

BOARD OF HEALTH –MONTHLY MEETING  
AGENDA-Thursday, February 14, 2013  
Meeting 7:30 PM

1.Meeting called to order @ \_\_\_\_\_PM

2.Roll Call

Ann Marie Warrelman	
Fred Johansson	Vice-President
Frank Kaiser	
Robert Keller	
Edward Schmidt	
Debbie Greenaway	President
Providence Sarlo	
Alt #1 vacant	
Alt #2 vacant	

Melanie Hammer Board Secretary  
Judy Muniz, Sanitary Inspector  
Joseph DiMarco, Council Liaison

3. Pledge of Allegiance

4.Sunshine Law: This meeting is being held in accordance with P.I. Chapter 231 and the Notice Requirements of the law have been met by adoption at the Reorganization Meeting of January 5, 1978, setting forth date, time and place of said Meeting by posting a copy of same on the Municipal Bulletin Board and sending a copy of same to the Herald News, The Bergen Record, And the Star Ledger.

5. January  
minutes- Motion to approve \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

6. Hearing of Citizens

7. Correspondence Received and sent
- a. 1 Birth
  - b. County December Statistics
  - c.First Presbyterian Immunizations
  - d. Little Stars Academy Immunizations
  - e. Food and Dietary Recalls
  - f.Food Recalls
  - g. Surgical debarking of dogs

Sent:

h. Marriage Licenses sent to State

8. Bills None 9. Motion to pay bills

10. Report of Officers  
Judy Muniz  
Melanie Hammer  
Councilman DiMarco

11. Unfinished business  
-Fee Ordinance Ordinance on second reading  
-New Jersey Local Boards of Health  
-Smoke Free Ordinance

12. New Business

13. Motion to adjourn meeting made by \_\_\_\_\_ 2<sup>nd</sup> by \_\_\_\_\_  
Adjourned @ \_\_\_\_\_

**MEMORANDUM**



**COUNTY OF BERGEN**  
**DEPARTMENT OF HEALTH SERVICES**  
One Bergen County Plaza, 4<sup>th</sup> Floor  
Hackensack, New Jersey 07601  
201-634-2600

DATE: 1/14/13

TO: Melanie Hammer

FROM: Patricia Casey

SUBJECT: Wood-Ridge, December 2012 Statistics

RECEIVED  
JAN 18 2013

As per N.J.A.C. Title 8 Chapter 52, Public Health Practice Standards "Each local board of health shall maintain the standards of performance as set forth in this chapter. The following is a synopsis of the services provided this month. Health Consultation Programs provide assessment, counseling, education and referral to meet the core public health functions and the delivery of the "10 essential public health services" as set forth in N.J.A.C. 8:52-3.2.

Program: Health Consultation

Location: Senior Center

New Visits (Health Risk Assessment)	<u>0</u>
1 <sup>st</sup> Revisits(First visit of <sup>fiscal</sup> calendar year)	<u>0</u>
Revisits(Each visit thereafter)	<u>0</u>
Total Client Visits (Each month/quarter)	<u>0</u>
Telephone Contacts(Follow up)	<u>0</u>
Mail Contacts/Postcards(Reminder)	<u>1</u>
Referrals(Outside agencies)	<u>0</u>
Referral Follow-Up(With client)	<u>0</u>
<b>Additional Services:</b>	
Reportable Disease(As per N.J.A.C. 8:57)	<u>2</u>
Animal Exposures	<u>2</u>
School Audits(As per N.J.A.C. 8:57 Subchapter 4)	<u>0</u>
School Re-Audits	<u>0</u>

Other

Event One child attended the Wallington C.H.C.



RECEIVED

JAN 18 2013

**COUNTY OF BERGEN  
DEPARTMENT OF HEALTH SERVICES**

One Bergen County Plaza – 4<sup>th</sup> Floor – Hackensack, NJ 07601-7076  
(201) 634-2600 • FAX (201) 336-6086  
[www.bergenhealth.org](http://www.bergenhealth.org)  
[healthdept@co.bergen.nj.us](mailto:healthdept@co.bergen.nj.us)

**Kathleen A. Donovan**  
County Executive

**Nancy L. Mangieri**  
Director/Health Officer

Date: *January 14, 2013*

Dear Municipal Board of Health President:

In accordance with Chapter 14 of the New Jersey Administrative Code 8:57-4.1-4.24, Immunization of Pupils in School, enclosed are school immunization audits completed by Bergen County Department of Health Services.

- |   |                |   |                |
|---|----------------|---|----------------|
| <input type="checkbox"/> Renee McCue, RN    | (201) 634-2657 | <input type="checkbox"/> Meg Mantello, RN               | (201) 634-2651 |
| <input type="checkbox"/> Sue Jamieson, RN   | (201) 634-2653 | <input checked="" type="checkbox"/> Maria Colasante, RN | (201) 634-2652 |
| <input type="checkbox"/> Jack Auslander, RN | (201) 634-2616 |   |                |

If you have any questions, please feel free to call me.

Yours truly,

*Maria Colasante RN*

New Jersey State Department of Health  
Childcare/Preschool Immunization Audit Report

Please read instructions below and explanations on the other side before completing this form

**SECTION A:**

**Preschool/VCC Information**

Name: First Presbyterian N.Y. Phone Number: 201-438-8946 Contact Person: Tina Williams E-Mail: tina414@aol.com  
Address: 190 Valley Blvd. City: Wood-Ridge County: Bergen

Facility Type: Public  Non Public  Total Ages in Facility: From 3 To 5  
Total CC/Preschool Enrollment: 40 (exclude K) Total Enrollment in K (if applicable): X

**Local Health Department Auditor Information**

Name: Jamieson Agency: BDCHS Phone Number: 201-624-2653 Email: jamieson@bergen.nj.us

SECTION D: Results (Entire Facility)	# Deficient/ # Surveyed	Compliance Rate
Audit Date: 1-8-13	1/40	97%
Re-Audit Date: 1-14-13	0/40	100%
Audit Completion Date: 1-14-13	0/40	100%

All final audit reports must be mailed to NJDOH at 135 East State Street, PO Box 369 Trenton, New Jersey

If you have questions, please call the Vaccine Preventable Disease Program at 609-826-4861.

**SECTION B:**

TOTAL NUMBER OF CHILDREN ENROLLED	NUMBER OF CHILDREN COMPLETE/IMMUNE FOR AGE	NUMBER OF CHILDREN EXEMPT	NUMBER OF CHILDREN EXEMPT BY CATEGORY			NUMBER OF CHILDREN PROVISIONAL	NUMBER OF CHILDREN OUT OF COMPLIANCE	
			IMMUNIZATION STATUS					
			MEDICAL	RELIGIOUS	OTHER			
40	37	3	0	3	0	4	1	
X	X	X	X	X	X	4	X	
			M			R		5
			M			R		5

BOX 1 ≤ 2 + 3 + 4 + 5; AND TOTAL OF M + R MUST BE ≥ BOX 3

**SECTION C:**

SECTION C: KINDERGARTEN HOUSED WITHIN A CHILDCARE/PRESCHOOL FACILITY SHOULD BE INCLUDED IN THE APPROPRIATE FIELD BELOW	ONLY INCLUDE CHILDREN AGES BIRTH THROUGH PRESCHOOL																	
	NUMBER OF CHILDREN LACKING REQUIRED VACCINES																	
	(STATUS IS EXEMPT, PROVISIONAL OR OUT OF COMPLIANCE)																	
	ALL VACCINES	DIPHTHERIA, TETANUS, acellular PERTUSSIS (DTaP/DT)	POLIO	MEASLES, MUMPS, RUBELLA (MMR)	Hib	VARICELLA (chickenpox)	PNEUMOCOCCAL (PCV, PPSV)	INFLUENZA (FLU)	HEPATITIS B (HBV)									
CC/Preschool:	0	A	0	B	0	C	0	D	0	E	0	F	0	G	0	H	0	I
K (if applicable):	X	A	X	B	X	C	X	D	X	E	X	F	X	G	X	H	X	I

TOTAL OF A + B + C + D + E + F + G + H + I MUST BE EQUAL OR GREATER THAN (≥) 3 + 4 + 5



JAN 31 2013

**COUNTY OF BERGEN**  
**DEPARTMENT OF HEALTH SERVICES**  
One Bergen County Plaza – 4<sup>th</sup> Floor – Hackensack, NJ 07601-7076  
(201) 634-2600 • FAX (201) 336-6086  
[www.bergenhealth.org](http://www.bergenhealth.org)  
[healthdept@co.bergen.nj.us](mailto:healthdept@co.bergen.nj.us)

**Kathleen A. Donovan**  
County Executive

**Nancy L. Mangieri**  
Director/Health Officer

Date: 1-28-2013

Dear Municipal Board of Health President:

In accordance with Chapter 14 of the New Jersey Administrative Code 8:57-4.1-4.24, Immunization of Pupils in School, enclosed are school immunization audits completed by Bergen County Department of Health Services.

- |   |                |   |                |
|---|----------------|---|----------------|
| <input type="checkbox"/> Renee McCue, RN    | (201) 634-2657 | <input type="checkbox"/> Meg Mantello, RN               | (201) 634-2651 |
| <input type="checkbox"/> Sue Jamieson, RN   | (201) 634-2653 | <input checked="" type="checkbox"/> Maria Colasante, RN | (201) 634-2652 |
| <input type="checkbox"/> Jack Auslander, RN | (201) 634-2616 |   |                |

If you have any questions, please feel free to call me.

Yours truly,

Maria Colasante RN, BSN

**New Jersey State Department of Health  
Childcare/Preschool Immunization Audit Report**

Please read instructions below and explanations on the other side before completing this form

**SECTION A:  
Preschool/VCC Information**

Name: Little Stars Academy Phone Number: 201-460-7070 Contact Person: KATHY WALKER E-Mail: director@littlstarsacademy.com  
 Address: 150 Park Place East City: Wood-Ridge County: Bergen  
 Facility Type: Public  Non Public  Total Ages in Facility: From 18 to 5  
 Total CC/Preschool Enrollment: 62 (exclude K) Total Enrollment in K (if applicable): 0

**Local Health Department Auditor Information**

Name: MONIQUE RUSSELL Agency: BDHS Phone Number: 201-634-2652 Email: MONIQUE@DOH.BERGEN.NJ.US

SECTION D: Results (Entire Facility)	# Deficient/ # Surveyed	Compliance Rate
Audit Date: 1-3-2013	17 / 63	73%
Re-Audit Date: 1-28-2013	0 / 62	100%
Audit Completion Date: *		

2 Children have  
Dr. notes for vaccine  
appointments  
1-3-13 and  
3-21-13

**All final audit reports must be mailed to NJDOH at 135 East State Street, PO Box 369 Trenton, New Jersey**

If you have questions, please call the Vaccine Preventable Disease Program at 609-826-4861.

**SECTION B:**

TOTAL NUMBER OF CHILDREN ENROLLED	NUMBER OF CHILDREN COMPLETE/ IMMUNE FOR AGE	NUMBER OF CHILDREN EXEMPT	NUMBER OF CHILDREN EXEMPT BY CATEGORY		NUMBER OF CHILDREN PROVISIONAL	NUMBER OF CHILDREN OUT OF COMPLIANCE	
			MEDICAL	RELIGIOUS			
			IMMUNIZATION STATUS				
62	61	1	0	M	0	4	5
X	X	X	X	M	X	4	5

BOX 1 ≤ 2 + 3 + 4 + 5; AND TOTAL OF M + R MUST BE ≥ BOX 3

**SECTION C:**

ALL VACCINES	NUMBER OF CHILDREN LACKING REQUIRED VACCINES (STATUS IS EXEMPT, PROVISIONAL OR OUT OF COMPLIANCE)									
	DIPHTHERIA, TETANUS, acellular PERTUSSIS (DTaP/DT)	POLIO	MEASLES, MUMPS, RUBELLA (MMR)	Hib	VARICELLA (chickenpox)	PNEUMOCOCCAL (PCV, PPSV)	INFLUENZA (FLU)	HEPATITIS B (HBV)		
CC/Preschool:	0 <sup>A</sup>	0 <sup>B</sup>	0 <sup>D</sup>	0 <sup>E</sup>	0 <sup>F</sup>	0 <sup>G</sup>	1 <sup>H</sup>	X <sup>I</sup>		
K (if applicable):	X <sup>A</sup>	X <sup>B</sup>	X <sup>D</sup>	X <sup>E</sup>	X <sup>F</sup>	X <sup>G</sup>	X <sup>H</sup>	X <sup>I</sup>		

TOTAL OF A + B + C + D + E + F + G + H + I MUST BE EQUAL OR GREATER THAN (≥) 3 + 4 + 5



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[healthdept@co.bergen.nj.us](mailto:healthdept@co.bergen.nj.us)

**Kathleen A. Donovan**  
County Executive

**Nancy L. Mangieri**  
Director/Health Officer

Date: 1-22-13

Dear Municipal Board of Health President:

In accordance with Chapter 14 of the New Jersey Administrative Code 8:57-4.1-4.24, Immunization of Pupils in School, enclosed are school immunization audits completed by Bergen County Department of Health Services.

- |   |                |   |                |
|---|----------------|---|----------------|
| <input type="checkbox"/> Renee McCue, RN    | (201) 634-2657 | <input type="checkbox"/> Meg Mantello, RN               | (201) 634-2651 |
| <input type="checkbox"/> Sue Jamieson, RN   | (201) 634-2653 | <input checked="" type="checkbox"/> Maria Colasante, RN | (201) 634-2652 |
| <input type="checkbox"/> Jack Auslander, RN | (201) 634-2616 |   |                |

If you have any questions, please feel free to call me.

Yours truly,

*Maria Colasante RN, BSN*

**New Jersey State Department of Health  
Childcare/Preschool Immunization Audit Report**

Please read instructions below and explanations on the other side before completing this form

**SECTION A:  
Preschool/VCC Information**

Name: Mimi Munchkins Phone Number: 201-128-4328 Contact Person: Mimi Munchkins E-Mail: mm@acsl.com  
 Address: 253 Valley Blvd. City: Woodbridge County: Bergen  
 Facility Type: Public  Non Public  Total Ages in Facility: From 2 To 4 y/s  
 Total CC/Preschool Enrollment: 8 (exclude K) Total Enrollment in K (if applicable): 0

**Local Health Department Auditor Information**

Name: Jamison Agency: BCDHS Phone Number: 201-634-2653 Email: sjamison@bergen.nj.us

SECTION D: Results (Entire Facility)	# Deficient/ # Surveyed	Compliance Rate
Audit Date: 1-8-13	1/8	87%
Re-Audit Date:		
Audit Completion Date: 1-22-13	0/8	100%

**All final audit reports must be mailed to NJDOH at 135 East State Street, PO Box 369 Trenton, New Jersey**

If you have questions, please call the Vaccine Preventable Disease Program at 609-826-4861.

**SECTION B:** KINDERGARTEN HOUSED WITHIN A CHILDCARE/PRESCHOOL FACILITY SHOULD BE INCLUDED IN THE APPROPRIATE FIELD BELOW

	TOTAL NUMBER OF CHILDREN ENROLLED	NUMBER OF CHILDREN COMPLETE/IMMUNE FOR AGE	NUMBER OF CHILDREN EXEMPT	NUMBER OF CHILDREN EXEMPT BY CATEGORY			NUMBER OF CHILDREN PROVISIONAL COMPLIANCE	NUMBER OF CHILDREN OUT OF COMPLIANCE
				MEDICAL	RELIGIOUS			
CC/Preschool	8	2	0	0	0	0	0	5
K (if applicable)	0	0	0	0	0	0	0	5

IMMUNIZATION STATUS

BOX 1 ≤ 2 + 3 + 4 + 5; AND TOTAL OF M + R MUST BE ≥ BOX 3

**SECTION C:** KINDERGARTEN HOUSED WITHIN A CHILDCARE/PRESCHOOL FACILITY SHOULD BE INCLUDED IN THE APPROPRIATE FIELD BELOW

NUMBER OF CHILDREN LACKING REQUIRED VACCINES  
(STATUS IS EXEMPT, PROVISIONAL OR OUT OF COMPLIANCE)

	ALL VACCINES	DIPHTHERIA, TETANUS, acellular PERTUSSIS (DTaP/DT)	POLIO	MEASLES, MUMPS, RUBELLA (MMR)	Hib	VARICELLA (chickenpox)	PNEUMOCOCCAL (PCV, PPSV)	INFLUENZA (FLU)	HEPATITIS B (HBV)
CC/Preschool:	0	0	0	0	0	0	0	0	0
K (if applicable):	0	0	0	0	0	0	0	0	0

TOTAL OF A + B + C + D + E + F + G + H + I MUST BE EQUAL OR GREATER THAN (≥) 3 + 4 + 5

**Diane Thornley**

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**From:** BCPhens1 [BCPhens1@co.bergen.nj.us]  
**Sent:** Monday, January 28, 2013 12:56 PM  
**To:** Lincs  
**Subject:** Public Health Info: Food and Dietary Supplement Recalls (2)

~~~~~LINCS/HAN Communication~~~~~  
Local Information Network Communication System  
Bergen County Department of Health Services  
One Bergen County Plaza Hackensack, NJ 07601  
Phone: 201-634-2844 Fax: 201-336-6088  
<http://www.bergenhealth.org>  
~~~~~

NJLINCS Health Alert Network  
Public Health Info  
Distributed by the New Jersey Department of Health

Subject: Food and Dietary Supplement Recalls  
Date: 1/28/2013; 11:42:17  
Message#: 102349-1-28-2013-PHIN  
Contact Info: Alan L. Talarsky, NJDHSS/CEOHS/Food and Drug Safety Program  
Phone: 609-826-4935; Email: at2@njlincs.net<mailto:at2@njlincs.net>  
Attachments: None

Please review the following message from Alan Talarsky, Environmental Scientist 1, Food and Drug Safety Program, DHSS regarding the following Class 1 Recalls issued by the U.S. Food and Drug Administration:

1. Whole Foods Market is recalling one lot code of Whole Catch Wild Alaskan Sockeye Salmon (4 oz), cold smoked and sliced, sold in stores in 12 states, because it may contain *Listeria Monocytogenes*, an organism which can cause a sometimes fatal infection in young children, frail or elderly people, and others with weakened immune systems. Although healthy individuals may suffer short term symptoms, such as high fever, severe headaches, nausea, abdominal pain and diarrhea, *Listeria* infection can cause miscarriages and stillbirths among pregnant women.

The recalled items were sold in stores in Colorado, Connecticut, Florida, Idaho, Kansas, Maine, Massachusetts, New Jersey, New Mexico, New York, Rhode Island, and Utah.

The recalled salmon is sold in black-and-gold, flat, rectangular vacuum-sealed packages: the lot code being recalled is 7425A2298B. The lot code is ink-jet printed on the back of the package, on the upper left side. The UPC code is 0 99482 40880 0. Signage is posted in Whole Foods Market stores to notify customers of this recall. Pictures of the product are available at the weblink at the bottom of this message.

No illnesses have been reported. A sample of the product tested positive for listeria.

Customers should dispose of the product in the garbage and wash their hands immediately to avoid any potential cross-contamination. Full refunds will be given at the store. Customers with questions may call 512-542-0060, Monday through Friday, 8:00 am to 5:00 pm Central.

\*\*\*\*\*

2. Woodbridge, NJ - D&S Herbals, LLC, d/b/a Freedom Trading is conducting a voluntary consumer recall of a product sold as a dietary supplement under the brand name of Super Power. This product was sold between August 2012 and January 2013 nationwide.

Finished product of Super Power was tested and found to contain trace amounts of an FDA-

**Melanie Hammer**

---

**From:** BCPhens1 [BCPhens1@co.bergen.nj.us]  
**Sent:** Thursday, January 24, 2013 12:30 PM  
**To:** Lincs  
**Subject:** Public Health Info: Food Recalls (2)

~~~~~LINCS/HAN Communication~~~~~  
Local Information Network Communication System  
Bergen County Department of Health Services  
One Bergen County Plaza Hackensack, NJ 07601  
Phone: 201-634-2844 Fax: 201-336-6088  
<http://www.bergenhealth.org>  
~~~~~

NJLINCS Health Alert Network  
Public Health Info  
Distributed by the New Jersey Department of Health

Subject: Food Recalls  
Date: 1/24/2013; 11:47:10  
Message#: 102348-1-24-2013-PHIN  
Contact Info: Alan L. Talarisky, NJDHSS/CEOHS/Food and Drug Safety Program  
Phone: 609-826-4935; Email: [at2@njlincs.net](mailto:at2@njlincs.net)  
Attachments: None

Please review the following message from Alan Talarisky, Environmental Scientist 1, Food and Drug Safety Program, DHSS regarding the following Class 1 Recalls issued by the U.S. Food and Drug Administration:

1. Kinnikinnick Foods of 10940 120 street, Edmonton, AB is warning consumers with Egg Allergies not to consume Kinnikinnick Frozen Pie Crust because it contains EGG products which may not be indicated on an applied ingredient label. Products without an ingredient label applied to the box are not subject to this recall as they correctly list the product as containing eggs.

The product being recalled is:

Kinnikinnick Pie Crust (frozen)  
Weight: 290 g/10 oz Qty/Pkg: 2  
UPC: 62013300600 9  
Distributed in the United States

BB2013NO30 BB2013NO19 BB2013DE04  
BB2013DE12 BB2013NO23 BB2013DE05  
BB2013DE13 BB2013NO27 BB2013DE06  
BB2013DE14 BB2013NO28 BB2013DE11  
BB2013DE17 BB2013NO29

The product is distributed across the United States.

This incorrectly labeled Kinnikinnick Frozen Pie Crust may cause a serious or life-threatening reaction in persons with allergies to EGGS

Consumers who are allergic to EGGS should return the product to point of sale for a refund.

There have been no reported illnesses associated with this recall.

Consumers can contact Kinnikinnick Foods by calling 780-424-2900 or by emailing [info@kinnikinnick.com](mailto:info@kinnikinnick.com).

For more information, media please contact:  
Jerry Bigam  
Kinnikinnick Foods Inc.  
Edmonton, AB  
Canada  
7802212900

\*\*\*\*\*

2. Annie's Inc. has initiated a voluntary recall of Annie's Homegrown Frozen Pizza due to the possible presence of fragments of flexible metal mesh caused by a faulty screen at a third-party flour mill. Affected products are distributed at grocery, mass and natural food stores throughout the United States. All varieties of Annie's RISING CRUST FROZEN PIZZA with a best by date including and between 09Jan13 and 14Sep13 (January 9, 2013 and September 14, 2013) are affected. Recalled varieties are:

. Organic Four Cheese Pizza, 23.5 oz UPC 013562 200016 . Organic Pepperoni Pizza, 23.6 oz UPC 013562 200009 . Organic Supreme Pizza, 25.4 oz UPC 013562 200023 . Organic Spinach and Mushroom Pizza, 25.0 oz UPC 013562 200054 . Four Cheese Pizza, 22.5 oz UPC 013562 200078 . Pepperoni Pizza, 22.6 oz UPC 013562 200061 . BBQ Recipe Chicken Pizza, 23.1 oz UPC 013562 200092

The company announced the recall after learning a fine metal mesh screen failed at a third-party flour mill and fragments of flexible metal mesh were found in the flour and pizza dough. While no metal has been found in Annie's finished product, as a precaution, Annie's initiated this voluntary recall. There have been no consumer complaints, illnesses or injuries reported to date.

Annie's is working with the FDA and the USDA and expect a quick resolution to this issue. Consumers who have purchased the product can return it to its place of purchase for a full refund. Consumers with questions may call Annie's Homegrown Pizza Recall Hotline at 1-888-825-6720 or visit [www.annies.com/pizzarecall](http://www.annies.com/pizzarecall) for more information. The hotline will be staffed in person from 7am to 8pm PT, along with a 24-hour a-day recorded message.

No action is required of local health departments at this time for either of these recalls. If any requests for assistance are received from FDA, the Food and Drug Safety Program will contact you. For additional information regarding warnings and recalls, please click on the weblink below.

\*\*\*\*\*

For all recalls - <http://www.recalls.gov/recent.html>

This information has been distributed to: DHSS Senior Staff; DHSS Staff; LINC'S Coordinator Backups; LINC'S Coordinators; LINC'S Epidemiologists; LINC'S Health Educators; LINC'S Health Officer Assistants; LINC'S Health Officers; LINC'S Health Planners; LINC'S IT Specialists; LINC'S Partnership Coordinators; LINC'S Public Health Nurses; LINC'S Regional Health Planners; LINC'S Team Members; LOCAL Health Officers; LOCAL Public Health; Food Safety Organizations

Further distribution of this message should be directed to: n/a

IMPORTANT NOTE: Please do not use reply feature of your email system. If you have questions about the content of this email or any of its attachments, please call your County/City LINC'S agency for assistance. LINC'S agencies are instructed to contact the individual listed in message above or on the attachment for questions concerning content.

Yasmin Rivera-Howard, M.S. CHES  
LINC'S/PHENS Health Alert Network Coordinator Bergen County Department of Health Services  
Telephone: 201-634-2844

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Getting these messages secondhand?  
Join the LINC'S Community. E-mail [BCPhens1@co.bergen.nj.us](mailto:BCPhens1@co.bergen.nj.us)

Are you a health care professional? Register for the Medical Reserve Corps  
<http://njmrc.nj.gov> and click Online Application

**Diane Thornley**

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**From:** BCPHens1 [BCPHens1@co.bergen.nj.us]  
**Sent:** Thursday, January 17, 2013 1:36 PM  
**To:** Lincs  
**Subject:** Public Health Info: Surgical Debarking of Dogs

-----LINCS/HAN Communication-----  
Local Information Network Communication System  
Bergen County Department of Health Services  
One Bergen County Plaza Hackensack, NJ 07601  
Phone: 201-634-2844 Fax: 201-336-6088  
<http://www.bergenhealth.org>  
-----

*1/22/13  
cc. Bd of Health  
C. Edlund*

NJLINCS Health Alert Network  
Public Health Info  
Distributed by the New Jersey Department of Health

Subject: Surgical Debarking of Dogs  
Date: 1/17/2013; 12:06:22  
Message#: 102341-1-17-2013-PHIN  
Contact Info: Colin T. Campbell, Infectious and Zoonotic Disease Program  
Phone: 609-826-4872; Email:  
[colin.campbell@doh.stat.nj.us](mailto:colin.campbell@doh.stat.nj.us)<<mailto:colin.campbell@doh.stat.nj.us>>  
Faye E. Sorhage, Infectious and Zoonotic Disease Program  
Phone: 609-826-4872; Email:  
[colin.campbell@doh.stat.nj.us](mailto:colin.campbell@doh.stat.nj.us)<<mailto:colin.campbell@doh.stat.nj.us>>  
Attachments: None

Please distribute this message to all municipal dog licensing officials and veterinarians

After the New Jersey Department of Health (DOH) received an inquiry from an animal cruelty agency regarding municipal dog licensing forms that ask if dogs have been surgically debarked, we would like to clarify the statutory requirements for veterinarians and dog licensing officials.

Assembly Bill 1586, signed into law as P.L. 2002 Chapter 102, classified surgically debarking a dog, for reasons other than to protect the life or health of the dog, as an animal cruelty crime of the third degree and mandates that only a licensed veterinarian may surgically debark a dog. The bill requires any veterinarian who debarks a dog to file a written statement with the DOH explaining the veterinary basis for the surgery, as well as the name and address of the dog owner.

The bill also amended New Jersey Statutes 4:19-15.5 to require that all municipal dog licensing applications include a statement asking the owner if the dog has been debarked. The dog licensing official may, upon request of any law enforcement officer or animal control officer, provide the name and address of persons who state that they possess a debarked dog. We urge all dog licensing officials to review their dog licensing applications to ensure that they are in full compliance with this law.

Veterinarians that have debarked dogs should contact the DOH at 609-826-4872 for instructions on filing a written statement describing the medical justification for performing the surgery. To date, the DOH has not received any reports from veterinarians that they have surgically debarked a dog, and we believe this procedure is rarely, if ever, performed by New Jersey veterinarians.

The full text of P.L. 2002 Chapter 102 is available on the New Jersey Legislature website, [http://www.njleg.state.nj.us/2002/Bills/PL02/102\\_.HTM](http://www.njleg.state.nj.us/2002/Bills/PL02/102_.HTM)

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This information has been distributed to: DHSS Senior Staff; DHSS Staff; LINCS Coordinator

Backups; LINCS Coordinators; LINCS Epidemiologists; LINCS Health Educators; LINCS Health Officer Assistants; LINCS Health Officers; LINCS Health Planners; LINCS IT Specialists; LINCS Partnership Coordinators; LINCS Public Health Nurses; LINCS Regional Health Planners; LINCS Team Members; LOCAL Health Officers; LOCAL Public Health; Animal Health Organizations

Further distribution of this message should be directed to: Animal Health Professionals; and other partners in your region, as appropriate.

IMPORTANT NOTE: Please do not use reply feature of your email system. If you have questions about the content of this email or any of its attachments, please call your County/City LINCS agency for assistance. LINCS agencies are instructed to contact the individual listed in message above or on the attachment for questions concerning content.

Yasmin Rivera-Howard, M.S. CHES  
LINCS/PHENS Health Alert Network Coordinator Bergen County Department of Health Services  
Telephone: 201-634-2844

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Getting these messages secondhand?  
Join the LINCS Community. E-mail BCPHENS1@co.bergen.nj.us

Are you a health care professional? Register for the Medical Reserve Corps  
<http://njmrc.nj.gov> and click Online Application

Board of Health  
February 14, 2013  
7:30 pm

Ordinance 2013-2 on second reading

Roll Call:

Ann Marie Warrelman, Fred Johansson, Frank Kaiser, Robert Keller,  
Edward Schmidt, Debbie Greenaway, Providence Sarlo.

Ordinance #2013-2 (Fees)

An Ordinance to adjust the fees for the Board of Health.

Advertisement of the above Ordinance has been made according to law,  
And a copy of the Ordinance was posted on the bulletin Board.

President Greenaway calls for a Hearing of Citizens 2013-2

President Greenaway closes Hearing of Citizens on Ordinance 2013-2

Motion: Member \_\_\_\_\_ seconded by \_\_\_\_\_

Moved the adoption of Ordinance #2013 on second and final reading

Discussion:

Roll Call;

Ann Marie Warrelman, Fred Johansson, Frank Kaiser, Robert Keller,  
Edward Schmidt, Debbie Greenaway, Providence Sarlo.

**BOARD OF HEALTH  
BOROUGH OF WOOD-RIDGE  
NOTICE**

**NOTICE IS HEREBY GIVEN** that the following Ordinance was introduced and passed on first reading at the regular meeting of the Board of Health on the \_\_\_\_ day of \_\_\_\_\_, 2012, and that said Ordinance will be taken up for further consideration and final passage at a regular meeting of the Board of Health to be held on the \_\_\_\_ day of \_\_\_\_\_, 2012 at 7:00 p.m. or as soon thereafter as said matter can be reached, at which time and place all persons who may be interested therein will be given an opportunity to be heard concerning same. A copy of this ordinance has been posted on the bulletin board upon which notices are customarily posted in the municipal building of the Borough and a copy is available at no cost up to and including the time of such meeting to the members of the general public of the Borough who shall request such copies at the office of the Board Secretary in said municipal building in Wood-Ridge, New Jersey.

Melanie Hammer, Board of Health Secretary  
Borough of Wood-Ridge

**BOARD OF HEATH MEETING OCTOBER 11, 2012**

**ORDINANCE NO. \_\_\_\_\_**

**AN ORDINANCE TO AMEND THE WOOD-RIDGE CODE BY THE MODIFICATION AND/OR ADDITION THERETO OF CERTAIN PROVISION ON PUBLIC RECREATIONAL BATHING.**

**BE IT ORDAINED** by the Board of Health of the Borough of Wood-Ridge, County of Bergen, New Jersey, as follows:

**SECTION 1:** The above entitled Wood-Ridge Code is hereby amended by the modification to and/or inclusion of additional provisions set forth as follows:

:

**PUBLIC RECRATIONAL BATHING CODE.**

**Adoption By Reference.**

The Board of Health herby adopts by reference pursuant to N.J.S.A. 26:3-69.1 et seq. the New Jersey State Sanitary Code Public Recreational Bathing Code also known as N.J.A.C. 8:26-1 et seq.

**Copy on File.**

One (1) copy of that Code which is being adopted by reference has been placed on file in the office of the Secretary of the Board of Health, Municipal Building, 85 Humboldt Street, Wood-Ridge, New Jersey 07075 and will remain on file at all times for inspection by the public and copies of said Code shall be

available to the public upon paying the usual and customary charges in accordance with the regulations and ordinances of the Borough of Wood-Ridge providing for photocopies of specific documents.

### **PERMITS AND LICENSE REQUIRED.**

No persons shall locate or relocate construct and/or reconstruct, alter or operate a commercial swimming pool until the permit or license required by this Chapter has been issued by this Board of Health.

### **FEES AND CHARGES.**

The following fees and charges are herewith established:

- a. For the issuance of a permit to locate and/or relocate, construct or reconstruct a commercial swimming pool: five hundred (\$500.00) dollars.
- b. For the issuance or renewal of a license to operate a commercial swimming pool three hundred (\$300.00) dollars. For each additional commercial swimming pool located on the same premises, there shall be paid an additional fee of fifty (\$50.00) dollars.
- c. For the issuance of a permit to alter a commercial swimming pool or repair same: one hundred fifty (\$150.00) dollars.

### **EXPIRATION OF LICENSE; RENEWAL**

Licenses issued for the operation of a commercial swimming pool shall expire annually on May 1 of each year, and application for renewal thereof shall be submitted, together with the required fee, prior to April 30 of each year.

### **DENIAL OR SUSPENSION OF LICENSE; HEARING.**

License and/or permits required by this Chapter or code may be denied or suspended by this Board of Health for failure to comply with this Chapter or code. This Board of Health shall afford the person whose permit or license to locate and/or relocate, construct or reconstruct, alter or operate a commercial swimming pool has been denied or suspended an opportunity to be heard in public hearing, and then following this to be informed by the Board, in writing of its decision.

### **PENALTIES FOR VIOLATION OF CHAPTER.**

Any person(s) who violates any of the provisions of this chapter shall, upon conviction, be punishable as provided in Chapter 1, General Provisions, Article II of the Code of the Borough of Wood-Ridge.

**SECTION 2.** All ordinances or parts of ordinances inconsistent herewith are hereby repealed.

**SECTION 3.** If any part, sections, provisions, or the total of any of the abovementioned publications are held to be invalid or unenforceable by any court, the findings or judgments of which court are applicable in the State of New Jersey, that the balance and remainder of such publication shall remain in full force and effect as an Ordinance of the Borough of Wood-Ridge.

**SECTION 4.** This Ordinance shall become effective immediately upon adoption and publication according to law.

APPROVED:

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President

ATTEST:

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Melanie Hammer  
Secretary