



# Mandatory Reporting

<b>APPROVED BY COUNCIL:</b>	November 2000
<b>REVIEWED AND UPDATED:</b>	September 2004, April 2005, September 2005, June 2009
<b>PUBLICATION DATE:</b>	January/February 2006
<b>KEY WORDS:</b>	Confidentiality, Disclosure, Duty to Inform, Duty to Warn, Reporting Regulations, Privacy
<b>RELATED TOPICS:</b>	Confidentiality and Access to Patient Information, Consent to Medical Treatment, Medical Records
<b>LEGISLATIVE REFERENCES:</b>	<p><i>Aeronautics Act</i>, R.S.C. 1985, c. A-2.</p> <p><i>Child and Family Services Act</i>, R.S.O. 1990, c. C.11, as amended.</p> <p><i>Commitment to the Future of Medicare Act, 2004</i>, S.O. 2004, c. 5.</p> <p><i>Controlled Drugs and Substances Act</i>, S.C. 1996, c.19</p> <p><i>Benzodiazepines and Other Targeted Substances Regulations</i> SOR/2000-217.</p> <p><i>Narcotic Control Regulations</i> C.R.C. c. 1041.</p> <p><i>Coroners Act</i>, R.S.O. 1990, c. C.37.</p> <p><i>Health Insurance Act</i>, R.S.O. 1990, c. H.6, as amended.</p> <p><i>Health Fraud</i>, O. Reg., 173/98.</p> <p><i>Health Protection and Promotion Act</i>, R.S.O. 1990, c. H.7.</p> <p><i>Communicable Diseases – General</i> R.R.O. 1990 Reg. 557, am. to O. Reg. 471/91.</p> <p><i>Reports</i>, R.R.O., 1990, Reg. 569, am. to O. Reg. 143/05.</p> <p><i>Specification of Communicable Diseases</i>, O.Reg. 558/91, am. to O. Reg. 97/03.</p> <p><i>Specification of Reportable Diseases</i>, O. Reg. 559/91, am. to O. Reg. 96/03.</p> <p>...Continued on back</p>

# Mandatory Reporting

## PURPOSE

The purpose of this policy is to clarify the circumstances under which physicians are required by law, or expected by the College, to report information about patients.

## PRINCIPLES

Physicians have a legal and professional duty to keep information about their patients confidential.<sup>1</sup> However, under certain circumstances, physicians are required by law to report particular events or conditions to the appropriate government or regulatory agency. These are ‘mandatory reports’. Failure to make a mandatory report may result in the imposition of penalties ranging from a fine to allegations of professional misconduct.

Patients must be able to trust their physicians. This relationship is fundamental to the healing process. One fundamental component of a trusting relationship is good communication. In order to maintain good communication, physicians are encouraged to inform their patients when they are required to make a mandatory report whenever it is prudent to do so. The College recognizes that physicians must exercise their best judgment, and discuss reports with their patients only when it is possible to do so without putting themselves or their patients at risk.

## CONTENT OF REPORTS

Depending on the origin of the duty, physicians are required to include specific information and, at times, professional medical opinions in mandatory reports.

Physicians will not be asked to draw legal conclusions, nor will their reports be deemed to constitute determinations of guilt.

## DUTIES

This policy contains details of physicians’ reporting duties created by law up to January 2005.<sup>2</sup> The College encourages physicians to keep informed of their duties, and reminds physicians that this policy is not meant to be a substitute for

legal advice, or to provide physicians with an exhaustive list of all of their legal responsibilities.

Mandatory reporting obligations in the following circumstances will be discussed in detail below.

1. Child Abuse
2. Nursing Homes
3. Motor Vehicles
4. Pilots, Air Traffic Controllers
5. Railway Safety
6. Merchant Seamen
7. Occupational Health and Safety
8. Births, Stillbirths and Deaths
9. Diseases and Immunizations
10. Health Card Fraud
11. Sexual Abuse by Health Professionals
12. Facility Operators: Reporting Sexual Abuse, Incapacity & Incompetence
13. Termination of Employment
14. Correctional Facilities
15. Narcotics
16. Community Treatment Plans
17. Preferential Treatment
18. Gunshot Wounds

Three instances when it is permissible to disclose confidential information but not obligatory to do so, are also discussed below:

1. Imminent Danger
2. Incapacity
3. Disclosure of Harm

1. CPSO policy Confidentiality of Personal Health Information; *Personal Information Protection and Electronic Documents Act* (hereinafter *PIPEDA*) S.C. 2000, c.5. This statute is available at: <http://laws.justice.gc.ca/en/P-8.6/92607.html>; *Personal Health Information Protection Act*, 2004 (hereinafter *PHIPA*), S.O. 2004, c. 3, Sch. A. This statute is available at: [http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/04p03\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/04p03_e.htm).

2. This policy also includes the reporting duty established by the *Mandatory Gunshot Wounds Reporting Act*, 2005, which came into force on September 1, 2005. See section 17 of the policy for further details.



## A. STATUTORY DUTIES TO REPORT

### 1. Suspected Child Abuse or Neglect

The *Child and Family Services Act (CFSA)*, requires that physicians report suspicions of child abuse or neglect based on reasonable grounds, and the information on which the suspicion is based.<sup>3</sup> A report of this type must be made forthwith, directly to the Children's Aid Society (CAS),<sup>4</sup> by the individual who has the reasonable suspicion of the abuse or neglect.

The *CFSA* requires that physicians make a further report to the CAS when they have additional reasonable grounds to suspect child abuse or neglect. Physicians are obligated to make further reports even if they have filed previous reports about the same child or children.<sup>5</sup> As long as physicians suspect that abuse or neglect is taking place, they have a duty to report their suspicions to the CAS.

#### Reportable Incidents

Physicians are expected to report harm that is inflicted or caused by the child's parent or another individual who is in charge of the child. The harm described below is reportable regardless of whether it occurs as a result of an individual's actions, or is a consequence of neglect.

The following incidents must be reported:

#### Physical Harm or Abuse

- The child has suffered physical harm, or there is a risk that the child is likely to suffer physical harm.<sup>6</sup>
- The child requires medical treatment to cure, prevent or alleviate physical harm or suffering but the parent, or the person in charge of the child does not provide treatment, refuses or is unable or unavailable to consent to the child's treatment.<sup>7</sup>

#### Sexual Harm or Abuse

- The child has been sexually molested or sexually exploited, or there is a risk that the child is likely to be sexually

molested or sexually exploited. The person in charge of the child has molested or exploited the child, or knew or should have known that the child was or may be molested or exploited by another person and failed to protect the child.<sup>8</sup>

Both physical and sexual abuse are offences under the *Criminal Code*. While physicians are not obligated to report suspicions of physical or sexual abuse to the police, the CAS may decide to forward the details of the physician's report to the police for further investigation.

#### Emotional Harm<sup>9</sup>

- The child has suffered emotional harm, or there is a risk that the child is likely to suffer emotional harm as a consequence of the actions, inaction, or pattern of neglect by the child's parent or person in charge of the child.
- The child has suffered emotional harm or there is a risk that the child is likely to suffer emotional harm and the child's parent, or the person in charge of the child does not provide services or treatment, refuses or is unable or unavailable to consent to the services or treatment needed to remedy, alleviate or prevent the harm.
- The child suffers from a mental, emotional or developmental condition that could seriously impair the child's development if left untreated, and the child's parent, or the person in charge of the child does not provide treatment, refuses or is unable or unavailable to consent to treatment to remedy or alleviate the condition.<sup>10</sup>

#### Abandonment

- The child has been abandoned, or his or her parent has died, or is unavailable to exercise his or her custodial rights and has not made adequate plans regarding the child's care and custody.
- The child is in a residential placement and the parent refuses, or is unable or unwilling to resume the child's care and custody.<sup>11</sup>

3. Section 72(1) of the *Child and Family Services Act*, R.S.O. 1990, c. C.11 (hereinafter *CFSA*). This statute is available at: [http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90c11\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90c11_e.htm).

4. Children's aid societies are known as "family and children's services" in some communities.

5. Section 72(2) of the *CFSA*, R.S.O. 1990, c. C.11;

6. Section 72(1), paragraphs 1 and 2 of the *CFSA*, R.S.O. 1990, c. C.11.

7. Section 72(1), paragraph 5 of the *CFSA*, R.S.O. 1990, c. C.11.

8. Section 72(1), paragraphs 3 and 4 of the *CFSA*, R.S.O. 1990, c. C.11.

9. Sections 37(2)(f) and 72(1), paragraph 6 of the *CFSA*, R.S.O. 1990, c. C.11 state that emotional harm is demonstrated by serious:

i. anxiety,  
ii. depression,  
iii. withdrawal,  
iv. self-destructive or aggressive behaviour, or  
v. delayed development.

10. Section 72(1), paragraphs 6, 7, 8, 9 and 10 of the *CFSA*, R.S.O. 1990, c. C.11.

11. Section 72(1), paragraph 11 of the *CFSA*, R.S.O. 1990, c. C.11.

# Mandatory Reporting

## Criminal Acts

- The child is less than twelve years old and has killed or seriously injured another person or has caused serious damage to another person's property. Treatment or services<sup>12</sup> are necessary to prevent the child from committing the same or similar acts in the future, but the child's parent or the person in charge of the child does not provide, refuses, or is unable or unavailable to consent to the services or treatment.
- The child is under the age of twelve and has on more than one occasion either injured another person or damaged his or her property, and the child's actions have been encouraged by the parent or person in charge of the child, or have occurred because the child has not been adequately supervised.<sup>13</sup>

## 2. Suspected Elder Abuse or Death in Nursing Homes

### Suspected Elder Abuse

When physicians have reasonable grounds to suspect that a resident of a nursing home has suffered or may suffer harm due to unlawful conduct, improper or incompetent care, treatment or neglect, the *Nursing Homes Act* requires that they report their suspicions and the information on which they are based, forthwith, to the Director appointed by the Minister of Health and Long-Term Care.<sup>14</sup>

### Death

When a resident of a nursing home has died, the attending physician must make a written report that will be kept in the resident's file. The report shall indicate the time and cause of death.<sup>15</sup>

## 3. Health conditions that make it dangerous for an individual to drive

The *Highway Traffic Act* requires that physicians report every individual sixteen years of age or over to whom the physician has provided medical services (patients or other-

wise) when physicians are of the opinion that the individual has a medical condition or functional impairment that may make it dangerous for him or her to operate a motor vehicle.<sup>16</sup>

Reports must include the name and address of the individual and the medical condition or functional impairment that affects the individual's ability to drive. In order for the Ministry of Transportation to apply the information to the correct driver, the date of birth should be indicated in the report. Reports should be sent to the Registrar of Motor Vehicles of the provincial Ministry of Transportation.

## 4. Health conditions that make it dangerous for an individual to fly an airplane, or to perform the duties of an air traffic controller

Under the federal *Aeronautics Act* physicians must report any patient who physicians believe on reasonable grounds, is a flight crew member, an air traffic controller, or holds a Canadian aviation document that imposes standards of medical or optometric fitness when physicians are of the opinion that the patient has a medical or optometric condition that is likely to constitute a hazard to aviation safety.<sup>17</sup>

Reports should include the physician's opinion about the patient's condition and the information on which the opinion is based. Reports should be made to a medical advisor designated by the federal Minister of Transportation, or where reports relate to matters of defence, including military personnel, aircraft, aerodrome or facility of Canada or a foreign state, to a medical advisor designated by the federal Minister of National Defence.<sup>18</sup>

## 5. Health conditions that make it dangerous for an individual to operate railway equipment

The federal *Railway Safety Act* 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

12. Section 3(1) of the *CPSA*, R.S.O. 1990, c. C.11 defines "service" as:

(a) a child development service,  
(b) a child treatment service,  
(c) a child welfare service,  
(d) a community support service, or  
(e) a young offenders service.

13. Section 72(1), paragraphs 12 and 13 of the *CPSA*, R.S.O. 1990, c. C.11.

14. Sections 25(1) and 25(5) of the *Nursing Homes Act*, R.S.O. 1990, c. N.7. This statute is available at: [http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90n07\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90n07_e.htm).

15. Sections 78(3) of General R.R.O. 1990, Reg. 832, enacted under the *Nursing Homes Act*, R.S.O. 1990, c. N.7. This reporting duty is also applicable to Registered Nurses in the extended class. This regulation is available at: [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900832\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900832_e.htm).

16. Section 203(1) of the *Highway Traffic Act*, R.S.O. 1990, c. H.8. This statute is available at: [http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h08\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h08_e.htm).

17. Section 6.5(1) of the *Aeronautics Act*, R.S.C. 1985, c. A.2. This statute is available at: <http://laws.justice.gc.ca/en/A-2/296.html#rid-434>.

18. Details for medical conditions of interest and reporting procedures are found in *The Physician and the Aeronautics Act: A Guide to Mandatory Reporting*, available at the Transport Canada Aviation Medicine website (at <http://www.tc.gc.ca/CivilAviation/Cam/menu.htm>), or by contacting the local Civil Aviation Medicine office.



patient has a condition that is likely to pose a threat to safe railway operations.<sup>19</sup>

Unlike reporting duties specified in the *Highway Traffic Act* and the *Aeronautics Act*, the *Railway Safety Act* requires that physicians take reasonable steps to inform patients before they file the report to a medical professional selected by the railway company. The report must indicate the physician's opinion regarding the condition and the information upon which his or her opinion is based. A copy of the physician's report must be provided to patients.

## 6. Merchant Seamen

A physician who is attending, has the care of, or has consulted respecting a seaman who is subject to the *Merchant Seamen Compensation Act*,<sup>20</sup> must provide the seaman's employer with reports as may be required by the employer.

## 7. Occupational Health and Safety

The *Occupational Health and Safety Act* and the Regulations enacted under this statute specify a number of reporting requirements for physicians who conduct medical examinations on individuals in relation to employment conditions or hazards.<sup>21</sup> Physicians conducting such examinations should consult the legislation to understand their obligations and may wish to contact the CMPA for legal advice.

## 8. Births, Still-births and Deaths<sup>22</sup>

### Births

If a physician has attended the birth of a child, the *Vital Statistics Act* requires that he or she give notice of the birth

within two days of the event to the appropriate Division Registrar.<sup>23</sup> The notice should be given on a prescribed form, which is available in hospitals.

### Still-births

If a physician attends a still-birth, the *Vital Statistics Act* requires that he or she complete a medical certificate of the cause of the still-birth and deliver the certificate to the funeral director in charge of the body.<sup>24</sup> The medical certificate form is available in hospitals.

### Deaths

When a patient dies, the *Vital Statistics Act* requires that a physician complete and sign a medical certificate of death forthwith if the physician either attended the patient during his or her last illness, or had sufficient knowledge of the patient's last illness.<sup>25</sup> The certificate must indicate the cause of death according to the classification of diseases adopted in the regulations. The physician must deliver the certificate to the funeral director or other person in charge of the body. Appropriate forms are available in hospitals.

### Reports to Coroner

The *Coroners Act* requires physicians to make a report when they have reason to believe that an individual has died:

1. as a result of violence, misadventure, negligence, misconduct or malpractice;
2. by unfair means;
3. during pregnancy or following pregnancy in circumstances that might be reasonably attributed to the pregnancy;

19. Section 35(2) of the *Railway Safety Act*, R.S.C. 1985, c. 32. This statute is available at: <http://laws.justice.gc.ca/en/R-4.2/99007.html#rid-99097>.

20. Section 48, *Merchant Seamen Compensation Act*, R.S.C. 1985, c. M-6. <http://laws.justice.gc.ca/en/M-6/83625.html>.

21. The *Occupational Health and Safety Act*, R.S.O. 1990, c. O.1 can be accessed at the following link: [http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90o01\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90o01_e.htm).

Construction Projects, O. Reg. 213/91, [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/910213\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/910213_e.htm).

*Designated Substance – Acrylonitrile*, R.R.O. 1990, Reg. 835, [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900835\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900835_e.htm).

*Designated Substance – Arsenic*, R.R.O. 1990, Reg. 836, [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900836\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900836_e.htm).

*Designated Substance – Asbestos*, R.R.O. 1990, Reg. 837, [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900837\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900837_e.htm).

*Designated Substance – Benzene*, R.R.O. 1990, Reg. 839, [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900839\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900839_e.htm).

*Designated Substance – Coke Oven Emissions*, R.R.O. 1990, Reg. 840, [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900840\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900840_e.htm).

*Designated Substance – Ethylene Oxide*, R.R.O. 1990, Reg. 841, [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900841\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900841_e.htm).

*Designated Substance – Isocyanates*, R.R.O. 1990, Reg. 842, [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900842\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900842_e.htm).

*Designated Substance – Lead*, R.R.O. 1990, Reg. 843, [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900843\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900843_e.htm).

*Designated Substance – Mercury*, R.R.O. 1990, Reg. 844, [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900844\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900844_e.htm).

*Designated Substance – Silica*, R.R.O. 1990, Reg. 845, [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900845\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900845_e.htm).

*Designated Substance – Vinyl Chloride*, R.R.O. 1990, Reg. 846, [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900846\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900846_e.htm).

22. Amendments to numerous sections of the *Vital Statistics Act*, R.S.O. 1990, c. V.4., are pending, including those sections, which govern reports of births, still-births, and deaths. However, a date for when the amendments will come into force has not been determined. The *Vital Statistics Act* is available at: [http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90v04\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90v04_e.htm).

23. Sections 8(1) and 8(3) of the *Vital Statistics Act*, R.S.O. 1990, c. V.4.

24. Section 18(2) of the *Vital Statistics Act*, R.S.O., 1990, c. V.4.

25. Section 21(3) of the *Vital Statistics Act*, R.S.O. 1990, c. V.4. Physicians should be aware that in some instances, registered nurses or coroners might be charged with the duty of reporting deaths (sections 21(3.1), 21(4) of the *Vital Statistics Act*, and section 37.1 of General R.R.O. 1990, Reg. 1094 (1 of 3), enacted under *Vital Statistics Act*). Physicians are advised to consult the legislation for further information about this reporting duty, and may wish to consult the CMPA for advice. The General regulations can be accessed at the following link: [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/901094a\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/901094a_e.htm).



# Mandatory Reporting

4. suddenly and unexpectedly;
5. from disease or sickness for which he or she was not treated by a legally qualified medical practitioner;
6. from any cause other than disease; or
7. under circumstances that may require investigation.<sup>26</sup>

Reports must be made immediately, be sent to a coroner or to a police officer, and contain details regarding the facts and the circumstances related to the death.

Coroners are charged with specific duties under the *Coroners Act*. Physicians who are appointed to be Coroners should consult the legislation to understand their obligations and may wish to contact the CMLPA for legal advice.

## 9. Certain communicable and reportable diseases, conditions, or adverse reactions to immunizations

### Communicable and Reportable Disease<sup>27</sup>

#### General

The *Health Protection and Promotion Act (HPPA)* requires that physicians and hospital administrators make a report when, in the course of providing professional services to a person, they have formed the opinion that the person,

- has or may have a reportable disease and is not a patient or out-patient of a hospital;
- is or may be infected with an agent of a communicable disease;
- is under the care and treatment of the physician for a communicable disease, but refuses treatment, or neglects to continue treatment in a manner and to a degree that is satisfactory to the physician.<sup>28</sup>

Reports should be made as soon as possible to the Medical Officer of Health of the health unit in which the health

care services were provided.

Reports made in relation to reportable or communicable diseases must contain the following information about the individual involved:

- name and address in full;
- date of birth in full;
- sex; and
- date of onset of symptoms.<sup>29</sup>

There are circumstances in which physicians will be required to include additional information in their report to the Medical Officer of Health depending on the disease being reported. Physicians are advised to consult the Reports Regulations for further information. In addition, physicians may be required to provide additional information upon request of the Medical Officer of Health.<sup>30</sup> For instance, a Medical Officer of Health may request that reports include a Health Card Number.<sup>31</sup>

Reports made regarding refusal of treatment for a communicable disease, or the neglect to continue with treatment for a communicable disease to the satisfaction of the physician must contain the name and address of the individual.<sup>32</sup>

Reports made regarding HIV infection must contain the same information as reports regarding other reportable or communicable diseases. However, when testing is conducted in certain clinics (set out in the Schedule to the *Reports Regulations*), and the patient has received counseling on preventing the transmission of HIV infection before the test was ordered, physicians may omit the patient's name and address from the report.<sup>33</sup>

#### Duty to Report Death Due to Reportable Disease

Any physician who signs a death certificate indicating that the cause of death of an individual was a reportable disease,

26. Section 10(1) of the *Coroners Act*, R.S.O. 1990, c. C.37. This statute is available at: [http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90c37\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90c37_e.htm).

27. A list of Communicable Diseases is contained in the *Specification of Communicable Diseases Regulation* (O. Reg. 558/91, am. to O. Reg. 97/03.), enacted under the *Health Protection and Promotion Act*, 1990, c. H.7, (hereinafter *HPPA*) found at the following link: [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/910558\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/910558_e.htm).

A list of Reportable Diseases is contained in the *Specification of Reportable Diseases Regulations* (O. Reg. 559/91, am. to O. Reg. 6/03.), enacted under the *HPPA*, found at the following link: [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/910559\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/910559_e.htm).

28. Sections 25(1), 26, 27(1) and 34(1) of the *HPPA*, R.S.O. 1990, c. H.7. The reporting duty for hospital administrators arises if an entry in the hospital records states that a patient or an out-patient of the hospital has or may have a reportable disease, or is or may be infected with an agent of a communicable disease.

29. Section 1(1) *Reports*, R.R.O. 1990, Reg. 569, enacted under the *HPPA*, R.S.O. 1990, c. H.7. The Reports regulation can be accessed at: [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900569\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900569_e.htm)

30. Section 1(2) *Reports*, R.R.O. 1990, Reg. 569, enacted under the *HPPA*, R.S.O. 1990, c. H.7.

31. Section 34(4) of *PHIPA* permits physicians to require production of an individual's health card.

32. Section 34(1) of *HPPA*, R.S.O. 1990, c.H.7.

33. Section 5.1(2), of *Reports*, R.R.O. 1990, Reg. 569, enacted under the *HPPA*, R.S.O. 1990, c. H.7.



or that a reportable disease was a contributing cause of death, must report this to the Medical Officer of Health for the health unit in which the death occurred.<sup>34</sup>

### Eyes of New-Born

When a physician attends the birth of a child and is aware that an eye of the new-born child has become reddened, inflamed or swollen, the physician must make a written report to the Medical Officer of Health within two weeks of the child's birth.

The report shall include the name, age and home address of the child, the whereabouts of the child (if he or she is not at home), and the conditions of the eye that the physician has observed.<sup>35</sup>

### Rabies

If a physician has information about an animal bite or animal contact that may result in humans contracting rabies, the physician must notify the Medical Officer of Health of the situation as soon as possible and provide the Medical Officer of Health with the required information.<sup>36</sup>

### Adverse Reactions to Immunizations

The *HPPA* states that physicians must make a report when they recognize the presence of a reportable event, while providing professional services to a person, and are of the opinion that the reportable event may be related to the administration of an immunizing agent.<sup>37</sup>

The *HPPA* states that a 'reportable event' in relation to an immunizing agent means:

- a) persistent crying or screaming, anaphylaxis or anaphylactic shock occurring within forty-eight hours of being immunized,
- b) shock-like collapse, high fever or convulsions occurring within three days of being immunized,
- c) arthritis occurring within forty-two days of being immunized,
- d) generalized urticaria, residual seizure disorder, encephalopathy, encephalitis or any other significant occurrence occurring within fifteen days of being immunized, or
- e) death occurring at any time and following upon a symptom as described above.<sup>38</sup>

Reports must be made to the Medical Officer of Health of the health unit where the professional services were provided, within seven days of the physician having recognized the reportable event.

The *Reports Regulations* specify the information that must be contained in reports made regarding reportable events.<sup>39</sup> Physicians are advised to consult these regulations for further details.

## 10. Health Card Fraud

The *Health Insurance Act*, and the *Health Fraud Regulations*<sup>40</sup> requires physicians to report instances of health card fraud. The following situations are examples of health card fraud:

- an individual knowingly receives or attempts to receive insured services when he or she is not eligible to do so;
- an individual has knowingly been or seeks to be reimbursed by the Ontario Health Insurance Plan (OHIP) for an insured service when he or she is not eligible to do so; or
- an individual knowingly gives false information about his or her residency on an application, return or statement made to OHIP or the General Manager.<sup>41</sup>

Reports must be made promptly to the General Manager of OHIP.

34. Section 30 of the *HPPA*, R.S.O. 1990, c. H.7. Physicians are advised to consult the Reports regulation for information regarding the specific contents of these reports.

35. Section 33(1), of the *HPPA*, R.S.O. 1990, c. H.7; Section 1, paragraph 2, of *Communicable Diseases—General O. Reg. 471/91*, enacted under the *HPPA*, R.S.O. 1990, c. H.7. The *Communicable Diseases—General Regulation* can be accessed at: [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900557\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900557_e.htm).

36. Section 2(1) of *Communicable Diseases—General O. Reg. 471/91*, enacted under the *HPPA*, R.S.O. 1990, c. H.7.

37. Section 38(3) of the *HPPA*, R.S.O. 1990, c. H.7. Section 38(1) of the *HPPA* defines an 'immunizing agent' as: a vaccine or combination of vaccines administered for immunization against diphtheria, tetanus, poliomyelitis, pertussis, measles, rubella, hepatitis B, rabies, *Haemophilus influenzae* b infections, influenza or a prescribed disease.

38. Section 38(1) of the *HPPA*, R.S.O. 1990, c. H.7.

39. Section 7(1) Reports, R.R.O. 1990, Reg. 569, as am. by, O. Reg. 1/05, enacted under the *HPPA*, R.S.O. 1990, c. H.7.

40. *Health Insurance Act*, R.S.O. 1990, c. H.6. This statute is available at: [http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h06\\_e.htm#BK89](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h06_e.htm#BK89). *Health Fraud Regulations O. Reg. 173/98*, enacted under the *Health Insurance Act*, R.S.O. 1990, c. H.6. These Regulations are available at: [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/980173\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/980173_e.htm).

41. Sections 43.1(1) and (2) of the *Health Insurance Act*, R.S.O. 1990, c. H.6; Section 1(1), paragraph 1 of the *Health Fraud Regulations O. Reg. 173/98*, enacted under the *Health Insurance Act*, R.S.O. 1990, c. H.6.

# Mandatory Reporting

## 11. Sexual Abuse<sup>42</sup> by a Health Professional

When a physician has reasonable grounds, obtained in the course of practising the profession, to believe that another physician or regulated health care professional has sexually abused a patient, the physician must file a report in writing, with the Registrar of the College to which the alleged abuser belongs.<sup>43</sup> The physician is not required to file a report if he or she does not know the name of the member who would be the subject of the report.<sup>44</sup> Where the reasonable grounds for belief of sexual abuse are obtained from a patient, the physician shall use his or her best efforts to advise the patient of the physician's obligation to make the report before filing the report.<sup>45</sup>

Reports must be filed within thirty days after the obligation to report arises, but where the physician has reasonable grounds to believe that the alleged abuse will continue or that the member will sexually abuse other patients, the report must be made forthwith.<sup>46</sup> Reports must contain the following:

- the name of the person filing the report;
- the name of the regulated health professional who is the subject of the report;
- an explanation of the alleged sexual abuse;
- the name of the patient who may have been sexually abused (if the grounds for suspicion are related to a particular patient, and the patient, or the patient's representative has consented in writing).<sup>47</sup>

Where the reporting physician is providing psychotherapy to the alleged abuser, the report must also contain the opinion of the reporting physician, if he or she is able to form one, as to whether the alleged abuser is likely to sexu-

ally abuse patients in the future.<sup>48</sup> In the event that the reporting physician has ceased to provide psychotherapy to the alleged abuser, the reporting physician must file an additional report to the same College forthwith.<sup>49</sup>

## 12. Facility Operators: Duty to Report Incapacity, Incompetence & Sexual Abuse

Physicians or others who operate a facility where one or more regulated health professionals practice have specific reporting obligations under the *Health Professions Procedural Code* of the *Regulated Health Professions Act, 1991*.

The *Code* requires that those who act as facility operators make a mandatory report if:

- they have reasonable grounds to believe that a regulated health professional practising at the facility is incompetent, is incapacitated, or has sexually abused a patient;<sup>50</sup> and
- they know the name of the regulated health professional who will be the subject of the report.<sup>51</sup>

Reports must be made in writing to the Registrar of the College to which the regulated health professional belongs.<sup>52</sup>

Typically, reports must be made thirty days after the obligation to report arises. Reports must be made forthwith, however, when there are reasonable grounds to believe that:

- the regulated health professional will continue to sexually abuse the patient or will sexually abuse other patients; or
- the incompetence or incapacity of the regulated health professional is likely to expose a patient to harm or injury and there is urgent need for intervention.<sup>53</sup>

42. Sexual abuse of a patient is defined in section 1(3) of the *Health Professions Procedural Code*, (Schedule 2 of the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18 (hereinafter *RHPA*)) as follows:

(a) sexual intercourse or other forms of physical sexual relations between the member and the patient,  
(b) touching, of a sexual nature, of the patient by the member, or  
(c) behaviour or remarks of a sexual nature by the member towards the patient.

Section 1(4) of the *Health Professions Procedural Code* states that 'sexual nature' does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

43. Sections 85.1(1) and 85.3(1) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18.

44. Section 85.1(2) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18.

45. Section 85.1(3) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18.

46. Section 85.3(2) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, 1991, S.O. 1991, c.18.

47. Sections 85.3(3) and 85.3(4) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18.

48. Section 85.3(5) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18.

49. Sections 85.4(1) and 85.4(2) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18.

50. Section 85.2(1) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18. The terms 'facility' and 'facility operator' are not defined in the *RHPA* or the *Code*.

For the purposes of providing guidance to the profession, the CPSO relies on the definition of 'health facility' contained in the *Independent Health Facilities Act*, R.S.O. 1990, c.1.3, as a working definition. The *IHFA* defines 'health facility' as a place in which one or more members of the public receive health services and includes an independent health facility (s.1(1) *IHFA*).

51. Section 85.2(3) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18. Reports do not have to be filed if the name of the regulated health professional is unknown.

52. Section 85.3(1), *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18.

53. Section 85.3(2) *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18.





Reports must contain the name of the reporting physician, the name of the regulated health professional who is the subject of the report and an explanation of the alleged sexual abuse, incompetence, or incapacity.<sup>54</sup>

Patient names must be included if the reporting physician's concerns relate to a specific patient or patients.<sup>55</sup> In reports of alleged sexual abuse, however, patient names can only be included with the written consent of the patient or representative.<sup>56</sup>

### 13. Termination of employment of a health professional (including physicians) due to incapacity or incompetence

#### *Regulated Health Professions Act, 1991 (RHPA)*

Under the *RHPA*, when a physician has:

- terminated the employment of a regulated health professional,
- revoked, suspended or imposed restrictions on the privileges of a regulated health professional, or
- dissolved a partnership, health profession corporation or association with a regulated health professional,

because the regulated health professional is incompetent,<sup>57</sup> incapacitated,<sup>58</sup> or has committed an act of professional misconduct, the physician must file a written report with the Registrar of the appropriate College within thirty days.<sup>59</sup>

If a physician intended to terminate the employment of a regulated health professional, or revoke the regulated health professional's privileges for reasons of professional misconduct, incompetence or incapacity, but the physician did not do so because the regulated health professional resigned or

voluntarily relinquished his or her privileges, the physician must file a written report with the Registrar of the appropriate College within thirty days of the resignation or relinquishment, setting out the reasons upon which the physician intended to act.<sup>60</sup>

#### *Public Hospitals Act*

When a physician is appointed or designated Chief of Staff, President of Staff or Head of a medical department in a public hospital, he or she has specific reporting obligations in relation to his or her colleagues.<sup>61</sup>

Physicians are advised to consult the legislation and the CMPA for guidance regarding their specific obligations.

### 14. Correctional Facilities

Physicians treating or attending to inmates at a provincial correctional facility are required to make reports to the Superintendent of the facility when an inmate is seriously ill, injured, or unable to work due to illness or disability.<sup>62</sup>

Reports should include health information about the inmate, along with the physician's clinical opinion regarding the inmate's health. Reports regarding injuries, and inability to work should be in writing.

There may be occasions where physicians will be required, by Court Order, to report the results of a medical and/or psychological assessment of a young person to the Court. Physicians are advised to consult the *Youth Criminal Justice Act*<sup>63</sup> for further details, and may wish to contact the CMPA for legal advice.

54. Section 85.3(3)(a-c) *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18.

55. Section 85.3(3)(d) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18.

56. Section 85.3(4) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18.

57. Section 52(1) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18, states that a panel shall find a member to be incompetent if the member's professional care of a patient displayed a lack of knowledge, skill or judgment or disregard for the welfare of the patient of a nature or to an extent that demonstrates that the member is unfit to continue to practice or that the member's practice should be restricted. The *RHPA* is available at: [http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91r18\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/91r18_e.htm).

58. Section 1(1) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18, states that "incapacitated" means, in relation to a member, that the member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member no longer be permitted to practice or that the member's practice be restricted.

59. Section 85.5(1) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18.

60. Section 85.5(2) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18.

61. This duty to report is contained in sections 34(3) and 34(5) of the *Public Hospitals Act*, R.S.O. 1990, c. P.40, and arises when the physician becomes aware that, in his or her opinion, a serious problem exists with the diagnosis, care or treatment of a patient or out-patient. The *Public Hospitals Act* is available at: [http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90p40\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90p40_e.htm).

62. Sections 4(3), 4(4)(c), and 4(5) of *General R.R.O. 1990, Reg. 778*, enacted under the *Ministry of Correctional Services Act*, R.S.O. 1990, c. M.22. This regulation is available at: [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900778\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900778_e.htm).

63. Section 34(1) and 34(14) of the *Youth Criminal Justice Act*, S.C. 2002, c.1. This statute is available at: <http://laws.justice.gc.ca/en/Y-1.5/110805.html>.

# Mandatory Reporting

## 15. Controlled Drugs and Substances

When a physician discovers or is informed that a targeted substance<sup>64</sup> or a narcotic<sup>65</sup> has been lost or stolen, the physician must report the loss or theft to the Office of Controlled Drugs and Substances, Federal Minister of Health, within ten days.

## 16. Community Treatment Plans

Physicians involved in the care of mentally ill patients who are following community treatment plans have specific reporting duties under the regulations of the *Mental Health Act*.<sup>66</sup> When physicians issue an order for examination<sup>67</sup> for a patient following a community treatment plan, physicians must provide the police with the current contact information (including physicians' name, address and telephone number) of the physician responsible for completing the examination, and inform the police immediately if the patient voluntarily attends the examination or if the order is revoked for any other reason before it expires.<sup>68</sup>

## 17. Preferential Treatment

When, in the course of his or her professional duties, a physician has reason to believe that a person (either another physician or an individual) or entity has paid or conferred a benefit, or charged or accepted payment of a benefit in exchange for improved access to an insured health service, the physician must report the matter to the General Manager of the Ontario Health Insurance Plan.<sup>69</sup>

## 18. Gunshot Wounds

Every facility that treats a person for a gunshot wound shall disclose to local police services the following:

- the fact that a person is being treated for a gunshot wound;

- the person's name, if known; and
- the name and location of the facility.<sup>70</sup>

The disclosure must be made orally, and as soon as it is reasonably practical to do so, without interfering with the person's treatment or disrupting the regular activities of the facility.

Facilities charged with this obligation are public hospitals, and prescribed organizations or institutions that provide health care services.<sup>71</sup> Each facility will assign the duty to report to specific individuals.

## B. PERMISSIVE DISCLOSURE

### 1. Disclosure to Prevent Imminent Danger

When a physician has reason to believe that a patient will carry out threats of violence against a specific person or group of persons, the physician should report details of the threat to police. This disclosure is referred to as the Duty to Inform (or Duty to Warn).<sup>72</sup>

Whether a patient is likely to carry out threats is a matter for the physician to decide in his or her clinical judgment, but Courts have suggested the following as guidelines:

- 1) there is a clear risk to an identifiable person or group of persons;
- 2) there is a risk of serious bodily harm or death; and
- 3) the danger is imminent.

Reports should include the threat, the situation, the physician's opinion and the information on which the opinion is based. In some instances physicians may be required to notify the intended victim of the danger.<sup>73</sup>

64. Sections 7(1) and 61(2) of the *Benzodiazepines and Other Targeted Substances Regulations* S.O.R./2000-217, enacted under the *Controlled Drugs and Substances Act*, S.C. 1996, c.19.

A list of targeted substances is contained in Schedule 1 of the Regulations (Parts 1 and 2), and is found at <http://laws.justice.gc.ca/en/C-38.8/SOR-2000-217/76948.html#rid-77048>.

65. Section 55(g) of the *Narcotic Control Regulations*, C.R.C. c. 1041, enacted under the *Controlled Drugs and Substances Act*, S.C. 1996, c.19. A list of narcotics is contained in the Schedule to the Narcotic Control Regulations and is found at <http://laws.justice.gc.ca/en/C-38.8/C.R.C.-c.1041/77509.html#rid-77516>.

66. *General R.R.O.* 1990, Reg. 741, enacted under the *Mental Health Act*, R.S.O. 1990, c. M.7. This regulation is available at: [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900741\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900741_e.htm).

67. Physicians will issue an order for examination if they have reason to believe that the patient is not attending appointments, or is otherwise failing to comply with his or her treatment plan, or the patient (or substitute decision maker) withdraws consent for the treatment plan and refuses to allow the physician to review his or her condition (sections 33.3(1) and 33.4(3) of the *Mental Health Act*, R.S.O. 1990, c. M.7.). This statute is available at: [http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90m07\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90m07_e.htm).

68. Section 7.4, of *General R.R.O.* 1990, Reg. 741, enacted under the *Mental Health Act*, R.S.O. 1990, c. M.7.

69. Sections 17(1) and 17(2) of the *Commitment to the Future of Medicare Act*, 2004, S.O. 2004, c.5. Section 7(1) of *General Regulation*, O.Reg.288/04, enacted under the *Commitment to the Future of Medicare Act*, 2004, S.O. 2004, c.5. The statute is available at: [http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/04c05\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/04c05_e.htm). The regulation is available at: [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/040288\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/040288_e.htm).

70. Section 2(1) of the *Mandatory Gunshot Wounds Reporting Act*, 2005, S.O. 2005, c.9.

71. This reporting obligation may be extended to clinics and medical doctors' offices by regulation, however no regulations were in place at the time of publication.

72. *Smith v. Jones*, [1999] S.C.J. No. 15 (S.C.C.); Section 40(1) of the *PHIPA*, 2004, S.O. 2004, c.3, Sched. A. Under this section, disclosure is permitted when physicians have reasonable grounds to believe that disclosure is necessary to eliminate or reduce a significant risk of serious bodily harm to a person or group of persons.

73. Courts have not been able to provide any clear guidance as to the scope of information that should be disclosed under the Duty to Inform. As such, the College advises physicians to contact the CMPA for guidance.



## 2. Incapacity

The College expects physicians to take action when they have reason to believe that another is incapable of properly treating patients due to a physical or mental condition or disorder.

Under some circumstances, it may be appropriate for the physician to contact the incapacitated<sup>74</sup> physician's colleagues or family to discuss the most suitable action and/or assistance. If this is not possible, however, the physician may wish to contact the Physicians Health Program at the Ontario Medical Association or the Registrar of the College of Physicians and Surgeons of Ontario to ensure that both the incapacitated physician and his or her patients receive the best treatment possible.

The expectations detailed above are based in professionalism and ethics. They are distinct from the legal obligation contained in the *Health Professions Procedural Code*, which requires health facility operators to report incapacity. The reporting duty for facility operators is discussed in section 12 of this policy.

## 3. Disclosure of Harm

When a physician becomes aware, while treating a patient, that the patient has suffered harm in the course of receiving health care, he or she should consider whether the harm does or can be reasonably expected to negatively affect the patient's health and/or quality of life. If it does, then it is the physician's obligation to inform the patient about the harm sustained.<sup>75</sup>

## ADDITIONAL REFERENCE MATERIALS ON REPORTING:

*Determining Medical Fitness to Drive: A Guide for Physicians*, 6th ed, Canadian Medical Association.

Ferris, L. et al: Defining the physician's duty to warn: Consensus Statement of Ontario's Medical Expert Panel on Duty to Inform. *CMAJ*. 1998; 158:1473-9.

*Reporting Child Abuse and Neglect: Your Responsibilities Under the Child and Family Services Act*, Ministry of Community and Social Services.

*Identifying and Managing Child Abuse and Neglect*, Ontario Hospital Association.

74. Section 1(1) of the *Health Professions Procedural Code*, Schedule 2 of the *RHPA*, S.O. 1991, c.18.

75. For further information on this duty, please consult CPSO policy Disclosure of Harm, available on-line at the following link: <http://www.cpso.on.ca> under Practice Policies.

## MANDATORY REPORTING

### LEGISLATIVE REFERENCES continued:

*Health Professions Procedural Code*, Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18.

*Highway Traffic Act*, R.S.O., 1990, c. H.8.

*Mandatory Gunshot Wounds Reporting Act*, 2005, S.O. 2005, c.9.

*Mental Health Act*, R.S.O. 1990, c. M.7.

*General*, R.R.O. 1990, Reg. 741.

*Merchant Seaman Compensation Act*, R.S.C. 1985, c. M-6.

*Ministry of Correctional Services Act*, R.S.O. 1990, c. M.22.

*General*, R.R.O. 1990, Reg. 778.

*Nursing Homes Act*, R.S.O. 1990, c. N.7.

*General*, R.R.O. 1990, Reg. 832.

*Occupational Health and Safety Act*, R.S.O. 1990, c. O.1.

*Construction Projects*, O. Reg. 213/91.

*Designated Substance – Acrylonitrile*, R.R.O. 1990, Reg. 835.

*Designated Substance – Arsenic*, R.R.O. 1990, Reg. 836.

*Designated Substance – Asbestos*, R.R.O. 1990, Reg. 837.

*Designated Substance – Benzene*, R.R.O. 1990, Reg. 839.

*Designated Substance – Coke Oven Emissions*, R.R.O. 1990, Reg. 840.

*Designated Substance – Ethylene Oxide*, R.R.O. 1990, Reg. 841.

*Designated Substance – Isocyanates*, R.R.O. 1990, Reg. 842.

*Designated Substance – Lead*, R.R.O. 1990, Reg. 843.

*Designated Substance – Mercury*, R.R.O. 1990, Reg. 844.

*Designated Substance – Silica*, R.R.O. 1990, Reg. 845.

*Designated Substance – Vinyl Chloride*, R.R.O. 1990, Reg. 846.

*Personal Health Information Protection Act*, 2004, S.O. 2004, c. 3, Sch. A.

*Personal Information Protection and Electronic Documents Act*, S.C. 2000, c.5.

*Public Hospitals Act*, R.S.O. 1990, c. P.40.

*Railway Safety Act*, R.S.C. 1985, c. 32 (4th Supp.).

*Vital Statistics Act*, R.S.O. 1990, c. V.4

*General*, R.R.O. 1990, Reg. 1094 (1 of 3).

*Youth Criminal Justice Act*, S.C. 2002, c.1.

**COLLEGE CONTACT:** Physician Advisory Service



**COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**

80 COLLEGE STREET, TORONTO, ONTARIO M5G 2E2