The Public Health Act, 1994, Orientation Manual

July 2025

saskatchewan.ca

Saskatchewan

Contents

I. Introduction 3

II. Main Features of the Act 3
- (A) Overview 3
- (B) Definitions 4
- (C) Administration (Part II of the Act): 5
- (D) Community Health Protection (Part III of the Act): 6
- (E) Communicable Diseases (Part IV of the Act – Sections 32-45.2): 8
- (F) Regulations and Bylaws (Part V of the Act – Sections 46-51): 9
- (G) Enforcement (Part VI of the Act – Sections 52-63): 10
- (H) General (Part VII of the Act – Section 64-68): 10
- (I)Repeal/Transitional Matters/Consequential Amendments (Part VII – Section 70-78): 10

III. Selected Issues/Topics 11
- (A) Organization and Appointment of Local Authorities 11
- (B) Public Health Services 11
- (C) Delegating Local Authority Powers to Public Health Officers 12
- (D) Designated Public Health Officers 12
- (E) The Linkage Between Local Authorities and the Ministry of Health 13
- (F) Liability and Legal Issues 14
- (G) First Nations and Federal Lands: 16
- (H) Bylaws: 16

IV. Summary of Responsibilities 17
- (I)Minister of Health 17
- (J) Local Authority 17
- (K) Public Health Officer 18
- (L) Designated Public Health Officers (Medical Health Officers) 18
- (M) Clinic Nurse 18
- (N) Vaccination Provider 18

APPENDIX I: Legislative Framework 19
APPENDIX II: Regulations under the Act 28
APPENDIX III: Public and Population Health Defined 29
APPENDIX IV: Essential Functions of Public Health[1] 31
APPENDIX V: Delegation/Appointment Process 32

This manual is designed to assist users in understanding the provisions of *The Public Health Act, 1994*. To this end, it is information only; it is not to be considered as legal advice or as a legal interpretation of the provisions of the Act. While every effort has been made to ensure the accuracy of the information contained in the manual, the Government of Saskatchewan does not accept any liability for any information contained herein, or any action or inaction which is predicated upon the information contained here. Users are cautioned to seek their own advice, including legal advice, where necessary.

I. Introduction

The manual's primary intent is to provide an orientation to *The Public Health Act, 1994* (the Act) and related regulations, including responsibilities and administrative processes and, as such, complements other manuals like the Public Health Enforcement Manual as well as guidelines and standards for the delivery of public health programs and services. The powers and responsibilities of the minister, the local authority and duly appointed public health officers (PHOs) and MHOs are described in detail in this manual covering the orientation of the Act. Saskatchewan Health Authority (SHA) is the primary audience of this manual, other users include medical health officers (MHOs) and public health inspectors (PHIs) who have responsibilities for the enforcement of the Act. Appendix I provides the legislative framework for the organization and delivery of public health services and programs.

II. Main Features of the Act

(A) Overview

Some of the essential elements of the Act are:

1. The Act divides powers amongst three entities: the minister, local authorities and PHOs (including MHOs).
2. The minister has broad powers respecting such things as: entering into agreements, making grants, establishing standards, making orders to control epidemics and approving public health bylaws. The minister also has all the powers of a local authority.
3. The SHA has been appointed as a local authority and has powers in relation to community sanitation and environmental health matters, including bylaw making powers. The SHA delegates their powers (except bylaw making powers) to PHOs (i.e. PHIs, MHOs and registered nurses) as defined in the Act and *The Public Health Officers Regulations*.
4. In addition to delegated local authority powers as PHOs, MHOs have specific powers and legislative and regulatory responsibilities for communicable and non-communicable diseases as defined in the Act and *The Disease Control Regulations*.
5. In addition to the legislative powers identified in the Act, the local authority is also responsible for administering the regulations under the Act (Appendix II)

While the chief executive officer (CEO) of a local authority is not mentioned in the Act, as the highest-ranking executive officer within the local authority, they have an interest in the administration of the Act. The basis for the CEO's interest is as the employer of PHOs and public health personnel with responsibility for provincial budgets, including the provision of public health services and operations, regulatory programs and enforcement budgets.

(B) Definitions

Section 2: defines terms used in the Act. Definitions pertaining to titles and positions, which are subsequently given certain powers in the Act and regulations include:

- **Chief Medical Health Officer:** a person designated by the minister and who meets the requirements under subsection 11(4) of the Act regarding qualifications and employment.
- **Co-ordinator of Communicable Disease Control:** an employee of the Ministry of Health (the Ministry) designated by the minister to be the co-ordinator of communicable disease control under section 13. By position title, the Chief MHO is designated as the co-ordinator of communicable disease control (and the Deputy Chief MHO is designated as the alternate) by a Minister's Order (2022-05).
- **Medical Health Officer:** a PHO who is designated as a MHO by the minister under subsection 11(1) of the Act. Includes the chief MHO.
- **Public Health Officer:** a person certified by the minister under section 9 or a member of a class of persons prescribed as public health officers. The prescribed classes (MHOs, PHIs and Registered Nurses if they are working under the direction of a MHO) and requirements are found in *The Public Health Officers Regulations*. Registered Nurses that are not employed by the local health authority but work under the supervision of a MHO are excluded from this definition.
- **Local Authority:** an entity appointed through an Order in Council from the Lieutenant Governor in Council under section 6. The SHA has been appointed the local authority with jurisdiction for the province of Saskatchewan under the Act by an Order in Council (544/2022) (replacing the previous local authority appointment under OIC 34/2018).
- **Public Health Services:** programs and services that prevent or limit disease or disability, that protect, promote and restore health or that contribute to achieving goals for the health of the population. The Act lists 9 specific programs and services and allows for expansion of the list for additional prescribed services. Many prescribed services are found in the regulations (Appendix II).
- **Clinic Nurse:** under subsection 2(2) is a nurse who provides testing, screening, counselling, diagnosis or treatment for category II communicable diseases and who is working in a clinic that is supervised by a physician or is approved by the minister; or has the appropriate rights and privileges to carry out those practices pursuant to the bylaws made in accordance with *The Registered Nurses Act, 1988*; and includes any other person designated by the minister as a clinic nurse.

Designations are updated from time to time with staff and program changes. The most current designations are available through the Ministry.

(C) Administration (Part II of the Act):

Section 3: outlines the general functions of the minister to protect the health and well-being of the people of Saskatchewan by any means, including:

- Establish population health goals
- Pursue policies to support the health of the public
- Facilitate awareness of health issues and needs
- Establish standards for public health service programs, personnel and reporting
- Monitor and evaluate the efficiency and effectiveness of programs
- Ensure accessibility to public health services.

Section 4: allows the minister, for purposes of carrying out the intent of the Act, to enter into agreements with any person including local authorities, the Governments of Canada, other provinces and territories and their agencies and Indian bands.

Section 5: allows the minister to make grants to local authorities for the provision of public health services.

Section 6: allows the Lieutenant Governor in Council to appoint a provincial health authority, a council of a municipality or any other person to be a local authority and requires the Lieutenant Governor in Council to define the jurisdictional area for the local authority. The local authority is then a structure for delivering public health services in addition to enforcing provisions of the Act and regulations as noted in Section 7.

The SHA has been appointed as a local authority (OIC 544/2022) and is responsible for planning and organizing the delivery and evaluation of public health services across the province of Saskatchewan. While SHA is the designated local authority province-wide, the SHA is not the primary provider of health services in the five communities served by the Athabasca Health Authority, 33 First Nations communities served by the Northern Inter-Tribal Health Authority and jurisdictions under Indigenous Services Canada and Federal Crown Land. If these communities require health services from the SHA, the SHA has the jurisdiction to deliver public health services in these communities. A Service agreement may exist to clarify roles and responsibilities between above-mentioned entities.

OIC 544/2022 also designates the Council of the City of Regina and the Council of the City of Lloydminster as local authorities and limits their powers and responsibilities to the administration and enforcement of *The Private Sewage Works Regulations* within the municipal boundaries of the City of Regina and Lloydminster, respectively.

Section 8: establishes the powers of the minister under this Act. Without limiting the minister's powers provided in Section 4, this section gives authority to the minister to provide public health services anywhere within Saskatchewan and exercise all powers of a local authority, even if a local authority has been appointed and/or is providing similar services. Where the minister exercises a power conferred on a local authority and makes an order that conflicts with an order made by a local authority, the minister's order prevails.

Section 9: permits the minister to certify persons as PHOs and to restrict the powers that may be delegated by a local authority to the PHO.

Section 10: subject to section 9, this section allows local authorities to delegate any of their powers or responsibilities provided under this Act to PHOs.

Section 11: permits the minister to designate PHOs as MHOs and specify their jurisdictions. Currently, the minister has delegated this power to the deputy minister who designated MHOs via a letter and provides all designated MHOs with the jurisdiction of the Province of Saskatchewan. This section includes the ability of the minister to restrict the powers and responsibilities of an MHO and permits the designation of chief MHO under specified criteria.

Section 12: requires the local authority or a PHO to submit any reports (in a manner specified by the minister) to the minister upon request.

Section 13: requires the minister to designate an employee of the Ministry as the coordinator of communicable disease control.

(D) Community Health Protection (Part III of the Act):

This part of the Act contains fundamental provisions related to community and environmental health protection, including giving powers to local authorities to remedy health hazards. Included in this part are the following:

Water Supplies and Sewage Disposal (Sections 14-15)

- Municipalities must ensure the provision of potable water and safe systems of sewage disposal
  - Section 14 does not require the municipality to provide these services directly.
  - Section 14 does not apply to northern municipalities and settlements unless included in regulations (*The Private Sewage Works Regulations*, *The Shoreland Pollution Control Regulations, 1976, The Public Accommodation Regulations and The Health Hazard Regulations*).
- No person shall make available non-potable water to the public unless authorized in regulations (*The Private Sewage Works Regulations, The Shoreland Pollution Control Regulations, 1976, The Public Accommodation Regulations and The Health Hazard Regulations*) or meeting requirements in section 15 for public advisement.

Food (Sections 16-19)

Section 16: Prohibits any person from selling, offering for sale, displaying for sale or offering for human consumption food or drink that may be contaminated with or containing materials, chemicals or microorganisms in a quality and quantity that may be dangerous or injurious to health or that is unfit for human consumption due to disease, adulteration, spoilage or any other cause.

Section 18: Permits local authorities to require testing of food, at the expense of the person who controls or owns the food, if the local authority is of the opinion that the food may be unfit for human consumption. Food is not permitted to be sold or consumed pending results of the testing.

Section 19: Local authorities are authorized to seize contaminated food if the opinion is formed that the food is unfit for human consumption (through inspection or laboratory exam). Seized food may be destroyed with consent of the person who controls or owns the food or by order of the local authority. No person is permitted to interfere with the seizure or destruction of food.

Asbestos in Public Buildings (Section 19.1)

Provisions in this section pertain to the reporting and record keeping of asbestos by the owner of public building (as defined in the section) and permits the making of regulations for this issue. The information is to be made available to any person from the owner of the public building upon request.

Environmental Health Protection (Sections 21-30)

Section 21: requires persons to notify a local authority of a health hazard where that person believes the local authority is not aware of the health hazard.

Section 22: outlines placarding of unsanitary buildings by local authority.

Section 23: permits the local authority to apply to a judge of the Provincial Court of Saskatchewan for an order to vacate where occupants have not vacated a building after receiving an order under section 22(2).

Section 24: permits closing of public buildings or lands by order of the local authority in case of a health hazard.

Sections 25-26: provisions for orders to remedy and path for failure to remedy.

Section 27: provisions for abatement of a health hazard by the local authority.

Section 28: required notification to the minister of health hazards.

Section 29: permits the local authority to register a land title interest based on notice of the health hazard.

Section 30: permits the minister to require the release of information from any person with knowledge about a manufactured product or process for the purpose of determining a health hazard.

Non-Communicable Diseases (Sections 31– 31.1)

Section 31: allows Minister to require physicians to report to MHOs occurrences of deaths, injuries, symptoms, syndromes or diseases for the purpose of assessing their causes or their impact on public health. Details of reporting may be determined by the minister.

Section 31.1: defines “institution” for the section and requires reporting of any illness by a physician, a nurse or a head of an institution that is serious and occurring in a high rate.

(E) Communicable Diseases (Part IV of the Act – Sections 32-45.2):

To respond to the immediacy of the situation when a communicable disease occurs and for the protection of highly sensitive and confidential information, the authority to control communicable diseases rests specifically with the MHO as opposed to the local authority.

Because of the differences in the urgency and type of follow-up required and the nature of disease groupings, two categories of communicable disease are identified in the Act and are listed in *The Disease Control Regulations*.

- **Category I** includes such diseases that may be transmitted through the environment and/or have epidemic potential such as measles, polio, chicken pox, food poisoning, rabies and giardia.
- **Category II** includes such diseases transmitted through close physical or sexual contact such as human immunodeficiency virus/acquired immunodeficiency syndrome, hepatitis B and C and tuberculosis.

The Act clearly identifies who is responsible to report (subsection 32(1)), what information is to be reported (subsection 32(3)) and the time frame within which reports must be made (subsection 32(2)).

Sections 33-36: outline the responsibilities related to Category II Communicable Diseases for the persons infected or exposed, physicians, nurses, MHOs and laboratories.

There are broad powers and responsibilities in the Act and regulations regarding reporting (section 37), treatment, contact identification and contact follow-up and vaccination programs (section 37.1) for communicable disease prevention.

Orders under section 38: relating to control of communicable diseases are made by the MHO. Examples include requiring the owner of a premises to close, clean and disinfect; restrict the sale of animals or animal products; require self-isolation of infected or exposed persons; require submission of specimens for testing; exclude from high-risk occupations; and cease food handling.

Section 39: speaks to orders related to minors.

Section 40: speaks to the appeals process for persons subject to orders pursuant to section 38.

Section 41-43: speak to orders relating to minors, notice of appeal, application for stay and the appeals process for Section 38 orders. Because these are extraordinary powers affecting individuals, there is provision for an appeal to The Court of King's Bench. The procedure for issuing these section 38 orders is found in The Public Health Enforcement Manual.

Section 44: permits a teacher or principle to exclude a pupil infected with or suspected to have a communicable disease. They shall notify the MHO who then shall determine the length of exclusion.

Orders under section 45: relating to control of epidemics are made by the minister because of the broad, sweeping powers and the potential to impact on people's freedoms and its impact on a large number of people or geographic areas. Orders made pursuant to this section may close public places, restrict travel, prohibit public gatherings, establish temporary hospitals, require the local authority to investigate, require the provision of information related to the threat, confiscate substances and mandate immunizations.

Subsection 45(2.2): allows, with the approval of the chief MHO, a MHO to make any order as described in subsection 45(2) if the MHO believes a serious public health threat exists in Saskatchewan and that the requirement of the order are necessary to decrease or eliminate the threat. Orders made under these circumstances must specify the time of the order and terminate 48 hours after this time unless the minister makes an order extending the effect.

Where a minister's order is issued under subsection 45(2)(i) requiring isolation, MHOs may make preventative detention orders (section 45.1) to detain a person on reasonable grounds if the person is endangering the lives, safety or health of the public because the person is or probably is infected with, or has been or might have been exposed to, a communicable disease. These orders are subject to review under Court of King's Bench (subsection 45.1(2)).

Section 45.2: speaks to emergency mosquito control and the ability of an MHO (with the approval of the chief MHO) to make an order.

The Health Authority has the responsibility of directly and indirectly ensuring delivery of communicable disease prevention and control services, in compliance with Regulations (Appendix II) such as maintaining confidentiality and meeting timelines for reporting.

(F) Regulations and Bylaws (Part V of the Act – Sections 46-50):

Section 46: provides authority to the Lieutenant Governor in Council to make a wide variety of public health regulations. For a current list of regulations, please refer to the Publications Centre's Office of the King's Printer for *The Public Health Act, 1994*. Subsection 46(1)(c) of the Act provides authority for prescribing and governing the responsibilities of PHOs in any category in regulations made by the Lieutenant Governor in Council.

Section 47: authorizes local authorities to make public health bylaws for certain functions and purposes as listed in the section. Bylaws must be approved by the minister (as required in section 50).

Pursuant to section 48: municipal bylaws passed under the Act require the approval of both the local authority and the minister. Municipal bylaws passed pursuant to other acts and having public health significance require Minister of Health approval only.

Municipalities and local authorities are restricted to the types of bylaws they can pass; for example, they cannot pass bylaws classifying communicable diseases as category I or category II or respecting issuance of vaccines.

Pursuant to section 49: when there is conflict between the Act and any other provincial act or regulation as it relates to matters that affect public health, the provisions in the Act take precedence.

Section 50: speaks to approval by the minister for bylaws and includes Subsection 50(4) permits the minster to approve bylaws that contain provisions that are inconsistent with the regulations made pursuant to this Act, if it is in the public interest to do so.

(G) Enforcement (Part VI of the Act – Sections 52-63):

This part authorizes PHOs to make inspections, conduct tests, enter buildings, search vehicles and seize things that may pose a health hazard (section 53). For this part, "private dwelling" is defined (section 52).

Sections 54: prohibits interference or tampering with an inspection or investigation

Section 55: permits PHOs to request assistance of a peace officer in relation to inspections, investigations, inquiries or searches.

Section 56: prohibits reports that are false or made for malicious purposes.

Sections 57-59: describes in detail how orders are to be made and issued.

Pursuant to section 60: the Court of King's Bench may grant an injunction (on application by the Attorney General or any person with order making authority in the Act) to restrain a person from contravening the Act or comply with an order or bylaw made pursuant to the Act.

Sections 61-62: (the penalty section) outlines how an individual can now be fined as much $100,000 and a corporation as much as $250,000.

Section 63: places a time limit of two years to pursue prosecution under the Act.

(H) General (Part VII of the Act – Section 64-68):

Several miscellaneous items are included in Part VII of the Act.

There is provision in clause 46(1)(z) to establish regulations making immunization mandatory should this ever be deemed necessary to control communicable disease. However as and when necessary, **Section 64** makes provision for conscientious objection to immunization.

Confidentiality of information about persons regarding communicable or non-communicable disease is ensured in **Section 65** of the Act. This section also outlines the circumstances under which information can be released.

Section 66: allows for the appropriation of lands and/or buildings in situations of a public health emergency.

Section 67: provides for judicial ruling on whether persons who are subpoenaed are required to provide information respecting matters that the Act otherwise requires to be kept confidential.

Section 68: provides for immunity protection for persons who, in good faith, carry out activities in accordance with this Act, its regulations or bylaws.

(I) Repeal/Transitional Matters/Consequential Amendments (Part VII – Section 70-78):

When the current Act was proclaimed, several provisions of the 1978 *Public Health Act* remained in effect. Most have been repealed, but **Section 75** is transitional for references of "local authority" and **Section 77** deals with obtaining consent to receive medical or dental care.

III. Selected Issues/Topics

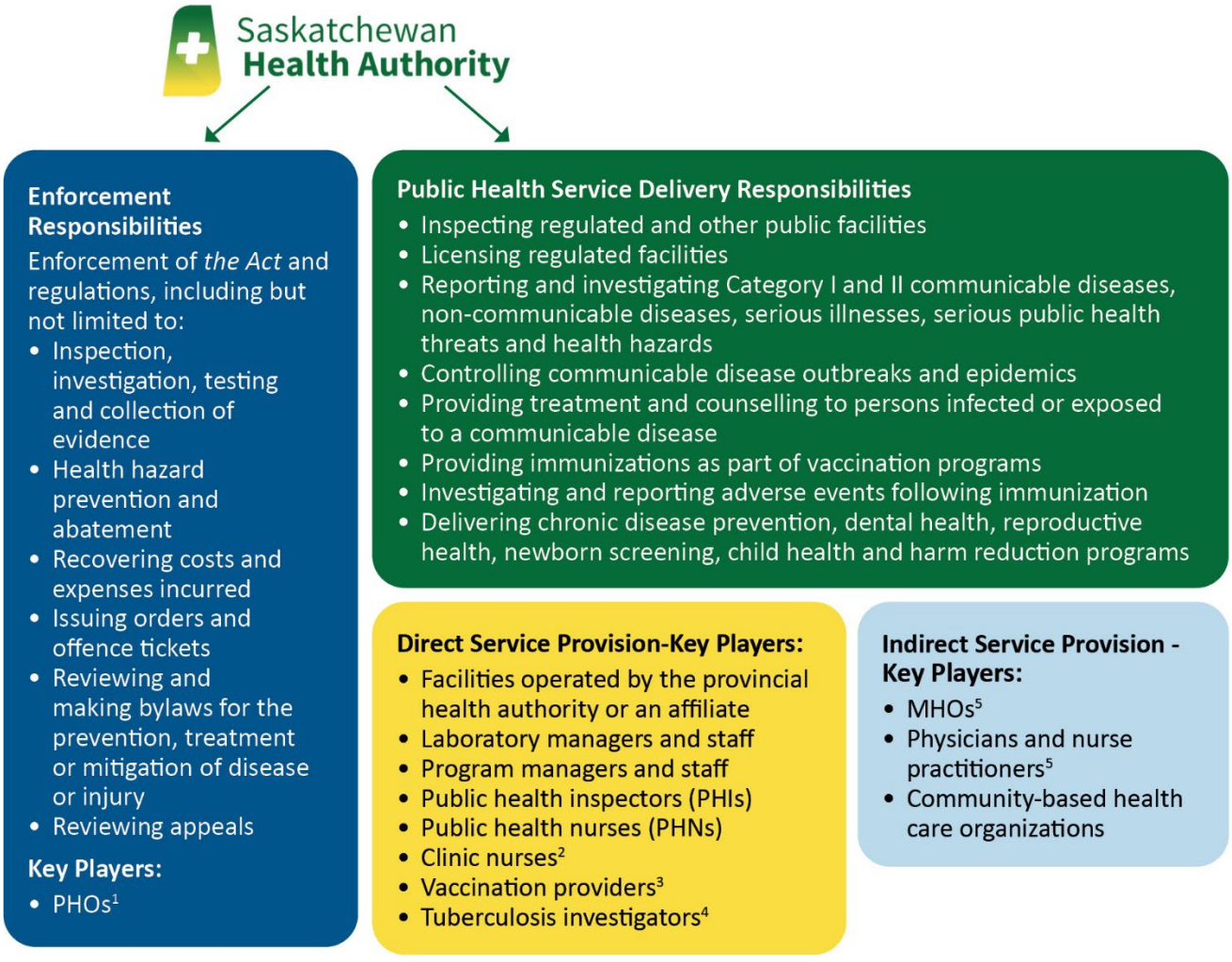
(A) Organization and Appointment of Local Authorities

Local authorities, along with designated MHOs and the minister, have responsibilities under the Act. A detailed summary of their responsibilities and powers is found in Part IV of this manual. The Lieutenant Governor in Council may appoint a health authority, a council of a municipality or any other person to be a local authority. "Any other person" may include a corporation such as a non-profit corporation.

(B) Public Health Services

Aside from enforcement responsibilities delegated to PHOs, local authorities are required to provide public health services. These include activities related to Environmental Health, Immunization and Communicable Disease and Health Promotion and Chronic Disease Prevention programs (Appendix I). The definition of public health and its essential functions are described in Appendices II and III.

Local Authority's Dual Role - Figure 1



Notes: [1]The SHA is responsible for hiring qualified PHIs, physicians and nurses as PHOs, as per *The Public Health Officer Regulations*. As per the Act and *The Disease Control Regulations*: [2]Clinic Nurses provide testing, screening, counselling, diagnosis, or treatment for category II communicable diseases. [3]Vaccination providers deliver immunizations in accordance with a particular program and subject to any directions provided by the ministry or SHA. [4]Tuberculosis investigators are responsible for investigating cases and counselling contacts of tuberculosis in Saskatchewan. [5]MHOs have specific powers to investigate and control communicable diseases. Physicians and nurses are responsible for reporting diseases to MHOs and providing treatment and counselling. The SHA may be viewed as having indirect responsibilities for these aspects of communicable disease control since they employ, contract and/or privilege physicians (including physicians designated by the Minister of Health as MHOs) and nurse practitioners who have personal responsibilities under the Act.

(C) Delegating Local Authority Powers to Public Health Officers

The local authority will delegate its powers to PHOs. Such delegation is necessary if PHOs are expected to exercise powers related to inspections, investigations and searches under part VI of the Act (Enforcement). Regarding the mechanics of delegating responsibilities to PHOs, the SHA should pass a resolution identifying the MHOs and PHIs have powers of the local authority (See Appendix IV for sample resolutions).

The Public Health Officers Regulations identify PHIs, MHOs and Registered Nurses working under the direction of a MHO as PHOs.

Emergency Boil Water Orders

Delegation of powers in the context of issuing emergency boil water orders warrants a special discussion. The power to issue boil water orders is a local authority power, not a MHO power, so any PHO may issue an order. Under most circumstances, Public Health Inspection Managers (as PHOs) are best positioned and have the requisite knowledge to issue Emergency Boil Water Orders and speaking to them publicly. Some flexibility and use of discretion is recommended when SHA is determining their operations.

(D) Designated Public Health Officers

Section 11 of the Act allows the Minister to designate one or more PHOs to be MHOs for the purposes of disease control and shall specify their jurisdiction. Only persons employed or on contract with the Government of Saskatchewan or recommended by the Health Authority can be designated by the Minister.

Regarding the mechanics of recommending MHOs, the SHA provides the Ministry with the recommended list of MHOs to have jurisdiction throughout the province. This list must include MHOs working in any and every area of the province of Saskatchewan, including those serving the Athabasca Health Authority, Northern Intertribal Health Authority and Indigenous Services Canada.

Note: The College of Physicians and Surgeons and the Chief MHO are involved in reviewing qualifications of MHOs before they are designated. It is recommended that the Chief MHO be involved in recruitment and hiring decisions regarding physicians who will be recommended as MHOs.

The Act does not allow MHOs to delegate their statutory powers and responsibilities to others. Qualified persons (which can include PHOs such as nurses) work under the direction of MHOs to administer the designated MHO powers under the Act and *The Disease Control Regulations*.

(E) The Linkage Between Local Authorities and the Ministry of Health

(1) Ministry of Health MHOs (Chief and Deputy Chief)

The MHOs recommended by the local authority are a vital link in the province's disease control system. The system involves several components - for example, physician's offices, sexually transmitted infection clinics and provincial, hospital and private laboratories. In addition to having enforcement responsibilities to control communicable diseases, MHOs are required to provide information to the Ministry. Specifically, reports of communicable diseases and non-communicable disease clusters must be forwarded to the Chief MHO. The Chief MHO has been designated (2022-05) by the Minister as the "co-ordinator of communicable disease control" - a term defined and used in the Act. (The Deputy Chief MHO is designated as the alternate.)

The co-ordinator of communicable disease control responsibilities include, but are not limited to, the following:

i. compiles and analyzes data to determine communicable disease trends in the province;
ii. works closely with the MHOs to ensure coordination of provincial communicable disease control activities;
iii. manages the storage and distribution of vaccine in the province; and
iv. is the Ministry spokesperson on communicable disease matters having province wide significance (the local MHO would be a spokesperson for local issues).

For any communicable disease control issue or initiative that may have province wide policy or financial implications, there will be discussions involving the Chief or Deputy Chief MHO, MHOs, the local authority and other appropriate Ministry officials.

(2) Population Health Branch

The Population Health Branch (PHB) sets provincial standards, policy, program standards and legislative framework for public health services that promotes and protects health and prevents disease and injury. As well, PHB actively supports research and evaluation into health status, health trends and the risks and determinants of health.

PHB is responsible for co-ordinating the development of and assisting in the interpretation of the Act and related public health regulations. Other functions related to legislation and regulations include:

- Be the Ministry focal point for many environmental health issues (e.g. water supplies, recreational water safety, sewage disposal, food safety, zoonotic disease and One Health). The Ministry, in the past, has struck agreements with other departments and agencies to ensure public health threats and prevention activities in the province are handled in a co-ordinated way.

- Manage the Saskatchewan Environmental Health Information Program (SEHIP), (a data management system for the Public Health Inspector program) and Panorama (a data management system for Immunization and Communicable Disease programs). The branch produces and audits reports from these systems to determine if the Health Authority is meeting accountability measures.
- Develop guidelines/standards/program policy relating to public health regulations. Many policies and guidelines have been developed in the past in response to public, consumer, industry and regulator needs.
- Maintain bylaw registries. Municipal bylaws requiring ministerial approval are reviewed and retained in PHB.

(F) Liability and Legal Issues

(1) Legal Advice:

Funding for legal advice forms part of the base funding provided to the local authority for public health services. The funds are intended to offset lawyer fees associated with providing advice on enforcement of the Act and related regulations. As well, the funds can be used to abate health hazards in accordance with section 27 of the Act.

(2) Liability:

There are two primary reasons for interest in liability. First, the health authority can be held liable for negligent actions of its employees or for hazardous conditions that exist in its lands or buildings. Second, the authority can be held liable if it does not properly enforce the legislation or policies for which it has responsibility and such action results in injury to person. (Regulatory Liability)

Regulatory liability arose in the early 90's following a Supreme Court of Canada decision (Just vs. British Columbia). Before the Just case, a plaintiff could recover damages only against the person who directly caused his damage. However, the Supreme Court determined that, in appropriate factual circumstances, a plaintiff may now recover damages against the public authority (government ministry, municipality, school board, health authorities) whose regulatory system failed to protect him or her from harm. Take, for example, public health officials who are responsible for administering *The Food Safety Regulations*. If they do not adequately monitor food facilities and injury or illness results, the health authority could be held liable for damages suffered by customers of the establishment. These developments are significant because often the only player with money to satisfy a court judgement is the public authority. This makes such claims very attractive to an injured person and to the courts.

Regulatory liability is a significant concern in cases where health authorities cannot adequately administer their regulatory programs due to staff shortages (vacation, vacancies, illness) or reassignment of staff duties from regulatory to non-regulatory programs. However, the courts generally do not assign liability where a policy decision is made in this regard. Therefore, if the health authority is facing staff and resource shortages, it is important that the chief executive officer and health authority board approve a time-limited (within a fiscal year) priority work guide for its regulatory programs. The priority work guide should be developed in consultation with the PHB and address all public health programs and services recognized as (regulatory) "public health services" pursuant to subsection 2(1)(hh) of the Act. For example, the *CDC Manual Appendix A* provides the list of notifiable diseases with timelines for reporting and follow up.

The health authority board is expected to require action of its leadership team to alleviate the barriers that are preventing the organization from meeting the full complement of public health services.

(3) Public Health Orders and Appeals

The Act establishes powers and responsibilities of the local authority which include enforcement of the Act and regulations. The local authority may delegate these powers and responsibilities to PHOs and include the issuance of orders under the Act, placarding premises, cancelling licenses, seizing product and securing warrants. While any PHO has the jurisdiction to pursue enforcement, **The Public Health Enforcement Manual**, provides guidance on a progressive enforcement approach and communications with Public Health Inspection Managers and/or MHOs.

For designated MHO powers, the MHO does not require local authority approval to exercise his/her powers under the Act. However, good organizational communications and regular advice to the health authority is essential. This is particularly true when enforcement action may result in the authority incurring costs (i.e. prosecution costs)."

The Public Health Appeals Regulations and ***Guide to The Public Health Appeals Regulations*** outline the role of the chief executive officer (or his/her designate) when reviewing decisions made by PHOs (PHIs and MHOs). It also outlines the procedures for appealing orders issued by PHOs. Board members may be particularly interested in such appeals since one board member will be called upon to sit on a panel (with a MHO and Ministry representative) to hear and make decisions on appeals.

(G) First Nations and Federal Lands:

A frequently asked question is to what extent, if any, can the Act apply to First Nation communities. The view is that the Act is a law of general application and will apply to First Nation communities unless the Band has passed valid bylaws addressing the matter. Even when such has occurred, the Act will apply unless it is in actual conflict with the Band bylaw (i.e. one cannot comply with one without violating the other). Each situation will be factually specific and if there are any questions, legal advice may be required. It is vitally important for the Ministry, local authorities and First Nations to discuss, co-operate and seek mutually agreeable solutions to public health or environmental issues in or around reserves that potentially affect both First Nations and neighbouring lands.

MHOs working with the Northern Intertribal Health Authority and Indigenous Services Canada may request that PHB co-ordinate and SHA participate in a "Formal External Peer Review" to aid in resolution of a complex/unique/sensitive issue that affects First Nations communities. The procedure to initiate a review is outlined in ***The Public Health Enforcement Manual*** (Section B – Formal External Peer Review).

(H) Bylaws:

The Act provides municipalities with the authority to pass bylaws respecting public health however the bylaws have to be approved by both the local authority and the Minister. Local authority approval is needed to ensure municipal health initiatives are in accordance with the local authority's overall health plan. Municipal bylaws having public health significance and passed under other legislation (i.e. not the Act) only have to be approved by the Minister.

The Act also allows local authorities to pass public health bylaws. These bylaws also must be approved by the Minister. This is designed to prevent local authority bylaws conflicting with provincial regulations or provincially agreed upon policies. It is important to note that as of January 2018, no local authority bylaws have been passed or approved. If a local authority is considering passing a bylaw, the matter should be discussed with PHB (phone (306) 787-7128) early in the process.

All municipal and environmental health-type bylaws passed under *the Act* should be directed to PHB for review.

IV. Summary of Responsibilities

(I) Minister of Health

Sections 3 to 5: of the Act outline the general public health functions of the minister and enable the minister to enter into agreements and make grants for providing public health services.

Sections 8 to 11and 13: provide authority for the minister: to provide public health services anywhere in the province; certify PHOs; designate MHOs; and designate an employee of the ministry to be the co-ordinator of communicable disease control.

Sections 12 and 31: provide authority for the minister to requests reports (e.g. state of the public's health and disease rates)

Sections 18, 19, 27, 28 and 30: provide authority for the minister to act to address food safety and health hazards.

Sections 45, 65 and 66: outline the authority of the minister to make orders to control an epidemic, require the release of personal information that is a carrier or contact of a communicable disease and the ability to appropriate land/buildings in the case of a public health emergency.

Section 50: requires public health related municipal and public health bylaws to be approved by the minister.

(J) Local Authority

In general, for the purpose of the Act, local authorities mean the SHA with the jurisdiction of the Province of Saskatchewan. In addition, the cities of Lloydminster and Regina are appointed as local authorities solely for administering/enforcing *The Private Sewage Works Regulations* within their respective jurisdictional city boundaries.

Section 10: of the Act enables the local authority to delegate their authorities under the Act to PHOs. The local authority should pass a resolution identifying that PHIs have powers of the local authority (see Appendix IV for sample resolutions). Such delegation is necessary if PHOs are expected to exercise powers related to inspections, investigations and searches under part VI of the Act (Enforcement).

Section 11: requires the local authority to recommend qualified physicians to be designated as MHOs.

Section 12: requires the local authority to submit reports to the Minister as requested.

Sections 18, 19, 21 to 29: provide authority for the local authority to address food safety issues, address substandard housing and address health hazards. Local authority may order food to be held and not sold if local authority considers food is unfit for human consumption.

Sections 47 and 50: provide authority for the local authority to make bylaws to address public health issues and to approve municipal bylaws before they are approved by the Minister.

(K) Public Health Officer

The qualifications of PHOs are prescribed in *The Public Health Officer Regulations*.

When the local authority delegates their powers and responsibilities to PHOs (section 10) the PHOs are required to enforce those sections of the Act that reference the local authority.

Section 12: requires PHOs to submit reports to Minister of Health as requested.

Sections 53 to 55: address the authorities of a PHO to inspect, search and obtain evidence.

(L) Designated Public Health Officers (Medical Health Officers)

Sections 31 to 34 and 36: provide authority for MHOs to receive reports from physicians and various groups of people required to report diseases/conditions and specified communicable diseases.

Sections 35, 38 and 39: provide authority to MHOs to address the control of communicable diseases.

Section 37: requires MHOs to submit reports of specified communicable diseases to the Coordinator of Communicable Disease Control (i.e., Ministry – Chief MHO).

Section 45: provides authority to MHOs to make orders to control serious public health threats, as required by the minister or with the approval of the Chief MHO.

(M) Clinic Nurse

Section 34: requires clinic nurses (as defined in the section 2 of the Act) to, within 72 hours after forming the opinion that person is infected with a category II disease, report that disease to a MHO, provide counselling to the person, start therapy, collect information from the person necessary to control the spread of the disease (e.g. names, addresses, sex, ages, etc. of contacts), communicate with contacts in a timely manner and provide the list of contacts to the MHO as needed.

(N) Vaccination Provider

Section 37.1: requires appointed vaccination providers (a person or category of persons appointed to provide vaccinations pursuant to a vaccination program) to provide vaccinations in accordance with a particular program and subject to any directions provided by the ministry or a local authority.

APPENDIX I: Legislative Framework

1. Administration

Public Health Services	Expectations
The Public Health Act, 1994	**Delegation to PHOs s.10** The local authority delegates its powers and responsibilities under the Act, or regulations or bylaws made pursuant to this Act, to PHOs. **Contents of orders s.57, Service of orders s.58** Orders made by PHOs pursuant to the Act must be drafted and served as required by legislation. PHOs are expected to consult the SHA's legal counsel on matters including enforcement, prosecution, liability and risk-management as they arise. **Confidentiality s.65** Subject to conditions for disclosure, information obtained while carrying out responsibilities pursuant to the Act, Regulations and bylaws must be kept confidential.
The Public Health Officer Regulations	The local authority hires qualified PHOs. **Certification of PHOs s.4** The local authority provides information to support the application of persons requesting certification as a PHO.
The Public Health Appeals Regulations **Guide to *The Public Health Appeals Regulations***	The local authority follows the procedures in the Guide to *The Public Health Appeals Regulations* for reviews of decisions and appeals of orders made by PHOs. **Conduct of review s.6** The head of the relevant local authority (or delegate) reviews decisions based on written submissions by the appellant and by the PHO who made the decision and may direct a hearing or confirm, reverse or vary the decision. A decision of the head is final. **Appointment of board by local authority s.12** Upon receipt of a notice of appeal, the head of the local authority appoints a public health appeal board. The chair of the board is an employee or representative of the ministry. The decision of the board, as it relates to an appeal of an order, is final. **Information in orders s.20** Orders made by PHOs must contain a statement with respect to the right of the person to whom the order is directed to appeal the order and the address for service.
The Public Health Forms Regulations	**Forms prescribed s.3** The local authority uses the prescribed forms.

2. Environmental Health

Public Health Services	Expectations
A. Public Health Inspection program, Food Safety program, Healthy Beaches program	
Public Health Enforcement Manual ***Public Health Inspection Work Guide***	The local authority is responsible for administering the Regulations under and referring to the Act, including: • *The Food Safety Regulations* • *The Health Hazard Regulations* • *The Private Sewage Works Regulations* • *The Swimming Pool Regulations* • *The Public Accommodation Regulations* • *The Child Care Regulations*, pursuant to *The Child Care Act* • *Residential Services Regulations*, pursuant to *The Residential Services Act, 2019* The requirements of owners, operators and the public under the Act and Regulations necessitate consistent service provision by the SHA under the authority of The Provincial Health Authority Act. PHIs inspect licensed and unlicensed facilities and complaints from the public and enforce the Regulations in alignment with the program objectives, Public Health Enforcement Manual and protocols for specific enforcement activities. PHIs are expected to consult the SHA's legal counsel on matters including enforcement, prosecution, liability and risk-management as they arise. The regulatory framework is taken into consideration in the construction of the Public Health Inspection Work Guide. The Work Guide prioritizes activities based on risk and hazard assessment and regulatory responsibility. If the health authority is facing staff and resource shortages, the chief executive officer and health authority board are expected to approve a priority work guide to mitigate regulatory liability risk.
The Food Safety Regulations	**Slaughter plant to provide information to local authority annually s.34.1** The local authority receives information annually from slaughter plant operators, as a condition for licensure renewal.
The Child Care Regulations, pursuant to The Child Care Act	**Application for licence, renewal – centres s.8(1)(a)** PHOs provide a report respecting the sanitation, lighting, ventilation and general health and safety standards of the premises in which the centre will be operated, as a condition for licensure
Residential Services Regulations, pursuant to The Residential Services Act, 2019	**Application for licence s.3.1** MHOs provide a report stating that the care facility complies with that Act and the regulations made pursuant to that Act, as a condition for licensure
B. Tobacco Retail Inspection program, Youth Test Shopper programs	

The Tobacco and Vapour Products Control Act and Regulations ***The Tobacco and Vapour Products Compliance and Enforcement Program Manual***	PHOs enforce the smoke-free public place provisions of the Act and Regulations. The health authority also employs dedicated Tobacco Enforcement Officers (TEOs) and youth test shoppers to deliver the Part II compliance program in alignment with the program objectives, Manual and Standard Operating Procedures. The three dedicated TEOs conduct annual youth test shopping visits to monitor compliance with sales-to-youth restrictions as well as routine inspections of tobacco and vapour product retailers. An annual program work guide developed by the Ministry establishes program priorities and inspection completion objectives.
C. Environmental Health Assessment program	
Saskatchewan Guidelines for Reviewing Health Impacts in Environmental Assessments	The Ministry is a member of the Saskatchewan Environmental Assessment Review Panel (SEARP). The SHA is tasked with reviewing the results of or providing input into environmental assessments (EAs) as directed by the Ministry, to ensure that specific local and regional community health concerns are addressed in the EA and that the EA has supplied appropriate documentation and description of the methods used to arrive at conclusions about the importance of these health concerns. Often this is delegated to one individual to take the lead (e.g., PHI) but it should often be done in a team approach within the SHA (e.g., MHO, personnel from public health and population health such as epidemiologists and nutritionists and others such as public health managers, primary care managers, emergency measures coordinators and occupational health and safety).
D. Saskatchewan Mercury in Fish Surveillance program	
	The SHA performs sample testing and provides a detailed analysis of laboratory data. MHOs provide advisories or guidance if mercury levels in tested fish populations exceed safe limits.

3. Communicable Disease Control

Public Health Services	Expectations
A. Communicable Disease Control program	
Communicable Disease Control Manual ***Guidelines for the Management of Exposures to Blood and Body Fluids*** ***Public Health Enforcement Manual*** ***Panorama Policies, User Guides, Business Rules and Work Standards***	The local authority is responsible for administering and enforcing the Act and Regulations under and referring to the Act, including: • *The Disease Control Regulations* • *The Child Care Regulations*, pursuant to *The Child Care Act* • *The Personal Care Home Regulations*, pursuant to *The Personal Care Homes Act* • *Residential Services Regulations*, pursuant to *The Residential Services Act, 2019* Physicians, nurses, laboratories and facilities operated by the provincial health authority and its affiliates report cases, clusters and outbreaks of communicable and non-communicable disease, in compliance with the legislated requirements. This reporting requirement applies to schools (teachers and principals), food establishments (operators and managers), childcare centres and homes (licensees), personal care homes (licensees) and residential care facilities (operators). PHNs, PHIs and MHOs investigate reports and enforce the Regulations in alignment with the program objectives, Communicable Disease Control Manual, Guidelines for the Management of Exposures to Blood and Body Fluids, Public Health Enforcement Manual and protocols for Specific Enforcement Activities. Public health follow-up and reporting occurs within the timelines provided in the CDC Manual's Appendix A – Reporting and Follow-up Timelines. The Appendix prioritizes investigation and reporting based on risk and hazard assessment. Reporting occurs in alignment with Panorama Policies, User Guides, Business Rules and Work Standards. Access to Panorama is granted by designated Authorized Approvers based on the role needed by the user and an up-to-date inventory of user accounts is maintained, which includes onboarding, training and offboarding users. MHOs immediately report suspected outbreaks to the coordinator of communicable disease and report information about outbreaks and public health events with significance for other Canadian jurisdictions in the Canadian Network for Public Health Intelligence (CNPHI). Access to CNPHI is granted by designated Sponsors based on the role needed by the user and an up- to-date inventory of user accounts is maintained, which includes onboarding, training and offboarding users.

Reporting Serious Illness, Communicable Diseases and Outbreaks	
The Public Health Act, 1994	**Reporting – serious illnesses s.31.1** (non-communicable disease) Health care providers (physicians and nurses) and facilities operated by the provincial health authority or an affiliate are required to report to a MHO serious illness occurring at a high rate immediately. **Responsibility to report s.32** (category I communicable diseases) Health care providers (physicians and nurses) and laboratories are required to report to a MHO Category I diseases within 48 hours. **Responsibilities of physicians and nurses s.34, Responsibilities of laboratories s.36** (category II communicable diseases) Health care providers (physicians and nurses) are required to report Category II diseases to a MHO within 72 hours. Laboratories are required to send confirmed reports within 48 hours. **Report s.37** MHOs must report to the coordinator of communicable disease control a report of all cases of category I and category II communicable diseases, with specified information in a specified form, within 2 weeks or sooner if necessary to manage an outbreak.
The Disease Control Regulations	**Reports to appropriate MHO s.13** MHOs are required to refer misdirected reports within 72 hours. **Reports from physicians, clinic nurses s.14** Reports must include specific information in the approved format. **Reporting of emerging communicable diseases s.14.1** The Chief MHO may designate "emerging communicable diseases." Practitioners, nurses and laboratories must report emerging communicable diseases within 48 hours. **Reporting outbreak in hospital, health centre, special-care home or personal care home s.19** The health authority reports outbreaks of a communicable disease to the MHO.
Residential Services Regulations, pursuant to The Residential Services Act, 2019	**Reportable serious incident s.7-6** The health authority may be directed to investigate outbreaks of a communicable disease reported to the minister. The report should be referred to the MHO to investigate.
The Personal Care Home Regulations, pursuant to The Personal Care Homes Act	**Reportable serious incident s.13** The health authority is notified of outbreaks of a communicable disease, including circumstances and actions taken. The report should be referred to the MHO to investigate.

The Child Care Regulations, pursuant to The Child Care Act	**Child with communicable disease s.26; Health of employees s.46(4); Health of licensee, alternate, assistant s.65(6 and 7)** PHOs are notified of suspected category I and II communicable diseases and provide recommendations or instructions with respect to that communicable disease that may affect the health or well-being of a child attending the facility or home.
Investigating Cases, Outbreaks and Clusters	
The Disease Control Regulations	**Investigation of outbreak s.20** MHOs investigate outbreaks of communicable diseases. MHOs must immediately notify the coordinator of communicable disease of any investigation and report the findings in the format and timeframe specified by the coordinator. **Communicating with Occupational Health and Safety s.9, Communicating with Canadian Blood Services s.10, Communicating with the manager of the transplant program 10.2** MHOs are required to communicate for purposes of investigating and controlling communicable disease. **Previous laboratory test results s.17.1** Laboratories are required to provide copies of test results within 72 hours. **Further testing s.21** Medical laboratories must submit specimens or isolates for further testing if requested by a MHO. Laboratories must provide reports of test results to the coordinator or MHO within 48 hours. **Investigation of a cluster s.31.1** MHOs investigate clusters of non-communicable diseases. MHOs must immediately notify the Chief MHO of any investigation and report the findings in the format and timeframe specified by the Chief MHO.
Controlling Disease	
The Public Health Act, 1994	**Orders to control communicable diseases s.38** Subject to exceptions and conditions, MHOs may order individual persons to take or refrain from taking any action considered necessary to control a communicable disease. MHOs are expected to consult the SHA's legal counsel on matters including enforcement, prosecution, liability and risk-management as they arise. **Responsibilities of physicians and nurses s.34 (category II communicable diseases)** Health care providers (physicians and nurses) are required to provide counselling and treatment to infected persons within 72 hours. Health care providers are required to collect and report prescribed information using the prescribed form to a MHO within 72 hours. **Exclusion from school s.44** MHOs determine the length of exclusion for students excluded (by a teacher or principal) because they are infected with or suspected to be

	infected with a communicable disease. **Orders s.45 (control of epidemics), Preventive detention order s.45.1, Emergency mosquito control s.45.2** The minister may require local authorities, MHOs and PHOs to investigate serious public health threats. Subject to conditions and with the approval of the Chief MHO, MHOs may make temporary orders to control serious public health threats.
The Disease Control Regulations	**Animal bites and risks of rabies s.25** MHOs take all practicable steps to prevent suspected rabid animals from posing a public health threat.
Communicating with Contacts (Contact Tracing)	
The Disease Control Regulations	**Physician or clinic nurse communicating with contacts s.7 (category II communicable diseases)** Physicians and clinic nurses must communicate with contacts within 14 days or immediately refer a list of contacts to the MHO. **Designated PHO communicating with contacts s.8** MHOs, or persons working under the direction of a MHO or otherwise designated by the Minister, are required to inform and counsel contacts of category I and II communicable diseases.
B. Vaccination Program	
Saskatchewan Immunization Manual ***Panorama Policies, User Guides, Business Rules and Work Standards***	The minister may establish vaccination programs to coordinate the delivery of vaccines and the administration of vaccinations on a province-wide basis against communicable diseases. The local authority is responsible for administering and enforcing the Act and Regulations under and referring to the Act, including: • *The Disease Control Regulations* • *The Occupational Health and Safety Regulations*, pursuant to *The Employment Act* The SHA, as the employer, is responsible for determining who can immunize and under what circumstances and ensuring safe immunization practices. PHNs are appointed "vaccination providers" who provide publicly funded vaccines under a Medical Directive of a MHO and in alignment with the program objectives and Saskatchewan Immunization Manual. PHNs must seek advice from the MHO in their region and/or local policies whenever deemed necessary.
The Public Health Act, 1994	**Vaccination programs s.37.1** Appointed "vaccination providers" provide vaccinations pursuant to a program, in accordance with a particular program and subject to any directions provided by the ministry or a local authority.
The Disease Control Regulations	**Immunization database s.22.01** Subject to conditions, immunization providers authorized to use the provincial immunization database document the immunization services

	provided. **Vaccine-associated adverse events s.23** Immunization providers report serious adverse events to a MHO within 48 hours and other adverse events within two weeks. MHOs investigate and report to the coordinator of communicable disease. Reports must be in the form and contain the information specified by the coordinator. **Influenza vaccination program s.25.6** Appointed "vaccination providers" provide vaccinations pursuant to a program, in accordance with a particular program and subject to any directions provided by the ministry or a local authority.
C. Tuberculosis Prevention and Control program	
The Disease Control Regulations	**Tuberculosis s.12** The TBPCS manager is designated as the tuberculosis investigator. Practitioners and clinic nurses must refer a list of contacts to the tuberculosis investigator within 128 hours. The tuberculosis investigator is required to inform and counsel contacts.

4. Health Promotion and Chronic Disease Prevention

Public Health Services	Expectations
A. Newborn Screening program	
The Newborn Screening Regulations	All newborns who are born in Saskatchewan, regardless of their place of residence, are tested under the newborn screening program.
B. Family and Child Health program	
Saskatchewan Child Health Clinic Guidelines for Standard Practice	The Saskatchewan Child Health Clinic Guidelines for Standard Practice is used by Public Health Nurses (PHNs) to ensure consistent evidence-based practice is provided to all families attending child health clinic (CHC) across the province. The SHA develops population-based statements and nutrition assessment resources that support CHC Guidelines and protocols used by PHNs in Saskatchewan. This is currently done by utilizing the Nutrition and Growth Assessment Manual for Healthy Terms Infants and Children (NAMIC).
Nutrition Assessment and Growth Assessment Manual for Health Term Infants and Children	The Nutrition Assessment and Growth Assessment Manual for Health Term Infants and Children (NAMIC) sets forth the expected standards for healthy growth and development of children. NAMIC is the Provincial nutrition assessment resource that supports public health nurses to implement standard assessments, and the CHC guidelines and protocols. It is used by other health service providers, such as dietitians and nurse practitioners.
C. Dental Public Health program	
Dental health professionals provide screening, assessment and some preventive services to pre- and post-natal women and young children.	The Enhanced Preventive Dental Services program was initiated in 2011 to provide financial support to SHA and AHA to enhance the existing dental public health program by providing education, screening, assessment and preventive services including fluoride varnish and sealants to targeted populations. In 2024-25, this targeted funding was moved to the respective organizations' base funding, to support a more integrated dental public health program. Historically, the SHA was required to provide annual reporting on the outputs of the EPDS program to the Ministry.
D. Comprehensive School Community Health program	
The Comprehensive School Community Health (CSCH) framework, adopted by the ministries of Health and Education is an approach and guide for coordinating actions by health and education sectors.	SHA school health promotion programming utilizes a CSCH approach to work together with the education sector and other partners on a common vision of student success, recognizing that health and education outcomes are interdependent. The SHA collaborates on related work, including the Mental Health Capacity Building project which utilizes the CSCH framework to address mental health promotion in a planned, integrated and holistic way.

APPENDIX II: Regulations under the Act

I. *The Asbestos Registry for Public Buildings Regulations*
II. *The Disease Control Regulations*
III. *The Health Hazard Regulations*
IV. *The Public Health Appeals Regulations*
V. *The Public Health Forms Regulations*
VI. *The Public Health Officers Regulations*
VII. *The Private Sewage Works Regulations*
VIII. *The Public Accommodation Regulations*
IX. *The Food Safety Regulations*
X. *The Newborn Screening Regulations*
XI. *The Shoreland Pollution Control Regulations, 1976*
XII. *The Swimming Pool Regulations, 1999*

APPENDIX III: Public and Population Health Defined

Public health is a multi-faceted, interdisciplinary field which focuses on the health and wellbeing of entire populations and aims to promote health, prevent disease, prolong life and improve quality of life through the organized efforts of society. Current public health methods are revitalized and modernized by embracing population health approaches more fully.

Over the years, "public health" has been defined differently by various agencies in various jurisdictions. For example:

> Public health is "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals" (Winslow 1920)
>
> Public Health is one of blending knowledge with social values to shape responses to problems that require collective action after they have crossed the boundary from the acceptable to the unacceptable. It seeks to extend the benefits of current knowledge in ways that will have the maximum impact on the health status of the population. It does so through identifying problems that call for collective action to protect, promote and improve health, primarily through prevention strategies. This public health is unique in its interdisciplinary approach and methods, its emphasis on preventive strategies and its linkage with government and decision making and its dynamic adaptation to new problems placed on its agenda. Above all else, it is a collective effort to identify and address the unacceptable realities that result in preventable and avoidable health outcomes, and it is the composite effort and activities that are carried out by people committed to these ends. (Turnoch, Bernard J. (1997). Public Health: What It Is and How It Works. Gaithersburg, Maryland: Aspen Publishers. P. 10-11)
>
> "Public health is the organized effort of society to keep people healthy and prevent injury, illness and premature death. It is a combination of programs, services and policies that protect and promote the health of all Canadians." (Canadian Public Health Association)

Within the context of Saskatchewan's public health tradition, the term is generally used in two ways.

"Public health" in the first sense refers to a particular objective sought, and the methods used in achieving that objective. Public health activities change with changing technology and social values, but the objectives remain the same: to reduce the amount of disease, pre-mature death and disease-produced discomfort and disability in a population. The methods employed are generally those that target several people, a group, a community or society. A communicable disease control regulation that applies to all people within a province, a non-smoking bylaw that applies to a particular community, an injury prevention program, the offering of group classes related to prenatal health, nutrition, dental health and so on meet these two criteria.

Second, "public health" is commonly referred to as a formally organized sector of the health system with programs and services offered by Public Health Nutritionists, MHOs, Dental Health Educators,

Health Promoters, epidemiologists, PHNs and PHIs. Public health also offers support services that include the collection and analysis of health statistics (vital statistics, disease trends, health of the population/community, etc) and laboratory testing. The statement, "We need to consult with public health before setting communicable disease control procedures in our facility," is an example of this 'organizational' usage.

It is the method - that is, the system or group approach – that distinguishes public health activities from clinical prevention activities. As an example, a physician who encourages his/her patient to stop smoking is viewed as a clinical prevention activity. On the other hand, a health authority that organizes an information/education program encouraging all physicians to regularly impart prevention messages to their patients is viewed as a public health activity. What distinguishes the two approaches is that the latter effort targets a group of physicians and the former just a single patient, even though both activities share a prevention element.

Public health as a method is sometimes confused with the population health approach. Public health agencies are key players in implementing the population health approach. The population health approach puts more emphasis on the importance of the determinants of health (poverty, education, housing, socio-economic status, etc.) and recognizes that many social and health problems facing communities have multiple and interacting causes which require a well-coordinated and multi-sectoral response. Population health emphasizes the importance of using data, evidence and public engagement to monitor health status, identify priorities, inform decisions and demonstrate accountability for health outcomes. The population health approach is a unifying force for the entire spectrum of health system interventions.

APPENDIX IV: Essential Functions of Public Health[1]

Function	Description
Health promotion	Working collaboratively with communities and other sectors to understand and improve health; this is done through healthy public policies, community-based interventions, public participation and advocacy or action on the underlying circumstances that shape health (e.g., determinants of health such as housing, income, systemic racism)
Health surveillance	Collecting health data to track diseases, the health status of populations, the determinants of health and differences among populations
Health protection	Protecting populations from infectious disease, environmental threats and unsafe water, air and food
Population health assessment	Assessing the changing strengths, vulnerabilities and needs of communities
Disease prevention	Supporting safe and healthy lifestyles to prevent illness and injury and reducing risk of infectious disease outbreaks through investigation and preventive measures
Emergency preparedness and response	Planning for and acting on, natural or human-made disasters to minimize serious illness, injury, or death

[1] Report summary: A Vision to Transform Canada's Public Health System: Chief Public Health Officer's Report on the State of Public Health in Canada 2021 - Canada.ca

APPENDIX V: Delegation/Appointment Process

(a) Delegating local authority powers and responsibilities to Public Health Officers (PHIs) employed by or on contract with the health authority.

Sample motion could read:

"Moved by (board member)

Seconded by (board member)

That in accordance with section 10 of *The Public Health Act, 1994* the health authority board, as local authority, hereby delegates all of the powers and responsibilities that are given to the local authority by the Act, regulations, or bylaws made pursuant to the Act to PHOs that are public health inspectors employed by the Saskatchewan Health Authority.

Carried."

(b) Delegating local authority powers and responsibilities to Public Health Officers (MHOs) designated by the Minister.

Sample motion could read:

"Moved by (board member)

Seconded by (board member)

That in accordance with section 10 of *The Public Health Act, 1994* the health authority board, as local authority, hereby delegates all of the powers and responsibilities that are given to the local authority by the Act, regulations, or bylaws made pursuant to the Act to medical health officers that are designated by the Minister.

Carried."