1.1 The Monmouth County Regional Health Commission #1 is governed by the rules and regulations by the State of New Jersey as references in the New Jersey Statutes Annotated 26:3-1 – 26:3-82 Local Boards of Health; (Specifically) 26:3-83 – 26:3-94, Article 6. Regional Health Commission.

**26:3-83 Terms"municipality" and"board of health" defined**

The term”municipality," when used in this act, shall mean any township or incorporated municipality in New Jersey. The term "board of health," when used in this act shall mean the board of health in any municipality or township organized under the provisions of Title 26, chapter three, article one, Revised Statutes or other body having the powers of a board of health.
L.1938, c. 67, p. 177, s. 1.

**26:3-84. Formation of association for furnishing public health services**

Boards of health of 2 or more municipalities are hereby authorized to form an association to furnish such boards with public health services. Any board of health which desires to participate in such an association shall express its intention so to do by resolution. An association formed under the provisions of this act shall be known as a”regional health commission." Municipalities associating together to form a regional health commission may not withdraw therefrom for a period of 2 years after such municipality shall have joined such association.
L.1938, c. 67, p. 177, s. 2. Amended by L.1970, c. 60, s. 3.

**26:3-85. Composition of commission**

A regional health commission shall consist of two members from each board of health participating therein except that when more than seven boards of health participate; the commission shall consist of one member, or a designated representative, from each board. When an independent local board of health is in place, the members or representatives to serve on a regional commission shall be appointed by the board of health. In municipalities having no independent local board of health, members of
regional health commissions shall be appointed by the local governing body. Members shall serve on regional health commissions at the pleasure of the appointing authority. L.1938, c.67, s.3; amended 1991, c.127.

**26:3-86 Nature and amount of public health services of each board; report of activities, information.**

4. a. A regional health commission shall arrange annually with each board of health participating therein as to the nature and amount of public health services, approved by the Commissioner of Health and Senior Services of New Jersey, to be furnished by the said commission to such board of health and the sum to be paid by the board of health to the commission for such services. It shall report annually to each board of health participating therein, and to the State Department of Health and Senior Services, regarding its activities for the year.

b. The regional health commission shall maintain an Internet website. The purpose of the website shall be to provide increased public access to the regional health commission's operations and activities. The following information shall be posted, if applicable, on the regional health commission's website:

1. a description of the regional health commission's mission and responsibilities;

2. the budget once adopted for the current and immediately prior fiscal years. Commencing with the fiscal year next following the effective date of P.L.2011, c.167 (C.4:24-20.1 et al.), the budgets of at least three consecutive fiscal years shall be available on the website;

3. the most recent Comprehensive Annual Financial Report or other similar financial information;

4. the annual audit for the most recent and immediately prior fiscal years. Commencing with the fiscal year next following the effective date of P.L.2011, c.167 (C.4:24-20.1 et al.), the annual audits of at least three consecutive fiscal years shall be available on the website;

5. the regional health commission's rules, regulations, and official policy statements deemed relevant by the commissioners to the interests of the residents within the jurisdiction of the commission;

6. notice, posted pursuant to the "Senator Byron M. Baer Open Public Meetings Act," P.L.1975, c.231 (C.10:4-6 et seq.), of a meeting of the commission, setting forth the time, date, location, and agenda of the meeting;

7. the minutes of each meeting of the commission's board including all resolutions of the board and its committees for the current fiscal year. Commencing with the fiscal year next following the effective date of P.L.2011, c.167 (C.4:24-20.1 et al.), the approved minutes of meetings for at least three consecutive fiscal years shall be available on the website;

8. the name, mailing address, electronic mail address, if available, and phone number of every person who exercises day-to-day supervision or management over some or all of the operations of the regional health commission; and
a list of attorneys, advisors, consultants, and any other person, firm, business, partnership, corporation, or other organization which received any remuneration of $17,500 or more during the preceding fiscal year for any service whatsoever rendered to the regional health commission.

L.1938, c.67, s.4; amended 2011, c.167, s.6.

26:3-87. Authority of commission; treasurer; bond; disbursement of funds

A regional health commission shall have authority to receive funds from any source and expend such funds to furnish public health services to each board of health participating therein. The treasurer of a regional health commission shall be required to furnish bond in such amount and in such form as shall be approved by said commission. Said treasurer is authorized to pay from funds received by him for the use of the regional health commission bills approved by such commission. The treasurer of any municipality, the board of health of which participates in a regional health commission, is authorized to pay to the treasurer of the regional health commission such sum available for the use of the local board of health as may be approved by such board.

L.1938, c. 67, p. 178, s. 5.

26:3-88. Health officer, inspectors, nurses, etc.; terms; salaries

A regional health commission may employ a health officer, as hereinafter provided, to serve in part or all of the area in which it is rendering service who shall devote his full time to the duties of his office, and such inspectors, nurses, clerks and other employees, as may be necessary to perform the services it is authorized and has agreed to render. It shall fix the terms of office and the salaries of its employees.

L.1938, c. 67, p. 178, s. 6.

26:3-89. Restrictions in appointment of employees

A regional health commission shall be subject to the same restrictions in the appointment of employees as apply to a local board of health under the provisions of section 26:3-20 of the Revised Statutes.

L.1938, c. 67, p. 178, s. 7.

26:3-90. Appointment of agents

Before any person employed by a regional health commission shall act as an agent of a local board of health in any municipality, he shall be so appointed by such board.

L.1938, c. 67, p. 178, s. 8.
26:3-91. Persons already employed by boards of health; control and direction of work
Nothing in this act shall be construed to prohibit a board of health participating in a regional health commission from retaining persons already in its employ, but the work of such persons, insofar as it relates to matters over which the health officer furnished by the regional health commission has supervision in the municipality, shall thereafter be directed by such health officer.

L.1938, c. 67, p. 178, s. 9.

26:3-92. Powers, duties and jurisdiction of regional health commission
Each regional health commission shall have jurisdiction in matters of public health within the geographic area of the participating municipalities. It shall succeed to all powers and perform all the duties conferred and imposed upon the municipal boards of health which it shall have superseded and, in addition, shall have all the powers and perform all the duties within the geographic area of the participating municipalities which by law are conferred and imposed upon any township, city or other local board of health in this State.

L.1970, c. 60, s. 4.

26:3-93. Local board of health ordinances; enforcement
The ordinances of each local board of health of each municipality participating in any regional health commission shall remain in effect within the geographic area of such municipality, until altered or repealed by the regional health commission. Such ordinances may be enforced by and in the name of the regional health commission by proceedings instituted and prosecuted in any court having jurisdiction of such proceedings in such municipality. Ordinances of the regional health commission may be enforced by and in the name of the regional health commission by proceedings instituted and prosecuted in a court having jurisdiction of such proceeding in the region.

L.1970, c. 60, s. 5.

26:3-94. Employees
No regional health commission shall appoint any person as health officer, public health laboratory technician, sanitary inspector, veterinary meat inspector or plumbing inspector nor employ a person to do work ordinarily performed by a health officer, public health laboratory technician or an inspector of any of the classes named who is not the holder of a current license issued by the State Department of Health for the performance of such type and class of work. Each person who shall have been employed as a full-time employee of a local board of health or district health board, whose employment by such agency was governed by the provisions of the Civil Service law, and whose employment by such agency shall have been terminated by reason of the assumption of its activities and responsibilities by a regional health commission, shall be transferred to the regional health commission, shall be assigned duties comparable to those previously performed by him, and shall be entitled to and credited with all rights and privileges accruing to him by reason of his tenure in such previous office or position, the same as if the entire period of such previous employment had been in the position to which he shall have been transferred. His compensation shall be fixed by the board at not less than the amount received by him during the fiscal year proceeding the date he shall have been transferred to the regional health commission. Each person who shall have been employed as a full-
time employee, for a period of 2 years or more, of a local board of health or a district health board, whose employment by such agency was not governed by the provisions of the Civil Service law, and whose employment by such agency shall have been terminated by reason of the assumption of its activities and responsibilities by a regional health commission, shall be transferred to the regional health commission, shall be assigned duties comparable to those previously performed by him and shall be entitled to and credited with all rights and privileges accruing to him by reason of his tenure in such previous office or position, the same as if the entire period of such previous employment had been in the position to which he shall have been transferred. His compensation shall be fixed by the board at not less than the amount received by him during the fiscal year proceeding the date he shall have been transferred to the regional health commission. In the event employment by the regional health commission to which a person is transferred pursuant to this act is governed by the provisions of the Civil Service law, the regional health commission shall certify to the Civil Service Commission the entitlement of such person to those rights and privileges to which he shall be entitled and which he shall be credited pursuant to this act. In such event, the Civil Service Commission shall appropriately classify such person in the competitive civil service without examination; such person shall thereafter be subject to all the provisions of the Civil Service law with regard to the terms of his employment, promotion, tenure, classification, compensation and like matters. Every person who shall have been employed as a part-time employee of a local board of health, for a period of 2 years or more and whose employment by such agency shall have been terminated by reason of the assumption of its activities and responsibilities by a regional health commission, shall be placed on a preferential re-employment list for a period of at least 2 years for positions in the regional health commission requiring the same licensure and type and class of work.

L.1970, c. 60, s. 6.

1-2 Positions/Job Descriptions

Administrative Assistant – Under the direction of the Health Officer and the Office Coordinator, performs work necessary to maintain records, perform clerical work of a varied nature, acts as primary receptionist.

Assistant to the Epidemiologist – Under the direction of the Health Officer, Public Health Epidemiologist and the Monmouth Public Health Consortium, provides communicable disease services to the “Consortium “ towns. Uses the State developed Communicable Disease Reporting and Surveillance System (CDRSS) to report and maintain individual patient records as required by the NJDOH.

Bookkeeper/Human Resources/Benefits Coordinator – Performs daily bookkeeping to maintain financially reliable records, performs administrative work of a varied nature. Responsibilities include all financial data, A/R, A/P, collections, tracking, reporting, financial aspects of grants and researching Human Resources Contact and function – gathers and maintains all personnel records. Maintains history.

Communicable Disease Case Investigator - Under direction of the MCRHC Health Officer, performs the work of a Communicable Disease Case Investigator involved in the investigation, tracking,
reporting and maintaining records of communicable diseases occurring in the MCRHC towns and local health departments which are part of the Monmouth Public Health Consortium (MPHC). Said duties are to be conducted in accordance with all regulations of the State of New Jersey Department of Health (NJDOH). Utilize NJDOH-developed Communicable Disease Reporting and Surveillance System (CDRSS) to report and maintain reportable disease data as required by NJDOH. Training on CDRSS is required and provided by NJDOH’s Communicable Disease Service.

Health Educator – Monmouth County Public Health Consortium – Under direction assesses individual and community health needs; plans, implements and evaluates effective health education and promotion programs; serves a resource person in health education, and communicates health and health education needs, concerns and resources; performs related work as required.

Health Officer – Chief Executive Officer of the MCRHC who recommends local public health policies. Plans, develops, coordinates, directs the work programs and staff of the MCRHC. Serves as general agent and directs enforcement of public health laws for the MCRHC.

Office Coordinator/Commission Secretary – Serves as the main administrative manager and support person to the staff, responsible for the maintenance of all inspection and complaint records and multiple, varied state mandated reporting documents involving all facets of local public health department issues. Directs and supervises the Administrative staff. Acts as secondary receptionist for the MCRHC. Secretary to the to the Commission, liaison to Commission Representatives throughout monthly meeting process, assists Health Officer as needed and performs other Commission functions as needed. Leads Administrative and Communication staff meetings.

Part-Time Administrative Assistant – Under direction of the Health Officer and Officer Coordinator, performs work necessary to maintain records, performs clerical work of a varied nature, acts as receptionist. Works collaboratively with all administrative staff.

Part-Time Chief Financial Officer - Under direction of the MCRHC Health Officer, manages the fiscal/financial operation of MCRHC through reviewing expenditures for compliance with budget policies, verifying accuracy of processed fiscal actions, estimating revenues and expenditures, monitoring internal financial controls, developing budgeting systems, evaluating the organization’s financial condition, audits and notes; does other related duties as required.

Principal Registered Environmental Health Specialist - Under supervision of the Health Officer is responsible for the food sanitation program, investigation of environmental concerns, inspection of wells and septic systems, investigation of lead poisoning cases and the outbreaks of communicable disease, inspection of pools, schools and other matters or facilities that fall under state and local health sanitary codes. Coordinates and directs the activities of the other REHS staff. Leads REHS staff meetings.

Public Health Epidemiologist – Under the direction of the Health Officer, plans, organizes and implements an epidemiological public health program; provides consultation and advice to health care providers, infection control professionals and others; may supervise staff involved in investigative
activities; does other related work. Reports to: the MCRHC Health Officer and to the entire Monmouth Public Health Consortium.

Public Health Nurse – Under direction, teaches, counsels, assists in conducting epidemiological investigations and provides public health nursing services in homes, clinics and schools to individuals and families in the community; uses knowledge of nursing, social and public health sciences to promote and protect the health of populations through the performance of core public health functions and the delivery of essential public health services; does related work as required.

Registered Environmental Health Specialist -1 (REHS-1) - Under supervision of the Health Officer and Principal Registered Environmental Health Specialist, is responsible for the food sanitation program, investigation of environmental concerns, inspection of wells and septic systems, investigation of lead poisoning cases and the outbreaks of communicable disease, inspection of pools, schools and other matters or facilities that fall under state and local health sanitary codes.

Registered Environmental Health Specialist-2 (REHS-2) - Under supervision of the Health Officer and Principal Registered Environmental Health Specialist, is responsible for the food sanitation program, investigation of environmental concerns, inspection of wells and septic systems, investigation of lead poisoning cases and the outbreaks of communicable disease, inspection of pools, schools and other matters or facilities that fall under state and local health sanitary codes.

Senior Registered Environmental Health Specialist – Under supervision of the Health Officer and Principal Registered Environmental Health Specialist, is responsible for the food sanitation program, investigation of environmental concerns, inspection of wells and septic systems, investigation of lead poisoning cases and the outbreaks of communicable disease, inspection of pools, schools and other matters or facilities that fall under state and local health sanitary codes. This position also assists the health Officer in day-to-day coordination of environmental activities performed by this position and other REHS staff.

Minimum and Maximum Salary Ranges

1-3.1 Establishing and Fixing 2018-2020 Salaries for Various Employees

Editor’s note: Prior ordinances codified herein include versions of Ordinance No.8, original version published October 2013, beginning 13-08 adopted and edited through 18-08.

1-3.2 Definitions

a. Salary. The term “salary” shall mean a fixed regular payment typically paid on a monthly or bi-weekly basis but often expressed by an annual sum.
### Salary Ranges

#### a.
Pursuant to N.J.S.A. 40A:9-165 and 26:3-88, the Commission hereby sets the following salary ranges for the registered environmental health specialists, public health nurse, office coordinator/secretary to the commission, administrative assistants, bookkeeper/benefits coordinator and communicable disease case investigator, effective January 1, 2018 for all new hires, and to all employees employed as of the ratification date of the 2018-2020 contract. The following tiers will go into effect:

**2018 – 2.0%**

<table>
<thead>
<tr>
<th>TITLE</th>
<th>MINIMUM SALARY</th>
<th>MAXIMUM SALARY</th>
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</thead>
<tbody>
<tr>
<td>Principal REHS</td>
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<td>Senior REHS</td>
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<tr>
<td>Public Health Nurse</td>
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<tr>
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<td>$30,000</td>
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<tr>
<td>Administrative Assistant</td>
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</tr>
<tr>
<td>Communicable Disease Case Investigator</td>
<td>$32,000</td>
<td>$50,000</td>
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**2019 – 2.0%**

<table>
<thead>
<tr>
<th>TITLE</th>
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<td>$65,000</td>
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<td>$45,000</td>
</tr>
<tr>
<td>Communicable Disease Case Investigator</td>
<td>$32,000</td>
<td>$50,000</td>
</tr>
</tbody>
</table>
1-3.4 Pursuant to N.J.S.A. 40A:9-165 & 26:3-83 et seq, the Commission hereby sets the following salaries and compensations for the health officer, part-time chief financial officer, part-time, per diem or seasonal employees, effective January 1, 2018:

<table>
<thead>
<tr>
<th>TITLE</th>
<th>MINIMUM SALARY</th>
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<tbody>
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<tr>
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<td>Administrative Assistant</td>
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</tr>
<tr>
<td>Communicable Disease Case Investigator</td>
<td>$32,000</td>
<td>$50,000</td>
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1-3.5 **PROCEDURE FOR PUBLIC SALE OF CAPITAL PROPERTY**

When Capital property purchased by the Monmouth County Regional Health Commission #1 becomes obsolete and is no longer being used by Monmouth County Regional Health Commission #1, the following procedures shall be followed to authorize the disposal of said property.

1. A minimum market value shall be determined by the Finance Office, preapproved by the Health Officer and presented to the Commissioners for a motion and formal vote.
2. Property shall be offered to member and contract towns of the Monmouth County Regional Health Commission #1 at the minimum price agreed to by the Commission.

3. Offers shall be taken and recorded by the Bookkeeper. Should multiple towns desire the same piece of property, the property shall be sold for the best price. Notification will be sent to each interested town advising of the results of the sale.

4. If our member or contract towns do not show an interest in purchasing property, it can be placed in a public auction.

5. Where Capital Property is a vehicle, the Health Officer has the option to trade vehicle in to dealership offsetting cost of new / leased vehicle.

6. If the property is not disposed of by any of the above means, the MCRHC may seek to donate the property to a charitable organization. This action shall be decided and authorized by the Health Officer and reported to the Commission thus expediting the procedure.

7. As an alternative, the Health Officer with the input from the Finance Office, may declare the property as having no monetary value and authorize its disposal.

8. Regardless of how the surplus property is disposed of, a report for the disposal of property shall be given by the Health Officer to the Commission following disposal. This report will be available upon OPRA request to the general public.

9. Capital items no longer part of usable inventory will be so noted in the “Fixed Assets Database – Capital Inventory” and will be provided to the MCRHC Auditors during the annual audit. This includes items sold.

<table>
<thead>
<tr>
<th>Chapter 1. Administration</th>
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<tr>
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