible for licensing, inspecting, and enforcing the sanitary standards and labeling standards applicable to the manufacturing of frozen desserts and frozen dessert mixes at wholesale or retail pursuant to [105 CMR 561.000, Frozen Desserts and Frozen Dessert Mixes](#).
 - ▶ Retail Cider Processing Operations are permitted and inspected by Boards of Health. Both [105 CMR 500.000, Good Manufacturing Practices](#) and [105 CMR 590.000, Minimum Sanitation Standards for Food Establishments](#) must be enforced.
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POOLS



- ▶ Chapter V of the State Sanitary Code, 105 CMR 435.000: Minimum Standards for Swimming Pools, sets forth the minimum standards for health and safety of swimming, wading, and special purpose pools operated in the Commonwealth. It does not apply to private residential pools. Boards of health are required to enforce 105 CMR 435.000. Enforcement includes issuing annual permits, conducting inspections, issuing orders and granting variances. Variances granted are subject to Department of Health approval.
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BEACHES



- ▶ Chapter VII of the State Sanitary Code, 105 CMR 445.000: Minimum Standards for Bathing Beaches sets forth minimum requirements for the operation of bathing beaches in the Commonwealth. This regulation applies to state and local agencies as well as beaches operated by semi-public operators (e.g., motel, country club, or neighborhood association beaches), but not to privately owned beaches. The purposes of these regulations are to protect the health, safety and well-being of the users of bathing beaches, to establish acceptable standards for bathing water quality, and to establish procedures for informing the public of any bathing water closures.
- ▶ Boards of health must license beaches. The board of health may grant variances to 105 CMR 445.000 for any beach not operated by the Commonwealth subject to Department approval.





CAMPS

- ▶ Chapter IV of the State Sanitary Code, 105 CMR 430.000: Minimum Standards for Recreational Camps for Children, sets forth the minimum housing, health, safety and sanitary protection standards for children in the care of recreational camps operating in the Commonwealth.
 - ▶ Boards of health must license recreational camps for children. The board of health must inspect each camp facility before granting a license for the upcoming year. Boards have the authority to grant variances. Variances must be submitted to the Department of Public Health, but are not subject to Department approval.
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TANNING FACILITIES



- ▶ Boards of Health issue licenses to tanning facilities pursuant to [105 CMR 123.000](#). Boards must inspect tanning facilities within 30 days of licensure, every six months thereafter, and upon receipt of a complaint. Boards enforce regulatory requirements, hold hearings, and may issue variances.



MEDICAL OR BIOLOGICAL WASTE



- ▶ Chapter VIII of the State Sanitary Code, 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste, sets forth the minimum requirements for the storage, treatment, disposal and transportation of medical or biological waste. The purpose of the regulations is to safeguard the public and workers from potential health risks associated with the improper storage, management, treatment, and disposal of medical and biological waste.
 - ▶ The board has the authority to inspect facilities that generate medical or biological waste as is necessary for the protection of the public health. In a community that collects and manages home sharps, the board must inspect all sharps collection centers and kiosks prior to operation.
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SEPTIC SYSTEMS AND SEPTAGE



- ▶ The purpose of [310 CMR 15.000 the State Environmental Code, Title 5; Minimum Requirements for the Subsurface Disposal of Sanitary Sewage](#) is to provide for the protection of public health, safety, welfare and the environment by requiring the proper siting, construction, upgrade, and maintenance of on-site sewage disposal systems and appropriate means for the transport and disposal of septage.
 - ▶ Enforcement of Title 5 includes witnessing soil testing, septic system design review, issuing disposal system construction permits, conducting construction inspections, as-built plan review, issuing certificates of compliance, issuing orders, holding hearings, granting variances and instituting court proceedings, if necessary to enforce such orders.
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SEPTIC SYSTEMS AND SEPTAGE



- ▶ Boards of health ensure the proper operation and maintenance of septic systems through the review of pumping records, operations and maintenance inspection reports for systems requiring additional maintenance and system inspection reports.
- ▶ Additionally, Boards issue permits to septage haulers entitling them to transport septage within the Commonwealth and to septic installers entitling them to construct, repair or abandon septic systems in the town.



SLUDGE AND SEPTAGE



- ▶ Boards, in conjunction with the Department of Environmental Protection, enforce [310 CMR 32.00, Land Application of Sludge and Septage](#). The purpose of 310 CMR 32.00 is to allow the land application of sludge and septage in a manner that will protect the public health and environment from possible contamination which could occur from pathogens, metals or toxic chemical compounds.
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HAZARDOUS AND SOLID WASTE



- ▶ Boards of health assign sites for storage, treatment, or disposal of hazardous waste (not including wastewater treatment facilities permitted under M. G. L. c. 21, s. 43) in compliance with [310 CMR 30.000, Hazardous Waste](#)
 - ▶ In accordance with [310 CMR 16.00, Site Assignment for Solid Waste Facilities](#), Boards of Health govern the process of application, review, public hearing and decision for a site assignment to expand a solid waste management facility or establish a new solid waste management facility at an unassigned site.
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AIR POLLUTION

- ▶ [Air Pollution Control Regulations, 310 CMR 7.00](#) provide specific authority to local boards to enforce certain provisions. Some of the specific areas include:
 - ❑ dust, odor, and construction and demolition (310 CMR 7.09);
 - ❑ noise (310 CMR 7.10);
 - ❑ asbestos (310 CMR 7.15)
 - ❑ outdoor wood boilers (310 CMR 7.26 (50)).



PESTICIDES



- ▶ Protection of Children and Families from Harmful Pesticides, 333 CMR 14.00 requires local Boards of health to determine if an emergency waiver is warranted when requested by a school to allow the use a pesticide (in the school or on school property). To determine if an Emergency Waiver is warranted the Board considers:
 - (a) That the pest situation poses an immediate threat to human health; and
 - (b) That there is no viable alternative to the use of a pesticide.

 - ▶ Boards work to control mosquito-borne diseases, such as West Nile Virus and Eastern Equine Encephalitis, in collaboration with local mosquito control districts, and in conjunction with the Department of Public Health and the Department of Agricultural Resources.
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MOSQUITO CONTROL

- ▶ The Town of Ipswich is a member of the Northeast Massachusetts Mosquito Control and Wetlands Management District (NEMMC) which thirty-two subscribing municipalities.
- ▶ Their mosquito control and surveillance program runs from the middle of the spring until the beginning of the fall.
- ▶ NEMMC creates a Vector Management Plan (VMP) for the Mosquito Control District and a Best Management Practice Plan (BMP) for each of the municipalities within its District annually.
- ▶ District control efforts focus primarily on adult mosquito surveillance, virus testing and preemptive virus intervention strategies.



MOSQUITO CONTROL

- ▶ The Best Management Practice Plan for Ipswich is reviewed and approved by the Board of Health annually.
- ▶ Every year the control measures in Ipswich's Best Management Practice Plan include aerial salt marsh larviciding, catch basin treatment, inspections and adulticiding.
- ▶ Larviciding: An insecticide is applied to shallow water to control mosquitoes in their aquatic stages and prevent emergence as adult mosquitoes.
- ▶ Catch Basin Treatment: An insecticide is applied to a catch basin, storm water structure, etc. to control mosquitoes in their aquatic stages and prevent emergences as adult mosquitoes.



MOSQUITO CONTROL

- ▶ Inspections: A resident can contact the Public Health Office and provide information regarding their particular concern. NEMMC does a site visit to determine if there are natural or artificial mosquito breeding areas that can be treated.
- ▶ Adulticiding: An insecticide is applied to reduce adult mosquito populations. Adulticiding, or roadside spraying as it is commonly called, is accomplished by means of a pickup truck-mounted Ultra Low Volume (ULV) aerosol generator or sprayer. The ULV sprayer applies extremely low volumes of insecticides to large areas.
- ▶ Notifications regarding adulticiding will be disseminated via the town's notification system, Blackboard Connect, the town website, the Ipswich Chronicle and The Salem News.



NUISANCES, NOISOME & NOXIOUS TRADES



- ▶ Boards of health are required to examine all nuisances, sources of filth and causes of sickness within the town. The Board shall destroy, prevent or remove nuisances and shall make regulations relative to nuisances.
 - ▶ The board shall assign locations for noisome trades, such as a piggery, after a public hearing.
 - ▶ A noxious trade is a slaughter house, melting or rendering establishment, or any other offensive trade or establishment. Anyone who wishes to run such an establishment must get the written consent of the board of health in the town where the building or premises are situated.
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BEAVERS AND MUSKRATS



- ▶ Boards may issue an emergency permit to immediately alleviate a threat to human health and safety from beaver or muskrat-related activity. The permit may authorize the use of traps to capture furbearing mammals, authorize dam breaching or allow for the installation of water flow devices. The emergency permit shall not exceed a period of ten days.





SMOKING

- ▶ Enforcement of the Smoke-Free Workplace Act is delegated mainly to local boards of health. Boards may receive complaints from the Department of Public Health that initiate investigations regarding the failure to comply with the Smoke Free Workplace Act. Enforcement may also occur through periodic inspections and locally received complaints. An annual report must be sent to the Commissioner of Public Health.





LOCAL HEALTH REGULATIONS

- ▶ Boards of Health enforce all local health regulations promulgated pursuant to [M.G.L. c. 111, s. 31.](#)

 - ▶ The Ipswich Board of Health has adopted regulations regarding the following:
 - food
 - septic systems
 - tobacco
 - floor drains
 - private wells
 - body art
 - recombinant DNA
 - outdoor hydronic heaters
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DISEASE PREVENTION AND CONTROL



- ▶ Health protection and disease control are important aspects of the duties and responsibilities of local boards of health. [105 CMR 300.000, Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements is applied by](#) Boards of Health. This regulation provides a list of diseases reportable to the Department of Public Health. Typically, through the Public Health Nurse, the Board investigates reports of contagious or infectious diseases received from physicians and hospitals and then submits written reports of disease investigations to the Department of Public Health. Without such data, disease trends cannot be accurately monitored and unusual occurrences of diseases (such as outbreaks) cannot be detected
 - ▶ Boards collect reports of food poisoning, which must be reported to the Department of Public Health.
 - ▶ Boards enforce the isolation and quarantine regulations found at [105 CMR 300.200](#). Boards may direct the isolation and quarantine of individuals, animals, and property relative to communicable disease and maintain isolation hospitals to prevent the spread of infection.
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DISEASE PREVENTION AND CONTROL



- ▶ Outpatient nurse case management services must be provided by the Board to individuals with tuberculosis pursuant to [105 CMR 365.000](#). Case management for Tuberculosis patients and their contacts requires home visits for assessment and follow-up. Administration of mantoux tests and collaboration with State Tuberculosis officials to control the spread of TB is also required.
 - ▶ Annual Influenza vaccination clinics are provided for the general public.
 - ▶ Boards of Health provide health-screening programs based on community need and maintain a network of community referral sources.
 - ▶ Health education is also provided to the public on a wide variety of health issues, by developing and distributing written material, working with the media and participating in health fairs.
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EMERGENCY PREPAREDNESS



- ▶ Ipswich belongs to the Northeast Public Health Coalition, in the Massachusetts Department of Public Health Emergency Preparedness Region 3A. The members of this coalition agree to work collaboratively to enhance our communities' collective capacity to share resources and respond to public health threats and emergencies, including outbreaks of infectious diseases and terrorism.
 - ▶ The Board of Health has created the Ipswich Board of Health's Emergency Management Plan as required by the Massachusetts Department of Public Health. The purpose of the plan is to document and establish actions taken by the Ipswich Board of Health to reduce the vulnerability of town residents to a pandemic or a terrorism incident. The plan is a supplement to the Town's Comprehensive Emergency Management Plan.
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EMERGENCY PREPAREDNESS



▶ Ipswich Board of Health's Emergency Management Plan

The Ipswich Board of Health's Emergency Management Plan is made up of 4 separate plans.

- ▶ Emergency Dispensing Site Plan
- ▶ Pandemic Influenza Plan
- ▶ Individuals Requiring Additional Assistance Plan and
- ▶ Risk Communication Plan.



EMERGENCY PREPAREDNESS



▶ The Emergency Dispensing Site Plan

- ▶ The plan outlines how the Board of Health will distribute targeted or mass prophylaxis (vaccines or antibiotics) to the community to minimize the spread of disease and protect the public.
- ▶ Dispensing antibiotics or vaccinating 100% of population within 24 hours is the goal.
- ▶ Each community will determine number, location, and hours of operation for each EDS.



EMERGENCY PREPAREDNESS



▶ The Pandemic Influenza Plan

- ▶ Provides guidance to local partners regarding detection, response and recovery from an influenza pandemic. For example, boards work with local schools and daycares for influenza-like illness surveillance and implement in the community social distancing policies (including cancellation of schools, social gatherings such as plays or community activities, faith-based gatherings, movie going etc.) when pre-defined thresholds are met or when advised by the Massachusetts Department of Public Health



EMERGENCY PREPAREDNESS



- ▶ **The Individuals Requiring Additional Assistance Plan**
 - ▶ Identifies individuals or groups that may require additional assistance during an emergency. Individuals Requiring Additional Assistance are in two major groups; the Demographic Group and the Health Conditions Group.
 - ▶ **The Demographic Group** includes racial minorities; ethnic minorities; populations with distinct cultural or linguistic needs; elders; children; refugees and immigrants; institutionalized individuals, etc.
 - ▶ The Health Conditions Group includes individuals or populations with physical disabilities or other functional health impairments and may include persons who are deaf or hard of hearing; visually impaired; confined to a wheelchair; homebound; or have a mental health and/or substance abuse conditions, etc
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EMERGENCY PREPAREDNESS



▶ The Risk Communication Plan

- ▶ Is an all-incidents plan that may be used to respond to any type of public health emergency. The plan provides systematic directions for developing messages, and delivering messages in an organized fashion to a variety of partners and audiences. It includes public health alerts, disease or vaccine fact sheets, warnings, and public information.



Thank You

Provided by Colleen E. Fermon, Director of Public Health