

THE KERALA PUBLIC HEALTH CODE

A code to consolidate and amend the laws relating to Public Health in the State of Kerala and to provide sufficient measures to meet present day health hazards and for matters connected therewith or incidental thereto.

Preamble.—WHEREAS it is expedient to consolidate and amend the laws relating to Public Health in the State of Kerala and to provide sufficient measures to meet present day health hazards and for matters connected therewith or incidental thereto;

BE it enacted in the Fifty-ninth Year of the Republic of India as follows:—

PART 1 – GENERAL

CHAPTER I

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(1) This Code may be called the Kerala Public Health Code ____.

(2) It extends to the whole of the State of Kerala.

(3) It shall come into force on such date as the Government may, by notification in the Gazette, appoint:

Provided that different dates may be appointed for different provisions of this Code, and any reference in any such provision to the commencement of this Code shall be construed as a reference to the coming into force of that provision.

ജനകീ .—In part I of this Code, unless the context otherwise requires,

(a) “Building” includes,—

(i) a house, out-house, stable, latrine, godown, shed, hut, bunk, wall (other than boundary wall not exceeding two metres in height) and any other structure, whether of masonry, bricks, wood, mud, metal or any other material whatsoever;

(ii) a structure on wheels or simply resting on the ground without foundation;

(iii) a ship, vessel, boat [(when outside the port limit of major ports as defined under the Indian Ports Act, 1908 (Central Act 15 of 1908)]; and

(iv) tent, van and any other structure used for human habitation, but do not include a temporary shed erected on ceremonial or festival occasions.

(b) “Canal” includes any river, inland navigation, lake or waterway being within or bordering the State, whether it is or is not within the ebb and flow of the tide;

(c) “Canal Boat” means any vessel however propelled, which is used or capable of being used for the conveyance of goods or passengers or both along a canal;

(d) “Cattle” include elephants, camels, mules, asses, horses, cows, bulls, bullocks, buffaloes, sheep, goats, pigs etc. and their young ones of these species;

(e) “Committee” means the Public Health Committee constituted under section 3;

(f) “Communicable Diseases” means an infectious disease;

(g) “Contagious Diseases” means an infectious disease which spreads through direct contact.

(h) “Dairy” includes—

(i) any farm, cattle shed, milk store, milk shop, or other places from which milk is produced, sold or supplied or for sale or in which milk is kept for sale or manufactured for sale into butter, ghee, cheese, cream, curd, butter milk or dried, sterilized, toned milk, condensed milk or any other milk products; and

(ii) in relation to a dairyman who does not occupy any premises for the sale of milk, any place in which he keeps the vessels used by him for the storage or sale of milk, but does not include,—

(a) a shop or place in which milk is sold for consumption on the premises only, or

(b) a shop or place from which milk is sold or supplied for sale in hermetically closed and unopened receptacles in the same original condition in which it was first received in such shops or place.

(i) “Dairy man” includes any person who sells milk whether wholesale or retail;

(j) “Drain” means a house-drain or a public drain of any other description, and includes a sewer, tunnel, culvert, ditch, channel or any other devices for carrying of sullage, sewages, offensive matter, rain water or sub-soil water;

(k) “Drug” means any substance used as medicine for internal or external use or any substance used in the composition or preparation of such medicines;

(l) “Dwelling House” means a building constructed used or adopted to be used wholly or partly for human habitation or in connection therewith;

(m) “Factory” means any premises as defined in the Factories Act, 1948 (Central Act 63 of 1948);

(n) “Farm” includes cattle farm, poultry farm, goat farm, pig farm or any farm where animals or birds are kept or reared in more numbers;

(o) “Filth” includes sewage, excreta and other contents of latrines, cess pools and drains, dung and the refuse of the useless or offensive matters throwing out in consequence of any process of manufacture, industry or trade, putrid and putrifying substance and all other substances causing danger to the public health;

(p) “Food” includes every article including water consumed or used by man for food, drink, or chewing and all material used or admixed in the composition or preparation of such articles and shall also include flavouring, stabilizing and colouring matters and condiments;

(q) “Food handling Institution” includes hotels, restaurants, canteens, bakery, motels, floating restaurants, mobile food stalls, bars, toddy shops, catering units, beer parlours, where food items are manufactured or prepared or stored or kept for sale or brought and supplied to the public;

(r) “Government” means the Government of Kerala;

(s) “Guardian” includes any person who has or is presumed to have accepted the care or custody of any child or disabled;

(t) “Hawker” means a person who has no fixed place for business, but selling articles from place to place;

(u) “Health Authority” means the authority appointed under section 5;

(v) “House drains” means any drain actually used or intended to be used, for the drainage of one or more premises;

(w) “Hut” means any building which is constructed principally of wood, mud, leaves, grass, thatch or metallic sheets and includes any temporary structure or shelter or any small building of whatever material made, which the local authority may declare to be a hut for the purpose of part I of this Code;

(x) “Infectious disease” means any infectious disease as defined in section 50 and a notified disease as defined in section 61;

(y) “Inspector” means an inspector appointed under section 9;

(z) “Latrine” means a place set apart for defecating or urinating or bath and includes a closet of the dry or water borne type and urinal, whether public or private or whether open or flushed out;

(aa) “Local area” means the area within the jurisdiction of a Local authority;

(ab) “Local authority” means a Panchayat at any level constituted under section 4 of the Kerala Panchayat Raj Act, 1994 (13 of 1994) or a Municipality constituted under section 4 of the Kerala Municipality Act, 1994 (20 of 1994);

(ac) “Lodging house” means a hotel, hostel, a boarding house, a choultry, dharmasala or rest house or any place where people are received and provided with facilities of sleeping, accommodation, with or without food, on payment;

(ad) “Market” means any place set apart, ordinarily or periodically used for the assembling of the persons for the sale or purchase of grain, fruit, vegetable, meat, fish or any perishable or non-perishable articles of food or for the sale or purchase of livestock or poultry or any agricultural or industrial produce or any raw or manufactured products or any other articles or commodities necessary for the convenience of life;

(ae) “Medical practitioner” means a practitioner qualified for the practice of Modern Medicine or Homeopathic Medicine or Indian System of Medicine and registered as a practitioner under the Travancore Cochin Medical Practitioners Act, 1953;

(af) “Migrant Labour” means a person from any place other than the State of Kerala employed in or in connection with the work of any establishment to do any skilled or semi-skilled or unskilled labour or in any farm or plantation for reward, whether in terms of employment, expressed or implied by or through a contract or otherwise;

(ag) “Milk” means the milk of a cow, buffalo, goat, ass or any other animal and includes cream, skimmed milk, or separated milk, toned milk and condensed, sterilized or desiccated milk or any other product of milk;

(ah) “Notification” means a notification published in the Gazette;

(ai) “Nuisance” includes any Act, omission, place or thing which causes or is likely to cause injuries, danger, annoyance, or harassment or offence to the sense of sight, smell, or hearing or disturbance to rest or sleep or which may be dangerous to life or injurious to the health or property of the public or the people in general who dwell or occupy property in the vicinity or person who may have occasion to use any public right;

(aj) “Occupier” includes,—

(i) any person who for the time being is paying or liable to pay the owner the rent or any portion of the rent of the land or building or part of the same in respect of which the word is used or damages on or account of the occupation of such lands; building or part; and

(ii) any owner in occupation of or otherwise used his land or building;

(iii) a rent free tenant of any land or building;

(iv) a licensee in occupation of any land or building;

(ak) “Offensive matter” includes filth, dirt, house sweeping, spitting including chewed betel and tobacco, kitchen or stable refuse, poultry waste, sewage, broken glass or pottery debris or plastic material, waste paper, ash and rags;

(al) “Offensive trade” means any trade in which the substance dealt with are likely to become a nuisance;

(am) “Open drain” means and includes culvert, ditch, channel, built at any side of a street or any drain carrying drained water, rain water and sub-soil water;

(an) “Owner” includes,—

(i) the person for the time being receiving or entitled to receive whether on his own account or as agent, trustee, guardian of receiver for another person or estate or for any religious or charitable purpose, rent or profit of any land or building or part thereof;

(ii) the person for the time being in charge of animal, vessel or vehicle in connection with which the word is used.

(ao) “Prescribed” means prescribed by rules made under this Act;

(ap) “Private building” means any building other than a public building;

(aq) “Private market” means any market other than a public market;

(ar) “Public market” means any market owned, constructed, repaired or maintained by a local authority;

(as) “Private street” means road, square, court, alleys, lane, passage or riding path which is not a public street, but does not include a path way made by the owner of a premises on his own land to secure access to or the convenient use of such premises;

(at) “Public street” means any street, road, square, court, alleys, lane, passage or riding path where thoroughfare or not over which the public have the right and way and includes:—

(i) the road way over any bridge or causeway;

(ii) the footway attached to such street, public bridge or causeway; and

(iii) the drains attached to any such streets, public bridge or causeway and the land, whether covered or not by nay pavement, verandah or other structure which lies on either side of the road way up to the boundaries of the adjacent property whether that property is private property or property belonging to the State.

(au) “Public building” means a building used or adopted to be used:—

(i) as a place of public worship or a school or college or other institution (not belonging to a dwelling house so used) or as hospital or workhouse, public theatre, public cinema hall, public hall, public library or public lecture room, public concert room, public exhibition room, a public place, or assembly;

(ii) for any other public purposes; or

(iii) as a hotel, eating house, lodging house, refuge or shelter;

(av) “Public health care services” means the essential health care which prevents diseases, promotes health and prolongs life of the public;

(aw) “Public health services” means services for the prevention and control and treatment of diseases including the environmental sanitation, control of communicable diseases, immunization and any other services provided under this Act and to the establishment and maintenance of any institution for the purpose of any such services;

(ax) “Rubbish” means dust, ash, broken bricks, glass, plastics, coaltar and refuse of any kind;

(ay) “Sewage” means night soil and other contents of latrines, cesspools or drain and includes trade effluents and discharges from the manufactures of all kinds;

(az) “Standard fee” means the fee fixed as per Section 135A of this Act.

(ba) “Water-Course” includes any river, stream or channel whether natural or artificial other than a drain;

(bb) “Wharf” means a landing place and includes any wall stage or stairs, any part of the land for show that is used for loading and unloading goods or for the embarkation of or disembarkation of passengers and any wall enclosing or adjoining the same;

(bc) “Work Place” means any premises including the precincts thereof (not belonging a factory or a workshop) wherein is carried on any industrial, manufacturing or trade process, at which not less than five persons are employed for wages or any other remuneration;

(bd) “Work Shop” means any premises including precincts thereof (not being factory), wherein any articles or part of an article is an, repaired or altered, ornamented, finished or otherwise adopted for use on a commercial basis and not less than five persons are employed for wages or any other remuneration.

CHAPTER II

CONTROLLING AUTHORITIES AND THEIR POWERS

P u b l i c H e a l t h A c t (1) Government shall as soon as after the commencement of this Act constitute a Committee called the Public Health Committee for the State to advise the Government on matters arising out of the administration of this Act and carry out all or any of the functions assigned to it under this Act.

(2) The Committee shall consist of the following members, namely:—

(a) Director of Health Services . . Chairman

(b) Additional Director of Health Services (Public Health) . . Convenor

(c) The Professor & Head of the Department of Community Medicine, Medical College, Thiruvananthapuram . . Member

(d) Director of Municipal Administration . . Member

(e) Director of Panchayat . . Member

(f) Drugs Controller . . Member

(g) Chief Government Analyst, Government Analytical Lab, Thiruvananthapuram . . Member

(h) Chairman, Pollution Control Board . . Member

(i) Chief Engineer, Kerala Water Authority . . Member

(j) Director General of Police . . Member

(k) Chief Town Planner . . Member

(l) Director of Animal Husbandry . . Member

(m) A senior officer of the National Institute of Communicable Disease (NCID), Ministry Health, nominated by the Government of India . . Members

(n) Four technical experts in the field of Public Health, nominated by the Government . . Member

(3) The Committee shall advise the Government on such matters as the Government may, from time to time refer to it.

(4) The Committee shall meet once in three months and the quorum for the meeting shall be half of the strength of the Committee.

(5) The nominated members of the Committee shall unless their seats become vacant either by resignation, death or otherwise, be entitled to hold office for three years and shall be eligible for re-nomination.

(6) The Committee may appoint such sub-committees as it deems fit and may include persons who are not members of the committee to such sub-committee to discharge such duties as may be assigned subject to such conditions, if any, as the Committee may impose.

(7) The Committee may, after previous approval of the Government, make bye-laws for the purpose of regulating its own procedure and the transaction of its business.

(8) The Government shall provide such staff to the committee as may be necessary for functioning of the committee.

4. Powers of the Government.—(1) The Government shall have power to inspect, control and superintend the operation of local authorities under Part I of this Code.

(2) The Government may, from time to time define the functions to be performed, by the Director of Health Services or any members of the staff under him for the purposes of sub-section (1).

(3) Nothing contained in sub-section (1) and (2) shall be deemed to affect, or derogate from, any powers possessed by the Government or the District Collector under any other law for the time being in force.

(4) The Government may, by notification, direct any of the functions under Part I of this Code to be performed by local authority.

(5) The Government may, with a view to prevent spread of diseases, among persons engaged in or serving in establishments like hotels including restaurants, bar and other food manufacturing units, laundry, saloons and such other services as may be notified from time to time, prescribe the conditions to be observed by such persons while working in such establishments.

5. *t A t* —(1) For the purpose of giving effect to the provisions of part I of this Code, the Government may designate the Director of Health Services as the Health Authority of the State and entrust him with such powers and such duties as may be assigned to him by the Government.

(2) The Health Authority of the State shall be the chief advisor to the Government on all matters relating to public health and shall have the power to exercise general supervision of the implementation of the provisions under Part I of this Code.

(3) The District Medical Officers of Health Department shall be the District Health Authorities within their respective jurisdiction and are responsible for the implementation of the provision part I of this Code within their respective jurisdiction.

(4) The Medical Officer in charge or the Senior Medical Officer serving in the Primary Health Center or Community Health Center or any other health institution under the control of any local authority shall be the Health Authority of that local area:

Provided that if no such medical officer as aforesaid is available in any local area, the Health Authority of the State may nominate a medical officer of the nearby local area, to function as the Health Authority.

P n q t ; f t t A t q f t t t —(1) The Health Authority of the State shall, from time to time, as the occasion may require, adopt such measures as may be necessary for improving the Public Health Administration of a local area or for safeguarding the Public Health therein.

(2) The Health Authority of the State may assign one or more members of the public health establishment of one local authority for temporary duty in the area of another local authority.

(3) The Health Authority of the State shall have power,—

(a) to direct the rectification of any defect relating to public water supply, water purification work, sewage treatment works etc.;

(b) to enforce rules and regulations for abatement of nuisance;

(c) to make sanitary investigations as may from time to time be deemed necessary for improvement of Public Health;

(d) to make investigations and enquires with respect to the causes of disease especially epidemics, the causes of mortality and the effect of environmental on the public health and make such other sanitary investigations as may be deemed necessary for the improvement of public health;

(e) to direct, by order, the Health Authority of the local area or to the local authority to take such action as may be specified in order on being satisfied upon investigation that any source of public water supply in the local area is contaminated or is subject to imminent risk of contamination by reason of unsatisfactory location, in sufficient protective measures or any defect in construction or operation or maintenance and speedy remedy or immediate prevention is, inevitable to protect public health;

(f) to prohibit assembly of more than five persons in the event of the prevalence of a notifiable diseases in any local area if needed;

(g) to prohibit the manufacture, sale, stock, distribution of any article of food which is found to be the cause of any notified disease in any local area;

(h) to control and supervise the whole fair and festival areas of the State and issue necessary orders to execute the successful implementation Part I of this Code.

➤ *P f t q t t A t q* —(1) The District Health Authority shall have the power,—

- (a) to exercise supervision of the public health staff within the district;
- (b) to conduct sanitary investigations as may from time to time deemed necessary for the prevention and control of communicable disease and promotion of public health;
- (c) to conduct investigation and enquiry with respect to the cases of all communicable diseases;
- (d) to issue directions as may from time to time deemed necessary to the Health Authority of the local area.

P f t t A t y f t c .—(1) The Health Authority of the local area shall have power,—

- (a) to exercise supervision and control over all the members of the public health establishment in such local area;
- (b) to compound any offence committed or any violation of the provisions Part I of this Code and the rules made thereunder, which are declared as compoundable under the provisions of Part I of this Code;
- (c) to issue sanction to the inspector of the local area to launch prosecution for violation of any provisions of Part I of this Code and the rules made thereunder;
- (d) to issue fitness certificate to any building or residential units as required under Part I of this Code.

(2) Notwithstanding anything contained in the Kerala Municipality Act, 1994 (20 of 1994) or in the Kerala Panchayat Raj Act, 1994 (13 of 1994), the Health Authority of the local area shall perform such functions and discharge such duties in regard to public health matter under any of the provisions applicable to such Health Authority contained in Part I of this Code subject to such supervision and control as the Government may, by general or special order, determine.

A p nt f n ct .—(1) The Government or the local authority may appoint such persons having the prescribed qualification to be inspectors for such local area for the purpose of Part I of this Code.

(2) Every Inspector shall be deemed to be a public servant within the meaning of section 21 of the Indian Penal Act, 1860 (Central Act 45 of 1860).

P f n ct .—(1) The Inspector of the local area may enter and inspect,

- (a) any place where any type of nuisance has taken place or continuing;
- (b) any place, conducting dangerous and offensive trades;

(c) any place where any articles of food is manufactured, stored, or exposed for sale or any source of water supply;

(d) any building or hotel or shop where articles of food are exposed for sale including the fairs and festivals which is a place of food supply.

(2) Inspector of the local area shall have the power to seize and carry away any article intended for food obtained from a diseased animal or any article of food prepared, packed or kept under unsanitary conditions whereby it has become contaminated or injurious to health or unwholesome or unfit for human consumption and destroy the same forthwith:

Provided that he shall report the seizure to the Health Authority of the local area as early as possible:

Provided further that where the Inspector of the local area takes any Action under this section, he shall call for one or more witnesses to be present at the time of such Actions and get his or their signature in the report of seizure.

(3) Inspector of the local area may,—

(a) at any time, inspect with or without assistants any place, factories, work shop, office, cinema hall, hospital and the like which may appear to him reasonable and in other cases including, dwelling places in which any notifiable disease is reported or suspected to exist, without notice;

(b) take such measures as he may consider necessary to prevent the spread of such disease beyond such place.

(4) Inspector of the local area shall have the power,—

(a) to take Action against the person or persons, who violate any provisions of Part I of this Code or Rules and to launch prosecution for such violations of any of the provisions of Part I of this Code or Rules made thereunder;

(b) to take samples of any articles of food or drug or water from any place or premises for analysis as may appear to him reasonable.

(5) To take any action as empowered by Part I of this Code and the rules made thereunder to abate any nuisance within the meaning of section 12.

(6) The Inspector may for the purpose of discharging the official duties, apply for assistance to the officer in charge of a Police Station and the police officers shall accompany and assist the Inspector in performing his duties under Part I of this Code.

And not for a notification to the local area in the event of the prevalence or threatened outbreak of any notified disease in any local area or of

any unusual mortality therein or any notified area of fair and festival, the Government or Health Authority of the State, may by order appoint additional Health Authorities or Inspectors for the local area, temporarily for such period as may be specified therein, for the purpose of preventing such notifiable diseases from spreading or for investigating the causes of it and preventing such mortality, as the case may be.

CHAPTER III

NUISANCE

t n t t n nc.—Without prejudice to the generality of the term ‘nuisance’ as defined in clause (ai) of section 2, the following shall be deemed to be nuisances for the purpose of this chapter, namely:—

- (i) any premises in such a state as to be prejudicial to public health;
- (ii) any pond, pool, ditch, gutter, water course, water trough, latrine, cesspool, drain or ash pit which is so foul or in such a state as to be prejudicial to health;
- (iii) any animal kept in such a place or manner as to be prejudicial to health;
- (iv) any accumulation or deposit of refuse or other matter which is prejudicial to health;
- (v) any factory, workshop or work place which is not provided with sufficient means for ventilation or in which sufficient ventilation is not maintained or which is not kept clean or free from noxious effluvia or which is so overcrowded while work is carried on as to be prejudicial to the health of those employed therein or public in general;
- (vi) any fire place or furnace which does not, as far as practicable, consume the smoke arising from the combustibles used therein and which is used for working engines by steam or in any mill, factory, dye house, brewery, backhouse or gasworks or in any manufacturing or trade process whatsoever in such a state as to be prejudicial to health;
- (vii) any chimney sending forth smoke in such quantities as to the manner as to be prejudicial to health;
- (viii) any noise, vibration, dust, cinders, irritating smell or offensive odor produced by a factory, workshop or work place or any other place which is a nuisance to the neighbourhood;
- (ix) any X-ray unit, laboratory, hospitals which are not maintained with proper precautionary measures and in such a state which is prejudicial to health;
- (x) any hotel or any food handling institutions, health resort, holiday camps, slaughter house, meat stall, milk stall, market, ice factory and like, theatre or auditorium or tourist home or lodges or hostel or rental building, in such a state as to be prejudicial to health;

- (xi) any school or other educational institutions functioning in such a state as to be prejudicial to health;
- (xii) any burial ground, crematorium in such a state as to be prejudicial to health;
- (xiii) any tree or any type of construction which are caused or maintained in such a state as to be prejudicial to health;
- (xiv) any park, play ground, or any other place in which people gather kept in such a State as to be prejudicial to health;
- (xv) any water collection still or flowing which are seemed to be breeding sources of mosquitoes;
- (xvi) places seemed to be the breeding places of flies, cockroaches, etc. and in such a state as to be prejudicial to health;
- (xvii) any piggery, poultry, goat farm, cattle farm, hatchery, stable kept in such a state as to be prejudicial to health;
- (xviii) any godown or accumulation of garbages etc. maintained or kept in such a manner to harbour rat, mice, ticks etc. and which are prejudicial to health;
- (xix) any loud speaker or sound system producing sounds above eighty five decibel in public or private places;
- (xx) dog or any other domestic animals allowed to stray in public places, which are prejudicial to health;
- (xxi) any uncovered transportation of materials like sand or soil, etc. which are prejudicial to health;
- (xxii) any dung or refuse of animal farm or poultry farm brought into the State or any local area to use as manure and kept in such a way as prejudicial to health;
- (xxiii) any type of utensils used for the manufacture, preparation, storage or exposed for sale of food and the same used for any other purpose like mixing of pesticide, insecticide for agricultural purpose etc. which is prejudicial to health.

Inspection of Nuisance.—Every local authority shall cause its local area to be inspected from time to time with a view to ascertain whether any nuisance exist therein for abatement under the powers conferred on such authority by Part I of this Code and shall take Action under Part I of this Code to abate such nuisance.

4. Any person aggrieved by a nuisance in any local area may give information or complaint of the same to the Health Authority of the local area or to the Inspector of the local area.

At the time of the nuisance.—(1) If the Health Authority or the Inspector of the local area is satisfied, whether upon an information given under section 14 or otherwise, of the existence of a nuisance, he shall be duty bound to issue a notice on receipt of such an information or of knowledge of the existence of such nuisance, as the case may be, requiring the person by whose act, default or sufferance, the nuisance arises or continues, and in case the person responsible for such nuisance cannot be found, the owner or occupier of the premises on which the nuisance arise or continues, to abate the nuisance and in default, to execute such works and take such steps as may be necessary for that purpose:

Provided that where the nuisance arises from any defect of a structural character, the notice shall be served to the owner of the premises:

Provided further that where the person causing the nuisance cannot be found and it is clear that the nuisance does not arise or continue by the Act, default or sufferance of the owner or the occupier of the premises, the Health Authority of the area or the Inspector of the local area may by himself forthwith do what he considers necessary to abate the nuisance and to prevent a recurrence thereof:

Provided also that, the Health Authority of the local area or the Inspector of the local area for reasons to be recorded in writing, and upon the application in writing by such person to whom such notice is issued, may extend the period specified in such notice, in the facts and circumstances of the case.

(2) The officer in charge of the police station of the local area concerned shall provide necessary police protection to the Health Authority of the local area or Inspector of the local area for removal or to ensure the removal of such nuisance and shall also provide all possible assistance for removal of such nuisance.

(3) The direction contained in the notice under sub-section (1) shall have effect, notwithstanding anything contained in any other law for the time being in force or any custom or usage or decree or order of a court or any agreement or contract, express or implied, in so far as they are not inconsistent with the provisions of this section.

(4) The issuance of the notice under sub-section (1) to a person as an occupier of any premises, shall not create any legal right, title or interest in such person, in respect of such premises, if such person is not the owner of such premises as the notice issued is only for creating the liability of abatement of nuisance or execution of any work or to take such steps as may be directed under sub-section (1).

(5) If any person, owner or occupier of any premises, to whom a notice is issued by the Health Authority of the local area or the Inspector of the local area, under sub-section (1), fails to comply with the directions given therein within the specified period or within the extended period, as the case may be, the Health Authority of the local area or the Inspector of the local area, shall himself execute any work or take such steps, which he may consider necessary to abate, the nuisance and to prevent the recurrence thereof:

Provided that, any expenses incurred or loss suffered on account of execution of any work or steps taken by the Health Authority of the local area or Inspector of the local area, for abatement of nuisance under this sub-section, shall be met by the local authority and such amount may be recovered from the person to whom the notice under sub-section (1) was issued, as arrears of tax due to the local authority.

P n t; .—(1) If any person,—

(a) whether by himself or by any other person on his behalf fails to comply with the directions contained in the notice issued under sub-section (1) of section 15 for abatement of any nuisance within the meaning of section 12; or

(b) obstruct or prevent the Health Authority of the local area or Inspector of the local area from exercising any powers conferred on him by or under part I of this Code; or

(c) prevents the Health Authority of the local area or Inspector of the local area any work or Action taken for abatement of a nuisance under part I of this Code; or

(d) commits any other action in contravention of any of the provisions of section 15 shall be punishable with simple imprisonment for a term which may extend to three months or with fine which may extent to rupees five thousand and in case of a continuing breach, with fine not exceeding rupees one hundred for every day closing which the breach continues after conviction for the first breach.

(2) The Health Authority of the local area may, subject to such restrictions and control as may be prescribed, compound any offence under sub-section (1).

(3) If any person who viciously and without any reasonable ground violate the directions of Health Authority of the local area or Inspector of local area, section 12 of part I of this Code or any other provisions of part I of this Code or any rules made thereunder and such action of that person cause grave injury to any other person or public in general, shall be punishable with imprisonment for a term which shall not be less than one year, which may extend to six years and with fine which shall not be less than Rupees 10,000.

(4) Whether by himself or any other person on his behalf gives to the Health Authority of the local area or the Inspector of the local area a false or misleading information about the true name and address of the person, who is responsible for such nuisance or any other action from the part

of a person which is in contravention of any of the provisions of part I of this Code or any rules made thereunder shall be punishable with simple imprisonment for a term which may extend to thirty days and with fine which shall not be less the Rupees 1,000:

Provided that the said offence may be compoundable by the Health Authority of the local area subject to such restrictions and control as may be prescribed.

(5) If any person convicted for offence under part I of this Code, commits a like offence afterwards, it shall be lawful for the court, before which the second and subsequent conviction takes place to cause the offenders name and place of residence, the offence and the penalty imposed to be published at the offenders expense in such news papers or in such other manner as the court may direct. The expense of such publication shall be deem to be part of the cost attending the conviction and shall be recoverable in the same manner as a fine imposed on conviction.

§ 16.—(1) Subject to such conditions and restrictions as may be prescribed, the Health Authority of the local area, may compound any offence under part I of this Code or the rules made thereunder or bye-laws by accepting such amount not below Rs.1,000 which may extent to Rupees 6,000 as compensation.

(2) The Health Authority of the local area shall, if there is no reason to the contrary make an order in writing specifying therein,—

(a) the sum determined by way of composition;

(b) the date on or before which the sum shall be paid;

(c) the date on or before which the person should report the fact to the Health Authority of the local area or the Inspector of the local area. (3) The Health Authority of the local area shall send a copy of such order to the person concerned.

(4) After compounding any offence if the person repeats the same offence he shall be liable to fine double the amount payable earlier and for continuance of the same offence, Rupees 100 shall be recovered on every day as long as the breach continues.

§ 17.—Notwithstanding anything contained in the Code of Criminal Procedure, 1973 (2 of 1974), all offences under section 16 shall be tried in a summarily way by a Judicial Magistrate of the First Class specially empowered on this behalf by the State Government by notification and the provision of sections 262 to 265 (both inclusive) of the said Code shall as far as may be apply to such trial.

§ 18.—If the person on whom a notice to abate a nuisance has been served under section 15 makes default in complying with any of its requirements within the time specified therein or if the nuisance although abated within such

time is, in the opinion of the Health Authority of the local area, likely to recur on the same premises, the Health Authority of the local area may require the local authority the execution of any works necessary to abate the nuisance or to prevent its recurrence, and the local authority shall execute such work and the cost may be recovered from such persons as if it were a tax, due to the local authority.

P v. n. s. q. n. q. n. f. f. c. t. n. y n f. n. c.—Where a house or other building is, in the opinion of the Health Authority of the local area or the Inspector of the local area, unfit for human habitation by reason of a nuisance existing therein, he may prohibit the use of such house or building for human habitation until it is rendered fit thereof.

n. f. t. v. q. n. t. n. n. c. 1) The local authority may dispose of by sale or otherwise any material which has been removed by it from any premises (including any street) while executing any works or otherwise carrying into effect the provisions of part I of this Code, if such material is not claimed or removed by the owner or occupier before the expiry of the date mentioned in the notice issued by the Health Authority of the local area or the Inspector of the local area for the purpose.

(2) A local authority which proceeds with the sale of any material under sub-section (1) shall pay the sale proceeds thereof to the person to whom the material belonged after deducting therefrom the amount of any expense recoverable from him in connection with the storage, handling, removal or sale of such material.

(3) The provisions of this section shall not apply to any offensive matter removed under the provisions of part I of this Code and such offensive matter shall be safely disposed as per the instructions of the Health Authority of the local area or the Inspector of the local area.

n. n. c. q. y Act n. n. t. c.—If a nuisance within or affecting any part of a local area appears to be wholly or partly caused by some Act or default committed or taking place outside such local area, the local authority may, in consultation with the District Health Authority take such Action against any person in respect of such Act or default.

s. t. n. f. c. t. t. v. n. n. n. y c nv n. n. c.—Every local authority shall provide and maintain proper sanitary conveniences for the use of the public and cause all such places to be kept in proper order so as not to cause nuisance or injurious to health.

4 t. n. v. q. n. n. y c nv n. n. c.—No building in any local area intended for human habitation shall be constructed or is reconstructed after being pulled down to or below the ground floor, without such sanitary conveniences in such positions as directed by the Inspector of the local area by notice.

1) If any building intended for human habitation is without any sanitary convenience or if, in the opinion of Inspector of the local area, the sanitary convenience provided therein is insufficient having regard to the number of person occupying the building or inefficient or objectionable on sanitary grounds, he may, by notice, require the owner of such building,—

- (a) to provide such sanitary convenience in such positions as may be specified in the notice; or
- (b) to make such structural or other alternations as may be specified in the notice.

(2) Every owner of the ground on which a group of six or more huts stands shall provide such latrine accommodation in such position and within such time as the Health Authority of the local area or the Inspector of the local area, by notice require, for the use of the inhabitants of such group of huts.

1) No person shall deposit or cause or suffer any members of his family or household to deposit carcasses of animals, any dirt, dust, drug, ashes or refuse or filth of any kind, any animal matter, any hospital waste, any broken glass, earthenware or other rubbish or any other thing which is or may be a nuisance in any street or any drain beside a street or on any quay, jetty, landing place or wharf or on any part of the seashore or on the bank of any water course, except in such receptacles as may be provided or at such place and in such manner and at such hours as may be fixed in consultation with the local authority by the Health Authority of the local area or the Inspector of the local area.

(2) No person shall ease himself or cause, permit or suffer any member of his family or household to ease himself in any such street, drain, open space, quay, jetty, landing place, wharf, seashore or bank of any water course.

—Every local authority shall within one year from the commencement of part I of this Code or within such further time as the Government may by notification, permits, notify in the manner prescribed, the locality, divisions, streets in the local area which shall be reserved for residential purposes.

—(1) Every local authority shall, to the extent possible provide and maintain sufficient and satisfactory system of public drains for the effective drainage of the local area.

(2) If, in the opinion of Government or the Health Authority of the State, any local area or part thereof should, for any special reason, be provided with a system of public drains or with any other means of drainage, they may direct the local authority to provide or execute, within such time as may be fixed by them in this behalf, such works as may be considered necessary by them.

(3) All drains, cesspools and the like vested in or belonging to a local authority shall at all times be kept in good repair by the local authority.

Section 31.—(1) If any premises, in the opinion of the Health Authority of the local area or the Inspector of the local area, is not having sufficient means of effective drainage, by notice, direct the owner of such premises to construct a drain leading therefrom to the nearest public drain or other place set apart by the local authority for the discharge of sewage:

Provided that the cost of constructing that portion of the drain which is situated more than hundred feet from the said premises, shall be paid out of the funds of the local authority concerned:

Provided further that if there is no public drain or other place set apart for the discharge of sewage, within a reasonable distance of such premises, the Health Authority of the local area or the Inspector of the local area may by notice require the owner of the premises to construct,

(a) a closed cesspool, tank, or other suitable device as may be directed and

(b) a house drain communicated with such closed cesspool, septic tank, or other work.

Section 32.—Drains for the drainage of huts shall be of such size and description, and be constructed of such materials as may be considered appropriate and practicable by the Health Authority of the local area or the Inspector of the local area, having regard to the circumstances of the locality and the position of the nearest public drain or other place set apart by the local authority for the drainage of sewage.

Section 33.—For the purpose of efficient draining of any land or building the Health Authority of the local area or the Inspector of the local area may by notice, require the owner of any courtyard, alley, lane, passage or open space,—

(a) to pave the same with such materials and in such manner as may be directed by the Health Authority of the local area or the Inspector of the local area and to keep such paving in proper repair; and (b) to raise the level of such courtyard, alley, lane, passage or open space, construction and closure of cesspools.

Section 34.—No building constructed after the commencement of part I of this Code in any local areas shall be occupied or cause or permit to be occupied until a certificate from the Health Authority of the local area to the effect that the building has been provided with sufficient means of drainage has been obtained.

Section 35. 1) No person having control over any building or land shall cause or allow,—

(a) the water of any sink, sewer, latrine or sanitary convenience, or any other liquid or other matter which is, or is likely to become offensive to run into drain, or to be thrown or put upon any street or open space or to soak through any external wall; or

(b) any offensive matter from any sewer, latrine or sanitary convenience to run, drain or be thrown into a surface drain in any street.

(2) Where a local authority is changing its system of drainage or undertaking a new system of drainage and if it becomes necessary for the owner of any premises to reconstruct or alter any drain, the cost of the reconstruction or alteration of such drain shall be met by the owner in accordance with such rules as may be prescribed.

4. Where a house drain belonging to one or more premises has been laid in any private street which is common to more than one premises and the Health Authority of the local area or the Inspector of the local area considers it desirable that any other premises should be drained into such premises to connect its house drain with such first mentioned drain; and the owner or owners of such first mentioned drain shall thereupon be bound to permit such connection to be made:

Provided that no such connection shall be made,—

(a) except upon such terms as may be agreed upon between or among the owners concerned; or

(b) in default of such agreement, except on such terms as may be laid down by the local authority and in particular, until any payment which may be directed by the local authority to be made to the owner or owners concerned, has been duly made.

5. No person shall otherwise than in accordance with the terms and conditions as may be prescribed throw, empty or turn or to pass into any public drain or into any drain communicating with a public drain:—

(a) any matter likely to injure the drain or to interfere with the free flow of its contents, or to affect prejudicially the treatment and disposal of such contents; or

(b) any liquid or refuse or stream or other liquid which is either alone or in combination with the contents of the drain may cause nuisance or may be prejudicial to health; or

(c) any explosive or inflammable substance.

6. No person shall keep a lodging house or receive any lodger therein, unless he is registered as the keeper thereof under Part I of this Code.

7. Every local authority shall keep a register in which it shall be entered the full name and address of every person registered, the number of persons authorized to receive in the lodging house and such other particulars as may be prescribed.

CHAPTER IV

WATER SUPPLY

38 L c t t v t —(1) Every local authority shall provide or arrange to provide sufficient supply of drinking water for consumption by the inhabitants of the area within its jurisdiction and ensure that,—

(i) that the water supply is at all time wholesome and fit for human consumption, and

(ii) that the water supply is continuous throughout the year.

(2) A local authority may also provide or arrange to provide sufficient supply of water for other domestic purposes or for non-domestic purposes.

P f t v n nt t A t f t t t t c t c t t ny t nc t c t t .—(1) If, in the opinion of the Government or Health Authority of the State, a local area does not possess sufficient supply of wholesome water fit for the consumption of its inhabitants, they may direct the local authority or other agencies concerned, either singly or in combination with the local authority or authorities having jurisdiction over any local area or area in the neighbourhood which are similarly situated, to execute within such time as the Government or the Health Authority of the State may fix, such works as may be directed by the Government or the Health Authority of the State for providing sufficient supply of wholesome water fit for human consumption.

(2) A local authority may, with the previous sanction of the Government –

(i) construct, lay or erect filters, reservoirs, engines, conduits, pipes or other works within the limits of its area, for supply of sufficient wholesome water;

(ii) purchase or taken on lease any water works or any water, or any right to store or to take or convey water, within the limits of its area; and

(iii) contract with any local authority or to any other person or agency for the supply of water.

(3) A local authority may, with the previous sanction of the Government, by public notice, declare any lane, stream, spring well, tank, reservoir, pond or other source of water supply within or without the limits of its local area (other than a source under the control of the Government) from which water is or may be made available for the use of the public for domestic purposes, to be a source of public water supply for such purposes, and every such source shall thereafter be under the control of the local authority, only to the extent necessary for such purposes.

4 P f t v n nt t c t t f t - t t c t t .—

(1) The Government shall have power to take water from any water-main belonging to or in the control of a local authority for supplying water to any other areas, subject to such payment being

made to the local authority concerned and subject also to such other conditions as the Government may consider reasonable:

Provided that before taking Action under this section, the Government shall communicate to the local authority the grounds on which they propose to do so, fix a reasonable period for the local authority to show cause against the proposal and consider its explanations and objections, if any.

(2) A local authority may, with the previous approval of the Government,—

(a) enter a contract for supply of water of good quality in the area or a part thereof with another local authority or a water supply undertaking;

(b) provide supply of water in bulk to a local authority of an adjoining area, on such terms and conditions as may be agreed;

(c) provide supply of water by bulk on such terms and conditions as may be fixed by the local authority, to,—

(i) any trade, manufacture, or business;

(ii) hospitals, medical or educational institutions, hostels, hotels, and restaurants;

(iii) ports, ships, railways, cantonments and labour and other camps,

(iv) fountains, swimming pools and the like;

(v) gardens and pastures:

Provided that such supply of water does not interfere with the supply in quantity of water for domestic or other purposes within the area of the supplying of the local authority.

(3) The Health Authority of the local area or the Inspector of the local area or any officer on behalf of them shall have the right to access to water works of the local authority or any other agency and inspect them from time to time, and the recommendations, if any made by them shall be implemented by the local authority.

4 L vy f t t n c .—Any local authority may levy within its area or part thereof, any tax which may be necessary for providing water supply in such area or part.

4 t n f t y The local authority shall arrange periodical examination of source of water supply and of points of delivery.

4 P f v n nt t c t n f t t ct n n c t n f c f t y.—The Government shall have power subject to such rules as may be

prescribed, to direct any local authority or any other authority for the protection and periodical examination of sources of water supply in its control.

44. Authority to take samples.—In the case of Railway, factories, mills, workplace, hospitals, lodges and in any place where drinking water is supplied, the Government may, by general or special order authorize such person or institution in such manner and at such intervals as may be prescribed, to take samples of drinking water supplied at such places.

45. Power of District Collector in regard to water supply.—(1) The District Collector or any officer authorised by him in his behalf, may cause inquiries to be made in any local area or part thereof, with a view to ascertaining ,

(a) whether the source of water supply for such local area or part thereof is contaminated from any cause against which effective means of protection can be taken, and

(b) whether the provision of any additional source or sources of water supply is necessary for such local area or part thereof. 46. Power of the Health Authority of the State to direct local authority to improve water supply.—If the Health Authority of the State is satisfied, upon investigation, that any source of public water supply in any local area is contaminated or is subject to imminent risk of contamination by reason of unsatisfactory location, protection, construction, operation or maintenance and speedy remedy or immediate prevention is necessary, the Health Authority of the State may by order direct the local authority to take such measures as may be specified in the order, and the local authority shall take such Action.

47. Power of the Health Authority of the local area or the Inspector of the local area.—(1) The Health Authority of the local area or the Inspector of the local area may, at any time, by written notice, require that the owner of or any person having control over any lake, stream, spring, well, tank, reservoir, pond or other sources of water supply which is applied for drinking, bathing or washing purpose, shall, whether the same is private property or not, within a reasonable time to be specified in the notice, to execute any work to ensure the potable quantity of the water which is necessary to protect the health and safety of any person or persons.

(2) If the owner or person having control as aforesaid fails or neglects to comply with any notice issued under sub-section (1) of section 47 within the time specified therein, the Health Authority of the local area or the Inspector, may, if immediate action is necessary to protect the health or safety of any person or persons, at once proceed to execute the work specified in such notice, and all expenses incurred in respect thereof by the Health Authority or the Inspector shall be paid by the owner of, or person having control over such source of water supply, and shall be recoverable as if it were a tax due to the local authority concerned.

(3) The local authority shall provide the expense incurred by the Health Authority of the local area or the Inspector of the local area for the execution of any work under sub-section (2).

4. *Prevention of diseases in buildings.*—(1) No owner of any building having more than one independent residential unit which may be constructed or reconstructed after the commencement of Part I of this Code, shall occupy it, or cause or permit it to be occupied until he has obtained certificate from the Health Authority of the local area,—

(a) that there is within such building or within reasonable distance therefrom, a supply of wholesome water sufficient for the domestic purpose of the inmates of such building, and

(b) if such building has a sump or overhead tank, that they are provided with such mosquito-proof arrangements as may be specified.

(2) the Health Authority of the local area or the Inspector of the local area may by notice in writing, direct the owner or occupier of any existing building having a sump or overhead tank to provide with such mosquito proof arrangements within such time as may be specified in the notice.

(3) Any person on whom a notice under sub-section (2) has been served fails to comply with the requirements thereof, the Health Authority of the local area or the Inspector may himself or through the local bodies get the requisite work done and recover the cost thereof from the owner as arrears of revenue due to a local authority.

4. *Prevention of diseases in water.*—(1) No person shall put or cause to be put or cause to fall or flow or be catered to permit to be put or to fall or flow or be carried into any water course, —

(a) any solid or liquid sewage matter, or

(b) any poisonous, noxious or proceeding from any manufacturing process, farm etc. or

(c) gas, electricity or any explosive materials, etc.

(2) No person shall put or cause to be put or cause to fall or be carried or permit to be put or to fall or be carried into any course, so as, either singly or in combination with other similar Acts of the same or any other person, to interfere with the due flow of such water course, or to pollute the water therein, the solid refuse of any manufacturing process or quarry or any rubbish or cinders or any other form of putrid solid matter, or commit nuisance in or in the neighbourhood of any water course.

CHAPTER V

PREVENTION, NOTIFICATION AND TREATMENT OF DISEASES

PART I

INFECTIOUS DISEASES IN GENERAL

नमो भगवते वासुदेवाय .—For the purposes of this chapter “Infectious diseases” includes, 1. Acute Influenzal Pneumonia

2. Anthrax
3. Cerebrospinal fever
4. Chickenpox
5. Cholera
6. Diphtheria
7. Dysentery
8. Infective Hepatitis
9. Malaria
10. Mumps
11. Ophtalmia Infection Conjunctives
12. Plague
13. Poliomyelitis
14. Rabies
15. Relapsing fever
16. Para typhoid
17. Tuberculosis (pulmonary)
18. Typhus
19. Kala azar
20. Yellow fever
21. Tetanus
22. Leptospirosis

(a) itself build such hospitals, wards or other places of reception, or

1) If the Health Authority of the local area or the Inspector of the local area is satisfied that any person is suffering from any infectious disease and that such person is,—

- (a) without proper lodging or accommodation, or
- (b) lodged in a place occupied by more than one family, or
- (c) without medical supervision directed to the prevention of the spread of the disease, or
- (d) in a place where his presence is a danger to the people in the neighbourhood; such person may be removed or cause him to be removed to a hospital or other place at which patients suffering from such disease are received for treatment, after taking all reasonable precautions to ensure the safety of the patient in transit.

(2) If any woman who according to custom does not appear in public is removed to any such hospital or place under sub-section (1),—

- (a) the removal shall be effected in such a way as to preserve her privacy; and
- (b) special accommodation in accordance with the custom shall be provided for her in such hospital or place at the expense of the local authority.

(3) No person shall have or be taken away from any hospital or other place referred to in sub-section (1) without the permission of the Health Authority of the local area or the Inspector of the local area.

(4) Whoever,—

- (a) obstructs the removal of any person to any hospital or other place under sub-section (1); or
- (b) leaves or takes away any person from any such hospital or place in contravention of sub-section (3), shall be punished with imprisonment for a term which may extend to three months or with fine not exceeding one thousand rupees or with both.

57. Prohibition of exposure of other person to infections.—(1) No person who knows that he is suffering from an infectious disease specified in Part II of this Chapter shall expose other person to the risk of infection by his presence or conduct in,—

- (a) any market, school, college and other places, or
- (b) theatre or other places of entertainment, or
- (c) any hostel, hotel, boarding house, choultry, rest house or club or beauty parlour, barber shop, or

- (d) any factory or shop, or
- (e) any public conveyance, or
- (f) any public bathing place or swimming pool, or
- (g) any other place of public resort.

Explanation.—A person shall be deemed to know that he is suffering from an infectious disease within the meaning this sub-section, if he has been informed by the Health Authority or the Inspector of the local area that he is so suffering.

(2) No person who has the care of a person whom he knows to be suffering from an infectious disease shall expose or permit that person to expose others to the risk of infection by his presence or conduct in any place referred to in sub-section (1).

5.2. *Notified infectious diseases.*—No person shall, while suffering from, or in circumstances in which he is likely to spread, any infectious disease, manufacture, store or offer for sale or take part in the business of manufacturing, carrying, or offering for sale any article of food for human consumption.

P *Prevention of infectious diseases.*—If in any local area any infectious disease transmissible to man breaks out or is in the opinion of the Health Authority of the local area or the Inspector of the local area likely to break out, amongst cattle or other animals or rats or any other rodents, it shall be the duty of the Health Authority of the local area or the Inspector of the local area to recommend to the local authority the adoption of such measure as he deem necessary for controlling or mitigating the disease or for preventing the outbreak or threatened outbreak and the local authority shall consider such recommendation and take such Action there on as it may deem suitable:

Provided that the Health Authority of the local area or the Inspector of the local area shall take suitable measures in emergency situation to prevent or to control outbreak of such zoonosis and intimate the same to the local authority or the District Health Authority or to the Health Authority of the State.

P *Power to seize and destroy or take away articles likely to cause or likely to cause any infectious disease for disposal.*—The Health Authority of the local area or the Inspector of the local area shall have the power to seize and destroy or take away such article or food or drinks which may cause or likely to cause any infectious disease for disposal.

Notified Infectious Diseases

61. Notified disease.—In this Chapter “notified diseases” means,

- (a) Diarrhoeal diseases

- (b) Chickenpox
- (c) Cholera
- (d) Typhoid
- (e) Malaria
- (f) Infective Hepatitis or Hepatitis-B
- (g) Poliomyelitis
- (h) Rabies
- (i) Plague
- (j) Tetanus
- (k) Tuberculosis
- (l) Dengue fever
- (m) Leptospirosis
- (n) Japanese Encephalitis and other Viral Encephalitis
- (o) Any other disease which the Government may, from time to time, by notification, declare to be a notified disease for the purpose of this section either generally throughout the State or in such parts thereof as may be specified in the notification.

Power of entry.—(1) In the case of emergency, the Health Authority of the local area or the Inspector of the local area, shall enter, occupy and use or depute any person to enter upon, occupy and use for a temporary period not exceeding two months without having recourse to the provisions of the Land Acquisition Act for the time being in force any building or place which, in the opinion of the Health Authority of the local area or the Inspector of the local area, is required and is suitable for any purpose connected with the prevention or control of infection from a notified disease:

Provided that if the building or place is occupied, notice shall be given in writing to the occupant or be conspicuously affixed on such building or place not less than forty-eight hours before it is entered upon:

Provided further that necessary alternative accommodation shall be provided to the occupants.

(2) The Health Authority of the local area or the Inspector shall, when any such building or place ceases to be occupied or used for any of the purposes aforesaid, cause it to be thoroughly disinfected and cleaned.

Every medical practitioner who in the course of his practice becomes cognizant of the existence of any notified disease in any private or public dwelling or any hospital, and every manager of any factory or public building, every keeper of a lodging house, every head of a family and every owner or occupier of a house, who knows or has reason to believe that any person in any premises under his management, control or occupation is suffering from or has died of a notified disease, shall, if the case has not already been reported, give information of the same with the least possible delay to the Health Authority of the local area or the Inspector of the local area.

4 P *f nt y f t A t y f t c n² ct f t c t t*
2 v nt .—The Health Authority of the local area or the Inspector of the local area shall,—

(a) at all reasonable hours inspect with or without assistance any place in which any notified disease is reported or suspected to exist, without notice in the case of private clinics, factories, workshops, work places, offices, business places and the like and after giving such notice as may appear to him reasonable in other cases including dwelling house, and

(b) take such measures, as he may consider necessary to prevent the spread of such disease beyond such place.

t ct n f t t² v nt yf ct n.—(1) If it appears to the Health Authority of the local area or the Inspector of the local area that the destruction of any hut or shed is necessary to prevent the spread of any notified disease, he may after giving to the owner and the occupier of such hut or shed such previous notice of his intention as may in the circumstances of the case appear to him reasonable, to take measures for having such hut or shed and all the materials thereof destroyed:

Provided that such action can be taken by the Health Authority of the local area or the Inspector of the local area only when no other option is available to prevent or control the notifiable disease.

(2) Such compensation as the local authority may consider reasonable shall be paid within thirty days to any person who sustains loss by the destruction of any hut or shed under sub-section (1), save as provided in this sub-section, no claim for compensation shall lie for any loss or damage caused by the exercise of any powers aforesaid.

f 2 t t nt .—If the Health Authority of the local area or the Inspector of the local area is satisfied that it is necessary in the interests of public health that a lodging house or any place where articles of food are prepared, stored or sold or exposed for sale or distributed should be closed on account of the existence or recent occurrence in such lodging house or place of a case of notified disease, he shall, by order, direct it to be closed until

the expiry of such period as may be specified in the order or until it is certified by the Health Authority of the local area or the Inspector of the local area to be free from infection.

➤ *nf ct c t n t t nt t n c y.*—No person shall,—

(a) send or take to any laundry or public wash house or any public water course, tank or well for the purpose of being washed or to any place for the purpose of being cleaned, any clothing, bedding or other article which he knows to have been exposed to infection from any notified disease unless such articles have been disinfected by or to the satisfaction of the Health Authority of the local area or the Inspector of the local area or unless under instructions from such a person, it is sent with proper precautions to a laundry for the purpose of disinfecting with the notice that it has been exposed to infection; or

(b) place or cause or permit to be placed in any dust-bin or receptacle for the deposit of refuse any matter which he knows to have been exposed to infection from a notified disease and which has not been disinfected.

68. Infected person with highly contagious disease persons not to use public conveyance.—(1) No person who knows that he is suffering from a notified disease shall enter,—

(a) any public conveyance used for the conveyance of passengers at separate fares, or

(b) any other public conveyance without previous notice to the owner, driver or conductor thereof that he is so suffering.

(2) No person having the care of a person when he knows to be suffering from a notified disease shall permit that person to be carried,—

(a) in any public conveyance used for the conveyance of passengers at separate fares;

(b) in any other public conveyance without previous notice to the owner, river or conductor thereof that the person is so suffering.

(3) The local authority, when so requested by the person in charge of a public conveyance in which a person suffering from a notified disease has been conveyed, shall provide for its disinfection.

69. Letting or sub-letting a building occupied by an infected person.—No person shall, without a special permit from the Health Authority of the local area or the Inspector of the local area let or sub-let or permit or suffer any prospective tenant to enter a building in which he knows or has reason to know that a person has been suffering from contagious disease within one month immediately preceding.

is retained in any building so as to endanger the health of the inmates of such building or of any adjoining or neighbouring building, referred to in sub-section (2) the local authority shall remove and dispose of it within such time and in such manner as may be directed by the Health Authority of the local area or the Inspector of the local area.

(4) If any person dies in a hospital or a place of temporary accommodation for the sick while suffering from a notified disease and the Health Authority of the local area certifies that, in his opinion, it is desirable, in order to prevent the spread of infection that the body should not be removed from such hospital or place except for the purpose of being taken direct to a burial or burning ground or to a crematorium for being buried or cremated, no person shall remove such body from the hospital or place except for such a purpose.

(5) when a body referred to in sub-section (1) is removed for the purpose aforesaid, it shall forthwith be taken direct to a burial or burning ground or to a crematorium and buried or cremated there with the least practicable delay.

(6) Without the permission of the Health Authority of the local area or Inspector of the local area, no person shall cause or permit to be carried in public or private conveyance the dead body of any person who had died while suffering from cholera or any other notified disease as specified by the Health Authority of the State.

74 P *f v n nt t c nf p c p n ff t c nt n t q q*.—(1)

In the event of the prevalence or threatened outbreak of a notified disease in any place or area, the Government may by notification in the Gazette declare, that such place or area is visited by or threatened with an outbreak of such disease. Subject to such limitations and conditions and to such control as may be prescribed either generally or in the case of the notified disease to which the declaration relates, the Health Authority of the local area or the Inspector of the local area or any other officer specially authorized by the Government in this behalf shall have the following powers, namely:—

(a) to order the evacuation of infected houses or houses adjoining them or in their neighbourhood or generally of all houses in any infected locality;

(b) to make vaccination and preventive inoculation compulsory;

(c) to direct,—

(i) that persons arriving from places outside the area to which the declaration relates or residing in any building adjacent to, or in the neighbourhood of an infected building shall be examined by any specified medical officer or by anyone of a specified class of medical officers;

(ii) that the clothing, bedding or other articles belonging to such persons shall be disinfected if there is reason to suspect that they have been exposed to infection; and

(iii) that any such person shall give his address and present himself daily for medical examination at a specified time and place for a period not exceeding ten days.

(d) to make such measures as may be necessary,—

(i) in respect of, or in relation to, persons exposed to infection from any notified disease or likely to infect other person with any such disease;

(ii) in respect of, or in relation to, articles exposed to infection from any notified disease or likely to infect persons with any such disease and

(iii) in respect of, or in relation to, person referred to in sub-clause

(i) the placing of restrictions on the movements of such persons and in respect of or in relation to articles referred to in sub-clause (ii) the distribution of such articles and the placing of restrictions on their export from, import into or transport within the local area.

(e) to direct that at any place within or outside the local area, any consignment of grain exported from or imported into such area by rail, road or otherwise shall be examined and if necessary unloaded and disinfected in any specified manner; and

(f) to close all or any of the existing markets and to appoint special places where markets may be held.

➤ *t c t n f t t c.*—(1) The occupier of every premises or

if the premises are unoccupied, the owner thereof shall take such steps as may be reasonably practicable for the destruction of rats, mice and other animals susceptible to plague infecting such premises.

(2) Where the Health Authority of the local area or the Inspector of the local area is of opinion that the occupier or owner of any premises has failed to fulfill the obligations laid on him by sub-section (1), he may either,(

a) serve a notice on such occupier or owner requiring him to take such steps and within such time, as may be specified in the notice; or

(b) enter upon such premises and take such steps as may be necessary for the purpose of destroying the rats, mice and other animals susceptible to plague infecting the same, after giving not less than twenty four hours previous notice to

such occupier or owner.

(3) Any expenses incurred under clause (b) of sub-section (2) may be recovered by the local authority concerned from the occupier or owner, as the case may be, as if it were a tax due from him to the local authority.

PART II

SPECIAL PROVISIONS REGARDING SELECTED COMMUNICABLE DISEASES

76. Special arrangement for detection and treatment.—The Government may from time to time issue such orders or directions as may be necessary for the prevention and control of tuberculosis.

77. Special provisions regarding rabies.—(1) The Government or Health Authority of the local area shall make arrangement, as is desirable or as the Government directs, for the isolation, care and treatment of persons suffering or suspected to be suffering from rabies.

(2) The State Government or the Health Authority of the local area or the Inspector of the local area shall make arrangements for anti-rabic treatment in places where it is considered necessary.

(3) The local authority,—

(i) shall license possession of pet dogs at a charge

(ii) shall ensure vaccinating dogs against rabies at periodical intervals.

(4) No person shall possess a dog which has not been registered and licensed by the local authority and it shall be the duty of every such owner of a dog have the dog vaccinated at periodical intervals against rabies as required by the local authority.

(5) The local authority shall have the power to seize and detain all stray dogs at large, if any dog is in the opinion of the Health Authority of the local area or the Inspector of the local area found or suspected to be suffering from rabies, arrange for the destruction of such dogs in such manner as permitted by law.

78. Special provisions regarding HIV or AIDS.—The Health Authority of the local area or the Inspector of the local area shall from time to time inspect hospitals, clinics, dental clinics, beauty parlour, barber shop etc. in the local area and ensure that proper sterilization techniques are maintained for instruments and universal precautionary measures are maintained to prevent spread of HIV or AIDS and other infectious diseases.

7 P vnt:n f t p v nt:n t t nt n c nt f c t q c .—The Government may make such rules for the purpose of the treatment of persons affected with any epidemic or infectious disease including measures for preventing the spread of such diseases.

CHAPTER VI

CONTROL OF INSECTS

80. Control of insects and vector borne disease.—For the purposes of this chapter “insects” include mosquitoes, flies, lice, mite, sand fly, ticks and any other insects detrimental to health.

81. Duties of local authority.—(1) Every local authority shall take steps to eliminate breeding places where insects are breeding or likely to breed and to control or destroy insects.

(2) The Government or the local authority shall take measures for the prevention, control and removal of any cause or causes of breeding of insects.

(3) The local authority shall upon request, provide sufficient number of labourers to the Health Authority of the local area or Inspector of the local area for elimination of breeding places of mosquitoes or insects.

82. Duties and responsibilities of owners and occupiers.—Every owner or occupier of land or premises shall take measures to prevent the breeding of insects and shall take such measures as may be directed by the local authority, from time to time.

83. Prohibition of mosquito breeding in collection of water.—No person or local authority shall—

(a) have, keep, or maintain within such area any collection of standing or flowing water in which mosquitoes breed or are likely to breed, or

(b) cause, permit, or suffer any water within such area to form a collection in which mosquitoes breed or are likely to breed, unless such collection has been so

treated as effectively to prevent such breeding.

4 t nt f q r c .—The Health Authority of the local area or the Inspector of the local area, shall, by notice in writing, require the owner or the occupier of any place containing any collection of standing or flowing water in which mosquitoes breed or likely to breed, within such time as may be specified in the notice, not being less than twenty four hours, to take such measures with respect to the same or to treat the same by such physical, chemical or biological method or a method, approved by the Health Authority of the local area or the Inspector of the local area consider suitable in the circumstances.

P *f t* *t A t* *ty f t* *c* *t n² ct f t* *c* *ty c* *f*
ty f t.—If the person on whom a notice is served under section 84 fails or refuses to take the measure or adopt the method of treatment, specified in such notice within the time specified there in, the Health Authority of the local area or the Inspector of the local area shall take himself such means or adopt such measures. The local authority shall recover the cost of doing so from the owner or occupier of the property, as the case may be, in the same manner as if were a property tax or an arrear of tax due to the Local authority.

P *f t* *t t f f t nt n ty² ct²* *ty*.—The Health Authority of the local area or the Inspector of the local area at all reasonable times, after giving such notice in writing as may appear to him reasonable, enter and inspect any land or building, and the owner or occupier shall give all facilities necessary for such entry and inspection, and supply all such information as may be required by him for the purpose aforesaid.

CHAPTER VII

VENEREAL DISEASES HIV/AIDS

➤ *P v ty² n f t t nt f* *A n ty t v n ty²* *y c t ty*.—(1)
The local authority may, and if so required by the Government, shall make such arrangements in its local areas for the free diagnosis and treatment of and the prevention of infection from HIV or Acquired Immune Deficiency Syndrome and other venereal disease. Patients to be instructed in the methods of prevention of the spread of Acquired Immune Deficiency Syndrome and other venereal diseases.

(2) Every registered medical practitioner examining or treating with a view to treat a person having such disease shall, at the first visit,—

(a) impress upon such person the necessity for treatment until the cure is effected;

(b) instruct him with regard to the measures necessary for preventing the spread of the disease; and

(c) furnish him with such other information relating to the disease as may be provided by the Health Authority of the State.

(3) If required, the Government may isolate a person who is found to be positive for Acquired Immune Deficiency Syndrome by serological test, for such period and on such conditions as may be considered necessary and such isolation or ward thereof, as may be prescribed.

(4) The linen mattresses etc. used for the deceased patients who were suffering from Acquired Immune Deficiency Syndrome shall be immediately disinfected as directed by the Health Authority of the local area or the Inspector of the local area.

(5) All the staff working for the management of the patient suffering from Acquired Immune Deficiency Syndrome shall be effectively protected with long rubber gloves, sterilized linen mask etc.

(6) No transplant operation of any kind shall be performed unless the donor as well as the receptor is confirmed to be free from Acquired Immune Deficiency Syndrome through serological investigation.

CHAPTER VIII

FOOD CONTROL

P $\frac{1}{2} \frac{1}{2} \frac{1}{2} n$ $\frac{1}{2} n$ $\frac{1}{2} ct$ $\frac{1}{2} \frac{1}{2} t$ $\frac{1}{2} \frac{1}{2} n$ $\frac{1}{2} t$ $\frac{1}{2} c$ $\frac{1}{2} n$ $\frac{1}{2} n$ $\frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2}$ —

(1) No person shall,—

(a) sell, expose or hawk about for sale or keep store or prepare for sale any animal intended for human consumption which is diseased or the flesh of any animal which has died on account of natural causes; or,

(b) sell, expose or hawk about for sale or keep, store, manufacture or prepare for sale any food or drug intended for human consumption which is unfit for such purpose or is unwholesome.

(c) manufacture, distribute, stock, sell, expose or hawk without valid licence from the local authority.

(2) In any prosecution under sub-section (1) the court shall, unless and until the contrary is proved, presume—

(a) that any animal found in the possession of a person who is in the habit of keeping animals of that class for sale for human consumption, has been kept by such person for sale; and

(b) that any food or drug found in the possession of a person who is in the habit of keeping, storing, manufacturing or preparing such food or drug for sale for human consumption, has been kept, stored, manufactured or prepared by the person for sale.

$f^c \quad c \quad n \neg; \quad n \quad t \quad t \quad \quad t \quad c \quad c \quad c; t \quad \neg; \quad t \quad c$ No person shall stock, distribute the
 flesh of any animal which had died on account of natural causes.

90. Importing meat into local area.—(1) No person shall bring into any local area without the permission in writing of the Health Authority of the local area or the Inspector of the local area thereof, the flesh of any animal slaughtered outside the local area otherwise than in a slaughter house maintained or licensed by the Government or by a local authority.

(2) Any flesh brought into the local area in contravention of sub-section

(1) shall be seized by the Health Authority of the local area or the Inspector of the local area and disposed of as may be directed by the Health Authority of the local area or the Inspector of the local area.

(3) Nothing in this section shall be deemed to apply to—

(a) cured or preserved meat; or

(b) flesh or meat carrier through any local area for consumption outside the limits thereof and not stored anywhere within such limits in the course of transit; or

(c) flesh or meat brought into the local area by any person for immediate domestic consumption and not for sale, provided that the local authority may by public notice direct that the provision of this section shall apply to cured or preserved meat of any specified description or brought from any specified place.

P f t A t y f t c n² ct f t c t nt 2
4 f f 4 t 4.—The Health Authority of the local area, or Inspector of the local area without notice, may enter any place, at any time, by day or by night, where any article of food is being manufactured, prepared, exposed or stored for sale and inspect such article and any utensil or vessel used for manufacture preparing or containing the same.

P f t A t y f t c n² ct f t c t 4
c 2 f 4 2 n 4 f 4.—The Health Authority of the local area or the Inspector of the local area may, at any time, examine or cause to be examined any person engaged in selling or in manufacturing or preparing any articles of food for sale or in any manner whatsoever handling any article of food intended for sale.

93. Investigation of diseases caused by milk or dairy produce.—(1) If the Health Authority of the local area or the Inspector of the local area has reason to believe—

(a) that any person within the local area over which he has jurisdiction is suffering from an infectious disease attributable to milk or dairy produce supplied within such area; or

(b) that the consumption of such milk or dairy produce is likely to cause any person to suffer from an infectious disease, the Health Authority of the local area or the Inspector of the local area shall require the person supplying the milk or dairy produce to furnish within such time a complete list of all dairies from which that person supply milk or dairy product is derived.

(2) If such supply or part of such supply is obtained not directly from a dairy but through some other person, the Health Authority of the local area or the Inspector of the local area may make a similar requisition upon such other person.

(3) Every person on whom any requisition is made under sub-section (1) or sub-section (2) shall be bound to comply with such direction.

4. The Health Authority of the local area or the Inspector of the local area may inspect any dairy referred to in section 93 and the milk, cattle and the employees therein and if on such inspection the Health Authority of the local area or the Inspector of the local area is of opinion that any infectious disease is caused or likely to be caused by the consumption of the milk or the dairy produce supplied from such a dairy, he may make an order prohibiting the supply of any milk or dairy produce for human consumption from such dairy. —(1)

(2) An order made under sub-section (1) shall forthwith be cancelled by the Health Authority of the local area or the Inspector of the local area, as the case may be on his being satisfied that the milk supply has been changed or that the employees objected to by him have ceased to work at the dairy or that the cause of infection has been removed.

(3) If an order made under sub-section (1) or cancelled under subsection (2) relates to a dairy situated outside the limits of the local area, the Health Authority of the local area or the Inspector shall also inform the local authority within whose jurisdiction the dairy is situated that such an order has been made or cancelled, as the case may be.

1) No person shall manufacture, distribute, stock or sell any article of food without holding a certificate issued by the Health Authority of the local area or the Inspector of the local area.

(2) The certificate issued under sub-section (1) shall be valid only for a period of one year from the date of issue and may be renewed:

Provided that at the time of incidence of notifiable disease the District Health Authority shall have the power to cancel any certificate issued by the Health Authority of the local area or the Inspector of the local area.

CHAPTER IX

MARKETS

1. A local authority may establish and maintain markets or “hats” at suitable places for the convenience of people and may permit, by issue of licenses, private persons to establish and maintain markets and hats.

2. No person shall establish or maintain a market or hat or any food handling institution without a license from the local authority.

CHAPTER X

SLAUGHTER HOUSES AND MEAT STALL

102. Location of meat stalls.—(1) All meat stalls lending meats from animals slaughtered in slaughter house in a local authority shall be a place within limit of that local authority, approved by the local authority.

Note.—Suitable number of meat stalls shall be constructed in separate places within the market in such a way as to cause no annoyance to the public who frequent the market.

(2) The Examining Authority or President or Secretary or any officer authorized by the local authority or Government shall have power to inspect the meat kept for sale and to seize and destroy the meat which is seen as diseased or unfit for consumption.

103. Conditions to be observed by meat stall holders.—(1) The meat offered for sale shall be animals slaughtered in a public slaughter house or licenced slaughter house and shall be clean and devoid of materials unfit for consumption.

(2) Offal, skin, horn, entrails etc., for which provision is made for sale in the slaughter house shall not be brought to the stall or kept in for sale.

(3) The unwholesome meat, skin, entrails etc., found in the stall shall be seized and destroyed by the officer authorized in this behalf.

(4) The meat shall be suspended by means of hooks in such a way that they do not come into contact with the roofs, walls or pillars of the stall.

(5) Bones and refuses shall not be thrown out but shall be put in a receptacle kept for the purpose.

CHAPTER XI

PHYSICAL HEALTH

104. Establishment of recreation grounds.—(1) A local authority may establish sufficient recreation grounds wherever found necessary for the free use of the residents to engage themselves in various activities which would help them to raise and maintain a high level of bodily health and mental peace. Care may be taken to provide recreation centres to the children separately.

(2) Local authority may conduct awareness programmes to inform the residents about the need to engage themselves regularly in activities like walking briskly or otherwise, jogging, running, playing any games of their choice, doing of indoor exercises with or without the help of machines, swimming etc.

105. Establishment of yoga centre, gymnasium etc.—A local authority may establish sufficient number of yoga centres, gymnasiums and other exercise centres for improving and maintaining the health of the residents.

106. Treatment and Medicine free.—(1) Treatment and medicines to persons above 65 years and as well as who are below poverty line shall be free of cost in all Government hospitals.

(2) Any treatment of women in connection with pregnancy and delivery shall be free to all persons who are below poverty line. Such women shall be provided with free nutritious food to maintain the health of both women and the child in the womb. Free nutritious food shall also be provided to her even after delivery for the upkeep of the health of both women and her new born child.

(3) A written statement made by a person that he is below poverty line shall be accepted as sufficient to treat the person qualified for the benefit provided under sub sections (1) and (2) of the section.

(4) Government shall establish at least a medical store in every district for the supply of medicines to the Neethi Medical shop in hospitals in the district and to the patients.

(5) In every Government hospital, there shall be a Neethi Medical shop for supplying medicines to the patients on subsidized rates.

(6) The subsidy to be given to the patients shall be on the basis of the income of the patients on such rate as may be prescribed.

(7) Every employee serving under the Government, judiciary, public Sector Undertakings, Autonomous bodies, Welfare Fund Boards, Co-operative institutions, Boards and Corporations, Local Authorities, Universities and all other statutory bodies shall be insured for medical care.

(8) The expenses for insurance policy under Sub-Section (1) shall be met by the Government or other concerned bodies.

(9) The terms and conditions of the medical care policy shall be as may be prescribed.

(10) The rate of subsidy and the income slab shall be prescribed by the Government and shall be notified from time to time.

107. Medical Insurance.—(1) Government shall provide free medical insurance to the people who are below poverty line in such manner as may be prescribed.

(2) The State shall prescribe the maximum extent to which insurance coverage will be guaranteed and the scheme under which the eligibility of a person to medical aid or medicare.

(3) A person below the poverty line but above the status of destitution shall be entitled to medical aid and anyone falling within the status of destitution shall be eligible for medical care.

(4) All Government hospitals and health institutions maintained by a Panchayat, a Municipal body or other public organization supported by State Government shall give free treatment including free medicines upto a cost of Rs.50,000. Any such person undergoing medical treatment in a non-State health institution shall be equally eligible:

Provided he is admitted in such institution for special reasons or absence of facilities in the institutions falling within clause (4).

(5) Every district health authority shall make due enquiries about the financial condition and other circumstances of the patient claiming mediclaim or medicare and his recommendation shall be final subject to investigation by the Collector of the District who may supercede the orders of the health authority after giving a hearing to the patient affected and the authority who has initially granted or refused the free medical facility.

(6) A patient falling within BPL category shall be given a coupon entitling him to payment for medical treatment as recommended by the head of the hospital or institution. The required coupon shall be issued by the District Health Officer or the recommendation of the head of the medical institution. Every patient who is a destitute shall be eligible for a coupon which will entitle him to full payment of medical cost including diagnosis and other tests, special treatment and price of drugs and medicine. On presentation of the coupon, countersigned by the head of the institution the District Collector shall make the necessary payment in fulfillment of the right to medical aid and medicine.

(7) Every employee serving under the Government, Judiciary, Public Sector Undertakings, Autonomous bodies, Welfare Fund Boards, Co-operative Institutions, Board and Corporations, Local Authorities, Universities and all other statutory bodies shall be insured for medical care.

(8) The expenses for insurance policy under sub-section (1) shall be met by the Government or other concerned bodies.

(9) The terms and conditions of the medical care policy shall be as may be prescribed.

108. Family Planning.—(1) Government shall take all measures for the effective control of population growth in the State.

(2) In every hospital in the State including Private Hospitals, there shall be sufficient provision for conducting Vasectomy and Tubectomy or any other family planning devices. Every person undergoing Vasectomy or Tubectomy or any other family planning devices shall be provided with free nutritious food for the upkeep of their health. All treatments in connection with all family planning schemes shall be free. The expenses for such treatment in private hospital shall be reimbursed by the Government in such manner as may be prescribed.

- (3) Every men and women who come forward for conducting Vasectomy or Tubectomy shall be misused or any other Family Planning device free of cost.
- (4) The expenses for making the insurance policy shall be met by Government.
- (5) The mode of payment of the insurance premium and terms and conditions of the insurance shall be such as may be prescribed.
- (6) In cases where any hospital authorities refuses to comply with the above provisions, the aggrieved person may file petition before any of the Health Authorities designated under sub-section (3) or (4) of section 5.
- (7) The Health Authority, may after making such enquiry as he deems fit take decision on the petition.
- (8) If the Health Authority finds that the refusal of the hospital authority is not justifiable, he may impose fine on the hospital authorities an amount not exceeding rupees thousand.
- (9) If the hospital authority is aggrieved by the decision of the health authority, the hospital authority may file appeal before the Director of Health Service.
- (10) The Director of Health Services may take decision on the appeal within such time as may be prescribed.
- (11) The decision of the Director of Health Service under sub-section (10) shall be final.

CHAPTER XIII

PALLIATIVE CARE

109. Palliative Care Centre.—(1) Government shall establish a minimum of one Palliative Care Unit in every district for the care of terminally ill patients.
- (2) Sufficient number of doctors, nurses and attenders specially trained for attending the needs of terminally ill patients shall be posted in each Palliative Care Unit.
- (3) Every local bodies shall provide to the Palliative Care Units in their area the necessary essential drugs for the care of the patients.
- (4) Government shall make necessary arrangements for the training of doctors, nurses and attenders for attending the terminally ill patients.

CHAPTER XIV

MEDICAL REIMBURSEMENT

110. Medical reimbursement.—(1) All expenses in connection with the medical treatment of employees working under the Government, statutory body, corporation, local authority, University and other institutions shall be reimbursed by the Government.

(2) All medical reimbursement claims under sub-section (1) shall be submitted before the concerned authority within a period of six months after the completion of the treatment.

(3) Medical reimbursement claims shall be submitted in such form accompanied by such certificates of the doctors as may be prescribed.

(4) Government shall reimburse all the medical expenses irrespective of the fact whether the treatment is made in Government Hospital, or State recognized private, allopathy, ayurvedic or homeo hospitals.

CHAPTER XV

FAIRS AND FESTIVALS

111. Notification of fairs and festivals by Government.—(1) The Government may, by notification,

(a) declare that any local area or part of a local area in which a fair or festival is to be held shall, for the purposes of this chapter, be a notified fair or festival centre for such period as may be specified in the notification; and

(b) define the limits of the area which shall, for the purposes aforesaid, be the site for the fair or festival.

(2) The provisions of this chapter shall apply to fairs and festivals in connection with which a notification under sub-section (1) has been issued.

112. Notice to be given for fairs and festivals.—(1) The person or authority in charge of any fair or festival shall, not less than thirty days before its commencement, intimate to the local authority, and the Health Authority of the local area or Inspector of the local area, concerned, or, in case the fair or festivals to be held within the jurisdiction of more than one local authority, to

those local authorities and the Health Authority or Inspector of each of the local areas concerned, the date of commencement of such fair or festival and the period for which it will last.

(2) The person or authority in charge of fair or festival shall also furnish such other particulars relating to the fair or festival as may be called for by the local authority and the Health Authority of the local area or the Inspector of the local area concerned.

113. Sanitary arrangements, etc.—The local authority within whose jurisdiction a fair or festival is held or if it is held within the jurisdiction of two or more local authorities any person or committee appointed by such local authorities jointly shall make provision for,

(i) the cleaning and draining of the site;

(ii) the disposition of the several parts of fair or festival, including alignment of road within the site;

(iii) the supply of sufficient quantities of water fit for drinking and cooking purposes for the use of person resorting to the fair or festival and the proper preservation of such water;

(iv) the accommodation of pilgrim and visitors to such extent as may be practicable;

(v) the lighting of the fair or festival centre;

(vi) the supply by suitable persons of wholesome food at reasonable rates and in such quantities as may be necessary to persons resorting to the fair or festival and the proper supervision and inspection of all food prepared or offered for sale or stored in the course of transit within the fair or festival centre;

(vii) the collection, removal and disposal of refuse, rubbish and sewage;

(viii) the supply and maintenance of suitable latrines for the use of persons resorting to the fair or festival;

(ix) the detection and segregation of cases of infectious diseases and the prevention of the introduction and spread of such diseases;

(x) the employment of adequate medical staff, the provision of medical relief and the furnishing of hospital accommodation both for general and isolation purposes, and

(xi) such other purposes as may be prescribed.

114. Health Authority of the local area or Inspector of the local area to supervise arrangements.—The arrangements mentioned in section 101 shall be made under the supervision and control of the Health Authority of the local area or the Inspector of the local area concerned, or if the fair or festival is held within the jurisdiction of more than one local authority, under the supervisions and control of the Health Authority of the local area or the Inspector of the local

area of one of such local authorities, designated by the person or committee referred to in section 101 or in case if no Health Authority of the local area or the Inspector of the local area is so designated, under the supervision and control of the Health Authority of the local area or the Inspector of the local area concerned, within their respective local areas.

115. Power to enter and seize unwholesome food.—(1) The Health Authority of the local area or the Inspector of the local area or the Health Authority of the State or the District Health Authority may,—

(a) enter and inspect any building or shop in the fair or festival centre which is a source of food supply;

(b) for the purpose of inspection, have access to any source of water supply on such centre or within such distance there from as the Government may, by general or special order determine; and

(c) seize any food prepared or offered for sale or stored or in course of transit within the fair or festival centre, which he has reason to believe, is unwholesome or unfit for human consumption and destroy the same forthwith if, in his opinion, such food is of a perishable nature.

(2) Health Authority of the local area or Inspector of the local area seizing any food under clause (c) of sub-section (1) shall, if it is not destroyed under that clause, report the seizure to District Health Authority and the District Health Authority is of opinion that the food is unwholesome or unfit for human consumption, he may by order in writing direct the food to be destroyed and any expense incurred in this behalf, including the cost of analyzing the food or sample thereof shall be recoverable from the person from whom the food was seized, as if it were an arrear of any tax due to a local authority:

Provided that if such food is of non perishable nature and the District Health Authority is of the opinion that such food is wholesome and fit for human consumption, the food shall be returned to the person from whom it was seized and the cost, if any, of analysing the food or a sample thereof, shall be borne by the local authorities concerned.

116. Occupation of building, etc. required in connection with fair or festival.—(1) The local authority may in cases of emergency with the sanction of the District Collector, depute any person to enter upon, occupy and use without having recourse to the provisions of the Land Acquisition Act, for the time being in force, any land or any building not being a dwelling house in the notified fair or festival centre, which in the opinion of the Health Authority of the local area or the Inspector of the local area, is required and is suitable for any purposes connected with the fair segregation sheds, latrines and the like:

Provided that if such land or building is occupied, notice shall be given to the occupants or be conspicuously affixed on such land or building not less than twenty-four hours before it is entered upon.

(2) The owner of such land or building shall be entitled to compensation for any damages or expenses incurred and for a reasonable rent for the period during which it has been occupied or used for any of the purposes referred to in sub-section (1) and such compensation and rent shall be fixed by the District Collector.

(3) The local authority shall, when any such land or building ceases to be occupied or used for any of the purposes aforesaid, cause it to be thoroughly disinfected and cleaned.

117. Control over public or private source of water supply.—(1) The Health Authority of the local area or the Inspector of the local area shall by notice in writing, require the owner of or other person having control over any source of water supply situated in the fair or festival centre or within such distance there from as the Government may, by general or special order, determine, to close or disinfect such source within a specified time, if in the opinion of the Health Authority of the local area or the Inspector of the local area, it is likely to endanger or cause the spread of disease among the persons resorting to the fair or festival.

(2) If the owner or person aforesaid fails or neglects to comply with any notice issued under sub-section (1) within the time specified therein the Health Authority of the local area or the Inspector of the local area may, by himself, take necessary action and the whole of the expenses incurred in doing so or such part thereof as the Health Authority of the local area or the Inspector of the local area may determine to be reasonable, shall be recovered from such owner or person as if it were an arrears any tax due to a local authority.

118. Licencing of houses to accommodate visitors to fair or festival.—

(1) The owner or occupier of house, not being a lodging house, registered under Part I of this Code situated in any notified fair or festival centre shall not for the purpose of gain, accommodate in the house visitors to the fair or festival without obtaining a licence in that behalf from the local authority.

(2) Every application for licence under sub-section (1) shall be in writing containing such information as may be required by the local authority and shall be accompanied by such fee as may be prescribed for grant of the licence.

(3) If the local authority, the Health Authority of the local area or the Inspector of the local area is satisfied that the house is suitable for accommodating visitors to the fair or festival, may issue a licence in the prescribed form and subject to the prescribed conditions for the recommendation in the house of such number of visitors as may, in the opinion of the local authority conveniently

revived therein, having regard to the number of resident in the house, whether as members of the family or as servants of the owner or occupier.

CHAPTER XVI

MISCELLANEOUS

119. Power to make rules.—(1) The Government may make rules generally to carry out the purpose of Part I of this Code.

(2) In particular and without prejudice to the generality of the foregoing powers such rules may provide for,—

(a) all matters expressly required or allowed by Part I of this Code to be prescribed; and

(b) for regulating the situation in which sanitary conveniences for the use of the public shall be provided by a local authority, and the nature and extent of such sanitary convenience.

(3) Every rule made under this Act shall be laid, as soon as may be after it is made, before the Legislative Assembly while it is in session for a total period of fourteen days which may be comprised in one session or in two successive sessions, and if before the expiry of the session in which it is so laid or the session immediately following, the Legislative Assembly make any modification in the rule or decide that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule.

120. Provision for the delivery of School Health Service.—Every School Authority shall provide necessary facilities for the delivery of School Health Service such as clean room, vehicle etc. as required by the Local Health Authority of the local area or the Inspector of the local area.

121. Propaganda by Local Authority.—Every Local Authority shall carry out intensive and extensive propaganda for the advancement of public health.

122. Appeal against decision of Health Authority.—Any decision of the Health Authority of the local area or the Inspector of the local area against which an appeal is not otherwise provided for in Part I of this Code shall be subject to such appeal as may be prescribed.

123. Method of serving notices.—(1) When any notice is required to be given by or under part I of this Code or any rule order or declaration made under it, such notice shall be in writing and shall be given,—

- (a) by giving or tendering the notice to such person; or
 - (b) if such person is not found, by leaving such notice at his last known place of abode or business or by giving or tendering the same to some adult member of his family; or
 - (c) if none of the means aforesaid be available by affixing the same in some conspicuous part of such place of abode or business.
- (2) When the person is an owner or occupier of any building or land, it shall not be necessary to name the owner or occupier in the notice and in the case of joint owners and occupiers, it shall be sufficient to serve it on or send it to one of such owners or occupiers.

124. Cognizance of offences against Part I of this Code.—No person shall be tried for any offence against the provisions of this Part I of this Code, or the rules made there under unless a complaint is made within three months of the commission of the offence, by the police, or the local authority or the Health Authority of the local area or the Inspector of the local area or by a person expressly authorized in this behalf by the local authority or the Government:

Provided that nothing contained in this section shall effect the provisions of the Code of Criminal Procedure, 1973 (Central Act 2 of 1974) in regard to the power of certain Magistrates to take cognizance of offences upon information received or upon their own knowledge or suspicion.

125. Power to compound offences.—The Health Authority of the local area or the Inspector of the local area may as the case may be, compound any violation or offence under part of this Code or the rules made there under in the manner as prescribed.

126. Powers of the police to arrest offenders against Part I of this Code, etc.—Any police officer not below the rank of a Sub Inspector may arrest a person committing an offence against any of the provisions of Part I of this Code or of any rule made thereunder, if his name and address are unknown to the officer and such person on demand declines to give his name and address or gives a name and address which the officer has reason to believe to be false.

127. Bar of suits and prosecution in certain cases.—(1) No suit, prosecution or other proceeding shall lie against any local authority or any Health Authority of the local area or the Inspector of a local area or against the Government or any officer or servant of a local authority or of the Government or against any person appointed under this Act by the local authority, Government or any other authority for any Act done or purporting to be done under Part I of this Code , without the previous sanction of the Government.

(2) No local authority or Health Authority of the local area or Inspector of a local area or officer or servant of any local authority or of the Government and no person appointed by the local authority, Government or any other authority under Part I of this Code, shall be liable in respect of any such act in any civil or criminal proceedings if the act was done, in good faith in the

course of the execution of duties or the discharge of functions imposed by or under Part I of this Code.

128. Punishment for malicious abuse of powers.—(1) Any Health Authority of the local area or the Inspector of a local authority or any officer or servant of the local authority or of the Government, or any person appointed under Part I of this Code, who maliciously abuses any power conferred on him by or under Part I of this Code, shall be punished with imprisonment which may extend to one year or with fine which may extend to five thousand rupees or with both.

(2) No prosecution shall be instituted under this section without the previous sanction of the Government.

129. Removal of difficulties.—(1) If any difficulty arises in giving effect to the provisions of Part I of this Code, the Government may, by order published in the Gazette, make such provisions not inconsistent with the provisions of Part I of this Code as appear to them to be necessary or expedient for the purpose of removing such difficulty:

Provided that no such order shall be issued under this sub-section after the expiry of two years from the date of commencement of Part I of this Code.

(2) Every order issued under sub-section (1) shall, as soon as may be, after it is issued, be laid before the Legislative Assembly.

130. Act to override other laws.—The provisions of this Act shall have effect notwithstanding anything contained in any other law for the time being in force or in any custom or usage, or in any contract, express or implied, inconsistent with the provisions of Part I of this Code.

131. Repeal and saving.—The Travancore-Cochin Public Health Act, 1955

(16 of 1955) and the Madras Public Health Act, 1939 (3 of 1939) as in force in the Malabar District referred to in sub-section (2) of section 5 of the States Reorganization Act, 1956 (Central Act 37 of 1956) are hereby repealed:

Provided that such cessation or repeal shall not affect,—

(a) The previous operation of the said enactment or anything duly done or suffered thereunder;

(b) any right, privilege, obligation or liability acquired, accrued or incurred under the said enactments;

(c) any penalty, forfeiture or punishment incurred in respect of any offence committed against the said enactment; or

(d) any investigation, legal proceedings or remedy in respect of any such right, privilege, obligation, liability, forfeiture or punishment as aforesaid, and any such investigation, legal proceeding or remedy may be instituted, continued or enforced and any such penalty, forfeiture or punishment may be imposed as if Part I of this Code has not been passed; or

(e) any appointment or rules, bye-laws or regulations made any notification, notice, order, declaration or direction issued under the repealed enactments and in force at the commencement of Part I of this Code to the extent they are not inconsistent with the provisions of Part I of this Code.

PART II

CLINICAL ESTABLISHMENTS

CHAPTER I

Preliminary

132. Definitions.—In Part I of this part of the Code unless the context otherwise requires,—

(a) “accreditation” means approval by competent agency in the respective fields;

(b) “authority” means the District registering authority designated under section 134;

(c) “certificate” means certificate of registration issued under sections 140 and 153;

(d) “clinical establishment” means—

(i) hospital, maternity home, nursing home, dispensary, clinic, sanatorium or an institution by whatever name called that offers regular services, facilities with or without beds requiring treatment, diagnosis or care for illness, injury, deformity, abnormality or pregnancy, under modern medicine established and administered or maintained by any person or body of persons, whether incorporated or not; or

(ii) a place established as an independent entity or part of an establishment referred to in clause (i), in connection with the diagnosis or treatment of diseases where pathological bacteriological, genetic, radiological, chemical, biological investigations or other diagnostic or investigative services with the aid of laboratory or other medical equipment, are usually carried on, established and administered or maintained by any person or body of persons, whether

incorporated or not, and shall include a clinical establishment owned, controlled or managed by—

- (1) the Government or a department of the Government;
- (2) a Trust, whether public or private;
- (3) a Corporation (including a co-operative society) registered under a State Provincial or State Act, whether or not owned by the Government;
- (4) a local authority, and
- (5) a single doctor establishment,
- (6) Any other clinical establishment functioning within State rendering Modern Medicine Services. But does not include the clinical establishments owned, controlled or managed by the Armed Forces.

Explanation.—For the purpose of this clause “Armed Forces” means the forces constituted under the Army Act, 1950, the Air Force Act, 1950 and the Navy Act, 1957;

- (e) “Modern Medicine” means modern scientific medicine including all its branches;
- (f) “State Council” means the State Council for clinical establishments established under section 131;
- (g) “notification” means a notification published in the Official Gazette;
- (h) “prescribed” means prescribed by rules made under Part II of this Code;
- (i) “register” means the register maintained by the authority, State Registrar under sections 37 and 39 of the part of the Code containing the number of clinical establishments registered and the expressions “registered” and “registration” shall be construed accordingly;
- (j) “registration” means to register under section 11 and the expression registration or registered shall be construed accordingly;
- (k) “rules” means rules made under this part of the Code;
- (l) “Schedule” means Schedule to this part of the Code;
- (m) “standards” means conditions that the Government may prescribe under section 12, for the registration of clinical establishments.

CHAPTER II

THE STATE COUNCIL

133. Establishment of State Council.—(1) With effect from such date as the Government may, by notification, appoint in this behalf, there shall be established for the purposes of Part II of the Code, a Council to be called the State Council. (2) The State Council shall consist of—

(a) Director of Health Services, Department of Health & Family Welfare, State Government, ex officio, who shall be the Chairperson;

(b) Director of Medical Education

(c) Director of Insurance Medical Services

(d) Drugs Controller, Kerala

(e) Director, Public Health Lab, Thiruvananthapuram.

(f) One representative each to be nominated by the—

(i) Medical Council of Kerala constituted under section 3 of the Indian Medical Council Act, 1956;

(ii) Dental Council of India constituted under section 3 of the Dentists Act, 1948;

(iii) Nursing Council of India constituted under section 3 of the Indian Nursing Council Act, 1947;

(iv) Pharmacy Council of India constituted under section 3 of the Pharmacy Act, 1948;

(g) one representative of Kerala State Branch of Indian Medical Association, President/Secretary/Nominee;

(h) one representative of Bureau of the Indian Standards constituted under section 3 of the Bureau of Indian Standards Act, 1986;

(i) one representative from Qualified Private Medical Practitioners Association;

(j) one representative from Kerala Government Medical Officers Association;

(k) one representative from Kerala Government Medical College Teachers Association, President/Secretary/Nominee;

(l) one legal expert from Law Department nominated by Government.

(3) The nominated members of the Council shall hold office for one year but shall be eligible for re-nomination:

Provided that the person nominated shall hold office for so long as he holds appointment of the office by virtue of which he was nominated to the Council.

(4) The members of the Council shall be entitled for such allowances as may be prescribed by the Government.

(5) The Council may, subject to the previous approval of the Government, make bye-laws fixing a quorum and regulating its own procedure and the conduct of all business to be transacted by it.

(6) The Council may constitute sub-committees and may appoint to such sub-committee, as it deems fit, consisting of members who are not members of the Council for such periods, not exceeding one year, for the consideration of particular matters.

(7) The functions of the Council may be exercised notwithstanding any vacancy therein.

(8) The Government shall appoint a person to be the Registrar of the Council and may provide the Council with such other secretarial and other staff as the Government considers necessary.

134. Disqualification for appointment as member.—A person shall be disqualified for being appointed as a member of the Council if he—

(a) has been convicted and sentenced to imprisonment for an offence which, in the opinion of the Government, involves moral turpitude; or

(b) is an undischarged insolvent; or

(c) is of unsound mind and stands so declared by a competent court; or

(d) has been removed or dismissed from the service of the Government or a Corporation owned or controlled by the Government; or

(e) has, in the opinion of the Government, such financial or other interest in the Council as is likely to affect prejudicially the discharge by him of his functions as a member.

135. Functions of the Council.—The Council shall have the following functions, namely:—

(a) determine the standards for ensuring proper health care by the clinical establishments;

(b) classify the clinical establishments into different categories and establish a dynamic system of accreditation;

(c) develop the minimum standards and their periodic review;

(d) compile, maintain and update a State register of clinical establishments;

(e) collect the statistics in respect of clinical establishments;

(f) perform any other function determined by the State of Government, from time to time.

136. Power to seek advice or assistance.—The Council may associate with itself any person or body whose assistance or advice it may desire in carrying out any of the provisions of Part II of this Code.

137. The Council to follow consultative process.—The Council shall follow a consultative process for determining the standards and for classification of clinical establishments for development of the accreditation system could be periodically reviewed.

CHAPTER II A

CONSTITUTION OF COMMITTEE FOR FIXATION OF

STANDARD FEE

137A. Procedure for fixation of standard fee leviable by medical practitioners.—(1) The medical practitioners working in clinical establishment shall demand and receive only a reasonable amount of fee from the patients treated by them as inpatient in such establishments or outside such establishments or in their residence as outpatients. Such fee shall not exceed the fee prescribed by the expert body constituted by the Government under sub-section (2) of this Section.

(2) The Government shall constitute a high power committee of expert doctors practicing in different systems and branches of modern medicine consisting of not more than 7 members for the purpose of fixing the maximum fee leviable by the medical practitioners for rendering different types of medical assistance to the patient from clinical establishments or outside such establishments.

(3) The Chairperson of the Committee shall be the Director of Health Service. Other members of the Committee shall be appointed by the Government from the list of experts prepared and submitted to the Government by the Chairperson.

(4) The Committee may conduct such enquiries and collect such information's as they deem fit from medical practitioners of different systems and branches, the owners of medicare institutions, the patients and the public before arriving at the amount of fee leviable for different kinds of treatment.

(5) On the basis of the materials collected by the committee, it shall initially fix the fees for various kinds of medical assistance and give wide publicity for the same and inviting objections regarding the correctness or otherwise of the amount fixed, from the medical practitioners, the public and all others concerned specifying a time-limit within which the objections have to be submitted to the Committee.

(6) The Committee may consider the objections received after giving all or any of the objectors as the Committee may deem fit, an opportunity to be heard in person and fix the final standard fee chargeable by the medical practitioners for different kinds of medical assistance rendered by them in the course of performing their duties as such.

(7) The standard fee so fixed may be revised from time to time by the committee for sufficient reasons.

(8) If after such fixation of such standard fee by the Committee any medical practitioner or the owner or any other person running the clinical establishment collects more than the standard fee prescribed for any medical assistance rendered, he or she shall be liable to refund the same to the patient on written demand.

137 B. Liability of Medical Practitioners to be proceeded against for refund of fees.—In case no refund is made even after a claim is made for refund of the same such owner or medical practitioner or other person liable to refund the fees may be liable to be proceeded against in Civil Court by the concerned patient or any body authorized by him for such refund.

CHAPTER III

REGISTRATION AND STANDARDS FOR CLINICAL ESTABLISHMENTS

138. Registrar of Clinical Establishments.—The Government shall, by notification, designate a subordinate of the Director of Health Services or any other officer as the Registrar of clinical establishments.

139. It shall be the responsibility of the Registrar of clinical establishments to compile and update the State register of clinical establishments.

140. Authority for Registration.—The State Government shall, by notification, designate the District Medical Officer (Health) as an authority to be called the District Registering Authority for each District for registration of clinical establishments.

141. Registration for Clinical Establishments.—No person shall carry on a clinical establishment unless it has been duly registered in accordance with the provisions of this Act.

Explanation.—For the purposes of this section, “carry on” means to manage patients in a clinical establishment for providing treatment, diagnosis, or nursing care. It includes private practice of Government Doctors.

142. Conditions for Registration.—For registration and continuation, every clinical establishment shall fulfill—

- (i) the standards of facilities and services as may be prescribed according to the level of accreditation.
- (ii) the minimum qualifications for the personnel as may be prescribed;
- (iii) provisions for maintenance of records and timely and completed reporting as may be prescribed;
- (iv) such other conditions as may be prescribed.

143. Classification of Clinical Establishments.— Different standards may be prescribed for classification of different categories.

CHAPTER IV

PROCEDURE FOR REGISTRATION

144. Application for Provisional Certificate of Registration.—(1) For the purposes of registration of the clinical establishment under section 10, an application in the prescribed proforma along with the prescribed fee shall be furnished to the authority.

(2) The application shall be furnished in person or by post. (3) The application shall be made in such form and shall be accompanied by such details as may be prescribed under part II of this Code or Rules made thereunder.

(4) If any clinical establishment is in existence at the time of the commencement of part II of this Code an application for its registration shall be made within six months from the date of the commencement of Part II of this Code.

(5) If any clinical establishment is already registered under any existing law requiring registration of such establishments, even then it shall apply for registration as referred to in sub-section (1).

145. Provisional Certificate.—(1) In the first instance every clinical establishment shall apply for provisional registration, one month prior to the expected date of starting of establishment.

(2) The authority shall, within a period of fifteen days from the date of receipt of such application, grant to the applicant a certificate of provisional registration in such form and containing such particulars and such information, as may be prescribed.

146. No Inquiry prior to Provisional Registration.—(1) The authority may not conduct any inquiry prior to the grant of provisional registration.

(2) Notwithstanding the grant of the provisional certificate of registration, the authority shall, within a period of forty-five days from the grant of provisional registration, cause to be published in such manner, as may be prescribed, all particulars of the clinical establishment proposed to be registered.

147. Validity of Provisional Certificate.—Every provisional registration shall be valid to the last day of the twelfth month from the date of issue of the certificate of registration and such registration shall be renewable.

148. Display of the Certificate Registration.—The certificate shall be displayed in a conspicuous place in the clinical establishment.

149. Duplicate Certificate.—In case the certificate is lost, destroyed, mutilated or damaged, the authority shall issue a duplicate certificate on the request of the clinical establishment and on payment of such fees, as may be prescribed.

150. Certificate to be non transferable.—The certificate of registration shall be non-transferable and, in the event of change of ownership or change of category or change of management or on ceasing to function as a clinical establishment, the certificate of registration shall be surrendered to the authority and the clinical establishment shall apply afresh for grant of certificate of registration.

151. Renewal of Registration.—Application for renewal of registration shall be made thirty days before the expiry of the validity of the certificate of provisional registration and, in case the application for renewal is made after the expiry of the provisional registration, the authority shall allow renewal of registration on payment of such fine, as may be prescribed.

152. Time limit for Provisional Certificate.—Clinical Establishments registered under provisional registration shall be assessed by the District Registering Authority and shall be granted permanent registration suited for the level of accreditation or denied registration, if they fall below the minimum standard permitted within one year.

153. Application for Permanent Registration.—Application for permanent registration by a clinical establishment shall be made to the authority in such form and be accompanied by such fees, as may be prescribed.

154. Verification of application.—The clinical establishment shall submit evidence of the clinical establishment having complied with the prescribed standards for the level of accreditation in such manner, as may be prescribed.

155. Standards for Permanent Registration.—(1) Permanent registration shall be granted only when a clinical establishment fulfills the prescribed minimum standards for registration by the Council.

(2) The registering authority shall inspect every registered establishment at least once in two years to check for compliance of the standards.

(3) Each permanent registration shall be valid for a period of three years following which it may be renewed prior to the expiry by payment of prescribed fees. Late applications may be renewed by payment of prescribed fine.

156. Allowing or Disallowing of Registration.—The authority shall pass an order immediately after the expiry of the prescribed period and within the next thirty days thereafter either –

(a) allowing the application for permanent registration at a particular level of accreditation; or

(b) disallowing the application:

Provided that the authority shall record its reasons, if it disallows an application for permanent registration.

157. Certificate of Permanent Registration.—The authority shall issue a certificate of permanent registration in such form and containing such particulars, as may be prescribed, if the authority allows an applicant.

158. Fresh Application for Permanent Registration.—The disallowing of an application for permanent registration shall not debar a clinical establishment from applying afresh for permanent registration under section 24 and after providing such evidence, as may be required, of having rectified the deficiencies on which grounds the earlier application was disallowed.

159. Cancellation of registration.—(1) If, at any time after any clinical establishment has been registered, the authority is satisfied that,—

(a) the conditions of the registration are not being complied with; or

(b) the person entrusted with the management of the clinical establishment has been convicted of an offence punishable under this part of the Code, it may issue a show cause notice as to why its registration under this part of the Code should not be cancelled for the reasons to be mentioned in the notice.

(2) If after giving a reasonable opportunity to the clinical establishment, the authority is satisfied that there has been a breach of any of the provisions of this part of the Code or the rules made thereunder, it may, without prejudice to any other action that it may take against such clinical establishment, cancel its registration.

(3) Every order made under sub-section (1) shall take effect—

(a) where no appeal has been preferred against such order immediately on the expiry of the period prescribed for such appeal, and

(b) where such appeal has been preferred and it has been dismissed from the date of the order of such dismissal:

Provided that the authority, after cancellation of registration for reasons to be recorded in writing, may restrain immediately the clinical establishment from carrying on if there is imminent danger to the health and safety of patients.

160. Inspection of registered clinical establishments.—(1) The authority or an officer authorized by it, shall have the right to cause an inspection of, or inquiry in respect of any clinical establishment, its building, laboratories and equipment and also of the work conducted or done by the clinical establishment, to be made by such person or persons as it may direct and to cause an inquiry to be made in respect of any other matter connected with the clinical establishment and that establishment shall be entitled to be represented thereat.

(2) The authority shall communicate to the clinical establishment the views of that authority with reference to the results of such inspection or inquiry and may, after ascertaining the opinion of the clinical establishment thereon, advise that establishment upon the action to be taken.

(3) The clinical establishment shall report to the authority, the action, if any, which is proposed to be taken or has been taken upon the results of such inspection or inquiry and such report shall be furnished within such time, as the authority may direct.

(4) Where the clinical establishment does not, within a reasonable time, taken action to the satisfaction of the authority, it may, after considering any explanation furnished or representation made by the clinical establishment, issue such directions, as that authority deems fit, and the clinical establishment shall, comply with such directions.

161. Power to enter.—The authority or an officer authorized by it may, if there is any reason to suspect that anyone is carrying on a clinical establishment without registration, enter and search in the manner prescribed, at any reasonable time and the clinical establishment, shall offer reasonable facilities for inspection or inquiry and be entitled to be represented thereat:

Provided that no such person shall enter the clinical establishment without giving sufficient notice of his intention to do so.

162. Finance and Accounts.—(1) The Council may fix fees for different categories of clinical establishments, as may be prescribed.

(2) It shall be the responsibility of the Registrar of clinical establishments to ensure that the amount is remitted to the State Council, on time.

163. Appeal and revision.—(1) Any person, aggrieved by an order of the registering authority refusing to grant or renew a certificate of registration or revoking / revising a certificate of registration may, in such manner and within such period as may be prescribed, prefer an appeal to the State Council;

(2) Every appeal under sub-section (1) shall be made in such form and be accompanied by such fee as may be prescribed.

(3) After the receipt of any appeal under sub-section (1), the Appellate Authority shall after giving the appellant an opportunity of being heard in the matter, dispose of the appeal as expeditiously as possible.

Revision.—The Government may suo moto or on an application made to it by any applicant call for the records of any case in which an order has been passed by the Authority and if it appears to the Government, that the order is improper or illegal, after giving an opportunity of being heard to the concerned, the Government may pass such order as it deems fit.

CHAPTER V

REGISTER OF CLINICAL ESTABLISHMENTS

164. Register of Clinical Establishments.—(1) The authority shall maintain a register or digital format of clinical establishments, registered by it and it shall enter the particulars of the certificate so issued in a register to be maintained in such form and manner, as may be prescribed by the Government.

(2) Each authority, including any other authority set up for the registration of clinical establishments under any other law for the time being in force, shall supply in digital format to the State Registrar of clinical establishments a copy of every entry made in the register of clinical establishments in such manner, as may be prescribed to ensure that the State Register is constantly updated with the registers maintained by the registering authority in the State.

165. Maintenance of State Register of Clinical Establishments.—The Council shall maintain in such form and containing such particulars, as may be prescribed by the Government, a register to be known as the State register of clinical establishments in respect of clinical establishments.

166. Penalty.—Whoever contravenes any provision of this Act shall, if no penalty is provided elsewhere, be punishable for the first offence with fine which may extend to ten thousand rupees, for any second offence with fine which may extend to fifty thousand rupees and for any subsequent offence with fine which may extend up to five lakh rupees depending on the gravity.

167. Penalty for non registration.—(1) Whoever carries on a clinical establishment without registration shall, on conviction for first offence, be punishable with a fine up to fifty thousand rupees, for second offence with fine which may extend to two lakh rupees and for any subsequent offence with fine which may extend upto five lakh rupees depending on the gravity.

168. Disobedience of order, obstruction and refusal of information.—

(1) Whoever willfully disobeys any direction lawfully given by any person or authority empowered under this Act to give such direction, or obstructs any person or authority in the discharge of any functions which such person or authority is required or empowered under this part of the Code to discharge, shall be punishable with fine which may extend to one lakh rupees.

(2) Whoever being required by or under this part of the Code to supply any information willfully withholds such information or gives information which he knows to be false or which he does not believe to be true, shall be punishable with fine which may extend to one lakh rupees.

169. Penalty for minor deficiencies.—Whoever contravenes any provision of this part of the Code or any rule made thereunder resulting in deficiencies that do not pose any imminent danger to the health and safety of any patient and can be rectified within a reasonable time, shall be punishable with fine which may extend to ten thousand rupees.

170. Offences by Companies.—(1) Where an offence under this part of the Code has been committed by a company, every person who at the time of offence was committed was in-charge of and was responsible to the company or the conduct of the business of the company, as well as the company shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly;

Provided that nothing contained in this sub-section shall render any such person liable to any punishment, if he proves that the offence was committed without his knowledge, or that he had exercised all due diligence to prevent the commission of such offence.

(2) Notwithstanding anything contained in sub-section (1), where any offence under part II of this Code has been committed by a company and it is proved that the offence has been committed with the consent or commission of, or is attributable to, any neglect on the part of any director, manager, secretary or other officer of the company such director, manager, secretary or other officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation.—For the purposes of this section,—

(a) “company” means any body corporate and includes a firm, a cooperative society or other Association of individuals; and

(b) “director” in relation to a firm, means a partner in the firm.

171. Offences by Government Departments.—(1) Where an offence under this part of the Code has been committed by any Department of Government, the officer responsible shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly:

Provided that nothing contained in this section shall render such Head of the Department liable to any punishment if he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence.

(2) Notwithstanding anything contained in sub-section (1), where an offence under part II of the Code has been committed by a Department of Government and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any officer, other than the Head of the Department, such officer shall also be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

172. Recovery of fine.—Whoever fails to pay the fine, the Registrar of clinical establishment may prepare a certificate signed by him specifying the fine due from such person and send it to the Collector of the District in which such person owns any property or resides or carries on his business and the said Collector, on receipt of such certificate, shall proceed to recover from such person the amount specified thereunder, as if it were an arrear of land revenue and remitted to the State Council.

CHAPTER VI

SPECIAL PROVISIONS FOR GOVERNMENT HOSPITALS

173. Category of Hospitals.—(1) Government shall establish sufficient number of hospitals for the health care and medical care of the people of Kerala.

(2) The category of such hospitals may be classified as follows:— (a) Basic Health Unit—Government Dispensary—sub-centres

(b) Primary Health Centre

(c) Intermediate Hospital—Taluk Hospital

(d) District Hospital

(e) Medical College Hospital

(f) Special Hospital or Institution

(g) Institution for population groups.

(3) The number of each category of hospitals and their location may be decided by the Government. So far as possible the number of hospitals shall be as follows:—

(i) District Hospital One for each District.

(ii) Intermediate Hospital One for every four lakhs of population

(iii) P.H. Centres One for every 80,000 population

(iv) Basic Health Units One for every 20,000 population

(v) Sub-centres One for every 5,000 population

(4) Government shall while deciding the number and location, it should be ensured that medical care and health care reach uniformly to all people within a reasonable reach.

(5) Sub-centres shall be functional part of basic health units, PHCs and Intermediate Hospitals to deliver institutional care services to the peripheral population through Health Clinics by the male health worker, MCH and FW Clinics by the female health worker.

(6) The broad functional structure of the Basic Health Unit—Government Dispensary shall be as follows:—

Medical care

(a) Inpatient service with 10 beds

(b) Outpatient service

Health care

(a) Institutional services: Through the Health Clinics and MCH & FW Clinics and Special Clinics of the Main Centre.

Through the Clinics of Sub Centres.

Extended service through the Male and Female Health Workers and Special Health Workers.

3. Implementation of Health Programmes

4. Supervision services

5. Auxiliary services like laboratory service and ministerial service including Medical Record Library.

(7) The broad functional structure of the Primary Health Centre shall be as follows:—

1. Medical care (a) Inpatient service with 30 beds

(b) Ambulatory of Outpatient service

(c) Primary referral service

Health care (a) Institutional service at the outpatient section of PHC and Sub Centres:

(i) Health Clinic

(ii) MCH & FW Clinic

(iii) Special Clinics

(b) Extended or Domiciliary service

3. Implementation of Health Programmes

4. Supervision (1) First line

(2) Overall

5. Auxiliary services (1) Laboratory facilities

(2) Post-mortem facilities

(3) Ambulance services

(4) Ministerial Services including Medical Record Library

(8) The broad functional structure of Intermediate Hospital—Taluk Hospital shall be as follows:—

1. Medical care (a) Inpatient service with 200 beds.

(b) Ambulatory or outpatient service

(c) Emergency service

(d) Referral service

2. Health care as is available from a P.H.C.

3. Auxiliary service (1) Laboratory

(2) Radiology

(3) Blood Bank

(4) E.C.G.

(5) Post-mortem facilities

(6) Ambulance

(7) Medical Record Library

4. Administrative services including overall supervision and control of the institutions in the area covered by an Intermediate Hospital.

(9) The broad functional structure of District Hospital shall be as follows:—

1. Medical care 1. Institutional or inpatient service with 500 beds.

2. Ambulatory or outpatient service

3. Referral services

4. Emergency service

5. Auxiliary services 1. Laboratory

6. Radiology

7. Blood Bank

8. E.C.G.

9. Medico-legal services and Mortuary facilities

10. E.E.G.

11. Ambulance service for the living

12. Ambulance service for the dead

13. Power laundry

14. Central sterilization

15. Medical Record Library

3. Administrative services including internal supervision and control.

Sl. No. of No. of beds Total No. of

Section

No. Units in each Unit beds

(10) The intrinsic structure of intermediate hospital—Taluk hospital shall be as follows:

1 General medicine 2 20 40

2 General Surgery 2 20 40

3 Orthopaedic 1 10 10

4 Obstetrics & Gynaecology 2 20 40

5 Paediatric 2 20 40

6 E.N.T. 1 5 5

7 Eye 1 5 5

8 Skin & STD 1 5 5

9 Psychiatry 1 5 5

10 Dental 1 5 5

11 Emergency & unclassified cases 1

12 Anaesthesiology 1

13 Radiology 1

14 Clinical Pathology 1

18 200

(11) The intrinsic structure of District hospital shall be as follows:—

1 Specialised Medical Unit 3 . . 150 General Medicine

2 Specialised Surgical Units General Surgery 3 .. 150

3 Obstetrics & Physiotherapy 2 25 50

4 E.N.T. 1 20 20

5 Eye 1 20 20

6 Skin & STD 1 20 20

7 Psychiatry 1 15 15

8 Dental 1 5 5

9 T.B. 1 30 30

10 Isolation 1 20 20

Sl. No. of No. of beds Total No. of

Section

No.

Units in each Unit beds

11 Emergency 20

12 Radiology

13 Anaesthesiology

14 Clinical Pathology

15 Histopathology

16 Medico-legal service

17 Obstetrics and Gynaecology

18 Paediatric

15

500

(12) Government may, from time to time modify the intrinsic structure under sub-section (9) and (10) according to the need of that particular area. (13) Government shall establish sufficient numbers of women and children hospitals in each District for maternal and child health. Such hospitals shall be a independent of other category of hospitals.

(14) Government shall establish super speciality hospitals for Nephrology, Endocrinology etc., etc., in such places as considers necessary.

(15) Government shall establish such number of institutes as may be considered necessary for preventive services, research and training.

(16) The physical structure of each category of hospitals shall be as follows:—

1. Sub Centre One Sub Centre will consists of two physical structures—each one being an office-cumresidential building preferably in cents of land. One building will be the Health Clinic and quarters of a Male Health Worker and the other will be MCH & FW Clinic and residence of Female Health Worker.

2. Basic Health Unit One Main Centre and requisite number of Sub Centres.

3. P.H. Centre One Main Centre and requisite number of Sub Centres.

4. Intermediate Hospital One complex for the Hospital proper and the requisite number of Sub Centres.

5. District Hospital One complex for the Hospital

174. Staff strength of different category of hospitals.—(1) The staff strength of different category of hospitals may be prescribed from time to time.

(2) The staff of pattern of other special category of hospitals shall be fixed by the Government by taking into consideration of the staff pattern prescribed under sub-section (1) as a guiding principle.

175. Location of the Hospital.—(1) The location of a hospital shall be decided depending on the population in that area, accessibility to the public availability of other hospitals in the area and similar factors.

(2) The site of a new hospital proposed to be constructed shall be selected based on the area of space available, suitability for building construction, easy accessibility for the public and the availability of public, utility services such as water supply and sewage system, electricity and telephone.

➤ *L y t f t* ² *✱* .—(1) A hospital must have seven major sections, namely:—

1. Outpatient Department

2. Emergency Department

3. Inpatient Department

4. Ancillary service units—Laboratory, X-Ray, Blood Bank, Central Sterilisation etc.

5. General Administrative Section.

6. House keeping services-stores, laundry, water and power and sanitation units

7. Staff quarters

(2) Outpatient Department and Emergency Department must be closest to the entrance to the site.

(3) Next zone must be allotted for ancillary services. Administrative services section shall also be located here.

(4) Next zone shall be the inpatient section.

(5) A zone independent of the main hospital shall be provided for services such as stores, laundry, kitchen, mortuary, and incinerator. Care should be taken to see that this zone is connected with all other sections.

(6) Staff quarters shall be provided at the peripheral part of the site.

(7) Corridors shall be provided connecting various sections of the hospital as far as possible connecting blocks at periphery for facilitating inter zone communications.

(8) Proper road access for various section of the hospital should be provided.

There shall be provisions for garden, walking alleys, shade trees and parking spaces for vehicles as well as garages.

(9) There shall be adequate areas for patients and staff. The latrines shall be located away from the wards and connected by a corridor. The area for inpatient and outpatient departments have to be separated to provide for controlled entrances. The surgical areas shall be restricted entrance. There shall be one entry and each part situated at the junction of Outpatient Department and Inpatient Departments. Enquiry counter, Office, Medical Record, Library sections shall be located near the Outpatient Department with easy access to the public.

(10) Hospital building shall be kept neat and clean all the time.

॥ अंतर्गत विभाग.—(1) The inpatient section shall be grouped into major departments. Each department shall have sufficient wards situated to that department. There shall also be separate zone for pay wards to be used for different departments. The major departments shall be as follows, namely:—

1. Medical Department Consisting of General Medicine Medical Specialities. An Intensive Care Unit for medical emergencies is also essential.

132. Surgical Department Consisting of general surgery and other Surgicals specialities. A surgical suite and a post operative Intensive Care Unit must also provided.

133. Speciality Department For highly specialized services.

134. Maternity Department For obstetrics and Gynaecology

135. Paediatric Department

136. Psychiatry Department

137. Isolation Department

(2) In places where there is separate hospital for women and children, inpatient section does not have a maternity and paediatric departments.

(3) Along with the major department as stated in sub-section (1), there shall be the following department also, namely:—

1. Geriatrics

2. Physiotherapy and Occupational Therapy

3. Dental Department

4. Research

5. Training

(4) There shall be an admission-cum-observation ward attached to the Emergency Department.

(5) Inpatient wards shall be so designed that in a 20 bedded ward unit, there shall be three cubicles each capable of accommodating six patients and two single bedded cubicles. In single bedded cubicles, serious patient requiring special attention and who are critically ill shall be accommodated. Each cubicle shall have a common wash basin and built in shelf for each bed. For each cubicle, there shall be space for doctor-nurse station.

(6) The ward unit shall have the following additional facilities, namely:—

For each 20 bedded ward unit.

1. Room for Nurses—Duty Room with toilet and other facilities.

2. Common toilets based on ISI standards may be provided.

3. Side laboratory and treatment room.

4. Utility room—for collection of dirty and used materials and cleaning them.

For each two 20 bedded ward units (additionally):

1. Room for medical staff with toilet and other facilities

2. Treatment room or minor operation room for aseptic procedures.
3. Dining room for patients.
4. Utility room for receiving supplies of stores
5. Room for the Nursing staff.
6. Room for male paramedical staff with toilets—resting and changing.
7. Room for female paramedical staff with toilets—resting and changing.

Additional Spaces

Additional space may be provided as follows:

1. Waiting space for patients' attendants and visitors.
 2. Space for parking trolleys, wheel chairs etc.
 3. Moving space such as verandah and corridors.
- (7) There shall be intensive care unit of six beds each for surgical and medical department.
- (8) There shall be additional space equivalent to one 6 bedded cubicle for accommodating doctor's room, nurses room, equipment room and treatment room.
- (9) Delivery rooms shall be organized on the pattern of surgical department with sufficient precautions for asepsis One delivery room shall be provided for every fifty beds and each room shall accommodate not more than two delivery cots.
- (10) Paediatric Department shall have the following additional facilities, namely:—
- (1) Facilities for mothers to stay with the child
 - (2) Recreation facilities for children
 - (3) Isolation facilities
- (11) The paediatric department shall be located close to the Maternity Department.
178. Paywards.—Paywards shall be located in a separate part of the inpatient zone of a hospital with approaches to all departments. So far as possible, there shall be direct road access to the paywards.
179. Administration Block.—Administrative block shall be located with easy access for the public as well as for all sub-sections of the hospital and shall be located in the same zone ancillary services.

180. Kitchen Block.—There shall be a well designed kitchen block located near the wards but completely separated by a corridor to serve food through trolleys.

181. Toilets.—(1) The toilet area shall be separated from the main wards through a corridor connection. The toilet block shall be located and separated from the more habitable areas. The toilet shall be provided with good quality materials of closet and other fittings. Latrine seats shall be provided at least one for every 10 beds. There shall be sufficient bathrooms also.

182. Water Supply.—There shall be provision for supply of sufficient water to the hospital. There shall be separate sub tanks for operation room, delivery room and such other essential sections so as to ensure uninterrupted supply.

183. Out-patient Services.—(1) Timing of the O.P. department in different category of hospitals shall be so fixed so that any sick person is facilitated to receive services from any major health institution in the State.

(2) There shall be sufficient equipment in the O.P. department such as wheel chairs, trolleys, X-Ray, Laboratory.

(3) The working hall in the O.P. department shall be airy, spacious and provided with sufficient seating facility, lavatories, wash basins and the like. Medical Social Worker or Honorary Social worker shall be posted in the O.P. Department for guiding patients and dependants and for giving patient education.

(4) An emergency tray with all necessary medicine shall be kept for allergy, shock or on a phylaxis or any untoward reaction. One bed at the injection room should be provided for acute allergic reactions.

(5) In all medical institutions the General O.P. Department should function from 8 a.m. to 1 p.m.

(6) Referral Services as well as ancillary services shall also function concurrently during the General O.P. hours.

(7) In all referral hospitals an extended O.P. Department should function from 1 p.m. to 8 p.m. apart from the emergency service.

(8) The workload of General Duty Medical Officer be ordinarily calculated on the basis of one doctor for every 100 out-patients during a shift of 5 hours.

(9) Items of drugs issuable at O.P. be enhanced and the same shall be ensured at all times.

(10) All specialist services should be available at the O.P. Department for referral services during the General O.P. time.

(11) Nursing and para-medical services should be available for each of the O.P. Units.

(12) The registering and data keeping work pertaining to each O.P. case should be vested with the Medical Record Librarian.

(13) One sergeant should be posted in each hospital and he should be available for maintenance of orderliness in the O.P. Department during the O.P. hours.

(14) An information counter manned by a medico-sociologist should be located near the entrance of each hospital.

184. Emergency Department.—(1) Emergency department shall be located in easily approachable spacious surroundings. Boards in red conspicuously indicating location of the Emergency Department and Boards with the name of Emergency Service personnel of a particular shift be kept at a prominent place at the Emergency Department. The details are to be depicted in the local language also.

(2) Minimum of four general duty Medical Officers preferably those who are willing to work for at least an year be posted to this Department and the vacancies even transient should be kept re-filled with priority.

(3) Specialists in Surgery, Medicine, Obstetrics, Orthopaedics, Otorhinolaryngology (E.N.T.), Ophthalmology or other specialities need not be posted as Emergency Duty Medical Officers as long as such of these specialists are available for emergency call-duty.

(4) R.M.O's. should be given special training in the latest resuscitation techniques and also Blood Bank technology.

(5) The nursing staff earmarked and allotted to the Emergency Department shall not be allowed to be pooled along with those working in the general section. These staff should be volunteering but selected persons who should be posted at least for a period of three years and be given special inservice training (for a period of one month) in resuscitative and emergency medical care.

(6) Para-medical personnel should be posted in sufficient numbers earmarked for Emergency Department with training in First Aid and Stretcher-bearing as per St. Johns Ambulance Code (10 days course). They may be changed yearly so that experienced persons are transferred out only after newly posted co-workers get contact-training and later on formal training as suggested above.

(7) All Emergency Departments should have a special ward with beds for observation (Refer Chapter on "In-patient Services"). Patients of this Department should not ordinarily require stay for longer than 24 hours.

(8) Duty Medical Officer of the Emergency Department should always have easy access to an 'Emergency medical Cupboard'. In addition a refrigerator should exclusively be provided for

storing sera, anti-venin and other life saving drugs at the Emergency Department and in the custody of the duty Medical Officer of the Emergency Department. The items of drugs in the cupboard and in the refrigerator should be kept replenished every day to make up the original quantities and a register should be maintained to this effect after personal verification by the duty Medical Officer of the Emergency Department.

(9) At least a pair of stretcher, trolleys and wheelchairs should be available. In addition equipments required for simple diagnosis and resuscitation (Refer Appendix I) should be available at labeled spots, checked up for functional efficiency and recorded every time officers change on shift.

(10) Two Ambulance Vans at District level and one each at Intermediate level may be provided with enough number of drivers (Refer Chapter on “Institutional Staff Pattern”) on shift duty as to ensure service round the clock.

(11) Ambulant emergency services should be established attached to all the District hospitals which could be alerted if contacted through a specified well-known phone number. These ambulances should be provided with emergency kit and oxygen and other essential items. Communication facilities should also be provided for in these ambulances.

(12) Exclusive phone with connections to the major departments of the Hospital should be made available at hand-reach of the Emergency Duty Medical Officer.

(13) Clinical Pathology, Radiology, Cardiography and Blood Bank Units should function all the 24 hours at locations accessible with ease from the Emergency Department.

(14) An Emergency Surgery Room should also be made available. It is worthwhile providing this with an alternative power unit (Electric Generator).

(15) There should be resting room with lavatory facilities for the benefit of by-standers adjacent to the emergency block.

(16) Emergency Department should have diagrams and charts showing resuscitation techniques and operations, and also posology tables exhibited for ready reference.

(17) Medico-statistical and medico-legal records such as Nominal Register, Accident-cum-wound certificate, Police Intimation Forms etc., should be meticulously maintained and kept under lock and key. Medical records pertaining to emergency unit may be maintained by the Medical Record Library.

185. The following equipments and instruments required exclusively at the emergency department:

1. Stethoscope

2. Diagnostic set
3. Torch and Tape
4. B.P. Apparatus
5. Cylinder with Oxygen
6. Blower Respirator
7. Cardiac De-Fibrillator
8. Vene section apparatus
9. Aspirator/Suction apparatus
10. Electro-magnet set
11. Bronchioscope with F.B. catcher
12. Trachiotomy set
13. Stomach wash set
14. Enema set
15. Cathetor set
16. Aiway
17. Nasal tube
18. Stretcher
19. Wheel-chair
20. Trolley

186. Ancillary Services.—(1) All District and Taluk hospitals shall have an X-Ray machine of minimum 300 MA to under all types of work.

(2) There shall be sufficient ECG machines in all Districts and Taluk Hospitals.

(3) There shall standard Blood Banks in all major hospitals upto the Taluk Hospital level.

187. Procurement and supply of drugs.—(1) There shall be sufficient and separate allotment of funds for the purchase drugs in hospitals.

(2) Government may evolve such procedure as deems fit for the purchase of drugs.

(3) The supply of drugs to various category of hospitals shall be regulated in such a manner that there is sufficient stock of essential drugs in every hospital.

(4) There shall be periodical check by the Drugs Controller to monitor the quality of drugs.

(5) It shall be the duty of the person in charge of a Government hospital to ensure that these sufficient medicines in the hospital for the treatment of the patients. No doctor shall ask the patients to purchase medicine outside.

(6) Whoever violates the provisions of sub-section shall be liable for punishment for an amount not exceeding rupees ten thousand.

188. Diet in hospitals.—(1) In every hospitals when there are inpatients a diet system which is simple, clean, nutritious, easily available, suppliable without elaborate cooking, of moderate cost, substitutable and non-pilferable shall be introduced.

(2) Articles like milk, bread, butter, egg, banana, rice and greengram should be important items of diet.

(3) Provision should be made from the Government concerns/Co-operative societies to supply items like milk, butter, bread, egg etc., in exclusive Hospital packets for direct distribution.

(4) Diet supply should be universal in every hospital/health institution with in-patients.

(5) Patients can be given the option for taking hospital diet.

189. Hospital Sanitation.—(1) There should be a separate category of cleaning staff for hospitals designated as Hospital Cleaners.

(2) Areas for daily cleaning and areas for periodic cleaning should be identified and Hospital Cleaners should specifically be assigned areas and periodicity.

(3) Adequate number of galvanized steel dust bins of suitable sizes with closely fitting foot, operated lids should be provided in every ward for depositing refuse.

(4) Installation of incinerators of adequate capacity is essential in all the hospitals.

(5) There should be on an average, one latrine seat for every 10 beds for in-patient use.

(6) Hospitals cots, furniture, floors, and walls of the wards should be sprayed with suitable insecticides every six months.

(7) The habit of taking food at the bed-side except for the non-ambulatory patients should be discouraged. Dining rooms are contemplated for every 40 patient-groups in District and Intermediate Hospitals.

(8) Admissions, as far as possible, are to be limited to the number of actual beds and no patients should be allowed to lie on floors.

(9) By-standers should be limited and visitors allowed only during fixed times of the day.

190. Hospital Development Committees.—(1) In every category of hospitals, there shall be a hospital development committee.

(2) The hospital development committee shall have the following rights and responsibilities, namely:—

(a) To find out defects, if any, in the amenities and functioning of the institutions and devise ways of remedying them.

(b) To strive to maintain orderliness and cleanliness in the institutions and their surroundings.

(c) To assess monetary requirements for improvements and organize ways and means to collect funds. The Government on their part should provide matching grants in a fixed proportion.

(e) To exercise vigilance in preventing malpractices.

(f) To help organize health education and mass medical campaigns.

(g) To organize voluntary Blood Banks and Drug Banks, public comfort stations and bystanders' dormitories.

(h) To run canteens and medical stores to provide supplies at fair prices. Nevertheless profits accruing will augment funds of the Committee.

(i) Any welfare activities including donations initiated by individuals or voluntary organizations should be routed through the Development Committees.

(j) Greater involvement in the maintenance of social discipline in hospitals.

CHAPTER VI

MISCELLANEOUS

P t ct;n f Act;n t n n 1) No suit, prosecution or other legal proceedings shall lie against any authority or any member of the State Council or any officer authorized in this behalf in respect of anything, which is in good faith done or intended to be done in pursuance of the provisions of this part of the Code or any rule made thereunder.

(2) No suit or other legal proceedings shall lie against a State Government or the State Council in respect of any loss or damage caused or likely to be caused by anything which is in good faith done or intended to be done in pursuance of the provisions of part II of this code or any rule made thereunder.

n. j t n tc Every clinical establishment shall, within such time or within such extended time, as may be prescribed in that behalf, furnish to the authority or the State Registrar such returns or the statistics and other information in such manner, as may be prescribed by the State Council, from time to time.

193. Power to give directions.—Without prejudice to the foregoing provisions of this part of the Code, the authority shall have the power to issue such directions, including furnishing returns, statistics and other information for the proper functioning of clinical establishments and such directions shall be binding.

194. Employees of the Authority etc.; to be public servants.—Every employee of the authority and the State Council while acting or purporting to act under the provisions of this part of the Code or any Rules made thereunder shall be deemed to be public servants within the meaning of section 21 of the Indian Penal Code, 1860 (Central Act 45 of 1860).

195. Removal of difficulties.—(1) If any difficulty arises in giving effect to the provisions of part II of this Code, the Government as occasion may require, by order do anything not inconsistent with part II of this Code or the rules made there under which appears to them necessary for the purpose of removing the difficulty.

Provided that no such order shall be issued after the expiry of a period of two years from the date of commencement of part II of this Code.

(2) Every order issued under this section shall, as soon as may be after it is made, be laid before the Legislative Assembly.

196. Power to make rules.—(1) The Government may, by notification, in the gazette make rules for carrying out all or any of the provisions of part II of this Code.

(2) In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matter, namely:—

(a) the conditions for registration under section 140;

(b) the pro forma and the fee to be paid for registration under sub-section (1) of section 142.

(c) the form and details of application under section 143 (1);

(d) the particulars and information contained in certificate of provisional registration under section 145;

- (e) the manner of publication of all particulars of the clinical establishment proposed to be registered under section 144 (2);
- (f) the fees to be paid to issue a duplicate certificate under section 147;
- (g) the manner in which the authority shall publish the names of the clinical establishments whose registration would be expiring under section 21;
- (h) the enhanced fine to be charged for renewal after expiry of provisional registration under section 149;
- (i) the form of the application and fees to be charged by the Government under section 151;
- (j) the manner of submitting evidence of the clinical establishments having complied with the minimum standards under section 152;
- (k) the manner of displaying information of the clinical establishments having complied with the minimum standards for filing objection under section 152;
- (l) the period within which the reasons to be communicated to the clinical establishment under section 154;
- (m) the period to be specified in section 154;
- (n) the form and particulars of the certificate of registration under section 155;
- (o) the manner of entry and inspection of clinical establishment under section 158;
- (p) the fees to be charged by the State Government for different categories of clinical establishments under sub-section (1) of section 160;
- (q) the manner and the period within which an appeal may be preferred to the State Government under sub-section (1) of section 161;
- (r) the form and the fee to be paid for an appeal under sub-section (2) of section 161;
- (s) the form and the manner in which the register to be maintained under sub-section (1) of section 162;
- (t) the manner of supply to the State Registrar in digital format the entry made in the register of clinical establishments under sub-section (2) of section 162;
- (u) the manner and the time within which the information is to be furnished under section 172;
- (v) any other matter which is required to be or may be prescribed by the Government.

197. Every rule made by the State Government under this section shall be laid, as soon as may be after it is made before the Legislative Assembly.

PART III

HOMEOPATHY ESTABLISHMENTS

CHAPTER I

Preliminary

198. Definition.—In this part of the Code, unless the context otherwise requires,—

(a) “Authority” means the District registering authority designated under section—

(b) “certificate” means the certificate of registration issued under section and

(c) “homeopathy” means the system of medicines founded by Dr. Heinemann;

(d) “Homeopathy establishment” means homeo hospital, dispensary, homeo clinic or an institution by whatever name called that offers regular services, faculties with or without tests requiring treatment, diagnosis or care for illness under homeo medicine established and administered or maintained by any person or body of persons whether incorporated or not but does not include the homeo establishment owned, controlled or managed by the Armed Forces.

Explanation.—for the purpose of this clause “Armed Forces” means the forces under the Army Act, 1950, the Air Force, 1950 and the Navy Act, 1957;

(e) “State Council” means the State Council for Homeopathy establishment established under sec. 3;

(f) “notification” means a notification published in the Official Gazette.

(g) “Prescribed” means prescribed by rule made under this part of the Code.

(h) “register” means the register maintained by the authority under section....and the state register maintained under section.....of this part of the Code containing the number of claimed establishments registered and the expressions registered and registration shall be construed accordingly.

(i) “registration” means to register under section..... and the expressions registration or registered shall be construed accordingly.

(j) “rules” means made under this part the Government may prescribe under see, for the registration of Homeopathy establishment.

(k) “Standards” means the conditions the Government may prescribe under sec..... for the registration of Homeopathy establishment.

CHAPTER II

STATE COUNCIL

199. Establishment of State Council.—(1) With effect from such date as the Government may, by notification, appoint in this behalf, there shall be established for the purposes of this part of the Code, a Council to be called the State Council.

(2) The State Council shall consists of,—

(a) Director of Homeopathy, Department of Health & Family Welfare, State Government, Ex Officio, who shall be Chairperson

(b) Director of Medical Education

(c) Drugs Controller

(d) One representation each to be nominated by the

(i) Medical Council of Homeopathic Medicine

(ii) Association of Homeopathy Doctors.

(3) The nominated members of the Council shall hold office for one year but shall be eligible for re-nomination:

Provided that the person nominated shall hold office for so long as he holds appointment of the office by virtue of which he was nominated to the Council.

(4) The members of the Council shall be entitled for such allowances as may be prescribed by the Government.

(5) The Council may, subject to the previous approval of the Government, make bye-laws fixing a quorum and regulating its own procedure and the conduct of all business to be transacted by it.

(6) The Council may constitute sub-committees and may appoint to such sub-committee, as it deems fit, consisting of members who are not members of the Council for such periods, not exceeding one year, for the consideration of particular matters.

(7) The functions of the Council may be exercised notwithstanding any vacancy therein.

(8) The Government shall appoint a person to be the Registrar of the Council and may provide the Council with such other secretarial and other staff as the Government considers necessary.

200. Disqualification for appointment as member.—A person shall be disqualified for being appointed as a member of the Council if he—

(a) has been convicted and sentenced to imprisonment for an offence which, in the opinion of the Government, involves moral turpitude; or

(b) is an undischarged insolvent; or

(c) is of unsound mind and stands so declared by a competent court; or

(d) has been removed or dismissed from the service of the Government or a Corporation owned or controlled by the Government; or

(e) has, in the opinion of the Government, such financial or other interest in the Council as is likely to affect prejudicially the discharge by him of his functions as a member.

201. Functions of the Council.—The Council shall have the following functions, namely:—

(a) determine the standards for ensuring proper health care by the Homeopathy establishments;

(b) classify the Homeopathy establishments into different categories and establish a dynamic system of accreditation.

(c) develop the minimum standards and their periodic review;

(d) compile, maintain and update a State register of Homeopathy establishments;

(e) collect the statistics in respect of Homeopathy establishments;

(f) perform any other function determined by the State of Government, from time to time.

202. Power to seek advice or assistance.—The Council may associate with itself any person or body whose assistance or advice it may desire in carrying out any of the provisions of this part of the Code.

203. The Council to follow consultative process.—The Council shall follow a consultative process for determining the standards and for classification of Homeopathy establishments for development of the accreditation system in accordance with such procedures as may be prescribed. The accreditation system could be periodically reviewed.

CHAPTER III

REGISTRATION AND STANDARDS FOR HOMEOPATHY

ESTABLISHMENTS

204. Registrar of Homeopathy Establishments.—The Government shall, by notification, designate a subordinate of the Director of Homeopathy or any other officer as the Registrar of Homeopathy establishments.

205. Registration of Homeopathy Establishments.—It shall be the responsibility of the Registrar of homeopathy establishments to compile and update the State register of homeopathy establishments.

206. Authority for Registration.—The State Government shall, by notification, designate the District Medical Officer (Health) as an authority to be called the District Registering Authority for each District for registration of homeopathy establishments.

207. Registration for Homeopathy Establishments.—No person shall carry on a homeopathy establishment unless it has been duly registered in accordance with the provisions of this Act.

Explanation—For the purposes of this section, “carry on” means to manage patients in a homeopathy establishment for providing treatment, diagnosis, or nursing care. It includes private practice of Government Doctors.

208. Conditions for Registration.—For registration and continuation, every homeopathy establishment shall fulfill—

- (i) the standards of facilities and services as may be prescribed according to the level of accreditation.
- (ii) the minimum qualifications for the personnel as may be prescribed;
- (iii) provisions for maintenance of records and timely and completed reporting as may be prescribed;
- (iv) such other conditions as may be prescribed.

209. Classification of Homeopathy Establishments.—Different standards may be prescribed for classification of different categories.

CHAPTER IV
PROCEDURE FOR REGISTRATION

210. Application for Provisional Certificate of Registration.—(1) For the purposes of registration of the homeopathy establishment under section 130, an application in the prescribed pro forma along with the prescribed fee shall be furnished to the authority.

(2) The application shall be furnished in person or by post.

(3) The application shall be made in such form and shall be accompanied by such details as may be prescribed under this part of the Code or Rules made thereunder.

(4) If any homeopathy establishment is in existence at the time of the commencement of this part of the Code an application for its registration shall be made within six months from the date of the commencement of this part of the Code.

(5) If any homeopathy establishment is already registered under any existing law requiring registration of such establishments, even then it shall apply for registration as referred to in subsection (1).

211. Provisional Certificate.—(1) In the first instance, every homeopathy establishment shall apply for provisional registration, one month prior to the expected date of starting of establishment.

(2) The authority shall, within a period of fifteen days from the date of receipt of such application, grant to the applicant a certificate of provisional registration in such form and containing such particulars and such information, as may be prescribed.

212. No Inquiry prior to Provisional Registration.—(1) The authority may not conduct any inquiry prior to the grant of provisional registration. (2) Notwithstanding the grant of the provisional certificate of registration, the authority shall, within a period of forty-five days from the grant of provisional registration, cause to be published in such manner, as may be prescribed, all particulars of the homeopathy establishment proposed to be registered.

213. Validity of Provisional Certificate.—Every provisional registration shall be valid to the last day of the twelfth month from the date of issue of the certificate of registration and such registration shall be renewable.

214. Display of the Certificate Registration.—The certificate shall be displayed in a conspicuous place in the homeopathy establishment.

215. Duplicate Certificate.—In case the certificate is lost, destroyed, mutilated or damaged, the authority shall issue a duplicate certificate on the request of the homeopathy establishment and on payment of such fees, as may be prescribed.

216. Certificate to be non transferable.—The certificate of registration shall be non transferable and, in the event of change of ownership or change of category or change of management or on ceasing to function as a homeopathy establishment, the certificate of registration shall be surrendered to the authority and the homeopathy establishment shall apply afresh for grant of certificate of registration.

217. Renewal of Registration.—Application for renewal of registration shall be made thirty days before the expiry of the validity of the certificate of provisional registration and, in case the application for renewal is made after the expiry of the provisional registration, the authority shall allow renewal of registration on payment of such fine, as may be prescribed.

218. Time limit for Provisional Certificate.—Homeopathy Establishments registered under provisional registration shall be assessed by the District Registering Authority and shall be granted permanent registration suited for the level of accreditation or denied registration, if they fall below the minimum standard permitted within one year.

219. Application for Permanent Registration.—Application for permanent registration by a homeopathy establishment shall be made to the authority in such form and be accompanied by such fees, as may be prescribed.

220. Verification of application.—The homeopathy establishment shall submit evidence of the homeopathy establishment having complied with the prescribed standards for the level of accreditation in such manner, as may be prescribed.

221. Standards for permanent registration.—(1) Permanent registration shall be granted only when a homeopathy establishment fulfills the prescribed minimum standards for registration by the Council.

(2) The registering authority shall inspect every registered establishment at least once in two years to check for compliance of the standards.

(3) Each permanent registration shall be valid for a period of three years following which it may be renewed prior to the expiry by payment of prescribed fees. Late applications may be renewed by payment of prescribed fine.

222. Allowing or Disallowing of Registration.—The authority shall pass an order immediately after the expiry of the prescribed period and within the next thirty days thereafter either –

(a) allowing the application for permanent registration at a particular level of accreditation; or

(b) disallowing the application:

Provided that the authority shall record its reasons, if it disallows an application for permanent registration.

223. Certificate of Permanent Registration.—The authority shall issue a certificate of permanent registration in such form and containing such particulars, as may be prescribed, if the authority allows an application.

224. Fresh Application for Permanent registration.—The disallowing of an application for permanent registration shall not debar a homeopathy establishment from applying afresh for permanent registration under section 144 and after providing such evidence, as may be required, of having rectified the deficiencies on which grounds the earlier application was disallowed.

225. Cancellation of registration.—(1) If, at any time after any homeopathy establishment has been registered, the authority is satisfied that,—

(a) the conditions of the registration are not being complied with; or

(b) the person entrusted with the management of the homeopathy establishment has been convicted of an offence punishable under this part of the Code, it may issue a show cause notice as to why its registration under this part of the Code should not be cancelled for the reasons to be mentioned in the notice.

(2) If after giving a reasonable opportunity to the homeopathy establishment, the authority is satisfied that there has been a breach of any of the provisions of this part of the Code or the rules made thereunder, it may, without prejudice to any other action that it may take against such homeopathy establishment, cancel its registration.

(3) Every order made under sub-section (1) shall take effect— (a) where no appeal has been preferred against such order, immediately on the expiry of the period prescribed for such appeal, and

(b) where such appeal has been preferred and it has been dismissed, from the date of the order of such dismissal:

Provided that the authority, after cancellation of registration for reasons to be recorded in writing, may restrain immediately the homeopathy establishment from carrying on if there is imminent danger to the health and safety of patients.

226. Inspection of registered homeopathy establishments.—(1) The authority or an officer authorized by it, shall have the right to cause an inspection of, or inquiry in respect of any homeopathy establishment, its building, laboratories and equipment and also of the work conducted or done by the homeopathy establishment, to be made by such person or persons as it may direct and to cause an inquiry to be made in respect of any other matter connected with the homeopathy establishment and that establishment shall be entitled to be represented thereat.

(2) The authority shall communicate to the homeopathy establishment the views of that authority with reference to the results of such inspection or inquiry and may, after ascertaining the opinion of the homeopathy establishment thereon, advise that establishment upon the action to be taken.

(3) The homeopathy establishment shall report to the authority, the action, if any, which is proposed to be taken or has been taken upon the results of such inspection or inquiry and such report shall be furnished within such time, as the authority may direct.

(4) Where the homeopathy establishment does not, within a reasonable time, taken action to the satisfaction of the authority, it may, after considering any explanation furnished or representation made by the homeopathy establishment, issue such directions, as that authority deems fit, and the homeopathy establishment shall, comply with such directions.

227. Power to enter.—The authority or an officer authorized by it may, if there is any reason to suspect that anyone is carrying on a homeopathy establishment without registration, enter and search in the manner prescribed, at any reasonable time and the homeopathy establishment, shall offer reasonable facilities for inspection or inquiry and be entitled to be represented thereat:

Provided that no such person shall enter the homeopathy establishment without giving sufficient notice of his intention to do so.

228. Finance and Accounts.—(1) The Council may fix fees for different categories of homeopathy establishments, as may be prescribed.

(2) It shall be the responsibility of the Registrar of homeopathy establishments to ensure that the amount is remitted to the State Council, on time.

229. Appeal and Revision.—(1) Any person, aggrieved by an order of the registering authority refusing to grant or renew a certificate of registration or revoking / revising a certificate of registration may, in such manner and within such period as may be prescribed, prefer an appeal to the State Council;

(2) Every appeal under sub-section (1) shall be made in such form and be accompanied by such fee as may be prescribed.

(3) After the receipt of any appeal under sub-section (1), the Appellate Authority shall after giving the appellant an opportunity of being heard in the matter, dispose of the appeal as expeditiously as possible.

Revision.—The Government may suo moto or on an application made to it by any applicant call for the records of any case in which an order has been passed by the Authority and if it appears to the Government, that the order is improper or illegal, after giving an opportunity of being heard to the concerned, the Government may pass such order as it deems fit.

CHAPTER V
REGISTER OF HOMEOPATHY ESTABLISHMENTS

230. Register of Homeopathy Establishments.—(1) The authority shall maintain a register or digital format of homeopathy establishments, registered by it and it shall enter the particulars of the certificate so issued in a register to be maintained in such form and manner, as may be prescribed by the Government.

(2) Each authority, including any other authority set up for the registration of homeopathy establishments under any other law for the time being in force, shall supply in digital format to the State Registrar of Homeopathy establishments a copy of every entry made in the register of homeopathy establishments in such manner, as may be prescribed to ensure that the State Register is constantly updated with the registers maintained by the registering authority in the State.

231. Maintenance of State Register of Homeopathy Establishments.—The Council shall maintain in such form and containing such particulars, as may be prescribed by the Government, a register to be known as the State register of homeopathy establishments in respect of homeopathy establishments.

232. Penalty.—Whoever contravenes any provision of this Part of the Act shall, if no penalty is provided elsewhere, be punishable for the first offence with fine which may extend to ten thousand rupees, for any second offence with fine which may extend to fifty thousand rupees and for any subsequent offence with fine which may extend upto five lakh rupees depending on the gravity:

233. Penalty for non registration.—(1) Whoever carries on a homeopathy establishment without registration shall, on conviction for first offence, be punishable with a fine up to fifty thousand rupees, for second offence with fine which may extend to two lakh rupees and for any subsequent offence with fine which may extend upto five lakh rupees depending on the gravity.

234. Disobedience of order, obstruction and refusal of information.—

(1) Whoever willfully disobeys any direction lawfully given by any person or authority empowered under this part of the Act to give such direction, or obstructs any person or authority in the discharge of any functions which such person or authority is required or empowered under this part of the Code to discharge, shall be punishable with fine which may extend to one lakh rupees.

(2) Whoever being required by or under this part of the Code to supply any information willfully withholds such information or gives information which he knows to be false or which he does not believe to be true, shall be punishable with fine which may extend to one lakh rupees.

235. Penalty for minor deficiencies.—Whoever contravenes any provision of this part of the Code or any rule made there under resulting in deficiencies that do not pose any imminent danger to the health and safety of any patient and can be rectified within a reasonable time, shall be punishable with fine which may extend to ten thousand rupees.

236. Offences by Companies.—(1) Where an offence under this part of the Code has been committed by a company, every person who at the time the offence was committed was in charge of and was responsible to the company or the conduct of the business of the company, as well as the company shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly:

Provided that nothing contained in this sub-section shall render any such person liable to any punishment, if he proves that the offence was committed without his knowledge, or that he had exercised all due diligence to prevent the commission of such offence.

(2) Notwithstanding anything contained in sub-section (1), where any offence under this part of the Code has been committed by a company and it is proved that the offence has been committed with the consent or commission of, or is attributable to, any neglect on the part of any director, manager, secretary or other officer of the company such director, manager, secretary or other officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation.—For the purposes of this section,—

(c) “company” means any body corporate and includes a firm, a Co-operative society or other Association of individuals; and

(d) “director” in relation to a firm, means a partner in the firm.

237. Offences by Government Departments.—(1) Where an offence under this part of the Code has been committed by any Department of Government, the officer responsible shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly:

Provided that nothing contained in this section shall render such Head of the Department liable to any punishment if he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence.

(2) Notwithstanding anything contained in sub-section (1), where an offence under this part of the Code has been committed by a Department of Government and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the

part of, any officer, other than the Head of the Department, such officer shall also be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

238. Recovery of fine.—Whoever fails to pay the fine, the Registrar of Homeopathy Establishment may prepare a Certificate signed by him specifying the fine due from such person and send it to the Collector of the District in which such person owns any property or resides or carries on his business and the said Collector, on receipt of such certificate, shall proceed to recover from such person the amount specified thereunder, as if it were an arrear of land revenue and remitted to the State Council.

CHAPTER VI

MISCELLANEOUS

239. Protection of Action taken in good faith.—(1) No suit, prosecution or other legal proceedings shall lie against any authority or any member of the State Council or any officer authorized in this behalf in respect of anything, which is in good faith done or intended to be done in pursuance of the provisions of this part of the Code or any rule made thereunder.

(2) No suit or other legal proceedings shall lie against a State Government or the State Council in respect of any loss or damage caused or likely to be caused by anything which is in good faith done or intended to be done in pursuance of the provisions of this part of the Code or any rule made thereunder. 240. Furnishing of returns etc.—Every homeopathy establishment shall, within such time or within such extended time, as may be prescribed in that behalf, furnish to the authority or the State Registrar such returns or the statistics and other information in such manner, as may be prescribed by the State Council, from time to time.

241. Power to give directions.—Without prejudice to the foregoing provisions of this part of the Code, the authority shall have the power to issue such directions, including furnishing returns, statistics and other information for the proper functioning of homeopathy establishments and such directions shall be binding. 242. Employees of the Authority etc; to be public servants.—Every

employee of the authority and the State Council while acting or purporting to act under the provisions of this part of the Code or any Rules made thereunder shall be deemed to be public servants within the meaning of section 21 of the Indian Penal Code, 1860 (Central Act 45 of 1860).

243. Removal of difficulties.—(1) If any difficulty arises in giving effect to the provisions of this part of the Code, the Government as occasion may require, by order do anything not inconsistent

with this part of the Code or the rules made there under which appears to them necessary for the purpose of removing the difficulty:

Provided that no such order shall be issued after the expiry of a period of two years from the date of commencement of this part of the Code.

(2) Every order issued under this section shall, as soon as may be after it is made, be laid before the Legislative Assembly. 244. Power to make rules.—(1) The Government may, by notification, in the gazette make rules for carrying out all or any of the provisions of this part of the Code.

(2) In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matter, namely:—

(a) the conditions for registration under section 139;

(b) the proforma and the fee to be paid for registration under sub-section (1) of section 141.

(c) the form and details of application under section 141 (3);

(d) the particulars and information contained in certificate of provisional registration under section 142;

(e) the manner of publication of all particulars of the homeopathy establishment proposed to be registered under section 143 (2);

(f) the fees to be paid to issue a duplicate certificate under section 146;

(g) the manner in which the authority shall publish the names of the homeopathy establishments whose registration would be expiring under section 141;

(h) the enhanced fine to be charged for renewal after expiry of provisional registration under section 148;

(i) the form of the application and fees to be charged by the Government under section 150;

(j) the manner of submitting evidence of the homeopathy establishments having complied with the minimum standards under section 151;

(k) the manner of displaying information of the homeopathy establishments having complied with the minimum standards for filing objection under section 152;

(l) the period within which the reasons to be communicated to the homeopathy establishment under section 1153;

(m) the expiry of period specified in section 153;

(n) the form and particulars of the certificate of registration under section 154;

- (o) the manner of entry and inspection of homeopathy establishment under section 157;
 - (p) the fees to be charged by the State Government for different categories of homeopathy establishments under sub-section (1) of section 159;
 - (q) the manner and the period within which an appeal may be preferred to the State Government under sub-section (1) of section 160;
 - (r) the form and the fee to be paid for an appeal under sub-section (2) of section 153;
 - (s) the form and the manner in which the register to be maintained under sub-section (1) of section 155;
 - (t) the manner of supply to the State Registrar in digital format the entry made in the register of homeopathy establishments under sub-section (2) of section 54;
 - (u) the manner and the time within which the information is to be furnished under section 171;
 - (v) any other matter which is required to be or may be prescribed by the Government.
- (3) Every rule made under this part of the Code shall be laid as soon as may be after it is made, before the Legislative Assembly, while it is in session, for a total period of Fourteen days, which may be comprised in one session or in two successive sessions and if, before the expiry of the session in which it is so laid or the session immediately following, the Legislative Assembly makes any modification in the rule or decides that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule. PART IV

AYURVEDA

CHAPTER I

PRELIMINARY

245. Definitions.—In this Act, unless the context otherwise requires,—

- (a) “authority” means the District registering authority designated under section.....
- (b) “Ayurveda Health Centre” means a hospital, nursing home, clinic or an institution by whatever name called that offers regular treatment, diagnosis or care for illness, injury or improving the health conditions under Ayurveda treatment established by and administered or

maintained by any persons or body of persons, whether incorporated or not, and shall include a Ayurveda Health Centre owned, controlled or managed by—

- (1) the Government or a department of the Government;
- (2) a Trust, whether public or private;
- (3) a Corporation including a Co-operative society registered under the Kerala Co-operative Societies Act, 1969 (21 of 1969);
- (4) a local authority, and
- (5) a single doctor establishment,
- (6) Any other Ayurveda Health Centre functioning within the State rendering Ayurveda Health Services, but does not include the Ayurveda Health Centres owned, controlled or managed by the Armed Forces.

Explanation.—For the purpose of this clause “Armed Forces” means the forces constituted under the Army Act, 1950, the Air Force Act, 1950 and the Navy Act, 1957;

- (c) “certificate” means the Certificate of Registration issued under section
- (d) “Director” means the Director of Department of Indian System of Medicine;
- (e) “ Government” means the Government of Kerala;
- (f) “Licence” means the licence issued by the Director after conducting necessary inspections as specified in this Act;
- (g) “Local Self Government Institution” means a Village Panchayat constituted under the Kerala Panchayat Raj Act, 1994 (13 of 1994), or a Municipality constituted under the Kerala Municipality Act, 1994 (20 of 1994);
- (h) “Manager” means the owner or the person responsible for the administration and management of an Ayurveda Health Centre ;
- (i) “Masseur/Therapist” means a person employed for the treatment as directed by a registered medical practitioner in an Ayurveda Health Centre and having recognised qualifications as prescribed;
- (j) “notification” means a notification published in the Official Gazette;
- (k) “Nurse” means a person employed for nursing duty in an Ayurveda Health Centre and having equivalent qualification, as prescribed;
- (l) “Prescribed” means prescribed by rules made under this Act;

- (m) “Registered Medical Practitioner” means an Ayurveda Medical Practitioner registered under the Travancore-Cochin Medical Practitioners Act, 1953 (9 of 1953) or Indian Medicine Central Council Act, 1970 (Central Act 48 of 1970) as A-Class;
- (n) “register” means the register mentioned by the Authority;
- (o) “State” means the State of Kerala;
- (p) “standards” means condition that the Government may prescribe under section for the registration of Ayurveda Health Centre.
- (q) “State Council” means the State Council for Ayurveda Health Centre established under section 3.
- (r) “Treatment” means all types of treatments provided as per Indian systems of treatment such as Ayurveda, Siddha, Unani, for the cure of any particular disease or improving the health of any person.

CHAPTER II

THE STATE COUNCIL

246. Establishment of State Council.—(1) with effect from such date as the Government may, by notification, appoint in this behalf, there shall be established for the purpose of this part of the Code a Council to be called the State Council for Ayurveda.

(2) The State Council shall consist of—

- (a) Director of Indian Systems of Medicine
- (b) Director of Insurance Medical Services
- (d) Drugs Controller of Kerala
- (e) One representative each nominated by the
- (f) Nursing Council of India constituted under section 36 of the Indian Nursing Council Act, 1947
- (g) Pharmacy Council of India constituted under section 3 of the Pharmacy Act, 1948.

(h) One representative each of the recognized association of registered medical practitioners of Ayurveda, Siddha and Unani.

(i) One representative each from the Health Department and Law Department of the Secretariat.

(3) The persons nominated shall hold office for so long as he holds appointment of the office by virtue of which he was nominated to the Council.

(4) The members of the Council shall be entitled for such allowance as may be prescribed by the Government.

(5) The Council may, subject to the previous approval of the Government, make bye-laws fixing a quorum and regulating its own procedure and the conduct of all business to be transacted by it.

(6) The Council may constitute sub-committees and may appoint to such sub-committee, as it deems fit, consisting of members who are not members of the Council for such periods, not exceeding one year, for the consideration of particular matters.

(7) The functions of the Council may be exercised notwithstanding any vacancy therein.

247. Functions of the Council.—The Council shall have the following functions, namely:—

(a) determine the standards for ensuring proper health care by the Ayurveda Health Centre;

(b) classify the Ayurveda Health Centre into different categories according to the facilities available there;

(c) develop the minimum standards and their periodic review;

(d) compile, maintain and update a State register of Ayurveda Health Centre;

(e) collect the statistics in respect of Ayurveda Health Centre;

(f) perform any other function determined by the State of Government, from time to time.

248. Power to seek advice or assistance.—The Council may associate with itself any person or body whose assistance or advice it may desire in carrying out any of the provisions of this part of the Code.

CHAPTER III

REGISTRATION AND STANDARDS FOR AYURVEDA HEALTH CENTRES

249. Registrar of Ayurveda Health Centre.—The Government shall, by notification, designate a subordinate of the Director of Indian System of Medicine or any other officer as the Registrar of Ayurveda Health Centre. It shall be the responsibility of the Registrar of Ayurveda Health Centre to compile and update the State register of Ayurveda Health Centre.

250. Authority for Registration.—The State Government shall, by notification, designate an officer of the Indian System of Medicine at District level as an authority to be called the District Registering Authority for each District for registration of Ayurveda Health Centre.

251. Registration for Ayurveda Health Centres.—No person shall carry on Ayurveda Health Centre unless it has been duly registered in accordance with the provisions of this Act.

252. Conditions for Registration.—For registration and continuation, every Ayurveda Health Centre shall fulfill—

- (i) the standards of facilities and services as may be specified according to the catagorisation;
- (ii) the minimum qualifications for the personnel as may be prescribed;
- (iii) provisions for maintenance of records and timely and completed reporting as may be prescribed;
- (iv) such other conditions as may be prescribed.

253. Catagorisation.—(1) Ayurveda Health Centres shall be classified into three categories according to the following facilities:—

(I) Category (A)

- (a) The patients shall have convenient accommodation facility in separate rooms or ward;
- (b) There shall be treatment rooms in the proportion one for eight patients;
- (c) The treatment room shall have an area of at least 100 Square feet and bathroom and toilet facilities shall be attached thereto;
- (d) There shall be a 'dhroni' made up of wood or fibre having at least 7 feet length and 2 1/2 feet width in the treatment room;

- (e) Drinking water, air and light shall be available in the treatment room;
- (f) Stove and hygienic accessory equipments shall be available in the treatment room;
- (g) There shall be a Medical Practitioner's consultation room with equipments such as examination tables, stethoscope and B.P. apparatus;
- (h) Scientifically made Vasthi Yanthra and necessary utensils shall be available ;
- (i) There shall be at least one registered Medical Practitioner of full time service;
- (j) There shall be at least two male therapists/masseurs and two female therapists/masseurs and the proportion of therapists/masseurs shall be increased according to the number of treatment room, as prescribed;
- (k) There shall be a nurse for full time service in an Ayurveda Health Centre and if it exceeds 8 beds, there shall be nurses in the proportion one for eight;
- (l) Necessary employees shall be there for cleaning work, etc.;
- (m) There shall be a responsible Manager in the treatment centre.

(II) Category (B)

- (a) The treatment room shall have an area of at least 100 Square feet and bathroom and toilet facilities shall be attached thereto;
- (b) There shall be a 'dhroni' made up of wood or fibre having at least 7 feet length and 2 1/2 feet width in the treatment room;
- (c) Drinking water, air and light shall be available in the treatment room;
- (d) Stove and hygienic accessory equipments shall be available in the treatment room;
- (e) There shall be a Medical Practitioner's consultation room with equipments such as examination tables, stethoscope, and B.P. apparatus etc.;
- (f) There shall be at least one male therapist/masseur and a female therapist/masseur and the proportion of therapists/masseur shall be increased according to the number of treatment rooms, as prescribed.
- (g) The service of a Registered Medical Practitioner shall be available during working hours.

(III) Category (C)

(a) The treatment rooms shall have an area of at least 100 sq. ft. and bathroom and toilet facilities shall be attached thereto;

(b) There shall be a 'dhroni' made up of wood or fibre having at least 7 feet in length and 21/2 feet width in the treatment room;

(c) Drinking water, air and light shall be available in the treatment room;

(d) Stove and hygienic accessory equipments, shall be available in the treatment room;

(e) There shall be a Medical Practitioner's consultation room with minimum equipments such as examination tables, stethoscope and B.P. apparatus;

(f) There shall be at least one male therapist/masseur and a female therapist/masseur and the proportion of therapist/masseur shall be increased according to the number of treatment rooms, as prescribed;

(g) The service of a Registered Medical Practitioner shall be available during working hours.

(2) In-patient treatment shall not be carried out in Ayurveda Health Centres included in Category (B). Complicated treatments and 'Panchakarma' treatments such as, 'Vamanam', 'Virechanam', 'Vasthy' and 'Nasyam' shall not be carried out in the Ayurveda Health Centres included in Category (C) but 'Massaging' and Udvarthanam can be carried out.

(3) The following general conditions shall apply to all categories of Ayurveda Health Centres , namely:—

(i) The therapist/masseur shall wear uniform, as prescribed during working hours;

(ii) The treatment of male patients who come to a centre for treatment shall be done only by male therapist/masseurs and the treatment of female patient shall be done only by female therapist/masseurs;

(iii) Only quality medicines shall be used in an Ayurveda Health Centre for treatment and the components of the medicines shall be convinced to the examiner;

(iv) The medicines and oils used for one patient shall not be used for another patient and arrangement shall be made in such Ayurveda Health Centre for the destruction and disposal of the same and other wastes in such a manner not harmful to the environment;

(v) Every Ayurveda Health Centre shall be established in healthy surroundings only and shall be free from sound pollution, as far as possible;

(vi) The name, registration number, details of the registration and working hours of each Ayurveda Health Centre shall be exhibited in the building or premises where it is established in a manner clearly visible from outside;

(vii) Register containing the details of the persons coming for treatment in an Ayurveda Health Centre and case sheet shall compulsorily be kept;

(viii) Every Ayurveda Health Centre shall exhibit the details of employees of that Centre, working hours, the methods of treatment provided therein and the fees fixed for each item of treatment etc., as prescribed.

254. Application for Provisional Certificate of Registration.—(1) For the purposes of registration of the Ayurveda Health Centre under section 139, an application in the prescribed pro forma along with the prescribed fee shall be furnished to the authority.

(2) The application shall be furnished in person or by post.

(3) The application shall be made in such form and shall be accompanied by such details as may be prescribed under this part of the Code or rules made thereunder.

(4) If any Ayurveda Health Centre is in existence at the time of the commencement of this part of the Code, an application for its registration shall be made within six months from the date of the commencement of this part of the Code.

(5) If any Ayurveda Health Centre is already registered under any existing law requiring registration of such establishments, even then it shall apply for registration as referred to in sub-section (1).

255. Provisional Certificate.—(1) In the first instance every Ayurveda Health Centre shall apply for provisional registration, one month prior to the expected date of starting of establishment.

(2) The authority shall, within a period of fifteen days from the date of receipt of such application, grant to the applicant a certificate of provisional registration in such form and containing such particulars and such information, as may be prescribed.

256. No Inquiry prior to Provisional Registration.—(1) The authority may not conduct any inquiry prior to the grant of provisional registration. (2) Notwithstanding the grant of the provisional certificate of registration, the authority shall, within a period of forty-five days from the grant of provisional registration, cause to be published in such manner, as may be prescribed, all particulars of the Ayurveda Health Centre proposed to be registered.

257. Validity of Provisional Certificate.—Every provisional registration shall be valid to the last day of the twelfth month from the date of issue of the certificate of registration and such registration shall be renewable.

258. Duplicate Certificate.—In case the certificate is lost, destroyed, mutilated or damaged, the authority shall issue a duplicate certificate on the request of the Ayurveda Health Centre and on payment of such fees, as may be prescribed.

259. Certificate to be non transferable.—The certificate of registration shall be non-transferable and, in the event of change of ownership or change of category or change of management or on ceasing to function as a Ayurveda Health Centre, the certificate of registration shall be surrendered to the authority and the Ayurveda Health Centre shall apply afresh for grant of certificate of registration.

260. Renewal of Registration.—Application for renewal of registration shall be made thirty days before the expiry of the validity of the certificate of provisional registration and, in case the application for renewal is made after the expiry of the provisional registration, the authority shall allow renewal of registration on payment of such fine, as may be prescribed.

261. Time-limit for Provisional Certificate.—Ayurveda Health Centres registered under provisional registration shall be assessed by the District Registering Authority and shall be granted permanent registration suited for the category or denied registration, if they fall below the minimum standard permitted within one year.

262. Application for Permanent Registration.—Application for permanent registration by a Ayurveda Health Centre shall be made to the authority in such form and be accompanied by such fees, as may be prescribed.

263. Verification of application.—The Ayurveda Health Centre shall submit evidence of the Ayurveda Health Centre having complied with the prescribed standards for the level of the category in such manner, as may be prescribed.

264. Standards for permanent registration.—(1) Permanent registration shall be granted only when an Ayurveda Health Centre fulfills the prescribed minimum conditions for registration by the Council.

(2) The registering authority shall inspect every registered establishment at least once in two years to check for compliance of the standards.

(3) Each permanent registration shall be valid for a period of three years following which it may be renewed prior to the expiry by payment of prescribed fees.

Late applications may be renewed by payment of prescribed fine.

265. Allowing or Disallowing of Registration.—The authority shall pass an order immediately after the expiry of the prescribed period and within the next thirty days thereafter either –

(a) allowing the application for permanent registration at a particular level of category; or

(b) disallowing the application;

Provided that the authority shall record its reasons, if it disallows an application for permanent registration.

266. Certificate of Permanent Registration.—The authority shall issue a certificate of permanent registration in such form and containing such particulars, as may be prescribed, if the authority allows an application.

267. Fresh Application for Permanent registration.—The disallowing of an application for permanent registration shall not debar an Ayurveda Health Centre from applying afresh for permanent registration under section 144 and after providing such evidence, as may be required, of having rectified the deficiencies on which grounds the earlier application was disallowed.

268. Cancellation of registration.—(1) If, at any time after any Ayurveda Health Centre has been registered, the authority is satisfied that,—

(a) the conditions of the registration are not being complied with; or (b) the person entrusted with the management of the Ayurveda Health Centre has been convicted of an offence punishable under this part of the Code, it may issue a show cause notice as to why its registration under this part of the Code should not be cancelled for the reasons to be mentioned in the notice.

(2) If after giving a reasonable opportunity to the Ayurveda Health Centre, the authority is satisfied that there has been a breach of any of the provisions of this part of the Code or the rules made thereunder, it may, without prejudice to any other action that it may take against such Ayurveda Health Centre, cancel its registration.

(3) Every order made under sub-section (1) shall take effect—

(a) where no appeal has been preferred against such order, immediately on the expiry of the period prescribed for such appeal, and

(b) where such appeal has been preferred and it has been dismissed, from the date of the order of such dismissal;

Provided that the authority, after cancellation of registration for reasons to be recorded in writing, may restrain immediately the Ayurveda Health Centre from carrying on if there is imminent danger to the health and safety of patients.

269. Inspection of registered Ayurveda Health Centres.—(1) The authority or an officer authorized by it, shall have the right to cause an inspection of, or inquiry in respect of any Ayurveda Health Centre, its building, laboratories and equipment and also of the work conducted or done by the Ayurveda Health Centre, to be made by such person or persons as it may direct and to cause an inquiry to be made in respect of any other matter connected with the Ayurveda Health Centre and that establishment shall be entitled to be represented thereat.

(2) The authority shall communicate to the Ayurveda Health Centre the views of that authority with reference to the results of such inspection or inquiry and may, after ascertaining the opinion of the Ayurveda Health Centre thereon, advise that establishment upon the action to be taken.

(3) The Ayurveda Health Centre shall report to the authority, the action, if any, which is proposed to be taken or has been taken upon the results of such inspection or inquiry and such report shall be furnished within such time, as the authority may direct.

(4) Where the Ayurveda Health Centre does not, within a reasonable time, taken action to the satisfaction of the authority, it may, after considering any explanation furnished or representation made by the Ayurveda Health Centre, issue such directions, as that authority deems fit, and the Ayurveda Health Centre shall, comply with such directions.

270. Power to enter.—The authority or an officer authorized by it may, if there is any reason to suspect that anyone is carrying on a Ayurveda Health Centre without registration, enter and search in the manner, prescribed, at any reasonable time and the Ayurveda Health Centre, shall offer reasonable facilities for inspection or inquiry and be entitled to be represented thereat:

Provided that no such person shall enter the Ayurveda Health Centre without giving sufficient notice of his intention to do so.

271. Finance and Accounts.—(1) The Council may fix fees for different categories of Ayurveda Health Centres, as may be prescribed.

(2) It shall be the responsibility of the Registrar of Ayurveda Health Centres to ensure that the amount is remitted to the State Council, on time.

272. Appeal.—(1) Any person, aggrieved by an order of the registering authority refusing to grant or renew a certificate of registration or revoking / revising a certificate of registration may, in such manner and within such period as may be prescribed, prefer an appeal to the State Council;

(2) Every appeal under sub-section (1) shall be made in such form and be accompanied by such fee as may be prescribed.

(3) After the receipt of any appeal under sub-section (1), the Appellate Authority shall after giving the appellant an opportunity of being heard in the matter, dispose of the appeal as expeditiously as possible.

273. Revision.—The Government may suo moto or on an application made to it by any applicant call for the records of any case in which an order has been passed by the Authority and if it appears to the Government, that the order is improper or illegal, after giving an opportunity of being heard to the concerned, the Government may pass such order as it deems fit.

CHAPTER IV

REGISTER OF AYURVEDA HEALTH CENTRES

274. Register of Ayurveda Health Centres.—(1) The authority shall maintain a register or digital format of Ayurveda Health Centres, registered by it and it shall enter the particulars of the certificate so issued in a register to be maintained in such form and manner, as may be prescribed by the Government.

(2) Each authority, including any other authority set up for the registration of Ayurveda Health Centres under any other law for the time being in force, shall supply in digital format to the State Registrar of Ayurveda Health Centres a copy of every entry made in the register of Ayurveda Health Centres in such manner, as may be prescribed to ensure that the State Register is constantly updated with the registers maintained by the registering authority in the State.

275. Maintenance of State Register of Ayurveda Health Centres.—The Council shall maintain in such form and containing such particulars, as may be prescribed by the Government, a register to be known as the State register of Ayurveda Health Centres in respect of Ayurveda Health Centres.

276. Penalty.—Whoever contravenes any provision of this part of the Act shall, if no penalty is provided elsewhere, be punishable for the first offence with fine which may extend to ten thousand rupees, for any second offence with fine which may extend to fifty thousand rupees and for any subsequent offence with fine which may extend upto five lakh rupees depending on the gravity.

277. Penalty for non registration.—(1) Whoever carries on a Ayurveda Health Centre without registration shall, on conviction for first offence, be punishable with a fine up to fifty thousand rupees, for second offence with fine which may extend to two lakh rupees and for any subsequent offence with fine which may extend upto five lakh rupees depending on the gravity.

278. Disobedience of order, obstruction and refusal of information.—

(1) Whoever willfully disobeys any direction lawfully given by any person or authority empowered under this Act to give such direction, or obstructs any person or authority in the discharge of any functions which such person or authority is required or empowered under this part of the Code to discharge, shall be punishable with fine which may extend to one lakh rupees.

(2) Whoever being required by or under this part of the Code to supply any information willfully withholds such information or gives information which he knows to be false or which he does not believe to be true, shall be punishable with fine which may extend to one lakh rupees.

279. Penalty for minor deficiencies.—Whoever contravenes any provision of this part of the Code or any rule made thereunder resulting in deficiencies that do not pose any imminent danger to the health and safety of any patient and can be rectified within a reasonable time, shall be punishable with fine which may extend to ten thousand rupees.

280. Offences by Companies.—(1) Where an offence under this part of the Code has been committed by a company, every person who at the time the offence was committed was incharge of and was responsible to the company or the conduct of the business of the company, as well as the company shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly: Provided that nothing contained in this sub-section shall render any such person liable to any punishment, if he proves that the offence was committed without his knowledge, or that he had exercised all due diligence to prevent the commission of such offence.

(2) Notwithstanding anything contained in sub-section (1), where any offence under this part of the Code has been committed by a company and it is proved that the offence has been committed with the consent or commission of, or is attributable to, any neglect on the part of any director, manager, secretary or other officer of the company such director, manager, secretary or other officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation.—For the purposes of this section,—

(b) “company” means any body corporate and includes a firm, a Co-operative society or other Association of individuals; and

(c) “director” in relation to a firm, means a partner in the firm.

281. Offences by Government Departments.—(1) Where an offence under this part of the Code has been committed by any Department of Government, the officer responsible shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly:

Provided that nothing contained in this section shall render such Head of the Department liable to any punishment if he proves that the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence.

(2) Notwithstanding anything contained in sub-section (1), where an offence under this part of the Code has been committed by a Department of Government and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any officer, other than the Head of the Department, such officer shall also be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

282. Recovery of fine.—Whoever fails to pay the fine, the Registrar of Ayurveda Health Centre may prepare a certificate signed by him specifying the fine due from such person and send it to

the Collector of the District in which such person owns any property or resides or carries on his business and the said Collector, on receipt of such certificate, shall proceed to recover from such person the amount specified thereunder, as if it were an arrear of land revenue and remitted to the State Council.

283. Protection of Action taken in good faith.—(1) No suit, prosecution or other legal proceedings shall lie against any authority or any member of the State Council or any officer authorized in this behalf in respect of anything, which is in good faith done or intended to be done in pursuance of the provisions of this part of the Code or any rule made thereunder.

(2) No suit or other legal proceedings shall lie against a State Government or the State Council in respect of any loss or damage caused or likely to be caused by anything which is in good faith done or intended to be done in pursuance of the provisions of this part of the Code or any rule made thereunder.

284. Furnishing of returns etc.—Every Ayurveda Health Centre shall, within such time or within such extended time, as may be prescribed in that behalf, furnish to the authority or the State Registrar such returns or the statistics and other information in such manner, as may be prescribed by the State Council, from time to time.

285. Power to give directions.—Without prejudice to the foregoing provisions of this part of the Code, the authority shall have the power to issue such directions, including furnishing returns, statistics and other information for the proper functioning of Ayurveda Health Centres and such directions shall be binding.

286. Employees of the Authority etc. to be public servants.—Every employee of the authority and the State Council while acting or purporting to act under the provisions of this part of the Code or any Rules made there under shall be deemed to be public servants within the meaning of section 21 of the Indian Penal

Code, 1860 (Central Act 45 of 1860).

287. Removal of difficulties.—(1) If any difficulty arises in giving effect to the provisions of this part of the Code, the Government as occasion may require, by order do anything not inconsistent with this part of the Code or the rules made there under which appears to them necessary for the purpose of removing the difficulty:

Provided that no such order shall be issued after the expiry of a period of two years from the date of commencement of this part of the Code.

(2) Every order issued under this section shall, as soon as may be after it is made, be laid before the Legislative Assembly.

288. Power to make rules.—(1) The Government may, by notification, in the Gazette make rules for carrying out all or any of the provisions of this part of the Code.

(2) In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matter, namely:—

(a) the conditions for registration under section 250;

(b) the pro forma and the fee to be paid for registration under subsection

(1) of section 252;

(c) the form and details of application under section 252;

(d) the particulars and information contained in certificate of provisional registration under section 253;

(e) the manner of publication of all particulars of the Ayurveda Health Centre proposed to be registered under section 254 (2);

(f) the fees to be paid to issue a duplicate certificate under section 256;

(g) the enhanced fine to be charged for renewal after expiry of provisional registration under section 258;

(h) the form of the application and fees to be charged for permanent registration under section 260;

(i) the manner of submitting evidence of the Ayurveda Health Centres having complied with the minimum standards under section 261;

(j) the manner of displaying information of the Ayurveda Health Centres having complied with the minimum standards for filing objection under section 262;

(k) the period within which the reasons to be communicated to the Ayurveda Health Centre under section 263;

(l) the expiry of period specified in section 263;

(m) the form and particulars of the certificate of registration under section 264;

(n) the manner of entry and inspection of Ayurveda Health Centre under section 267;

(o) the fees to be charged for different categories of Ayurveda Health Centres under sub-section (1) of section 269;

(p) the manner and the period within which an appeal may be preferred to the State Government under sub-section (1) of section 270;

(q) the form and the fee to be paid for an appeal under sub-section (2) of section 270;

(r) the form and the manner in which the register to be maintained under sub-section (1) of section 272;

(s) the manner of supply to the State Registrar in digital format the entry made in the register of Ayurveda Health Centres under sub-section (2) of section 272;

(u) the manner and the time within which the information is to be furnished under section 273;

(v) any other matter which is required to be or may be prescribed by the Government.

(3) Every rule made under this part of the Code shall be laid as soon as may be after it is made, before the Legislative Assembly, while it is in session, for a total period of Fourteen days, which may be comprised in one session or in two successive sessions and if, before the expiry of the session in which it is so laid or the session immediately following, the Legislative Assembly makes any modification in the rule or decides that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule.

PART V

SOLID WASTE MANAGEMENT

289. Application.—(1) This part of the Code shall apply to every municipality responsible for collection, segregation, storage, transportation, processing and disposal of solid waste.

(2) Government may by notification in the Gazette extend its application to any panchayat or such other areas as may be specified in the notification.

Explanation.—Municipality means the Municipality established under the Kerala Municipality Act, 1994 (20 of 1994) and Panchayat means the Panchayat established under the Kerala Panchayat Raj Act, 1994 (13 of 1994).

290. Definitions.—In these rules, unless the context otherwise requires,—

i. “anaerobic digestion” means a controlled process involving microbial decomposition of organic matter in the absence of oxygen;

- ii. “authorization” means the consent given by the Board or Committee to the “operator of a facility”;
- iii. “biodegradable substance” means a substance that can be degraded by micro-organisms;
- iv. “biomethanation” means a process which entails enzymatic decomposition of the organic matter by microbial action to produce methane rich biogas;
- v. “collection” means lifting and removal of solid wastes from collection points or any other location;
- vi. “composing” means a controlled process involving microbial decomposition of organic matter;
- vii. “demolition and construction waste” means wastes from building material debris and rubble resulting from construction, re-modeling, repair and demolition operation;
- viii. “disposal” means final disposal of municipal solid wastes in terms of the specified measures to prevent contamination of ground-water, surface water and ambient air quality;
- ix. “generator of wastes” means persons or establishments generating municipal solid wastes;
- x. “landfilling” means disposal of residual solid wastes on land in a facility designed with protective measures against pollution of ground water, surface water and air fugitive dust, wind-blown litter, bad odour, fire hazard, bird menace, pests or rodents, greenhouse gas emissions, slope instability and erosion;
- xi. “leachate” means liquid that seeps through solid wastes or other medium and has extracts of dissolved or suspended material from it;
- xii. “lysimeter” is a device used to measure rate of movement of water through or from a soil layer or is used to collect percolated water for quality analysis;
- xiii. “municipal solid waste” includes commercial and residential wastes generated in a municipal or notified areas in either solid or semi-solid form excluding industrial hazardous wastes but including treated bio-medical wastes;
- xiv. “operator of a facility” means a person who owns or operates a facility for collection, segregation, storage, transportation, processing and disposal of municipal solid wastes and also includes any other agency appointed as such by the municipal authority for the management and handling of municipal solid wastes in the respective areas;
- xv. “pelletisation” means a process whereby pellets are prepared which are small cubes or cylindrical pieces made out of solid wastes and includes fuel pellets which are also referred as refuse derived fuel;

xvi. “prescribed” means presented by rules issued by the Government;

xvii. “processing” means the process by which solid wastes are transformed into new or recycled products;

xviii. “recycling” means the process of transforming segregated solid wastes into raw materials for producing new products, which may or may not be similar to the original products;

xix. “segregation” means to separate the municipal solid wastes into the groups of organic, inorganic, recyclables and hazardous wastes;

xx. “State Board” means the Pollution Control Board of State;

xxi “storage” means the temporary containment of municipal solid wastes in a manner so as to prevent littering, attraction to vectors, stray animals and excessive foul odour;

xxii. “transportation” means conveyance of municipal solid wastes from place to place hygienically through specially designed transport system so as to prevent foul odour, littering, unsightly conditions and accessibility to vectors;

xxiii. “vadose water” water which occurs between the ground, surface and the water table that is the unsaturated zone;

291. Responsibility of municipal authority.—(1) Every municipal authority shall, within the territorial area of the municipality, be responsible for the implementation of the provisions of this part of the Code and for any infrastructure development for collection, storage, segregation, transportation, processing and disposal of solid wastes.

(2) The municipal authority or an operator of a facility shall make an application in the prescribed Form, for grant of authorization for setting up waste processing and disposal facility including landfills from the State Board.

(3) The municipal authority shall furnish its annual report to the State Board in such form as may be prescribed,

(a) to the State Board in case of Municipal Corporations;

(b) to the District Collector in case of all other Municipality or any other area notified by the Government with a copy to the State Board on or before the 30th day of June every year.

292. Responsibility of the State Government.—(1) The Secretary in-charge of the Department of Urban Development shall have the overall responsibility for the enforcement of the provisions of these part of the Code.

(2) The District Collector of the concerned district shall have the overall responsibility for the enforcement of the provisions of this part of the Code within the territorial limits of his jurisdiction.

293. Responsibility of the State Pollution Control Board and the State.—

(1) The State Board shall monitor the compliance of the standards regarding ground water, ambient air, leachate quality and the compost quality including incineration standards as may be prescribed.

(2) The State Board, after the receipt of application from the municipal authority or the operator of a facility for grant of authorization for setting up waste processing and disposal facility including landfills, shall examine the proposal taking into consideration the views of other agencies like the State Urban Development Department, the Town and Country Planning Department, Air Port or Air Base Authority, the Ground Water Board or any such other agency prior to issuing the authorization.

(3) The State Board shall issue the authorization in the prescribed Form to the municipal authority or an operator of a facility within forty five days stipulating compliance criteria and standards prescribed including such other conditions, as may be necessary.

(4) The authorization shall be valid for a given period and after the validity is over, a fresh authorization shall be required.

294. Management of municipal solid wastes.—(1) Any municipal solid waste generated in a city or a town, shall be managed and handled in accordance with the compliance criteria and the procedure as may be prescribed.

(2) The waste processing and disposal facilities to be set up by the municipal authority on their own or through an operator of a facility shall meet the specifications and standards as may be prescribed.

295. Annual Reports.—(1) The State Board shall prepare and submit to the Central Pollution Control Board an annual report with regard to the implementation of these rules by the 15th of September every year in the prescribed Form.

(2) The Central Pollution Control Board shall prepare the consolidated annual review report on management of municipal solid wastes and forward it to the Central Government along with its recommendations before the 15th of December every year.

296. Accident Reporting.—When an accident occurs at any municipal solid wastes collection, segregation, storage, processing, treatment and disposal facility or landfill site or during the transportation of such wastes, the municipal authority shall

forthwith report the accident in the prescribed Form to the District Collector.

Power to make rules.—(1) The Government may, by notification, in the gazette make rules for carrying out all or any of the provisions of this part of the Code.

(2) In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matter, namely:—

- (a) the form of application to be made under sub-section (2) of section 289;
- (b) the form annual report to be submitted under sub-section (3) of section 289;
- (c) the standards to be maintained under sub-section (1) of section 291;
- (d) the form and other condition of authorization under subsection (3) of section 291;
- (e) the compliance criteria and the procedure under section 292 (1);
- (f) the specifications and standards under sub-section (2) of section 292;
- (g) the form of annual report under sub-section (1) of section 293;
- (h) the form for reporting accident under section 294.

➤ v  *ff ct f ff* The provisions of this part of the code shall be in addition to, and not in derogation of the provisions of any Central Act or State Act on the subject.

Statement of Objects and Reasons

The Health Code Bill is being recommended to enact a complete code containing provisions to provide an efficient public health care assistance system and to regulate the functioning of all institutions established to dispense health care assistance to the public. The Bill deals with the Constitution of separate State Councils for different systems of medicines having power to grant or refuse registration of practitioners and to control the professional conduct of the registered practitioners and to lay down the standard to be maintained by them. Further there are provisions prescribing conditions to be satisfied by different categories of medical care centres, hospitals etc. There are also provisions intended to lay down the precautionary steps to be taken to prevent contagious diseases causing danger to the public. The object and reasons for the Bill are as indicated above.