The Public Health Act

being

Chapter 174 of The Revised Statutes of Saskatchewan, 1920
(assented to November 10, 1920).

NOTE:
This consolidation is not official. Amendments have been incorporated for convenience of reference and the original statutes and regulations should be consulted for all purposes of interpretation and application of the law. In order to preserve the integrity of the original statutes and regulations, errors that may have appeared are reproduced in this consolidation.
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CHAPTER 174
An Act respecting Public Health

Short title
1 This Act may be cited as The Public Health Act.
R.S.S. 1920, c.174, s.1.

INTERPRETATION

Interpretation
2 In this Act, unless the context otherwise requires, the expression:

“Bacteriologist”
3. “Bacteriologist” means a bacteriologist employed by the Bureau of Public Health or such other bacteriologist as may be approved of by the commissioner;

“Boarding house”
4. “Boarding house” means and includes every hotel (not being a public hotel), boarding house, lodging house, and rooming house in which there are at least six bedrooms or beds used or set apart for the use of boarders, lodgers or guests, and for the use of which a charge is made by the owner, tenant, occupant, proprietor or manager, whether or not licensed by the local municipal authority;

“Board of health” or “board”
5. “Board of health” or “board” means the board of health of a city, town or health district;

“Bureau”
6. “Bureau” means the Bureau of Public Health established by this Act;

“Cesspool”
7. “Cesspool” means a receptacle or pit for night soil or liquid sewage, built or constructed underground;

“Commissioner”
8. “Commissioner” means the Commissioner of Public Health appointed under the provisions of this Act;

“Common use”
9. “Common use” means use by more than one person;

“Communicable disease”
10. “Communicable disease” means any contagious or infectious disease, and includes smallpox, diphtheria, scarlet fever (scarlatina), typhus fever, chickenpox, plague (bubonic), Asiatic cholera, mumps, measles, whooping cough, typhoid fever, paratyphoid, German measles, cerebrospinal meningitis, anterior poliomyelitis (infantile paralysis), puerperal fever, ophthalmia neonatorum, tuberculosis, actinomycosis, trachoma, leprosy, anthrax, glanders, erysipelas, rabies, bacillary dysentery, epidemic sore throat, epidemic influenza, syphilis, gonorrhea, chaneroid and such other diseases as the Commissioner of Public Health may, with the approval of the Lieutenant Governor in Council, from time to time declare to be communicable;
“Contact”
9. “Contact” means a person who is or has been exposed in any way to the infection of communicable disease, but who has not developed the disease to which he was exposed;

“Council”
10. “Council” means the Council of Public Health constituted under the provisions of this Act;

“Dairy”
11. “Dairy” includes all buildings, yards and premises occupied or used in connection with the production of milk and its products;

“Executive officer”
12. “Executive officer” includes all officers appointed by competent authority for the enforcement of the provisions of this Act or of any other law, order, or regulation for the time being in force relating to the public health;

“Food”
13. “Food” means a substance, whether solid or liquid, used or intended to be used for human consumption, other than drugs or water, and any article intended to enter into or be used in the preparation or composition of such substance, and includes confectionery, flavouring and colouring matters and condiments;

“Form”
14. “Form” means a form in the schedule to this Act;

“House”
15. “House” includes a dwelling house, a school, factory, hut or tent or building of any kind used for human habitation, whether so used permanently or temporarily and whether stationary or movable, and an outhouse used for any purpose;

“Householder”
16. “Householder,” as between the actual occupants of premises, means the person for the time being occupying and in charge of same whether as owner, tenant, agent or otherwise;

“Immune”
17. “Immune” means protected against a particular disease, whether by inoculation, by previous attack or by nature;

“Infected”
18. “Infected” means that condition of a person or thing which is the effect of exposure to a contagious or infectious disease, or of contact with anything which has been so exposed, under circumstances making it possible that the disease, may be spread because of such exposure or contact;

“Isolation”
19. “Isolation” means the keeping of a patient in a room set apart for his treatment;

“Laundry”
20. “Laundry” means a building or part of a building used for the washing, ironing or dressing of clothes, linens or other fabrics and materials where such work is carried on as a trade or business;

“Meat”
21. “Meat” means the flesh of any animal, when killed, intended to be used for food, whether fresh or prepared by freezing, chilling, preserving, salting or other process;
“Medical health officer”
22. “Medical health officer” means a medical health officer appointed under the provisions of this Act;

“Minister”
23. “Minister” means the member of the Executive Council to whom for the time being is assigned the supervision of the administration of this Act;

“Nuisance”
24. “Nuisance” means any thing or condition of things which is or may become injurious or dangerous to health, or which prevents or hinders in any manner the suppression of disease;

“Offensive matter”
25. “Offensive matter” includes dust, mud, ashes, rubbish, filth, blood, offal, manure, night soil or any other material which is offensive;

“Owner”
26. “Owner” means the person for the time being receiving the rent of lands or premises, whether on his own account or as agent or trustee for another, or who would so receive the same if such lands or premises were let;

“Provincial sanitary inspector”
27. “Provincial sanitary inspector” includes an acting or assistant inspector;

“Public hotel”
28. “Public hotel” means and includes every place of public accommodation supplying lodging to travellers and guests, and licensed as a public hotel by a municipality;

“Public place”
29. “Public place” means a railway, railway stations, railway car, school, municipal building, hotel, restaurant, pool room, club, theatre, opera house, public hall, market, public square, public gardens, park, amusement ground, resort, factory, office, store, lodging house, boarding house, or a tent, building or structure of any kind to which the public have access;

“Quarantine”
30. “Quarantine” means the isolation of a house or district with the persons residing therein;

“Regulations”
31. “Regulations” means regulations made under this Act;

“Restaurant”
32. “Restaurant” means and includes every building or part of a building, tent or other erection used as a restaurant, cafe, lunch counter, ice cream parlour or other place of refreshment where food or drink is sold to the public;

“Sanitary convenience”
33. “Sanitary convenience” means a urinal, water closet, sink, bath, basin, earth closet, closet pail, privy, garbage can or other receptacle for the deposit or conservation of urine, fecal matter, slops or other refuse, or other similar convenience;

“Sanitary inspector”
34. “Sanitary inspector” means a person holding a certificate of competency as a sanitary inspector which is recognised by the Sanitary Inspectors’ Association of Western Canada;

“Street”
35. “Street” includes a highway, public bridge, road, road allowance, square, lane, mews, court, alley and passage whether a thoroughfare or not.
c. 174

PUBLIC HEALTH

PART I

Administration

COUNCIL OF PUBLIC HEALTH

Council established
3(1) There shall continue to be a Council of Public Health consisting of the duly qualified commissioner, three medical practitioners and one qualified veterinary surgeon.

(2) The commissioner shall be *ex officio* chairman of the council, and the Lieutenant Governor in Council shall appoint the other members thereof.

Tenure of office
(3) Each appointed member shall hold office for two years.

(4) The members of the council shall receive such remuneration for their services as the Lieutenant Governor in Council shall determine.

1918–19, c.12, s.3; R.S.S. 1920, c.174, s.3.

Meetings
4(1) Meetings of the council shall be held at such times and places as are determined by the minister.

(2) One meeting at least shall be held in each calendar year.

1918–19, c.12, s.4; R.S.S. 1920, c.174, s.4.

Powers
5 The council shall consider and review all orders, rules and regulations made under the provisions of this Act and report thereon to the minister with such suggestions and recommendations as to the amendment or cancellation of any of them or as to the issuing of any new order, rule or regulation as it deems necessary in the interests of the public health.

1918–19, c.12, s.5; R.S.S. 1920, c.174, s.5.

Report
6 The council shall consider all matters referred to it by the minister and such other matters within the purview of this Act as it may desire to consider, and shall report thereon to the Lieutenant Governor in Council.

1918–19; c.12, s.6; R.S.S. 1920, c.174, s.6.

BUREAU

Bureau established
7(1) There shall continue to be a permanent bureau under the minister to be called the Bureau of Public Health, and the Lieutenant Governor in Council may appoint thereto a chief officer to be called the Commissioner of Public Health, who shall be a duly qualified medical practitioner, and such other officers, clerks and employees as are necessary for the proper conduct of the bureau.
(2) The persons so appointed shall under the direction of the minister carry out the provisions of this Act, and perform such other duties as are assigned to them by the Lieutenant Governor in Council.

1918–19, c.12, s.7; R.S.S. 1920, c.174, s.7.

Salaries

8 The salaries of the commissioner and all other officials, and the expenses of the bureau, may be paid out of such moneys as are from time to time appropriated by the Legislature for the purpose.

1918–19, c.12, s.8; R.S.S. 1920, c.174, s.8.

Duties of the commissioner

9 The commissioner shall:

(a) keep a record of the transactions of the council;

(b) as far as practicable communicate with other provincial or state boards of health and health officers and with municipal councils and other public bodies, within or without the province, for the purpose of acquiring or disseminating information concerning the public health;

(c) inspect all public and charitable institutions in accordance with such rules and regulations as are from time to time prescribed by the minister;

(d) make a special study of the vital statistics of the province and use to the best advantage the collected records of death and sickness among the people;

(e) make sanitary investigations and inquiries respecting the causes of disease and especially of epidemics, the causes of mortality and the effects of localities, employments, conditions, habits and other circumstances upon the health of the people;

(f) make such suggestions and take such steps as he deems most effectual for the prevention and suppression of communicable diseases;

(g) inquire into the measures which are being taken by any board of health for the limitation of communicable diseases or the performance of the duties and powers conferred upon such boards by this or any other Act;

(h) upon request, or when he deems it necessary so to do advise officers of the Government and boards of health in regard to the public health and as to the means to be adopted to secure the same and as to the location, drainage, water supply, disposal of excreta, heating and ventilation of any public institution or building;

(i) perform such other duties as may be assigned to him by the Lieutenant Governor in Council under this or any other Act.

1918–19, c.12, s.9; R.S.S. 1920, c.174, s.9.
Powers of the commissioner

10(1) The commissioner may, subject to the approval of the Lieutenant Governor in Council make and issue such rules, orders and regulations consistent with the law as he deems necessary for the prevention, treatment, mitigation and suppression of disease and the relief of destitution, and without prejudice to the said general powers for all or any of the following purposes:

(a) the control, notification, prevention and treatment of all communicable diseases;

(b) the reporting to a medical health officer by every medical practitioner of persons under his treatment suffering from communicable diseases;

(c) the isolation or placing in an hospital or building provided for quarantine or isolation purposes, or in any other proper place, of any person having a communicable disease;

(d) the disposition of all conveyances or persons that have been exposed to a communicable disease, or persons who are living in unhealthy houses or congested, unhealthy or infected localities;

(e) the supply of medical aid, accommodation and medicine and such other articles or things as he may deem necessary for mitigating an epidemic, or a communicable disease;

(f) the keeping under surveillance persons living in infected localities, the removal and departure of persons from such localities, and the passing from one locality to another and detention in a locality of persons who or conveyances which have been exposed to infection;

(g) the entry to the different ports or places in Saskatchewan of steamboats or other vessels and their departure therefrom and the landing of passengers or cargoes therefrom, or from railroad carriages or cars, and the receiving passengers or cargoes on board the same;

(h) the vaccination of children generally and of persons entering or residing in Saskatchewan who have not been vaccinated, or who are insufficiently protected by previous vaccination, and the supply and quality of vaccine matter and serum;

(i) the establishing of cemeteries, making provision for a portion of ground for the burial of unclaimed bodies and the bodies of indigents, the safe and speedy interment of the dead and the conduct of funerals;

(j) house to house visitation and inspection;

(k) the inspecting, cleaning, purifying, ventilating and disinfecting of houses, schools, churches, hospitals, maternity homes, private hospitals, gaols orphanages, reformatories, hotels, restaurants, boarding houses, laundries, and all other buildings and places of assembly, railway stations, steamboats and other vessels, railway carriages and cars and public conveyances, and anything contained therein, at the expense of the owner, occupier or other person having the care or ordering thereof, and for the detention for that purpose of any steamboat or other vessel, railway carriage or car or other public conveyance and anything contained therein or of any person travelling thereby for such time as may be necessary;

(l) the prevention and removal of nuisances and unsanitary conditions on public or private property;
(m) the entering and inspection of premises used for human habitation in a locality where the existing conditions are in the opinion of the commissioner unsanitary;

(n) the prevention of overcrowding of premises used for human habitation, hotel bedrooms, common lodging houses, and places of assembly, and fixing the amount of air space to be allowed for each individual;

(o) the cleansing of streets, lanes, yards, lots, and the location of water closets, cesspools, privies, pig pens and wells and their cleansing by the local health authorities or by the owners or occupiers of houses and adjoining tenements or otherwise;

(p) the organisation by municipalities of a scavenging system, and the proper disposal at nuisance grounds of all night soil and garbage, controlled by the local board of health;

(q) the construction and maintenance of all water supply systems as regards the efficiency and purity of supply;

(r) the construction, maintenance, cleansing and disinfection of all drains, sewers and systems for sewage disposal;

(s) the plumbing, water supply, ventilation and heating of buildings and premises;

(t) the situation, inspection, equipment, quarantining and sanitary management of all market gardens, creameries, dairies, cowsheds and stables in connection therewith, including the testing of cattle for tuberculosis;

(u) the means for preventing the use of noxious manures and fertilisers, and such as are dangerous to the public health;

(v) the method of carrying on noxious and offensive trades or businesses and the summary abatement of nuisance, or injury to the public health, arising therefrom;

(w) the inspection, licensing, construction, furnishing, equipment and maintenance cleansing and disinfection of all slaughter houses and other places in which animals are killed or their meat prepared for sale or to be used for food, and all canneries, fish homes, smokehouses and warehouses in which fish are cured, packed or prepared for sale or to be used as food and all starch factories, dye works or factories in which blood, offal, or skins or paraffin, tallow, soap, or fertiliser or gas are worked up;

(x) the prevention of the pollution, defilement, discolouration or fouling of lakes, streams, pools, springs and waters so as to insure their sanitary condition; and the regulation of the cutting and storing of ice;

(y) the sanitary control of lumbering, mining, construction, threshing and other camps;

(z) the sanitary precautions to be taken in health and summer resorts;

(aa) the management, maintenance, functions, duties and jurisdiction of boards of health, medical health officers and executive officers;

(bb) the imposition, levying and recovery of penalties upon and from every person who violates any of the rules, orders or regulations made hereunder;
(cc) generally all other matters, for the protection or in the interests of the public, health and for insuring the full and complete enforcement of every provision of this Act.

Publication of rules
(2) All orders and regulations made under the provisions of this section shall be forthwith published in *The Saskatchewan Gazette* and at least one newspaper in the province, and shall, from the date of the first issue of the gazette in which the publication appears, have and be deemed to have the force of law and be so recognised by all courts.

Execution of regulations
(3) It shall be the duty of all municipal boards of health municipalities or of the medical health officers in health districts and other portions of Saskatchewan to see to the execution of regulations or orders made by the commissioner or to execute or aid in executing the same within their respective jurisdictions, and to do and provide all such acts, matters and things as are necessary for superintending or aiding in the execution of such regulations.

1918–19, c.12, s.10; R.S.S. 1920, c.174, s.10.

INVESTIGATING COMMITTEES

Investigations of sanitary conditions and causes of disease
11(1) With the concurrence of the minister, the commissioner or any other person may act as a committee to investigate:

(a) the sanitary conditions and surroundings of any health district or other portion of Saskatchewan; or

(b) the cause of any communicable disease or unusual mortality.

(2) At such investigations evidence may be taken on oath or otherwise as the committee deems expedient and the commissioner or any member of the committee present may administer the oath to witnesses.

(3) The said committee shall have all the powers which may be conferred upon commissioners under *The Public Inquiries Act*.

1918–19, c.12, s.11; R.S.S. 1920, c.174, s.11.

HEALTH DISTRICTS

Health districts
12 The area within the limits of every municipality now or hereafter established, shall be a health district.

1918–19, c.12, s.12; R.S.S. 1920, c.174, s.12.

13(1) The Lieutenant Governor in Council may:

(a) constitute as a health district any portion of Saskatchewan not already contained within the boundaries of a health district;

(b) vary the boundaries of or disorganise any health district so constituted; and
(c) appoint boards of health and make orders, rules and regulations with respect to the constitution, establishment, disestablishment, election, appointment, discharge, management, maintenance, and the jurisdiction, powers, duties, and functions of boards of health and medical health officers for such health districts concerning all matters relating to the public health or in any way dealt with by this Act, including power to levy special rates and taxes within the jurisdiction of any such health district or for the preservation of the public health therein.

(2) In case of the enlargement or diminution in area or of the disorganisation of a health district, the minister may settle and adjust all matters arising therefrom pertaining to such health district.

(3) In portions of Saskatchewan not included within the boundaries of a health district the commissioner may exercise therein such of the powers of a board of health as in the circumstances he thinks proper, and for the purpose of this Act he may exercise the functions of a board of health, and may appoint one or more medical officers to act therein.

(4) The salaries of medical health officers so appointed may be paid out of moneys arising from the levying of any special rate or tax under the power conferred upon the Lieutenant Governor in Council by this section, or out of moneys appropriated by the Legislature for the purpose.

1918–19, c.12, s.13; R.S.S. 1920, c.174, s.13.

MUNICIPAL BOARDS OF HEALTH

Boards of health

14(1) The council of a municipality shall be its board of health, but in cities the council may appoint from among its members a committee to act in that capacity.

(2) A majority of the members of every board shall be a quorum.

(3) The mayor, reeve or overseer, as the case may be, shall be chairman of the board, and in cities one of the members of committee shall be chosen as chairman.

(4) Every board shall have a secretary and, unless otherwise provided by the council, the clerk or secretary treasurer, as the case may be, shall so act and shall record in a book to be kept for that purpose the proceedings of the board.

1918–19, c.12, s.14; R.S.S. 1920, c.174, s.14.

Annual report

15(1) The secretary shall annually, on or before the thirty-first day of January, prepare and send to the Commissioner a report of the sanitary work done by the board during the past year, together with a copy of the record of infectious cases occurring, and the number of deaths resulting therefrom during that period.

(2) Forms for the purpose shall be supplied by the commissioner.

1918–19, c.12, s.15; R.S.S. 1920, c.174, s.15.

Appropriation of funds

16(1) The board of health shall annually prepare and submit to the council an estimate of the moneys required for payment of officials supplies and work undertaken, and the council shall set aside such appropriation for public health purposes as it considers necessary.
(2) Abnormal expenditures occasioned by epidemic or unforeseen circumstances or by granting relief to those in necessitous circumstances or distress shall be a first charge against any moneys in the hands of the secretary treasurer of a municipality upon demand made by the board of health.

Enforcement of authority

17 A board of health which has authority to direct and has directed that any matter or thing shall be done by a person or corporation may, in default of its so being done, direct that it shall be done at the expense of the person or corporation in default, and may recover the expense thereof by action from such person or corporation.

Commissioner’s authority

18 Should it appear in any case inquired into under clause (g) of section 9 that efficient measures are not being taken by a board of health or that its powers or duties are not being exercised, the commissioner shall require the board to exercise and enforce such of the said powers as in his opinion the urgency of the case demands, and if after request by the commissioner, the board neglects or refuses to exercise or enforce such powers, the commissioner may with the approval of the minister proceed to exercise and enforce the same at the expense of the municipality, or in case of unorganised territory at the expense of the province.

MEDICAL HEALTH OFFICERS

Appointment

19(1) The council of every city in Saskatchewan shall appoint, to be the medical health officer of the municipality, a duly qualified medical practitioner who shall perform the duties prescribed by this Act and by the bylaws and resolutions of the municipality.

(2) A medical health officer in a city shall receive such remuneration as may be fixed by the council appointing him shall be paid by the municipality and shall hold office during the pleasure of the council.

(3) A medical health officer so appointed shall have no right of action against the municipality for wrongful dismissal and shall be entitled to remuneration up to the date of his resignation, death or removal from office only.

(4) When, in a city or town a medical health officer declines temporarily or permanently incapable of performing his duties, or resigns office, or leaves the locality, the council shall forthwith appoint another in his stead.

Powers

20 The medical health officer in a city shall be the chief municipal health and sanitary official, and shall perform all duties imposed upon him by the regulations of the commissioner and the fact that similar duties are or may be by statute imposed upon boards of health shall not relieve a medical health officer from the performance of his duties.
Fees

21(1) In every municipality other than a city, the medical health officer may be appointed by agreement, either at a fixed salary to perform all the duties prescribed by regulations relating to such officers; or at a retaining fee for prescribed duties, in which latter case he shall be paid the usual medical fees for any additional duties the board of health may require of him.

(2) He shall in addition perform such duties as the local board of health may require of him, for which he shall be paid the usual medical fees prescribed by the College of Physicians and Surgeons of Saskatchewan.

1918–19, c.12, s.21; R.S.S. 1920, c.174, s.21.

In unorganised districts

22(1) The Lieutenant Governor in Council may appoint a medical health officer for any portion of Saskatchewan not included within the limits of a health district, who shall receive such remuneration, payable out of the moneys voted by the Legislature for the purpose of this Act, as the Lieutenant Governor in Council may sanction.

(2) A medical health officer so appointed shall perform all the duties imposed upon him by regulations of the commissioner.

1918—19, c.12, s.22; R.S.S. 1920, c.174, s.22.

Dual position

23 Nothing in the appointment of a medical practitioner as medical health officer in a municipality shall debar him from being also appointed by the Lieutenant Governor in Council a medical health officer of a health district or other portion of Saskatchewan.

1918–19, c.12, s.23; R.S.S. 1920, c.174, s.23.

SANITARY INSPECTORS

Sanitary inspector

24 A local board of health may employ one or more sanitary inspectors, and the commissioner may, subject to the approval of the minister, require the municipality to appoint such officers as he deems necessary for the proper execution of the provisions of this Act, whose remuneration shall be fixed by the board and paid by the municipality.

1918–19, c.12, s.24; R.S.S. 1920, c.174, s.24.

District sanitary inspectors

25(1) The commissioner may, subject to the approval of the minister, appoint an executive officer of the bureau as district sanitary inspector to any defined area or district in which he deems such appointment necessary.

(2) Every municipality within the district shall bear a proportion of the salary of any officer so appointed, such proportion to be fixed by the minister, and shall remit the same to the Provincial Treasurer in one sum in January of each year.

(3) The travelling expenses of such officials shall be met out of the appropriation made to the Bureau of Public Health.

1918–19, c.12, s.25; R.S.S. 1920, c.174, s.25.
PART II
Sanitary Provisions
WATERWORKS SEWERAGE AND SEWAGE DISPOSAL

Water supply
26(1) When the establishment or extension of a system of waterworks, for the purpose of providing water supply for public consumption, is contemplated by a municipality or by a person or body corporate, such municipality or such person or body corporate, as the case may be, whether incorporated by special or private Act of Parliament or otherwise, shall submit to the commissioner:

(a) the plans, specifications, engineer’s reports and estimates and such further information and data as may be called for in connection with the proposed system or extension, verified by affidavit; stating that the plans and specifications so submitted are those to be used and followed in the proposed construction or extension; and

(b) an analysis of the water from the proposed source or sources of supply verified by affidavit stating that the particulars set forth in the analysis are true, and that the water analysed was taken from the proposed source or sources.

(2) No system of waterworks and no extension of any such system shall be constructed or operated without first obtaining from the commissioner a certificate that the plans, specifications and analysis so submitted, and the proposed source or sources of supply have been considered and approved by him and that the proposed system or extension may with safety to the public health be constructed, carried out and operated.

(3) If in his opinion alterations are necessary in the plans or specifications of a proposed system the commissioner shall notify the municipality, person or body corporate, as the case may be, of the necessity of such alterations specifying the same, and a certificate shall not be granted until such alterations have been made.

(4) If, in the opinion of the commissioner, the quality of the water of an existing system constitutes a menace to the public health, such changes in or additions to the system shall be made by the responsible municipality, person or body corporate in such manner and within such time as the commissioner, with the approval of the minister, shall direct.

1918–19, c.12, s.26; R.S.S. 1920, c.174, s.26.

Sewerge systems,
27(1) A municipality, person or body corporate having in contemplation the construction, alteration or extension of a common sewer, or of a system of public sewerage or sewage disposal, shall submit to the commissioner the plans, specifications, engineer’s reports, and estimates and all information and data in connection therewith or with the purification and disposal of the sewage, verified by affidavit stating that the plans and specifications so submitted are those to be used and followed in the construction, alteration or extension of the sewer or system, as the case may be.
(2) No common sewer or system of sewerage shall be established or continued unless there is maintained in connection therewith a system of sewage purification and disposal sufficient to remove and avoid all menace to the public health and the commissioner may call for, and any council, person or body corporate shall when requested furnish, as soon as may be such information and data in relation to such matters under their control as the commissioner may deem necessary.

(3) No municipality, person or body corporate shall construct, alter, extend or operate a common sewer or a system of sewerage or sewage disposal without first obtaining from the commissioner a certificate stating that the proposed construction, alteration or extension may be carried out, and the sewer or system of sewerage or sewage disposal, as constructed, altered or extended may be maintained and operated without injury or danger to the public health.

(4) The commissioner may notify the municipality, person or body corporate, as the case may be, of any alterations or additions which in the interests of the public health he may consider necessary in an existing or proposed common sewer or a system of sewerage, or in the plans or specifications for sewage disposal or in both the plans and specifications as submitted to him, and shall specify the same.

(5) The certificate provided for in subsection (3) shall not be granted until the alterations and additions specified in the said notification have been made and adopted.

1918–19 c 12, s.27; R.S.S. 1920, c.174, s.27.

Consent of commissioner to bylaws

28(1) No municipality shall submit to a vote of its electors a bylaw authorising the raising of money for the construction, alteration or extension of a system of water-works or of a common sewer or system of sewerage or sewage disposal until it has obtained:

(a) a certificate from the commissioner under the provisions of section 26 or 27, as the case may be; or

(b) a provisional certificate stating that the proposed construction, alteration or extension may be carried out, provided the plans and specifications to be submitted in terms of section 26 or 27, as the case may be, meet with his approval.

(2) No debenture issued under any such bylaw shall be valid until the provisions of this section have been complied with:

Provided that any such bylaw heretofore or hereafter passed in contravention of the foregoing provisions of this section may be validated by a certificate of the minister, as provided in section 320 of The City Act and section 312 of The Town Act, when a certificate of the Commissioner of Public Health has been filed with the minister to the effect that the requirements of The Public Health Act other than the recital in the bylaw have been complied with.

1918–19, c.12, s.28; R.S.S. 1920, c.174, s.28.
Inspections by medical health officer

29 Medical health officers shall visit, or cause to be visited from time to time by a sanitary inspector or other officer for the time being employed, the land and buildings situated within the limits of their respective jurisdictions, for the purpose of ascertaining whether there are any accumulations of filth, dirt, rubbish or other matter injurious to health, or any nuisances, and shall take necessary measures to remove and abate in the manner hereinafter provided, any accumulations or nuisances found to exist.

1918–19, c.12, s.29; R.S.S. 1920, c.174, s.29.

Complaints of nuisances

30 (1) Complaint of the existence of a nuisance in or about any land or building within a health district may be made to the medical health officer or sanitary inspector of such district by:

(a) a person injuriously affected; or
(b) two persons residing in such health district; or
(c) a constable.

(2) Upon receiving the complaint the medical officer or sanitary inspector shall inquire into the facts, cause the place complained of to be visited, and, if necessary, hear the evidence of any person in connection therewith.

1918–19, c.12, s.30; R.S.S. 1920, c.174, s.30.

Procedure on complaint

31 When a municipal sanitary authority in a health district, or other portion of Saskatchewan, is aware that a nuisance exists within the district, it shall give or cause to be given by its officers notice in writing to the person responsible for such nuisance, or, if such person cannot be found, to the owner or occupant of the land or building, requiring him to abate the same within the time mentioned in the notice.

1918–19, c.12, s.31; R.S.S. 1920, c.174, s.31.

Notice to owner

32 If a nuisance arises from a defect in the construction or of the land or building, or if the same is unoccupied, the notice prescribed by section 31 shall be given to the owner.

1918–19, c.12, s.32; R.S.S. 1920, c.174, s.32.

Abatement by district

33 If a sanitary authority or medical health officer is of opinion that a nuisance is not due to the acts or omissions of the owner of the land or building and the person responsible for its existence cannot be found, it may, if located within a health district, be abated at the expense of such district, and if not so located, then at the expense of the province.

1918–19, c.12, s.33; R.S.S. 1920, c.174, s.33.
Recovery of expenses

34 All reasonable expenses lawfully incurred in abating a nuisance may be recovered from the person or persons responsible therefor:

(a) summarily under Part XV of The Criminal Code before a police magistrate, or the judge of the district court of the judicial district within which the expense is incurred or the defendant or one of the defendants resides or carries on business when the proceedings are brought, sitting as a justice of the peace; or

(b) by an ordinary action.

1918–19, c.12, s.34; R.S.S. 1920, c.174, s.34.

Nonperformance

35(1) In case of failure to abate a nuisance within the time fixed by the notice prescribed by section 31, the municipal sanitary authority or medical health officer of time health district may do so at the expense of the person to whom the notice was given.

(2) If the probable expense of abatement be $250 or more, the person to whom notice has been given may appeal from the order therein to the commissioner within the time specified for abatement.

(3) The commissioner shall thereupon inquire into the facts and if he finds that the appellant is properly required to abate the nuisance, shall order him to do so within a specified time.

(4) If the order of the commissioner is disobeyed, the local sanitary authority shall abate the nuisance at the expense of the defaulter.

1918–19, c.12, s.35; R.S.S. 1920, c.174, s.35.

Unsanitary dwellings

36(1) When a building or part of a building used as a dwelling place is, in the opinion of the medical health officer, sanitary inspector or commissioner, unfit for human habitation through lack of repair, filthy keeping, want of sanitary plumbing, or any other defect or condition, it shall be declared a nuisance and placarded as unsanitary and unfit for habitation.

(2) Notice in writing shall be given with respect to any such building or part of a building:

(a) to the occupant requiring him to vacate the same within a given time; and

(b) to the owner requiring him to execute such repairs as shall make the building fit for habitation, to the satisfaction of the above mentioned officials before the placard can be removed.

(3) If, after written notice, the person to whom such notice is addressed resists or refuses to vacate the premises, the sanitary authority may apply to a magistrate or justice of the peace for an order to enforce compliance with the notice issued.

(4) A penalty of not less than $5 or more than $10 for each day during which the premises continue to be occupied, after the date upon which they are required by the order to be vacated, shall be imposed upon the occupant.

1918–19, c.12, s.36; R.S.S. 1920, c.174, s.36.
Default by boards of health

37(1) Upon receipt of information that a remediable unsanitary condition or nuisance exists in a health district or in any other part of Saskatchewan, and that the local authorities, if any, have, after proper representation of the fact neglected or refused to take efficient measures to remove such condition or abate such nuisance, the commissioner may cause investigation to be made, and if necessary may take sworn evidence concerning the matter complained of.

(2) If upon investigation it is proved; that the condition complained of exists, the commissioner may direct its immediate removal or abatement by the party responsible therefor and report the matter to the minister and if the responsible party neglects or refuses to remove or abate the same as directed, the commissioner may with the approval of the minister cause the removal or abatement to be made and collect the expense thereof from such person by ordinary process of law.

(3) If, after inspection made by an executive officer of the bureau, the board of health of a municipality neglects or refuses to comply with the instructions of the commissioner to remove or abate any unsanitary condition, he may order such abatement to be made at the expense of the municipal council.

1918–19, c.12, s.37; R.S.S. 1920, c.174, s.37.

EXPROPRIATION OF LAND

Expropriation

38 Subject to the approval of the Lieutenant Governor in Council, the commissioner or any board of health or medical health officer authorised by the commissioner may take possession:

(a) of any land for the purpose of being used as nuisance ground; or

(b) of any land or building, for the purpose of quarantining any person who is infected or has been exposed to a communicable disease.

1918–19, c.12, s.38; R.S.S. 1920, c.174, s.38.

Summary expropriation

39(1) In cases of emergency, possession may be taken without a prior agreement with the owner of the land or building and without his consent, and may be retained for such period as may appear to the commissioner, board of health or officer who took possession thereof to be necessary.

(2) The commissioner, board of health or officer so taking possession of a building shall before restoring it to the owner, cleanse, disinfect and put it in the same state of repair as it was in when possession was taken, and shall give notice to the owner that this has been done.

(3) A reasonable sum for the use of the premises shall be paid to the owner.

(4) All expenses incurred under this section shall be paid by the municipality.

1918–19, c.12, s.39; R.S.S. 1920, c.174, s.39.

Procedure

40 In cases provided for by section 39, the commissioner, board of health or officer by whom or under whose direction or authority possession is taken shall within five days thereafter give notice (form A), to the owner.

1918–19, c.12, s.40; R.S.S. 1920, c.174, s.40.
Compensation  
41(1) Where under this Act or regulations made hereunder any land or building is taken for the use of a municipality, the owner shall be entitled to compensation for the use or occupation thereof, including any damages arising from such use or occupation from the municipality for whose use the land or building is so taken.  
(2) Such compensation shall be agreed upon between the municipality and the owner, or, should they fail to agree, shall be determined by proceedings under The Arbitration Act.  
(3) When the land or building taken is not within the limits of a municipality and is not taken for the use of any municipality, the compensation shall be paid by the province, and in case of disagreement as to the amount it shall be determined by proceedings under The Arbitration Act, the parties in such case being the commissioner and the owner or owners of the land or building.  
1918–19, c.12, s.41; R.S.S. 1920, c.174, s.41.  

District courts to give possession  
42 When resistance or forcible opposition is offered or apprehended to the taking possession of any land or building possession, under the authority of this Act or of regulations made hereunder, the judge of the district court of the judicial district within which the land or building is situated may, without notice to any person, issue his warrant to the sheriff of the district, or to any other person, requiring him to put the board, medical health officer or other proper authority, their or his servants or agents, in possession and to put down such resistance or opposition, which the sheriff or other person taking with him sufficient assistance shall accordingly do.  
1918–19, c.12, s.42; R.S.S. 1920, c.174, s.42.  

Food  
43 No person shall sell or offer for sale:  
(a) food or drink which is injured, tainted or spoiled; or  
(b) the flesh of animals which have died of sickness or have been killed while in ill health; or  
(c) the flesh of calves, swine or lambs which have been killed before they are at least three weeks old; or  
(d) adulterated milk or milk from cows affected with tuberculosis or any other disease.  
1918–19, c.12, s.43; R.S.S. 1920, c.174, s.43.  

Inspection  
44(1) Every medical health officer, duly appointed sanitary inspector or other officer appointed for the purpose may inspect all animals, dead or alive, meat, fowl, game, fish, fruit, vegetables, grain, bread, flour, milk or other solid or liquid substance intended to be used for human consumption and offered for sale or deposited in a place or transported in a vehicle for the purpose of being afterwards sold or offered for sale or delivered after being sold.
(2) If upon inspection, such animals, meat, fowl, game, fish, fruit or other articles or substances are found to be unwholesome, putrid, damaged or infected with the germs of disease or otherwise injurious to health, said medical health officer, sanitary inspector, or other officer may seize and carry off the same, and they shall not be offered for sale or serve as food.

(3) When such seizure is effected power to destroy or dispose of the article seized shall be given to the inspector either by the owner or person selling or offering same for sale or by a magistrate.

1918-19, c.12, s.44; R.S.S. 1920, c.174, s.44.

Proof

(1) The burden of proof that the article seized is not intended to be sold, or to be delivered after having been sold, or to serve as food for human consumption shall lie upon the owner or person who had possession thereof.

(2) The person to whom the articles seized belong at the time of exposure for sale, or in whose possession or on whose premises the same are found, shall incur a penalty of not less than $10 nor more than $100 for every such article unless he proves that he did not know and had no means of knowing the condition of the article.

1918–19, c.12, s.45; R.S.S. 1920, c.174, s.45.

Infected workers

No manufacturer of or dealer in food or in food stuffs of any kind intended to be used as food, and no owner, employee or person in charge of a store, hotel, shop, bakery, restaurant or other place in which meat, fish, flesh, fowl, game, fruit, vegetables, biscuits, crackers, pretzel, pies, cakes, bread, flour, meal, cereals, confectionery, candy, popcorn, ice cream, ice cream cones, groceries, pickles, jams, butter, milk, cream, or other kind of food, provisions, or merchandise is manufactured, prepared, stored, sold or offered for sale, shall employ or continue in his employment after being aware of the fact, any person affected with open consumption of the lungs, or with an infectious disease, or with a communicable skin affection, or continue in his employment, without the permission of the medical health officer, any person coming from an infected house or premises.

1918–19, c.12, s.46; R.S.S. 1920, c.174, s.46.

GENERAL

Common drinking cups prohibited

No person owning or controlling a public place shall provide drinking cups for common use or allow for common use to be in or upon the premises.

1918–19, c.12, s.47; R.S.S. 1920, c.174, s.47.

Sanitary fountains or cups

Persons owning or controlling a public place where drinking water is supplied for the public use shall furnish for such use sanitary drinking fountains, or individual drinking cups.

1918–19, c.12, s.48; R.S.S. 1920, c.174, s.48.
Drinking water

49 Water for drinking purposes shall not be kept in open vessels in any public place.

1918–19, c.12, s.49; R.S.S. 1920, c.174, s.49.

Railway companies

50 Railway companies shall supply paper drinking cups to passengers, on request, or shall keep them for sale on all passenger trains at a rate not exceeding one cent for each cup.

1918–19, c.12, s.50; R.S.S. 1920, c.174, s.50.

Towels for common use prohibited

51 (1) No person owning or controlling a public place shall furnish towels for common use or permit towels intended for common use to be upon the premises.

(2) Where towels are furnished in such places for the public or for guests, patrons, visitors of employees, the proprietor, manager or person in charge shall provide a separate towel or towels for each person.

1918–19, c.12, s.51; R.S.S. 1920, c.174, s.51.

PART III

Disease and Disinfection

COMMUNICABLE DISEASES

Restrictions on removal of patient

52 (1) No person affected with smallpox, leprosy, diphtheria, scarlet fever, typhus fever, bubonic plague, typhoid fever, chickenpox, measles, German measles, whooping cough, epidemic cerebrospinal meningitis, anterior poliomyelitis, or anthrax, shall be removed at any time except by permission and under direction of the commissioner or medical health officer, and only after observance of the precautions provided in form B.

(2) After the departure of a patient, the medical health officer or attending physician shall see that the house and effects therein are disinfected in accordance with this Act.

1918–19, c.12, s.52; R.S.S. 1920, c.174, s.52.

Notification

53 (1) A householder knowing or suspecting that a person within his family or household, or boarding or lodging with him, has a communicable disease, shall within twelve hours from the acquisition by him of such knowledge or suspicion, give notice thereof to the medical health officer of the locality where he resides or, in case there is no medical health officer, to the commissioner.

(2) The notice may be given directly to the medical health officer or to the clerk or secretary treasurer of the municipality at the office of either, or by letter addressed to either, or to the commissioner, and mailed within the time above specified.

1918–19, c.12, s.53; R.S.S. 1920, c.174, s.53.
Notice to medical health officer

54(1) When a physician ascertains that a patient under his care has a communicable disease, he shall within twenty-four hours thereafter give notice thereof in writing to the medical health officer of the locality in which such affected person resides, if there is such a medical health officer, and if not, then to the commissioner.

Investigation

(2) The commissioner or any medical health officer has reason to suspect the existence of any unreported case of:

(a) communicable disease; or

(b) neglect of the proper precautions to prevent the spread of infection;

shall investigate the facts, and after consultation with the board of health, shall take all necessary action in the matter.

1918–19, c.12, s.54; R.S.S. 1920, c.174, s.54.

Weekly return

55 Every medical health officer shall make a weekly return of all communicable diseases in his district for each week ending Saturday, in the manner required by regulations prepared by the commissioner and approved by the Lieutenant Governor in Council.

1918–19, c.12, s.55; R.S.S. 1920, c.174, s.55.

Quarantine notices

56 Whenever a householder has reason to believe that anyone in his household is infected with Asiatic cholera, smallpox, diphtheria, scarlet fever, chickenpox (until the diagnosis is positive), typhus, rabies, leprosy, or plague (bubonic), he shall forthwith:

(a) affix, and during the whole period of infection keep affixed to the outside of every outer door of such house, a written notice or placard, not less than eight inches in width by six inches in depth, bearing the name of the disease in conspicuous letters; and

(b) notify the medical health officer of the date when the person or persons fell ill, the nature of the disease and that the house is placarded in accordance with the law.

1918–19, c.12, s.56; R.S.S. 1920, c.174, s.56.

Isolation notices

57 Whenever a householder has reason to believe that anyone in his household is infected with typhoid fever, paratyphoid, cerebrospinal meningitis, anterior poliomyelitis (infantile paralysis), chickenpox (after positive diagnosis), measles or German measles, whooping cough or mumps, he shall forthwith:

(a) affix, and during the whole period of infection keep affixed, to the outside of every outer door of such house a written notice or placard not less than eight inches in width by six inches in depth, bearing the name of the disease in conspicuous letters and in addition the words “quarantine” and “isolation”;

(b) notify the medical health officer of the date when the person or persons fell ill, the nature of the disease and that the house is placarded in accordance with the law.

1918–19, c.12, s.57; R.S.S. 1920, c.174, s.57.
Placarding by physician

58(1) In places other than cities and towns, when a physician ascertains that a person, whom he has been called to attend is suffering from any of the diseases mentioned in sections 56 and 57, he shall, unless it has already been done, cause forthwith to be posted up on the outside of every outer door of the house, a written notice not less than eight inches in width by six inches in depth, bearing the name of the disease.

(2) He shall also notify the medical health officer or, in case there is no health officer the commissioner, of the presence of the disease, and that the house has been placarded in compliance with the law.

1918–19, c.12, s.58; R.S.S. 1920, c.174, s.58.

Placarding by health officer

59(1) In places other than cities and towns the medical health officer or an executive officer acting under his directions shall, immediately upon receipt of notice that any of the diseases mentioned in sections 56 and 57 exists in a house, post up a placard on the outside of every outer door thereof indicating the nature of the disease.

(2) Such placard shall be deemed a sufficient notice of quarantine or isolation to the inmates of the house and to the public.

1918–19, c.12, s.59; R.S.S. 1920, c.174, s.59.

Placarding by sanitary inspectors

60 A health official, on discovering the presence of a communicable disease which has not been notified, may placard the house or premises in which the case exists with a written notice bearing words “Suspected communicable disease” which notice shall remain until a medical diagnosis is made.

1918–19, c.12, s.60; R.S.S. 1920, c.174, s.60.

Removal of placard

61(1) When a householder or a physician affixes or causes to be affixed a notice or placard, he shall forthwith notify the medical health officer of the time and place of so doing.

(2) No person other than a medical health officer, or a person duly authorised so to do by a board of health, shall remove a placard affixed in accordance with this Act, and then only after the house has been properly disinfected as herein provided.

1918–19, c.12, s.61; R.S.S. 1920, c.174, s.61.

Infected persons isolated

62 The medical practitioner attending an infected person or any medical health officer may order his removal to an hospital, isolation hospital or isolated building or tent provided for the purpose.

1918–19, c.12, s.62; R.S.S. 1920, c.174, s.62.

Provisions for outside service

63(1) When a house is quarantined no person shall leave or enter it, nor shall anything be sent from the quarantined premises, but the occupants may use the yard or premises for exercise.
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(2) In such case the medical health officer shall see that, where necessary, there is a person to do the outside services for the inmates.

(3) The person in charge of such services shall not enter the house but shall take orders verbally and at a distance, and shall lay down at the entrance of the house everything he brings there.

(4) The services of such person as well as everything he brings shall be supplied at the expense of the head of the house quarantined, except in cases of known poverty, when such services and the necessaries of life shall be furnished at the expense of the municipality wherein the quarantined house is situated, and otherwise at the expense of the province.

(5) In case the house of a farmer is quarantined the inmates who are well may pursue their work on their own land.

1918–19, c.12, s.63; R.S.S. 1920, c.174, s.63.

Ingress from districts affected

64  When any part of Saskatchewan becomes exposed to a communicable or epidemic disease then existing in any place outside the province the Lieutenant Governor in Council may prohibit all ingress to Saskatchewan therefrom for a period to be named in the order.

1918–19, c.12, s.64; R.S.S. 1920, c.174, s.64.

Examination of premises and persons

65(1)  A medical practitioner may under warrant from a medical health officer enter into or upon any house, outhouse or premises in the daytime for the purpose of inquiry and examination with respect to such house or any person therein, and the medical health officer may upon the report of such medical practitioner in writing recommending the same, cause any person found therein infected with a communicable disease to be removed to an hospital or other proper place.

(2)  No such removal shall be effected unless the report of the medical practitioner states:

   (a)  that such person can be removed without danger to life; and
   
   (b)  that such removal is necessary in order to guard against the spread of the disease.

1918–19, c.12, s.65; R.S.S. 1920, c.174, s.65.

Removal of persons from unsanitary dwellings

66  Where a communicable disease is reported or discovered in a dwelling house or outhouse occupied as a dwelling, and such house or outhouse is in a filthy and neglected state, the medical health officer may, at the expense of the municipality, compel the inhabitants of such dwelling house or outhouse to remove therefrom, and may place them in sheds or tents, or other proper shelter, in some more suitable situation, until measures can be taken, under the direction and at the expense of the municipality, for the immediate cleansing, ventilation, purification and disinfection of such dwelling house or outhouse.

1918–19, c.12, s.66; R.S.S. 1920, c.174, s.66.
Enforcement of orders

67 In case the owner or occupant of any such dwelling house or outhouse refuses to obey the orders of the medical officer of health, the medical health officer or commissioner may call to his assistance all constables and peace officers and such other persons as he may think fit, to assist him in enforcing the same.

1918–19, c.12, s.67; R.S.S. 1920, c.174, s.67.

Emergency Provisions

Emergency hospital

68(1) In case smallpox or any other communicable disease dangerous to the public health breaks out in a health district, or other portion of Saskatchewan, the board of health or medical health officer shall in case temporary accommodation has not been already provided, immediately provide a temporary hospital, hospital tent or such other place or places for the reception of the sick and infected as shall be deemed best for their accommodation and for the safety of the inhabitants.

(2) For the purposes of this section the board of health or medical health officer may:

(a) erect such hospital tents, hospitals or places of reception;
(b) contract for the use of any such hospital or part, of an hospital or place of reception whether within or without the same jurisdiction;
(c) enter into agreement with any person having the management of an hospital for the reception of the sick, on payment of such sum as may be agreed upon.

(3) In cities, towns, villages or rural municipalities the cost of providing such accommodation shall be met by the municipality, and in other portions of the province by the province.

1918–19, c.12, s.68; R.S.S. 1920, c.174, s.68.

Quarantine of new arrivals

69(1) When a person is infected or has been exposed to a communicable disease, the medical health officer of the health district or other portion of Saskatchewan where such person may be, may make such effective provision as he shall deem best for the removal of such person in the interests of the public safety to a separate house or for otherwise isolating him and providing him with nurses, assistance and necessaries.

(2) The costs and charges incurred in making such provisions shall be paid by the infected person or by his parents or other person or persons liable, if recoverable from him or them.

(3) If said costs and charges cannot be recovered from such persons they shall be paid by and recoverable from the municipality in which the infected person may be, or if not within a municipality, then from the province.

1918–19, c.12, s.69; R.S.S. 1920, c.174, s.69.
Suspension of municipal and school elections

70(1) In case the commissioner reports to the Lieutenant Governor in Council that on account of an epidemic of communicable disease in any municipality it would be dangerous to hold an election therein, the Lieutenant Governor in Council may issue his proclamation postponing the holding of any intended municipal or school election for a period not exceeding three months, and for the same reason may from time to time by proclamation further postpone the same.

(2) The Lieutenant Governor in Council may by such proclamation name days for holding the nominations and polling for the election, but in case days are not so named the council shall, as soon as practicable after the period named in such proclamation or the last of such proclamations expires by bylaw name days for the nominations and polling.

(3) In case an annual election, or the election of the entire council or of all the members of a board of trustees or other body, is postponed under the provisions of this section, the members of the council, board or other body shall continue to hold office until their successors are elected.

1918–19, c.12, s.70; R.S.S. 1920, c.174, s.70.

DISINFECTION

Disinfection

71 When a house is quarantined, the medical health officer of the municipality, health district, or other portion of Saskatchewan, or the medical practitioner in attendance on the ease shall, or, in the absence of any such officer or attending physician, any duly qualified medical practitioner may see that immediately after the recovery or burial of the patient, the room or rooms occupied by him and all the effects therein are disinfected in the manner prescribed (forms D, E and F).

1918–19, c.12, s.71; R.S.S. 1920, c.174, s.71.

Payment of expense

72(1) The disinfection shall be carried out in a city, town or village by the medical health officer or some official under his orders.

(2) The expense of disinfection in a city, town or village shall be borne by the municipality.

(3) In rural municipalities the work of disinfection in accordance with the instructions contained in form F shall be done:

(a) by the attending physician as part of his treatment of the case; or

(b) where no physician has been in attendance, by the medical health officer or other responsible person under his orders.

(4) The expense of disinfection in rural municipalities shall be borne in the first instance by the municipality, and in unorganised districts by the province, but may be recovered from the patient or his estate and in the case of a minor residing with his parent or guardian from such parent or guardian.

1918–19, c.12, s.72; R.S.S. 1920, c.174, s.72.
Disinfection of person

73 No person who is recovering from a communicable disease, or who has nursed a person so recovering, shall leave the house before all the precautions prescribed in forms C, D, E and F have been taken.

1918–19, c.12, s.73; R.S.S. 1920, c.174, s.73.

Disinfection of articles and house offered for sale

74(1) No person shall give, sell, lease, lend or expose for sale a house or article infected by a communicable disease without having such house or article disinfected in the manner prescribed (forms D, E and F).

(2) No such article shall be removed from the house or building without the consent in writing of the medical health officer or attending physician.

1918–19, c.12, s.74; R.S.S. 1920, c.174, s.74.

EPIDEMICS

Compulsory vaccination

75(1) In case of a threatened epidemic of smallpox, the commissioner may, subject to the approval of the Lieutenant Governor in Council, define an area within which quarantine shall be observed and compulsory vaccination enforced, and shall issue such special orders or regulations as he deems necessary for the suppression and control of the outbreak.

(2) During the time that any such orders or regulations are in force in any city, town or health district all bylaws or regulations in force in such city, town or health district which in any manner conflict with any such orders or regulations shall be suspended.

1918–19, c.12, s.75; R.S.S. 1920, c.174, s.75.

Payment of expenses

76 All expense incurred by the commissioner in connection with an epidemic or the investigation of conditions in any way affecting or endangering the public health shall be defrayed out of moneys appropriated by the Legislature for the purpose.

1918–19, c.12, s.76; R.S.S. 1920, c.174, s.76.

Expenses of local boards of health

77(1) The expenses incurred by local boards of health, or by the medical health officers of such boards in connection with epidemics within their respective areas:

(a) in superintending the execution of the regulations made by the commissioner under statutory authority; or

(b) in carrying out the instructions or orders of the commissioner;

shall be defrayed by the cities, towns, villages or rural municipalities having jurisdiction over the respective places affected.

(2) In case of extraordinary or serious epidemics the Lieutenant Governor in Council may upon the recommendation of the commissioner, pay any part of the said expenses out of any moneys appropriated by the legislature for that purpose.

1918–19, c.12, s.77; R.S.S. 1920, c.174, s.77.
SMALLPOX

Quarantine
78(1) A person suffering from smallpox shall be quarantined for two weeks after the development of the disease and until all scabs have disappeared and the scars completely healed.

(2) Contacts not immune by an attack of the disease, shall be quarantined until vaccinated and until such time as the vaccination or revaccination is successful to the satisfaction of the attending physician. When contacts have been successfully vaccinated or proved to be insusceptible to vaccination, they may be allowed to live in the house and to attend to their ordinary duties, provided isolation of the patient is maintained to the satisfaction of the medical health officer or commissioner.

(3) Contacts who to the personal knowledge of the attending physician or medical health officer or commissioner are immune by having had an attack of the disease may be released.

1918–19, c.12, s.78; R.S.S. 1920, c.174, s.78.

DIPHTHERIA

Quarantine
79(1) A person suffering from diphtheria shall be quarantined for two weeks after the development of the disease and until one negative culture from the nose and throat has been made by a bacteriologist, except that in the case of cities, where it can be carried out to the satisfaction of the medical health officer or commissioner, isolation may be enjoined for two weeks after the development of the disease and until one negative culture from the nose and throat has been made by a bacteriologist.

(2) In the case of contacts in cities, those living in a house where there is a case of diphtheria may be released from quarantine, after the following measures have been adopted:

(a) a negative culture from the nose and throat reported on by a bacteriologist and a negative Schick test;

(b) if a positive Schick test has been obtained, the persons in contact must be immunised by toxin antitoxin, to the satisfaction of the medical health officer or commissioner.

1918–19, c.12, s.79; R.S.S. 1920, c.174, s.79.

MEASLES

Isolation
80(1) A person suffering from measles shall be isolated for one week after the appearance of the rash and until all discharges from the nose, ears and throat have disappeared and until the cough has ceased.
(2) Where isolation is maintained to the satisfaction of the medical health officer or commissioner, contacts made immune by a previous attack of the disease, may with the permission of either of the aforesaid officials be allowed to live in the house and follow their usual occupations. Contacts not immune may be allowed to engage in their usual occupations for a period of seven days after first exposure to the infection following which a period of eight days isolation must be maintained.

1918–19, c.12, s.80; R.S.S. 1920, c.174, s.80.

TUBERCULOSIS

Tuberculosis

81 The provisions of sections 82 to 86 shall apply only to tuberculosis.

1918–19, c.12, s.81; R.S.S. 1920, c.174, s.81.

Patient’s notice given

82(1) A person affected with tuberculosis or his parents or guardian or the householder with whom he lodges nor boards shall notify the medical health officer of the health district in which such person resides, or if there is no medical health officer then the commissioner, of the address of such person.

(2) Such notification small be repeated whenever such person changes his place of residence.

(3) Upon receipt of such notice the medical health officer or the commissioner, as the case may be, shall forthwith forward to the person giving same, information and directions as to the conduct of the person affected relating to the spread of the disease or to the danger of infecting his environment.

(4) The person affected his parent or guardian, or the householder in whose house he is lodging or boarding shall, as far as practicable, carry out such directions.

1918–19, c.12, s.82; R.S.S. 1920, c.174, s.82.

Physician’s notice

83 When a physician ascertains that a person whom he is called upon to visit professionally is affected with tuberculosis, he shall within twenty-four hours from the time of ascertainment, give notice thereof in writing to the medical health officer of the locality in which such affected person resides, or to the commissioner.

1918–19, c.12, s.83; R.S.S. 1920, c.174, s.83.

Notice of death or vacating

84(1) When a person affected with tuberculosis has vacated a house or has died therein, the householder or, if there is no householder, the owner shall immediately give notice thereof to the medical health officer of the health district in which such house is situated, or in case there is none such, then to the commissioner.

(2) The house or so much of it as has been occupied or used by such person shall be disinfected in accordance with forms E and F, and all clothing, bedding and other fabrics infected, used or exposed to infection of the disease, shall be disinfected according to the directions contained in form D and such disinfection shall be completed before the house, clothing, bedding or fabrics are occupied or used again.

1918–19, c.12, s.84; R.S.S. 1920, c.174, s.84.
Employment

85 No person affected with pulmonary tuberculosis (consumption) shall engage in the preparation or serving of food or milk or in the manufacture of any food stuffs, without the written permission of time medical health officer or commissioner, such permission to be renewed from time to time as required by the local health authority.

1918–19, c.12, s.85; R.S.S. 1920, c.174, s.85.

Power to remove

86 If the commissioner is of opinion that a person suffering from pulmonary tuberculosis is dangerous to the public health, by reason of such person failing to observe instructions given in relation to the spread of the disease, he may remove such person to an hospital or other institution.

1918–19, c.12, s.86; R.S.S. 1920, c.174, s.86.

TRACHOMA

Notice

87(1) A person knowing or suspecting another to be suffering from trachoma shall at once notify the medical health officer or commissioner.

Regulations

(2) The commissioner shall, with the approval of the Lieutenant Governor in Council issue regulations for the treatment of those affected with trachoma, prescribing the method of treatment, the place and time for patients' attendance, and the preventive precautions to be observed between treatments by physicians.

Examination and treatment

(3) A person found after medical examination to be suffering from trachoma shall, if notified by the medical health officer or commissioner so to do, attend at an hospital or other place of treatment until pronounced cured by the medical health officer or commissioner.

Penalty

(4) A person refusing or neglecting to comply with the provisions of this section shall be guilty of an offence and liable on summary conviction to a penalty of not less than $10 nor more than $50 and costs, and shall be isolated from the public for such time as the court shall decide.

1918–19, c.12, s.87; R.S.S. 1920, c.174, s.87.

OPTHALMIA NEONATORIIUM

Definition

88 If an infant within two weeks of birth suffers from an inflammatory condition of the eye or eyes, or from swelling or redness in one or both eyes, with or without an unnatural discharge, such affection shall, independently of its nature, he known as ophthalmic neonatorum.

1918–19, c.12, s.88; R.S.S. 1920, c.174, s.88.
Hospitals and maternity homes
89 All persons in charge of hospitals, maternity homes and other public institutions into which confinement cases and infants are admitted, shall see that the provisions of section 88 are carried out, and the eyes of every infant until two weeks old carefully attended to.

1918–19, c.12, s.89; R.S.S. 1920, c.174, s.89.

VACCINATION

Compulsory vaccination
90 The commissioner may order vaccination and re-vaccination to be compulsory within the limits of any specified locality, and may make all necessary regulations inspecting the same.

1918–19, c.12, s.90; R.S.S. 1920, c.174, s.90.

Vaccine
91 A medical health officer shall at all times keep in his vaccine possession a sufficient number of vaccine points for emergency purposes.

1918–19, c.12, s.91; R.S.S. 1920, c.174, s.91.

Certificates
92 Upon the successful vaccination of a child, the medical practitioner who performed the operation shall forthwith deliver to the father or mother or other person having the care of said child a certificate (form C).

1918–19, c.12, s.92; R.S.S. 1920, c.174, s.92.

Exceptions
93(1) If a medical practitioner is of the opinion that a person or child is not in a fit and proper state to be vaccinated, he shall deliver to such person, or to the father or mother or other person having the care of such child, a certificate (form H) valid for two months after its delivery.

(2) At the end of that period such person, or the father or mother or other person having the care of such child shall either have the certificate renewed or vaccination performed.

1918–19, c.12, s.93; R.S.S. 1920, c.174, s.93.

SCHOOLS

Notice of contagious or infectious diseases
94 When a case of smallpox, scarlet fever, diphtheria, whooping cough, measles, German measles, mumps, chicken-pox, glanders or other contagious or infectious disease exists in a house or household any member of which attends a school, the householder shall within eighteen hours after the time when the existence of such disease first becomes known to him notify the head teacher of the school and the medical health officer, of the existence of such disease.

1918–19, c.12, s.94; R.S.S. 1920, c.174, s.94.
Certificate to attend
95 No person residing upon the premises where any of the above named diseases exists or who has so resided within a week prior to the discovery of the disease shall attend or be permitted to attend school without a certificate from the medical health officer, at tending physician or commissioner, authorising him to do so.

1918–19, c.12, s.95; R.S.S. 1920, c.174, s.95.

Notice to teacher
96 When a board of health or medical health officer or other officer under this Act knows of the existence in a house of smallpox, scarlet fever, diphtheria, whooping cough, measles, mumps, chickenpox, glanders or other contagious disease, such board or officer shall forthwith notify the head or other teacher of the school at which any member of the household is in attendance, and unless it is evident that such member has not been exposed to any such disease, the teacher shall forthwith prevent further attendance until such member presents a certificate stating that infection no longer exists.

1918–19, c.12, s.96; R.S.S. 1920, c.174, s.96.

Report of teachers
97 A teacher who has reason to suspect that a pupil has, or that there exists in the home of a pupil, any of the above mentioned diseases, shall forthwith notify the medical health officer and the parents or guardian of the pupil, in order to find out the truth of the report, and no such pupil shall attend school until medical evidence of the falsity of the report has been obtained.

1918–19, c.12, s.97; R.S.S. 1920, c.174, s.97.

Certificate required before readmission
98 No child or other person suffering or convalescent from any of the following diseases: smallpox, scarlet fever, diphtheria, membraneous croup, measles, German measles, whooping cough, chickenpox, mumps, cerebrospinal meningitis, cholera, typhoid fever, plague (bubonic), glanders, anthrax, trachoma, puhuonary tuberculosis (consumption), erysipelas, anterior poliomyelitis (infantile paralysis), epidemic influenza or epidemic sore throat, shall be permitted to attend a public, private, parochial, Sunday or other school without a certificate from the medical health officer or other medical practitioner, or commissioner, stating that he or she is free from infection, and in the case of diphtheria, that he or she is shown to be bacteriologically free of the infection by examination of swabs by a bacteriologist.

1918–19, c.12, s.98; R.S.S. 1920, c.174, s.98.

Children immune may attend
99 In cases of mumps, chickenpox and whooping cough, if isolation can be provided in the house, to the satisfaction of the medical health officer or commissioner, any other child residing in such house may attend school with the permission of either of the aforesaid officials, if he is satisfied that such child has been made immune by a previous attack of the disease.

1918–19, c.12, s.99; R.S.S. 1920, c.174, s.99.
Birth certificate
  100 The head teacher of every public, private, parochial or other school shall obtain satisfactory evidence of the birth registration of every child thereto admitted, or, in case such evidence is not forthcoming, particulars of the date and place of such child’s birth, and shall forward the same to the commissioner.

  1918–19, c.12, s.100; R.S.S. 1920, c.174, s.100.

Closing of schools
  101 When the commissioner or municipal board of health considers it necessary to order the closing of one or more schools, for the purpose of preventing or checking the spread of a communicable disease, the school trustees or persons in charge of any such school shall not admit any pupil into it until permission to reopen the school has been received from the commissioner or municipal board of health.

  1918–19, c.12, s.101; R.S.S. 1920, c.174, s.101.

No admission to school without vaccination
  102 School trustees and all educational authorities may require that admittance to any school under their control be refused an attending pupil who fails to furnish the teacher, when called upon to do so, either with a certificate of efficient vaccination (form G) or with a certificate of his insusceptibility to vaccination (form I).

  1918–19, c.12, s.102; R.S.S. 1920, c.174, s.102.

Power of health officer to require certificate
  103(1) The medical health officer of any locality invaded or threatened by smallpox may require every pupil attending a school, college, convent, university or other educational institution within such locality to hand to the authorities of the institution which he attends, a certificate or other sufficient evidence of immunity from smallpox.

  (2) A pupil who refuses or neglects to produce such certificate on demand shall be excluded from the institution during the whole time of such refusal or neglect.

  1918–19, c.12, s.103; R.S.S. 1920, c.174, s.103.

Penalties
  104 Every portion or corporation who, having control over a school, college, convent, university or other educational institution, refuses or neglects to exclude a pupil who has failed to furnish a certificate of vaccination when required so to do under the authority of sections 102 or 103, shall be liable on summary conviction to a fine not exceeding $10 for each day during which such improper attendance is allowed.

  1918–19, c.12, s.104; R.S.S. 1920, c.174, s.104.
PART IV

Care of the Dead

FUNERALS AND INTERMENTS

Isolation of body

105 The body of a person who has died of smallpox, Asiatic cholera, yellow fever, typhus fever, bubonic plague, diphtheria or scarlet fever shall be kept isolated, up to the moment of the funeral, in the room occupied by such person during his illness.

1918–19, c.12, s.105; R.S.S. 1920, c.174, s.105.

Disinfection of body

106 The body of a person who has died of a communicable disease shall be disinfected in the manner described in form J.

1918–19, c.12, s.106; R.S.S. 1920, c.174, s.106.

Limitation of attendance at funeral

107 In cases of death from Asiatic cholera, yellow fever, bubonic plague, typhus fever, smallpox, diphtheria or scarlet fever, unless the body of the person deceased is contained in a coffin of solid metal, or which is lined with metal and hermetically closed, no one shall attend the funeral except the officiating clergyman, the undertaker, the public officer, any necessary witness, and any person who is strictly indispensable to the transport and burial of the body.

1918–19, c.12, s.107; R.S.S. 1920, c.174, s.107.

Early burial

108 The body of a person who has died of Asiatic cholera, yellow fever, bubonic plague, typhus fever, smallpox, diphtheria or scarlet fever shall be buried within twenty-four hours following death unless:

(a) it is placed in a coffin of solid metal, or lined with metal, and hermetically closed; or

(b) a certificate is obtained from the local medical health officer granting a postponement of burial.

1918–19, c.12, s.108; R.S.S. 1920, c.174, s.108.

Conduct of burial

109 The body of a person who has died of Asiatic cholera, yellow fever, bubonic plague, typhus fever, smallpox, diphtheria or scarlet fever shall not be taken into a church or chapel, or deposited in a public vault, but shall be transferred directly from the place of death to the cemetery.

1918–19, c.12, s.109; R.S.S. 1920, c.174, s.109.

Disinterment of bodies

110(1) When disinterment of a body is required, application shall be made to the commissioner, with a copy of the registration of death and particulars as to where the body is to be reburied.
(2) The commissioner may give written permission, and disinterment and reburial shall be carried out in such manner as he shall direct.

1918–19, c.12, s.110; R.S.S. 1920, c.174, s.110.

EMBALMING DEAD BODIES

Embalmers licensed

111(1) No person shall embalm and prepare a dead body, or hold himself out as practising the art of embalming or practise such art unless licensed so to do.

(2) No person shall be so licensed without first qualifying by examination as provided for in section 114.

1918–19, c.12, s.111; R.S.S. 1920, c.174, s.111.

Examinations

112(1) The commissioner shall provide for holding examinations of persons desiring to qualify as licensed embalmers at least once yearly.

(2) Notices of such examinations shall be published at least twice in two daily newspapers in the province.

1918–19, c.12, s.112; R.S.S. 1920, c.174, s.112.

Board of examiners

113 The Lieutenant Governor in Council shall appoint and provide for the remuneration of a board of examiners of persons applying to be licensed as embalmers.

1918–19, c.712, s.113; R.S.S. 1920, c.174, s.113.

Qualifications

114(1) Every applicant for a license shall be examined in the following subjects:

(a) anatomy;
(b) sanitary science; and
(c) the care, preservation, embalming, transportation and burial of dead bodies;

and shall demonstrate his proficiency as an embalmer in such manner as the examiners may require.

License

(2) If an applicant successfully passes the examination, the board of examiners shall authorise a license to be issued at the hands of the commissioner, allowing the licensee to practise the art of embalming and to handle and bury bodies dead of a communicable disease.

1918–19, c.12, s.114; R.S.S. 1920, c.174, s.114.

Expiry and renewal of license

115 The initial fee for an embalmer’s license shall be $5, and all licenses shall expire on the thirty-first day of December following the date of issue, but may be renewed annually within thirty days after expiry on application made in writing to the commissioner accompanied by a renewal fee of $2.

1918–19, c.12, s.115; R.S.S. 1920, c.174, s.115.
Register of embalmers furnished railway companies

116 (1) The commissioner shall keep a record, in which shall be registered the names and residences of all persons to whom licenses have been issued with the number and date of issuance, and shall furnish every railway company operating within Saskatchewan with a list of such persons.

(2) No such railway company shall accept a dead body for transportation unless accompanied by a certificate of a licensed embalmer.

1918–19, c.12, s.116; R.S.S. 1920, c.174, s.116.

Revocation or refusal of license

117 A license or its renewal may be refused to persons who:

   (a) by false and fraudulent representation have obtained or sought to obtain a license to practise their profession; or

   (b) by false or fraudulent representation of their profession have obtained or sought to obtain money or anything of value; or

   (c) are guilty of any other unprofessional and dishonourable conduct.

(2) A licence may be revoked for any of the reasons mentioned in subsection (1) or any other like cause, provided the holder shall be given reasonable notice of the charge against him and an opportunity to be heard fully before the examination board.

1918–19, c.112, s.117; R.S.S. 1920, c.174, s.117.

Undertaker’s license

118 (1) An undertaker who is not a licensed embalmer shall hold a license as an undertaker, and the commissioner shall, keep a record of all such persons.

(2) The annual license fee for undertakers shall be two dollars.

1918–19, c.12, s.118; R.S.S. 1920, c.174, s.118.

TRANSPORTATION OF DEAD BODIES

Forbidden

119 The transportation of the bodies of persons who have died of smallpox, Asiatic cholera, yellow fever, typhus fever or bubonic plague is absolutely forbidden.

1918–19, c.12, s.119; R.S.S. 1920, c.174, s.119.

Conditionally forbidden

120 (1) The bodies of persons who have died of diphtheria, membraneous croup, scarlet fever, glanders or anthrax shall not be accepted for transportation unless the provisions of this section have been complied with.

(2) Such bodies shall be prepared for shipment and thoroughly disinfected by means of:

   (a) an arterial and cavity injection with an approved disinfectant fluid;

   (b) disinfecting and stopping all orifices with absorbent cotton; and

   (c) washing the body with the disinfectant;

all of which shall be done by a licensed embalmer.
(3) After being disinfected such bodies shall be completely wrapped in a sheet saturated with an approved disinfectant, and encased in an airtight zinc, tin, copper or lead coffin or iron casket hermetically sealed and all enclosed in a stout wooden box.

1918–19, c.12, s.120; R.S.S. 1920, c.174, s.120.

Conditionally forbidden

121(1) The bodies of persons who have died of puerperal fever, erysipelas, tuberculosis and measles or any dangerous and communicable disease other than those specified in sections 119 and 120 may be received for transportation only upon compliance with the provisions of this section.

(2) Such bodies shall be prepared for shipment by:

(a) stopping all orifices with absorbent cotton;
(b) thorough arterial and cavity injection with an approved disinfectant fluid; and
(c) washing the exterior of the body with the same.

(3) The body shall then be encased in a sound coffin or casket and the whole enclosed in a strong wooden box, all of which shall be done by a licensed embalmer.

(4) in all cases where bodies are forwarded under this section, the health officer shall cause notice to be sent by telegraph to the health officer at the point of destination, advising him of the date and train on which the body may be expected.

1918–19, c.12, s.121; R.S.S. 1920, c.174, s.121.

Noncommunicable diseases

122(1) The bodies of persons who have died of a disease not communicable shall only be received for transportation if:

(a) encased in a sound coffin or casket, and the whole enclosed in a strong wooden box; and
(b) the destination can be reached within thirty hours from the time of death.

(2) If the body cannot reach its destination within thirty hours from the time of death, it shall be prepared for shipment as required by section 121.

1918–19, c.12, s.122; R.S.S. 1920, c.174, s.122.

Persons or articles accompanying the body

123(1) In cases of communicable diseases, a body in transit shall not be accompanied by any person or article which has been exposed to the infection of the disease, unless such person or article is certified by the health officer as having been properly disinfected.

(2) Before selling passage tickets railway agents shall carefully examine the transit permit, and shall note the name of the passenger in charge, and of any other person proposing to accompany the body, and shall see that all necessary precautions have been taken to prevent the spread of the disease.

(3) The transit permit in such cases shall specifically state who is authorised by the health officer to accompany the remains.

1918–19, c.12, s.123; R.S.S. 1920, c.174, s.123.
Transit permit

124(1) Every person shipping a dead body for transit shall procure a transit permit showing:

(a) the physician’s or coroner’s certificate;
(b) the health officer’s permit for removal;
(c) the undertaker’s certificate;
(d) the name of deceased;
(e) the date and hour of death;
(f) the age and place of death; and
(g) the cause of death;

and if deceased died from a communicable disease:

(h) the point to which the body is to be shipped;

and when death has resulted from any of the diseases specified in section 120:

(i) the names of those authorised by the health officer to accompany the body.

(2) The transit permit shall be in duplicate and the signature of the physician or coroner, health officer and licensed embalmer shall appear on both the original and duplicate copies.

(3) The licensed embalmer’s certificate and paster of the original shall be detached from the transit permit and pasted on the coffin box.

1918–19, c.12, s.124; R.S.S. 1920, c.174, s.124.

Procedure

125(1) The physician’s certificate and transit permit shall be handed to the passenger in charge of the corpse.

(2) The whole duplicate copy shall be sent to the official in charge of the baggage department on the initial line and transmitted by him to the health officer of the municipality from which the shipment was made.

1918–19, c.12, s.125; R.S.S. 1920, c.174, s.125.

Shipment by express

126 When a dead body is shipped by express the whole original transit permit shall be pasted on the outside of the box enclosing the coffin or casket, and the duplicate forwarded by the express agent to the health officer of the municipality from which the shipment was made.

1918–19, c.12, s.126; R.S.S. 1920, c.174, s.126.

Transportation of disinterred bodies

127(1) Every disinterred body shall be treated as infectious and dangerous to the public health and shall not be accepted for transportation by a railway company unless:

(a) the removal has been approved by the local medical health officer; and
(b) the health authorities of the locality to which the corpse is consigned have consented to receive same.
(2) All disinterred remains shall be enclosed in a hermetically sealed (soldered) zinc, tin or copper lined coffin or box.

Bodies deposited in receiving vaults

(3) Bodies deposited in receiving vaults shall be considered for the purpose of this section to be and shall be treated in the same manner as, bodies which have been buried, and the provisions of this section shall apply to the transportation of all first-mentioned bodies, except when they are originally prepared by a licensed embalmer as provided by sections 121 and 122 and shipment takes place within thirty days from time of death, when the provisions of sections 121 and 122 shall respectively apply.

1918–19, c.12, s.127; R.S.S. 1920, c.174, s.127.

Forms used

128 The forms in use by the Canadian Pacific Railway Company in Saskatchewan for the transportation of dead bodies with any necessary variations therefrom or additions thereto shall be used for the purposes of this Act.

1918–19, c.12, s.128; R.S.S. 1920, c.174, s.128.

PART V

MISCELLANEOUS PROVISIONS

Sanitary literature

129(1) The commissioner shall from time to time and especially during the prevalence in any part of Saskatchewan of epidemic or endemic disease, distribute such sanitary literature, containing practical information relating to the spread of communicable diseases, through the medium of the public press, and by circular to boards of health and medical health officers, municipal councils and in and through the public schools and otherwise, as shall be deemed by him in the interest of the public health.

(2) The commissioner may cause notices regarding public health to be posted in schools, hotels and railway stations.

1918–19, c.12, s.129; R.S.S. 1920, c.174, s.129.

Formalin poison

130 Every person who sells formaldehyde shall, before delivering the same to the purchaser, affix to the vessel or package containing it a label bearing the word “Formaldehyde” or “Formalin” and the word “Poison” together with the name and address of the vendor.

1918–19, c.12, s.130; R.S.S. 1920, c.174, s.130.

Service of notices

131(1) Unless where otherwise provided all notices required to be given by this Act shall be delivered personally to the party to be notified, or left for him at his last or most usual place of abode with some inmate thereof apparently of the age of sixteen years or over.
(2) In the event of an owner or other person required to be notified being unknown or not residing within Saskatchewan, or of his residence being unknown to the commissioner, board or officer required to give notice, the commissioner, board or officer shall publish such notice twice in some newspaper in the locality and mail a copy of same to the last known address, if any, of the owner in a registered letter, postpaid, and such publication shall be sufficient notice to the owner.

1918–19, c.12, s.131; R.S.S. 1920, c.174, s.131.

PENALTIES

Mutilation of notices

A person who maliciously takes down, covers up, mutilates, defaces or alters a proclamation, notice or document required to be posted up under any of the provisions of this Act, shall be guilty of an offence and liable on summary conviction to a penalty of not more than $100 nor less than $25, and in default of payment to imprisonment for a term of not more than six months nor less than one month.

1918–19, c.12, s.133; R.S.S. 1920, c.174, s.132.

Infringement of Act

(1) Any person who infringes any of the provisions of this Act or neglects to conform thereto shall be guilty of an offence, and where no other or different provision is made herein, shall upon summary conviction be liable for each such offence to a penalty of not less than $5 nor more than $100.

(2) In prosecution for failing, neglecting or refusing to obey and carry out any provision of this Act, a convicting justice of the peace or magistrate shall, in addition to any fine imposed, order the notice or notices of the health authority to be carried out at the expense of the party in default.

1918–19, c.12, s.134; R.S.S. 1920, c.174, s.133.

SCHEDULE

FORM A

(Section 40)

EXPROPRIATION OF LAND

Take notice that by virtue of The Public Health Act, and the regulations made thereunder, possession has been taken of the following land (or building, as the case may be), namely

And further take notice that such land (or building) will be occupied and used for the purpose of the said Act and regulations from and after the date hereof for a period of _______________ or such other time as may in the discretion of the undersigned be necessary.

Dated

................................................................
FORM B

(SECTION 52)

PRECAUTIONS TO BE TAKEN WHEN REMOVING A PATIENT SUFFERING FROM A CONTAGIOUS DISEASE

Remove all clothing linen coverings or other effects of the patient, and replace them by others which have not been used since the beginning of his illness, or which have not remained in the room in which he has been isolated, or which, having been in use or having remained in said room, have been disinfected in the manner prescribed in form D.

Provide the patient with rags for receiving his expectorations or evacuations during transport and burn these rags.

FORM C

(Sections 72 and 73)

DIRECTIONS FOR DISINFECTION OF THE PERSON

(_________________________) of ________________________________

(a) attendants upon the sick; and

(b) convalescents.

Wash the hands and general surface of the body with either:

1. A solution of chlorinated soda, in the proportions of one pint of chlorinated soda to one gallon of water; or

2. A solution of carbolic acid in the proportions of two ounces of carbolic acid to one gallon of water: or

For the hands only:

3. A solution of mercuric chloride in the proportions of one dram of mercuric chloride to one gallon of water.

FORM D

(Sections 71, 72, 73, 74 and 84)

DISINFECTION OF CLOTHING AND BEDDING

1. CLOTHING

(a) Cotton and linen.

Boil cotton and linen clothing for thirty minutes.
(b) Woollen.
Disinfect woollen clothing with steam if available, otherwise expose same freely to a formalin solution 10 per cent. strength for eight hours in an airtight box or bag.

2. BEDDING

(a) Blankets, quilts, etc.
Disinfect blankets, quilts and similar articles with steam if possible, otherwise place them in layers in an airtight box, sprinkle each layer with a 10 per cent. solution of formalin, and expose for eight hours.

(d) Mattresses.
Burn mattresses if soiled, otherwise spray them with a 10 per cent. solution of formalin in a room well exposed, for eight hours.

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FORM E

(Sections 71, 72, 73 and 84)

DISINFECTION OF FURNITURE, WOODWORK, ARTICLES OF LEATHER, ETC.

Wash same thoroughly with a solution of formalin 10 per cent. strength or with hot water, soap and soda.

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FORM F

(Sections 71, 72, 73, 74 and 84)

DISINFECTION OF HOUSES AND ROOMS

1. IN CASES OF SMALLPOX, SCARLET FEVER OR PULMONARY TUBERCULOSIS

After death, removal or recovery of a patient who has suffered from smallpox, scarlet fever or pulmonary tuberculosis, the room or rooms which the patient has occupied shall be prepared and disinfected as follows:

All apertures, windows, doors and other cracks and holes shall be sealed up, and when the temperature of a room so prepared is not less than 60 degrees Fahrenheit and the atmosphere moist, it shall be disinfected in one of the following ways:

(a) by hanging on a line placed across the room a sheet saturated or sprinkled with formalin (40 per cent. strength);

(b) by spraying the walls, floors and other articles of bedding and furniture with a solution of formalin (40 per cent. strength) in the proportion of 10 ounces of formalin to 10 ounces of water; or
(c) by pouring 10 ounces of formalin over 8 ounces of permanganate of potassium, in a large metallic pail, the formalin to be poured over crystals and not otherwise.

The exposure to the disinfectant in each of the three preceding cases shall be for a period of eight hours.

2. IN ALL OTHER CASES

After all other diseases, walls, windows, floors and other woodwork shall be thoroughly washed with hot water, soap and soda, or such other solutions as carbolic izal or lysol, and then exposed to fresh air and sunlight.

________

FORM G

(Sections 92 and 102)

CERTIFICATE OF VACCINATION

I, the undersigned __________ medical practitioner of __________ Saskatchewan, hereby certify that __________ child of __________ aged __________ residing (at No. __________ street, in the __________ of __________ or the __________ quarter of section __________ township __________ range __________ west of the __________ meridian) in the Province of Saskatchewan, has been successfully vaccinated by me.

Dated at __________ this __________ day of __________ 19_____.

...................................................

Signature.

________

FORM H

(Section 93)

CERTIFICATE THAT A PERSON OR CHILD IS NOT FIT FOR VACCINATION

I, the undersigned __________ medical practitioner of __________ Saskatchewan, hereby certify that I am of opinion that __________ the child of __________ aged __________ residing (at No. __________ street, in the __________ of __________ or the __________ quarter of section __________ township __________ range __________ west of the __________ meridian) in the Province of Saskatchewan, is not now in a fit and proper state to be successfully vaccinated, and I do hereby postpone the vaccination until the __________ day of __________.

Dated at __________ this __________ day of __________ 19_____.

...................................................

Signature.
FORM I

(Section 102)

CERTIFICATE THAT CHILD NOT SUSCEPTIBLE TO VACCINATION

I, the undersigned __________ medical practitioner of __________ Saskatchewan, hereby certify that I am of opinion that __________ child of __________ aged __________ residing __________ (at No. __________ street, in the ________ of __________ or the ________ quarter of section __________ township __________ range ________ west of the ________ meridian) in the Province of Saskatchewan, is not susceptible to vaccination.

This certificate is valid only for five years from its date.

Dated at __________ this __________ day of __________ 19_____.

...................................................

Signature.

FORM J

(Section 106)

DISINFECTION OF THE DEAD

Envelop the body in a sheet thoroughly saturated with:

(a) mercuric chloride solution, 2 drachms to the gallon; or
(b) carbolic acid solution 5 ounces to the gallon;

and having placed it in a coffin, close it up permanently and inter within twenty-four hours if possible.