



## SOUTH SHORE DISTRICT HEALTH AUTHORITY

<b>TITLE:</b> Legally Mandated Reporting	<b>NUMBER:</b> SSH-AD-110-240
<b>Effective Date:</b> 2014-03-12 (YYYY-MM-DD)	<b>Page</b> 1 of 12
<b>Review Date:</b> 2017-03-12 (YYYY-MM-DD)	
<b>Applies To:</b> All South Shore Health staff, physicians and volunteers	
<b>Source:</b> Risk Management	<b>Approved by:</b> Senior Leadership 2014-03-11

### NOTE:

Sections of this policy have been replaced by

[NSHA IPC-CD-030 Reporting of Notifiable Diseases and Conditions](#)

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## DEFINITIONS

**Regulated health professional:** A health professional that is licensed or registered to provide health care under an act of the province specific to their profession and who provides health care or who is a member of a class of persons prescribed as regulated health professionals.

## POLICY

All regulated health professionals are required to comply with provincial statutory reporting requirements as outlined in this policy and on the Duty to Report Brochure –

In addition, Medical Staff are expected to refer to the College of Physicians and Surgeons of Nova Scotia “Guidelines for Reporting Requirements for Nova Scotia Physicians” (issued December 9<sup>th</sup>, 2011).

Volunteers and/or non-regulated health care providers that are witness to or have information relative to the reporting requirements outlined in this policy have a responsibility to report to their direct supervisor and participate in any of the reporting requirements.

If unsure whether reporting is required, contact the Risk Manager or delegate.

## **PROCEDURE**

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

1. The physician must notify to the Medical Examiner in accordance with s. 10(1) of the *Fatalities Investigation Act, S.N.S. 2001, c.31*, where a person dies while in any health care facility of South Shore District Health Authority (SSDHA) and there is reason to believe that the death is:
  - (a) The result of violence, suicide or accident;
  - (b) The result of suspected misadventure, negligence or accident (i.e. patientfall);
  - (c) Of undetermined cause;
  - (d) Within ten days of an operative procedure, or under initial induction, anaesthesia or the recovery from anaesthesia.
  - (e) A stillbirth or neonatal death where maternal injury has occurred or is suspected either before admission or during delivery;
  - (f) Unexpected as the person was in good health;

- (g) Of a person not under the care of a physician;
- (h) The result of improper or suspected negligent treatment; or
- (i) Caused by/or connected to the person's employment

2. Where a person is declared dead on arrival or dies in one of SSDHA'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 notify the Medical Examiner's Office immediately.

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/client's health record. In the case of item (e) the physician, or his/her physician delegate, shall complete a SSDHA Incident Report in accordance with SSDHA Administrative policy #AD-110- 203.

### **Notification of Live Birth or Stillbirth to Registrar of Vital statistics**

According to the *Vital Statistics Act, R.S.N.S. 1989, c.494*, every person who assists at a live birth or 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. If the midwife was the primary care giver for a mother delivering a stillbirth, the section of the form requiring a cause of death must be completed by a physician.

Stillbirths of greater than 20 weeks are sent to IWK for pathological investigations with consent of parent(s).

### **Completion of Medical Certificate of Death**

According to section 17(4) of the *Vital Statistics Act, R.S.N.S. 1989, c.2*, for Medical Examiner cases, the Medical Examiner who conducts an inquest on the body or an inquiry into the circumstances of the death shall complete a medical certificate of death in the

form and deliver to the funeral director. SSH staff write the patient's name and demographic information on the form and send the original certificate with the remains.

For all other deaths, the physician or the nurse practitioner who was last in attendance during the last illness of the deceased shall complete the medical certificate of death within 24 hours. The original medical certificate accompanies the body to the morgue with a copy sent to Health Records.

### **Notifiable Disease Notification to Medical Officer of Health**

1. Refer to [NSHA IPC-CD-030 Reporting of Notifiable Diseases and Conditions](#).
2. A diagnosis of cancer must be reported within 10 days to the Executive Director of the Cancer Treatment and Research Foundation of Nova Scotia. All laboratory reports from colon screening and breast cancer tests are sent directly to Cancer Care Nova Scotia from the Lab. All other positive pathological reports are forwarded by Health Information staff to CCNS.

### **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 in accordance with section 23 of the *Children and Family Services Act, S.N.S. 1990, c.5*.
2. Every person 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 the *Children and Family Services Act*.
3. 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.

**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 Community Services. 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 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.

### **Protection of Persons in Care (PPC) Act**

In accordance with the Nova Scotia Protection of Persons in Care (PPC) Act, the SSDHA is responsible for taking measures to prevent abuse and to investigate allegations of abuse involving SSDHA patients and residents to foster a caring environment free from abuse. Any suspicion involving SSDHA staff, volunteers, students or physicians is to be reported to the Risk Manager/Delegate.

All staff, physicians, volunteers and any person who provides care on behalf of the District has a duty to report abuse to the Department of Community Services. The PPC Act may be accessed by the following web link:

[www.gov.ns.ca/legislature/legc/bills/59th\\_1st/3rd\\_read/b110.htm](http://www.gov.ns.ca/legislature/legc/bills/59th_1st/3rd_read/b110.htm)

### **Decision Not to Seek Consent for Organ and Tissue Donation**

Bill 121 (An Act Respecting human organ and Tissue Donation) is currently in the planning stages. Reporting requirements will significantly change at that time. The following requirements are in effect until further notice.

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 on Form # AD-0411 Checklist for Pronouncement of Death in accordance with section 6A(3) of the *Act*.

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

When a physician or nurse practitioner is of the opinion that a patient/client has a mental or physical condition or disability that makes it unsafe for the patient to drive, he/she must report to the Nova Scotia Registrar of Motor Vehicles, in accordance with the *Motor Vehicle Act R.S.N.S. 1989, c.293*. No action can be brought against the person reporting under this section.

### **Workers' Compensation Notification**

Under Workers' Compensation Act, S.N.S. 1994-95 c.10, s.109(a), a physician, surgeon, hospital official or other health care professional consulted by a worker claiming compensation must provide the Workers' Compensation Board (WCB) with **any** information requested and provide the worker with all reasonable information or other assistance necessary to establish a claim.

As an employer, SSH is required to report all employee on-the-job injuries to WCB through SSH's Occupational Health & Safety Office.

### **Gunshot Wounds 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 law enforcement:

- 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 verbally by the attending physician or nurse practitioner 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. The *Transportation Accident Investigation and Safety Board Act, S.C., 1989, c.3, section 19*, when an investigator has reasonable grounds to believe that a physician has information concerning a patient that is relevant to an accident investigation, he/she may, by written notice, require the physician to report that information. If a physician refuses to provide such information, a court order can be sought by the investigator, which may result in fines and/or imprisonment.
2. The *Controlled Drugs and Substances Act, S.C. 1996, c.19, Narcotics Control Regulations 54 and 55(1)*, physicians and health care facilities must keep records regarding narcotics and provide information to inspectors. Physicians must also report loss or theft of a narcotic and "targeted substances" such as benzodiazepines to the police or RCMP within ten days of discovery.
3. The *Aeronautics Act, R.S.C. 1985, c.A.2*, physicians must report any patient, who a physician believes on reasonable grounds, is a flight crew member, an air traffic controller or holds a Canadian aviation document when the physician believes that the patient has a medical or optometric condition that is likely to constitute a hazard to aviation safety.



4. The Railway Safety Act, R.S.C. 1985, c.32 requires physicians to make a report when they have reasonable grounds to believe that a patient is a person who holds a position that is critical to railway safety and physicians are of the opinion that the patient has a condition that is likely to pose a threat to railway operations.

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## REFERENCES

SSDHA Incident report in accordance with SSDHA Administrative policy #AD-110-203.

*Adult Protection Act, R.S.N.S. 1989*

*Children and Family Services Act, S.N.S. 1990, c.5*

College of Physicians and Surgeons of Nova Scotia “Guidelines for Reporting Requirements for Nova Scotia Physicians” (issued December 9<sup>th</sup>, 2011).

*Controlled Drugs and Substances Act, S.C. 1996, c.19, Narcotics Control Regulations 54 and 55(1)*

*Fatalities Investigation Act, S.N.S. 2001*

*Gunshot Wounds Mandatory Reporting Act, June 2008*

*Health Protection Act, R.S.2004*

*Human Tissue Gift Act, R.S.N.S. 1989, c.215*

*Motor Vehicle Act R.S.N.S. 1989, c.293.*

*Transportation Accident Investigation and Safety Board Act, S.C., 1989, c.3, s.19*

*Vital Statistics Act, R.S.N.S. 1989,*

*Workers’ Compensation Act, S.N.S. 1995-95 c.10, s.109(a).*

## RELATED DOCUMENTS

### Appendix A – Duty To Report Brochure – Sample Only

#### DUTY TO REPORT

Under the Personal Health Information Act, Health Care Workers **have a legal duty to maintain confidentiality**. Occasionally, the duty to maintain confidentiality conflicts with other duties and/or legal obligations, which require health care workers to disclose information about a patient without the patient's consent.

#### Health care workers have a Duty to Report in the following situations:

- A patient is a suspected victim of physical abuse, mental cruelty or neglect and is unable to protect themselves due to physical disability or mental infirmity.  
**Department of Health & Wellness:  
1-800-225-7225**
- A patient is not receiving adequate care and attention and is not capable of caring for themselves due to physical disability or mental infirmity.  
**Department of Health & Wellness:  
1-800-225-7225**
- In any situation where a child is a suspected victim of abuse or substantial neglect.  
**Family and Children's Services:  
543-4554/543-7537  
After hours 1-866-922-2434**
- A patient is a victim of abuse from a healthcare worker while receiving care in a healthcare facility.  
**Continuing Care Intake Line  
at 1-800-225-7225**
- A patient is infected, or there is good reason to believe that a patient is infected with a notifiable disease based on clinical presentation or lab results.

**Public Health Services: 543-0850 or 902-473-2222** (QEII Locating for Medical Officer)

- A person has died unexpectedly as a result of violence, accident or suicide.  
**Medical Examiner: 902-424-2722 or 1-888-424-4336**
- A patient has received treatment for a gunshot wound resulting from a registered gun, BB, pellet, paintball, etc. This will be reported by a physician/NP of a hospital, facility or service whether the treatment has occurred within or outside a hospital, facility or service.  
**Police departments:- FMH 634-8674; QGH- 354-5721; SSRH 543-2464**

When staff members/teams are faced with any of the situations described above:

- 1) Notify Unit Manager or Designate
  - 2) Notify Risk Manager and/or CEO
- After hours**, Shift Supervisor/Clinical Manager on Call

#### Interacting with Law Enforcement:

Health care workers **do not have a legal duty** to disclose confidential information to assist the police in a criminal investigation. Disclosing personal health information to police without signed authorization or a search warrant is a breach of confidentiality. However, health care workers are permitted and protected by law to report information to police in the following situation:

#### 1) Potentially dangerous patient:

South Shore Health and its staff may be responsible or liable to a third party if they knew or ought to have known that a patient was dangerous. Health care workers must exercise reasonable care to supervise the patient or take other steps to protect a third party. However, the duty to warn or report must be balanced with the duty of confidentiality and each case must be assessed individually.

#### Serious Risk:

Staff may report to police only when they have reasonable grounds to believe that a patient poses an imminent threat of serious harm to another person or themselves.

**Note:** The courts have recognized the difficulty in predicting individual behaviour.

#### Breaching Confidentiality

Breaching confidentiality is a last option.

Before breaching a patient's confidentiality,

- 1) do a risk/benefit analysis
- 2) consider whether the situation is emergent
- 3) consult a colleague
- 4) document the reasoning used to make your decision
- 5) consult Risk Manager or CEO  
(After hours: contact Shift Supervisor/Clinical Manager on call)

#### Search Warrants

**Police have no authority to demand patient information, clothing, property, blood, urine, body tissues, DNA samples, bullets or other objects removed from a wound without a valid search warrant.**

**If you are presented with a Search Warrant:**

- 1) Contact your Manager, the Risk Manager, or the Shift Supervisor.
- 2) Ensure the warrant is valid for the specific time and date of the request,
- 3) Release only the items identified in the warrant.

**Exceptions: (a)** Under the direction of the Chief Medical Examiner of Nova Scotia, the police may collect property of a deceased patient. Whenever possible, a patient's personal items should accompany the remains to the morgue and directly into custody of the ME's Office. Staff must complete a Valuables Documentation Form.

(b) If police have reasonable basis to believe that vital evidence will be destroyed or damaged while the police agency obtains a search warrant, patient property may be taken without their consent.

Staff will advise Police that this is against Hospital policy and document this in the health record. Police may decide to proceed – staff is under NO obligation to assist. Staff should contact their Manager or the Risk Manager (or delegate) for additional consultation as necessary.

**When there is NO Duty to Report:****There is no legal duty to report stab wounds, unless**

- the patient is a suspected victim of child or elder abuse;
- you believe that another person may be harmed or is at risk of being harmed; or
- the patient attempts to leave and is unable to drive safely.

**There is no legal duty to report the possession of drugs or weapons.**

If you discover a potentially illegal or dangerous substance or item on or with a patient:

- 1) Notify Shift Supervisor onsite
- 2) Arrange for anonymous transfer to police by either contacting Security (if available on site) or personally handing over to Police.
- 3) Patient name(s) are not to be released without a valid Search Warrant.

**Documentation:** Whenever potentially illegal or harmful items are found, staff should document what, when, and where the item was found, how the item was secured or to whom it was given, as well as any other relevant information.

**Risk Management**

Risk Manager  
90 Glen Allan Drive  
Bridgewater, NS  
(902) 527-5055

or

Chief Executive Officer  
90 Glen Allan Drive  
Bridgewater, NS  
(902) 527-5200

Adapted from Capital Health – Version 2005/08  
Revision: 01/01/2015

Form# AD-0505      January 28, 2014




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## DUTY TO REPORT:

### Guidelines for Staff

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## Appendix B – It's the Law – Reporting Notifiable Diseases and Conditions

# It's the Law Reporting Notifiable Diseases and Conditions

## Report as soon as suspected by telephone

- Acute Flaccid Paralysis (AFP)
- Anthrax
- Botulism
- Cholera
- Diphtheria
- Disease occurring more frequently than expected or in a rare or unusual form
- Group A Streptococcal Disease Invasive
- Haemophilus Influenzae Type b Invasive Disease (HIB)
- Hepatitis A
- Influenza Virus of Pandemic Potential
- Measles
- Meningitis (Bacterial)
- Meningococcal Disease Invasive
- Paratyphoid
- Plague
- Poliomyelitis
- Rabies
- Respiratory Outbreak in Long Term Care (LTC)
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Shellfish Poisoning (Amnesic, Domoic, Paralytic)
- Smallpox
- Tuberculosis
- Typhoid
- Verotoxigenic E. coli
- Viral Hemorrhagic Fevers (Crimean-Congo, Ebola, Lassa, Marburg, Rift Valley and others)
- West Nile Virus (WNV)

## Report by next business day

- Acquired Immunodeficiency Syndrome (AIDS)
- Adverse Event Following Immunization (AEFI)
- Amebiasis
- Brucellosis
- Campylobacteriosis
- Chancroid
- Chlamydia
- Clostridium difficile
- Congenital Rubella Syndrome
- Creutzfeldt-Jakob Disease – Classic (CJD)
- Creutzfeldt-Jakob Disease – New Variant (vCJD)
- Cryptosporidiosis
- Cyclosporiasis
- Epidemic Typhus
- Giardiasis
- Gonorrhoea
- Group B Streptococcal Disease of Newborn
- Hantavirus Pulmonary Syndrome (HPS)
- Hepatitis B
- Hepatitis C
- Hepatitis D
- Hepatitis E
- HTLV I and II
- Human Granulocytic Anaplasmosis (HGA)
- Human Immunodeficiency Virus (HIV)
- Influenza – Laboratory Confirmed
- Legionellosis
- Leprosy (Hansen's Disease)
- Listeriosis
- Lyme Disease
- Lymphogranuloma Venereum
- Malaria
- Meningitis (Viral)
- Methicillin Resistant Staphylococcus Aureus (MRSA)
- Mumps
- Pertussis
- Pneumococcal Disease Invasive
- Q Fever
- Relapsing Fever
- Rocky Mountain Spotted Fever
- Salmonellosis
- Shigellosis
- Syphilis
- Tetanus
- Toxoplasmosis
- Trichinellosis
- Tularemia
- Vancomycin Resistant Enterococcus (VRE)
- Yellow Fever
- Yersiniosis

## Report Notifiable Diseases to Public Health Services

After Hours: To locate the Medical Officer of Health for call, please contact QEII Locating at 473-2222.

### South Shore Health

Tel: 543-0850  
Fax: 543-8024

### Annapolis Valley Health

Tel: 542-6310  
Fax: 542-6333

### Cumberland Health Authority

Tel: 667-3319  
Fax: 893-2614

### Guysborough Antigonish Strait Health Authority

Tel: 867-4500 ext. 4800  
Fax: 863-5111

### Cape Breton District Health Authority

Tel: 563-2400  
Fax: 563-2005

### Capital Health

Tel: 481-5800  
Fax: 481-5889

### South West Health

Tel: 742-7141  
Fax: 742-6062

### Colchester East Hants Health Authority

Tel: 893-5820  
Fax: 893-2614

### Pictou County Health Authority

Tel: 752-5151  
Fax: 893-2614



Public Health Services



novascotia.ca/dhw

**HISTORICAL DATA / SYNOPSIS OF CHANGE:**

Date	Significant Changes
2014-03-12	New Policy

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