



ANNAPOLIS VALLEY DISTRICT HEALTH AUTHORITY  
DISTRICT ADMINISTRATIVE POLICY AND PROCEDURE

Section: Quality and Risk / Health  
Information

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Title: Legally Mandated Notifications

Source: Director of Risk Management  
and Patient Safety

Last Revised: May 13, 2009

**NOTE:**

Sections of this policy have been replaced by  
[NSHA IPC-CD-030 Reporting of Notifiable Diseases and  
Conditions](#)

**Purpose:** Several different legislations in Nova Scotia Health mandate health providers and authorities to report specific information. This policy is created to identify those specific situations.

**Policy**

The following list of legally mandated notifications are specific exclusions to the principle of confidentiality set out in section 71 of the *Hospitals Act*, R.S.N.S. 1989, c. 208. Medical and AVH Staff are required to comply with the following notification procedures. For a complete list of statutory reporting requirements, Medical Staff are expected to refer to the College of Physicians and Surgeons of Nova Scotia "Statutory Reporting Requirements: A Guide for Nova Scotia Physicians" ( issued April 30, 2003).

If a Medical Staff member is unsure whether reporting is required, they should contact the Risk Management Department/or the Administrator on call.

**Unexpected Death: Notification to the Medical Examiner**

1. (i) In accordance with s. 10(1) of the *Fatality Investigation Act*, S.N.S. 2001, c.31, where a person dies while in a health care facility within the Annapolis Valley District Health Authority and there is reason to believe that:
  - (a) the death occurred as the result of violence, suspected suicide or accident;
  - (b) the death occurred as the result of suspected misadventure, negligence or accident on the part of the attending physician or staff;
  - (c) the cause of death is undetermined;
  - (d) a stillbirth or neonatal death has occurred where maternal injury has

- occurred or is suspected either before admission or during delivery; or
- (e) the death occurred within ten days of an operative procedure or under initial induction, anesthesia or the recovery from anesthesia from that operative procedure

The person responsible for that facility, or the physician, shall immediately notify a medical examiner or an investigator.

(ii) The notification may be made by telephone.

(iii) The person making the notification must document it in the patient's health care record.

(iv) Cases where an adverse event is immediately obvious must be entered into Adverse Event Management System (AEMS). Other cases that will be entered into the Mortality and morbidity triggers intranet site for review by Interdisciplinary Mortality and Morbidity Review Committees.

(i) In accordance with s. 10(2) of the *Fatality Investigation Act*, where a person is declared dead on arrival or dies in one of Annapolis Valley District Health Authority's emergency departments as a result of circumstance referred to in section 1, the physician in charge of the emergency department, or his/her physician delegate shall immediately notify the Medical Examiner's Office.

(ii) The notification may be made by telephone.

(iii) The physician who makes the notification shall write, date and sign a notation documenting it in the patient's health care record.

2. (i) Where a person who is an inmate dies while in a hospital or a facility of the Annapolis Valley District Health Authority, the person in charge of that institution or the person detaining or having custody of the deceased person shall immediately notify a medical examiner or an investigator. The notification may be made by telephone. The person who makes the notification shall write, date and sign a notation documenting it in the patient's health care record.

(ii) In accordance with the *Geneva Conventions Act, R.S.C. 1985, c. G-3 Schedule IV, Chap XI, Article 129A*, a physician must prepare a death certificate stating cause of death of an internee and the conditions under which death occurred.

3. If the Medical Examiner decides not to perform an autopsy and there is:

- (a) medical or educational benefit to be gained by an autopsy, or
- (b) the Substitute Decision Maker (SDM) as defined in the Medical Consent Act have requested an autopsy the most responsible physician, or his/her physician delegate, shall seek consent to perform an autopsy (including the extent of the autopsy) from the individual legally responsible for the remains of the deceased patient.

### **Stillbirth: Notification to Registrar General**

According to section 3 of the *Vital Statistics Act, R.S.N.S. 1989, c.494*, every person who assists at a stillbirth shall, within twenty-four (24) hours, deliver or mail to the Registrar of Vital Statistics a completed notice of the birth or stillbirth. A copy must be filed in the patient's health record. A physician shall complete a medical certificate indicating the cause of the stillbirth and provide the same to the funeral director.

### **Registration of Death: Notification to Funeral Director**

According to section 17(4) of the *Vital Statistics Act, R.S.N.S. 1989, c.2*, the medical practitioner who was last in attendance during the last illness of the deceased or the coroner who conducts an inquest on the body or an inquiry into the circumstances of the death shall, upon the request of the funeral director, complete a medical certificate in the prescribed form and cause it to be delivered to the funeral director.

### **Reporting "Accidents" to the Department of Labour:**

1. A serious adverse event involving an explosion at an AVH site, and/or the work-related bodily injury or death of an AVH employee must be reported to the NS Department of Labour. Section 63 of the NS OH&S Act requires that written notice be given to the Director of the OHS Division of the Department of Labour as follows:
  - a. of a fire or accident at the workplace that occasions bodily injury to an employee, within seven days of its occurrence.
  - b. of an accidental explosion at the workplace, whether any person is injured or not, within twenty-four hours of its occurrence.
  - c. where at a workplace a person is killed from any cause or is injured from any cause in a manner likely to prove fatal, within twenty-four hours of the occurrence of the death or injury.
2. The HR Manager, Occupational Safety, Health and Wellness (or delegate) is responsible for making a report to the Department of Labour, as described above. In most cases, a true copy of the completed Workers' Compensation Board Accident Report Form shall be delivered to the Director as sufficient written notice.
3. In the event of an explosion at an AVH site, and/or the work-related bodily injury or death of an AVH employee, the HR Manager, Occupational Safety, Health & Wellness (or delegate) shall be immediately contacted. The HR Manager, Occupational Safety, Health & Wellness (or delegate) shall immediately advise the NS Department of Labour by phone and request direction on the release or continued security of the event scene.

### **Notifiable Disease(s) Notification to Medical Health Officer**

1. Refer to NSHA IPC-CD-030 Reporting of Notifiable Diseases and Conditions.
- 1.2. Any physician who attends, treats, or makes a diagnosis of cancer must report the diagnosis within 10 days to the Executive Director of the Cancer Treatment and Research Foundation of Nova Scotia or such other person designated by the Minister

of Health, as per s.101 of the Health Act.

### **Suspected Adult Abuse: Notification to Minister of Community Services**

1. Under s. 5 (1) of the *Adult Protection Act, R.S.N. S. 1989 c.2*, every person who has information that suggests an adult is in need of protection must report the information to the Department of Health. This may include physical abuse, mental cruelty, neglect or inability to care for oneself by reason of a disability.
2. Failure to report is an offence under sections 16 and 17 of the Act and can result in a fine and/or imprisonment.
3. According to section 5(2) of the Act, no action lies against a person reporting the information unless the reporting is done maliciously or without reasonable and probable cause.

### **Patient or resident is, or is likely to be, abused: Notification: Persons in Care Act.**

In accordance with section 5(1) of the Protection for Persons in Care Act, S.N.S. 2004,c 33, a service provider who has a reasonable basis to believe that a patient or resident is, or is likely to be, abused shall promptly report the belief, and the information on which it is based, to the Minister or the Minister's delegate. This duty to report applies even if the information on which the person's belief is based is confidential and its disclosure is restricted by legislation or otherwise. No action or other proceeding may be brought against a person for making a report of abuse in good faith in compliance with this Act.

### **Suspected Child Abuse: Notification to Minister of Community Services**

1. Every person, including a physician, who has information, whether or not it is confidential or privileged, indicating that a child is "in need of protective services", must report the information to the Department of Community Services (Children's Aid Society) in accordance with sections 23 and 24 of the *Children and Family Services Act, S.N.S. 1990, c.5*.

Every physician who has reasonable grounds to suspect that a child is or may have suffered abuse or neglect must report the suspicion and the information upon which it is based to the Department of Community Services, as required by section 24(1)(a) of the *Children and Family Services Act*.

2. Failure to report is an offence under the Act and can result in a fine and/or imprisonment. According to the Act, no action lies against a person reporting the information unless the reporting is done maliciously or without reasonable and probable cause.

### **Decision Not to Seek Consent for Organ and Tissue Donation: Notification to Hospital Administration**

1. Under section 6A(2) of the *Human Tissue Gift Act, R.S.N.S. 1989, c.215*, when a person dies in a hospital and consent has not been given to remove organs

and tissue, permission for consent shall not be requested where the physician determines that

- (a) no tissue could be used for transplant purposes because of the condition of the body of the deceased person and of the tissue thereof;
- (b) there is no need for the use of any tissue from the body of the deceased person for transplant purposes; or
- (c) the emotional and physical condition of the person from whom permission is required to be requested makes the request inappropriate.

2. The physician must report the reasons for the determination to the administrator of the hospital in accordance with section 6A(3) of the *Act*. According to section 6A(4) of the *Act*, the hospital shall then make a report to the Minister of Health and Fitness regarding same.

### **Unsafe to Drive Voluntary Notification to Registrar of Motor Vehicles**

When a physician is of the opinion that a patient has a mental or physical condition or disability that make it unsafe for the patient to drive, he/she may report to the Nova Scotia Registrar of Motor Vehicles, in accordance with section 279(7)-(8) of the *Motor Vehicle Act, R.S.N.S. 1989, c.293*. No action can be brought against a physician reporting under this section.

### **Workers' Compensation Board Notification**

1. Under *Workers Compensation Act, S.N.S. 1995-95 c.10, s.109(a)*, a physician consulted by a worker claiming compensation must provide the Workers' Compensation Board with any information requested and provide the worker with all reasonable information necessary to establish a claim.
2. For all events where an AVH employee experiences a work-related injury or illness that requires medical attention and/or where there is time lost from work, an Accident Report must be made to the WCB. The AVH Occupational Health Nurse Team Leader is responsible to submit that report to the WCB within five business days of AVH being notified of the injury/illness.

### **Disclosure of Confidential Medical Information**

When a physician or health care professional has a reason to believe that a failure to disclose confidential information could pose a **serious** or **imminent** danger to the well-being of a person, the physician or health care professional is required to disclose this medical information. **If a physician or health care professional is unsure whether reporting is required, they should contact the AVH Risk Management Department or, after hours, the administrator on duty.**

### **Gunshot Wounds notification: Mandatory Reporting Act**

Effective June 1, 2008, the *Gunshot Wounds Mandatory Reporting Act* requires that every hospital, facility or service that treats an individual for a gunshot shall disclose to the local police service:

- (a) the fact that an individual is being treated, or has been treated for a gunshot wound;
- (b) the individual's name, if known; and
- (c) the name and location of the hospital, facility or service.

This requirement applies whether or not the treatment by an employee of a hospital, facility or service is at the premises of the hospital, facility or service.

The disclosure must be made orally by the prescribed person as soon as it is reasonably practicable to do so without interfering with the individual's treatment or disruption the regular activities of the hospital, facility or service.

### **Other Notifications**

1. In accordance with *section 19(9)(c) of the Canadian Transportation Accident Investigation and Safety Board Act, S.C., 1989, c.3*, when an investigator believes on reasonable grounds that a physician has information concerning a patient that is relevant to an investigation regarding a transportation occurrence, he/she may, by written notice, require the physician to provide him/her with the information. If a physician refuses to provide such information, an order may be sought by the investigator which may result in fines or imprisonment.
2. In accordance with the *Controlled Drugs and Substances Act, S.C. 1996, c.19, Narcotics Control Regulations 54 and 55(1)*, physicians must keep records of narcotics which are consumed by patients and provide information to inspectors. Physicians must also report loss or theft of a narcotic to the police or RCMP within ten days of discovery.
3. In accordance with section 6.5 of the *Aeronautics Act, R.S.C. 1985, c.A-2*, if a physician believes a patient is a flight crew member, air traffic controller or holder of an aviation document that requires medical fitness, a physician shall report to a medical advisor designated by the Minister of Transport any condition that in the physician's opinion is likely to constitute a hazard to aviation safety. No legal, disciplinary or other proceedings lie against a physician for reporting in good faith under this section of the Act.
4. In accordance with section 35 of the *Railway Safety Act, R.S.C. 1985, c.32 4th Supp.*, a physician who believes, on reasonable grounds, that a patient in a position critical to safe railway operations has a condition that is likely to pose a threat to safe railway operations, after taking reasonable steps to notify the patient, must without delay notify the physician specified by the railway company and send a copy to the patient. No legal, disciplinary or other proceedings lie against a physician for anything done by that physician in good faith in compliance with this section.