The Facility Designation Regulations

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Chapter R-8.2 Reg 6 (effective December 16, 2005) as amended by Saskatchewan Regulations 22/2009, 30/2011, 13/2016, 66/2020, 52/2022, 63/2023 and 63/2024.

NOTE:

This consolidation is not official. Amendments have been incorporated for convenience of reference and the original statutes and regulations should be consulted for all purposes of interpretation and application of the law. In order to preserve the integrity of the original statutes and regulations, errors that may have appeared are reproduced in this consolidation.

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CHAPTER R-8.2 REG 6

The Regional Health Services Act

Title

1 These regulations may be cited as *The Facility Designation Regulations.*

Interpretation

2(1) In these regulations:

(a) **"Act"** means *The Provincial Health Authority Act*;

(a.1) **"child"** means an individual who is under 18 years of age;

(a.2) **"complex care"** means the provision of temporary care to a child who has a complex or life-threatening medical condition that requires complex and intensive medical care, for the purpose of preventing institutionalization;

(b) **"convalescent care"** means the provision of care to an individual during a period of recuperative time following surgery or serious illness;

(c) **"day programming"** means the provision, to individuals who normally reside in the community, of organized health and social services that are intended to maintain or increase the individual's capacity to perform the activities of daily living, to prevent premature institutionalization or to provide relief to care providers in the community;

(d) **"designated"** means designated by the minister pursuant to section 2-9 of the Act;

(e) **"designated facility"** means a facility or part of a facility that has been designated;

(e.1) **"emergency stabilization services"** means the provision of care by a physician, physician assistant, registered nurse or nurse practitioner to an individual who requires emergency medical treatment;

(e.2) **"field hospital"** means a temporary facility that is established to provide support for, or to increase the capacity of, existing hospitals in the provision of health services during a public emergency period;

(f) **"in-patient"** means an individual who has been admitted to, and assigned a bed in, a hospital or a mental health centre for the purpose of receiving diagnostic, medical, surgical, rehabilitation, mental health or obstetrical services;

(g) **"long-term care"** means personal care or nursing care provided to individuals who are unable to care fully for themselves and require prolonged care on a residential basis, whether temporary or permanent;

(g.1) **"mental health services"** means the provision of care to an individual for the purposes of promoting, preserving and restoring the mental health of an individual to an optimal level, including assessment, treatment, health education and consultation;

(h) **"nurse practitioner"** means a registered nurse who is entitled pursuant to *The Registered Nurses Act, 1988* to practise in the nurse practitioner category;

(i) **"nursing care"** means the performance or co-ordination of health care services by an individual who holds a valid licence pursuant to *The Licensed Practical Nurses Act, 2000*, *The Registered Nurses Act, 1988* or *The Registered Psychiatric Nurses Act*;

(i.1) **"observation and assessment services"** means the provision of care by a physician, physician assistant, registered nurse or nurse practitioner to an individual for the purpose of determining whether or not the individual needs health services;

(j) **"out-patient"** means an individual registered with a hospital, health centre or mental health centre as an out-patient for the purpose of receiving diagnostic, medical, surgical, rehabilitation or mental health services;

(k) **"palliative care"** means the provision of active, compassionate care to a terminally ill individual where it has been determined that treatment for cure or prolongation of life is no longer the primary object of the care being provided;

(l) **"personal care"** means the provision of direct assistance to, or supervision of, an individual in performing activities of daily living;

(l.01) **"physician"** means a duly qualified medical practitioner;

(l.02) **"physician assistant"** means a physician assistant as defined in *The Medical Profession Act, 1981* who is practising under the supervision of a physician as approved by the College of Physicians and Surgeons of Saskatchewan;

(l.1) **"public emergency period"** means the period during which an emergency declaration order pursuant to *The Emergency Planning Act*, or an order of the chief medical health officer pursuant to *The Public Health Act, 1994* respecting quarantines, travel restrictions or other forms of isolation, is in force;

(m) **"rehabilitation service"** means a service provided to an individual for the purposes of restoring the individual's well-being, social integration or physical or social independence to an optimal level and may include assessment, treatment, health education and consultation;

(n) **"required service"** means, in relation to a facility or part of a facility that is designated to a category or subcategory established by section 3, a service that facilities of that category or subcategory are required to provide;

(o) **"respite care"** means the provision of temporary care in a special-care home, a complex care centre, a health centre or a hospital to an individual who normally resides in the community in order to provide relief to members of the individual's family or friends who are the primary caregivers.

(p) **"urgent care"** means access to care:

(i) for unexpected, but non-life-threatening, health concerns that require same-day treatment; and

(ii) that cannot be accessed with the same urgency elsewhere in the health care system except through emergency department services provided by a hospital.

(2) For the purposes of the Act and in these regulations, **"title"** means the title of a category of facility as set out in clause 3(a) or a subcategory of facility as set out in clause 3(b), as the case may require.

23 Dec 2005 cR-8.2 Reg 6 s2; 27 Mar 2009 SR 22/2009 s3; 3 Jne 2011 SR 30/2011 s3; 4 Mar 2016 SR 13/2016 s3; 12 Jne 2020 SR 66/2020 s3; 14 Jly 2023 SR 63/2023 s3; 2 Aug 2024 SR 63/2024 s3.

Categories of facilities established

3 For the purposes of section 2-9 of the Act:

(a) the following categories of facilities are established:

(i) addiction treatment centre;

(i.1) complex care centre;

(ii) health centre;

(iii) hospital;

(iii.1) mental health centre;

(iv) residential treatment centre;

(v) special-care home;

(vi) urgent care centre; and

(b) with respect to the hospital category, the following subcategories are established:

(i) community or northern hospital;

(ii) district hospital;

(iii) regional hospital;

(iv) provincial hospital;

(v) rehabilitation hospital;

(vi) field hospital.

23 Dec 2005 cR-8.2 Reg 6 s3; 27 Mar 2009 SR 22/2009 s4; 4 Mar 2016 SR 13/2016 s4; 12 Jne 2020 SR 66/2020 s4; 2 Aug 2024 SR 63/2024 s4.

Services provided by addiction treatment centre

4 If a facility or part of a facility is designated as an addiction treatment centre, it must provide to individuals who are affected by abuse of, or dependence on, alcohol, a drug or another substance one or more of the following services on a residential basis:

(a) personal care;

(b) alcohol, drug or substance abuse or addiction education services;

(c) alcohol, drug or substance abuse or addiction assessment services;

(d) detoxification services;

(e) alcohol, drug or substance abuse or addiction treatment services;

(f) rehabilitation services.

23 Dec 2005 cR-8.2 Reg 6 s4.

Services provided by health centre

5 If a facility or part of a facility is designated as a health centre, it must provide one or more of the following services:

(a) physician services;

(a.1) physician assistant services;

(b) registered nurse or nurse practitioner services;

(c) basic radiography and laboratory services;

(d) emergency stabilization services;

(e) convalescent care and palliative care;

(f) long-term care;

(g) health assessment and screening services;

(h) counselling services;

(i) therapy services;

(j) referral services;

(k) health education services;

(l) health promotion services;

(m) disease and injury prevention services;

(n) chronic disease management services;

(o) disability management services.

23 Dec 2005 cR-8.2 Reg 6 s5; 14 Jly 2023 SR 63/2023 s4.

Services provided by community or northern hospital

6 If a facility or part of a facility is designated as a community or northern hospital:

(a) it must provide to in-patients and out-patients:

(i) medical services;

(ii) basic radiography and laboratory services;

(iii) emergency stabilization services;

(iv) observation and assessment services; and

(v) convalescent care and palliative care; and

(b) it may provide any of the following:

(i) out-patient surgical services;

(ii) obstetrical services;

(iii) services mentioned in clauses 5(f) to (o).

23 Dec 2005 cR-8.2 Reg 6 s6.

Services provided by district hospital

7 If a facility or part of a facility is designated as a district hospital:

(a) it must provide to in-patients and out-patients:

(i) medical services;

(ii) basic radiography and laboratory services;

(iii) emergency stabilization services;

(iv) observation and assessment services;

(v) convalescent care and palliative care; and

(vi) obstetrical services; and

(b) it may provide any of the following:

(i) surgical services;

(ii) services mentioned in clauses 5(f) to (o).

23 Dec 2005 cR-8.2 Reg 6 s7.

Services provided by regional hospital

8 If a facility or part of a facility is designated as a regional hospital:

(a) it must provide to in-patients and out-patients:

(i) medical services;

(ii) basic radiography and laboratory services;

(iii) fluoroscopy and computerized tomography diagnostic services;

(iv) emergency stabilization services;

(v) observation and assessment services;

(vi) convalescent care and palliative care;

(vii) surgical services;

(viii) obstetrical services;

(ix) intensive care services; and

(x) specialty medical services in the areas of internal medicine, general surgery, obstetrics and gynaecology; and

(b) it may provide any of the following:

(i) specialty medical services in areas including, but not limited to, orthopaedics, ophthalmology, urology and otolaryngology;

(ii) rehabilitation services;

(iii) services mentioned in clauses 5(f) to (o).

23 Dec 2005 cR-8.2 Reg 6 s8.

Services provided by provincial hospital

9 If a facility or part of a facility is designated as a provincial hospital:

(a) it must provide to in-patients and out-patients:

(i) medical services;

(ii) basic radiography and laboratory services;

(iii) fluoroscopy and computerized tomography diagnostic services;

(iv) emergency stabilization services;

(v) emergency and trauma services;

(vi) observation and assessment services;

(vii) convalescent care and palliative care;

(viii) surgical services; and

(ix) specialty medical services in the areas of internal medicine and general surgery; and

(b) it may provide any of the following:

(i) interventional radiology, magnetic resonance imaging, nuclear medicine and hemodynamic laboratory services;

(ii) intensive care services;

(iii) obstetrical and gynaecological services;

(iv) intensive neonatal and paediatric services;

(v) specialty and subspecialty medical services and surgical services;

(vi) rehabilitation services;

(vii) services mentioned in clauses 5(f) to (o).

23 Dec 2005 cR-8.2 Reg 6 s9.

Services provided by rehabilitation hospital

10 If a facility or part of a facility is designated as a rehabilitation hospital, it must provide to in-patients and out-patients:

(a) rehabilitation services; and

(b) one or more of the services mentioned in clauses 5(f) to (o).

23 Dec 2005 cR-8.2 Reg 6 s10.

Services provided by a field hospital

10.1(1) If a facility or part of a facility is designated as a field hospital, it may provide to in-patients:

(a) medical services;

(b) basic radiography and laboratory services;

(c) emergency stabilization services;

(d) observation and assessment services;

(e) convalescent care and palliative care;

(f) services mentioned in clauses 5(f) to (j); and

(g) if the minister considers it necessary to do so in the public interest, any other health services that the minister may order.

(2) If the minister issues an order pursuant to clause (1)(g), the minister shall cause the order:

(a) to be published in the Gazette; and

(b) to be made public in any other manner the minister considers necessary, including publishing it on the ministry's website.

12 Jne 2020 SR 66/2020 s5.

Services provided by residential treatment centre

11 If a facility or part of a facility is designated as a residential treatment centre, it must provide to individuals on a residential basis:

(a) mental health services;

(b) personal care services;

(c) rehabilitation services; and

(d) one or more of the services mentioned in clauses 5(g) to (o).

4 Mar 2016 SR 13/2016 s5.

Services provided by special-care home

12 If a facility or part of a facility is designated as a special-care home:

(a) it must provide personal care or nursing care to individuals who reside in the facility on a temporary or permanent basis who are unable to care fully for themselves and require care; and

(b) it may provide any of the following;

(i) convalescent care;

(ii) rehabilitation services;

(iii) palliative care;

(iv) respite care;

(v) day programming.

23 Dec 2005 cR-8.2 Reg 6 s12.

Services provided by complex care centre

12.1 If a facility or part of a facility is designated as a complex care centre:

(a) it must provide:

(i) complex care;

(ii) personal care or nursing care to children who reside in the facility on a temporary basis and are unable to care for themselves; and

(iii) respite care; and

(b) it may provide:

(i) rehabilitation services;

(ii) health assessment services;

(iii) education and training services;

(iv) counselling services;

(v) therapy services;

(vi) referral services; and

(vii) health promotion services.

27 Mar 2009 SR 22/2009 s5.

Services provided by mental health centre

12.2 If a facility or part of a facility is designated as a mental health centre:

(a) it must provide the following services to in-patients and out-patients:

(i) physician services;

(ii) specialty physician services in the area of psychiatry;

(iii) registered nurse and registered psychiatric nurse services;

(iv) mental health services;

(v) emergency stabilization services;

(vi) observation and assessment services;

(vii) rehabilitation services; and

(b) it may provide the following services to in-patients and out-patients:

(i) physician assistant services;

(ii) nurse practitioner services;

(iii) any of the services mentioned in clauses 5(g) to (o).

14 Jly 2023 SR 63/2023 s5.

Services provided by urgent care centre

12.3 If a facility or part of a facility is designated as an urgent care centre, it must provide one or more of the following services:

(a) physician services;

(b) registered nurse, registered psychiatric nurse or nurse practitioner services;

(c) basic radiography and laboratory services;

(d) emergency stabilization services;

(e) episodic mental health and addiction services;

(f) counselling services;

(g) pharmacy services;

(h) episodic disease and injury services;

(i) episodic chronic disease services.

2 Aug 2024 SR 63/2024 s5.

List of designated facilities

13(1) The minister shall publish in Part I of the Gazette a list of all facilities or parts of facilities that have been designated, their titles, the categories or subcategories to which they have been designated and their effective dates of designation.

(2) The minister shall annually publish in Part I of the Gazette a notice setting out all amendments to the list described in subsection (1) that have been made within the preceding calendar year including, without limiting the generality of the foregoing:

(a) all additions of facilities or parts of facilities to the list;

(b) all removals of facilities or parts of facilities from the list;

(c) all changes in the categories or subcategories to which facilities or parts of facilities are designated.

23 Dec 2005 cR-8.2 Reg 6 s13.

No operation of facility without designation

14 Neither the provincial health authority nor a health care organization shall operate a facility or part of a facility in any of the categories or subcategories established by section 3 unless the facility or part of a facility has been designated to that category or subcategory.

23 Dec 2005 cR-8.2 Reg 6 s14; 8 Jly 2022 SR 52/2022 s3.

References to facilities by title

15(1) Neither the provincial health authority nor a health care organization shall refer to a facility as an addiction treatment centre, complex care centre, hospital, special-care home or urgent care centre unless the facility has been designated as an addiction treatment centre, complex care centre, hospital, special-care home or urgent care centre, as the case may be.

(2) No person other than the provincial health authority or a health care organization shall use any of the titles set out in section 3 to imply that the person is operating a designated facility.

23 Dec 2005 cR-8.2 Reg 6 s15; 27 Mar 2009 SR 22/2009 s6; 8 Jly 2022 SR 52/2022 s4; 2 Aug 2024 SR 63/2024 s6.

Use of signs, symbols

16 If the provincial health authority or a health care organization operates a designated facility, the provincial health authority or health care organization shall not advertise its services by displaying a sign or symbol unless the minister has approved the sign or symbol for:

(a) the category or subcategory to which the facility has been designated; or

(b) the specific facility.

23 Dec 2005 cR-8.2 Reg 6 s16; 8 Jly 2022 SR 52/2022 s5.

Standards

17(1) If the provincial health authority or a health care organization operates an addiction treatment centre, it shall operate the centre in accordance with the *Saskatchewan Alcohol and Drug Services Program Guidelines*, as amended from time to time, published by the ministry and supplied to the provincial health authority or health care organization.

(2) If the provincial health authority or a health care organization operates a special-care home, it shall operate the home in accordance with the *Program Guidelines for Special-care Homes*, as amended from time to time, published by the ministry and supplied to the provincial health authority or health care organization.

(3) If the provincial health authority or a health care organization operates a facility that is designated as a hospital or health centre and provides long-term care in a portion of the facility that is not designated as a special-care home, the provincial health authority or health care organization shall provide that long-term care in accordance with the *Program Guidelines for Special-care Homes*, as amended from time to time, published by the ministry and supplied to the provincial health authority or health care organization.

8 Jly 2022 SR 52/2022 s6.

Inspection of special-care homes

17.01(1) In this section:

"inspector" means a person designated or appointed pursuant to subsection (2);

"personal decision-maker" means a personal decision-maker as defined in *The Adult Guardianship and Co-decision-making Act*;

"proxy" means a proxy as defined in *The Health Care Directives and Substitute Health Care Decision Makers Act, 2015*;

"special-care home" means:

(a) a special-care home operated by a health services entity mentioned in subsection 17(2); or

(b) that portion of a hospital or health centre in which a health services entity provides long-term care as mentioned in subsection 17(3), but which is not otherwise designated as a special-care home.

(2) The minister may designate any employee of the ministry as an inspector and may appoint any other person as an inspector.

(3) An inspector may make any inspection of a special-care home that the inspector considers necessary for the purposes of:

(a) ensuring that the health services entity is operating the special-care home in accordance with the *Program Guidelines for Special-care Homes*, as amended from time to time, published by the ministry; and

(b) ensuring the general well-being of the residents of the special-care home.

(4) An inspector may do all or any of the following:

(a) subject to subsection (5), enter at any reasonable time and inspect any area of the special-care home;

(b) audit or examine all records and documents relating to the special-care home that are in the possession or control of the health services entity and that, in the inspector's opinion, are necessary for the inspection, with the exception of records governed by the privilege provided in:

(i) section 8-2 of the Act; and

(ii) section 10 of *The Evidence Act*;

(c) require any person, including any agent, representative, director, officer or employee of the health services entity to provide reasonable assistance;

(d) subject to subsection 8-2(6) of the Act and subsection 10(2) of *The Evidence Act*, make any inquiries of a person mentioned in clause (c);

(e) make a copy of any record or document mentioned in clause (b) that the inspector may inspect.

(5) An inspector shall not enter a resident room in a special-care home unless the resident, or the resident's personal decision-maker or proxy, consents to the entry.

(6) If any record or document mentioned in clause (4)(b) that the inspector may inspect is stored or otherwise contained in a computer or other electronic system of information storage, the health services entity or other person having control of the computer or system shall:

(a) give the inspector access to the computer or system for the purpose of obtaining a full copy of the information in any form that the inspector requires; and

(b) provide the inspector with any assistance that the inspector requires in gaining access to the information, including instruction in the use of the computer or system and provision of any access codes that may be required.

(7) The health services entity shall direct its officials and employees to cooperate fully with the inspector.

(8) On completion of an inspection, the inspector shall:

(a) prepare a written report with respect to the findings of the inspection; and

(b) submit the report to the minister within any period the minister may specify.

(9) On receipt of a report pursuant to subsection (8), the minister may:

(a) provide a copy of the report, or any part of the report, to:

(i) the health services entity that operates the special-care home; and

(ii) the provincial health authority if the special-care home is operated by a health care organization; and

(b) direct the health services entity that operates the special-care home to implement any corrective actions that the minister considers necessary in response to the findings of the inspection.

(10) The health services entity shall implement the corrective actions, if any, directed by the minister pursuant to clause (9)(b) within any period the minister may specify.

(11) Subject to subsection (12), inspectors are entitled to:

(a) remuneration for their services at the rates approved by the Lieutenant Governor in Council; and

(b) reimbursement for their expenses incurred in the performance of their responsibilities at the rates paid to members of the public service of Saskatchewan.

(12) An inspector who is also a member of the public service of Saskatchewan is not eligible to receive remuneration pursuant to this section, but shall be reimbursed for expenses in accordance with clause (11)(b).

(13) No action or proceeding lies or shall be commenced against the Crown in right of Saskatchewan, the minister, the ministry, an employee of the ministry, an inspector or any other person acting pursuant to the authority of this section, for anything in good faith done, caused, permitted or authorized to be done, attempted to be done or omitted to be done by that person or by any of those persons pursuant to or in the exercise or supposed exercise of any power conferred by this section or any responsibility imposed by this section.

8 Jly 2022 SR 52/2022 s6.

Nursing staff

17.1(1) If the provincial health authority or a health care organization operates a facility that is designated as a hospital, the provincial health authority or health care organization shall:

(a) ensure that there is at least one registered nurse on duty on each shift; and

(b) employ as part of the nursing staff complement at least 3 full-time registered nurses, one of whom is the Director of Nursing.

(2) If the provincial health authority or a health care organization operates a facility that is designated as a health centre and that provides emergency stabilization services or observation and assessment services, the provincial health authority or health care organization shall ensure that there is at least one registered nurse on duty on each shift.

8 Jly 2022 SR 52/2022 s7.

Health of employees

17.2(1) The provincial health authority and every health care organization that operates a designated facility shall establish a written policy with respect to employee health and requirements for the clinical testing and immunization of the employees of the designated facility for the purpose of protecting individuals against communicable diseases and the transmission of communicable diseases.

(2) The policy required pursuant to subsection (1) must provide for:

(a) creating and maintaining accurate records of all immunizations, medical examinations and tests carried out pursuant to the policy; and

(b) retaining the records described in clause (a) with respect to each employee after he or she ceases to be an employee for a period of not less than two years after the cessation of employment.

3 Jne 2011 SR 30/2011 s4; 8 Jly 2022 SR 52/2022 s8.

Notice of non-compliance – facilities operated by provincial health authority

18(1) Subject to subsection (2), if a designated facility operated by the provincial health authority is unable to provide a required service, the provincial health authority shall give notice of that non-compliance to the minister in accordance with sections 20 and 21:

(a) within 3 business days, or as soon as possible thereafter, after the day on which the incidence of non-compliance occurs; or

(b) if the provincial health authority is not aware of the non-compliance at the time when it occurs, within 3 business days, or as soon as possible thereafter, after the day on which the provincial health authority becomes aware of the incidence of non-compliance.

(2) If the provincial health authority becomes aware that there is a strong probability that a designated facility operated by the provincial health authority will be unable to provide a required service, the provincial health authority shall give notice to the minister of that anticipated non-compliance in accordance with sections 20 and 21 as soon as possible after the provincial health authority becomes aware of the probability of that non-compliance.

8 Jly 2022 SR 52/2022 s9.

Notice of non-compliance – facilities operated by health care organization

19(1) Subject to subsection (2), if a designated facility operated by a health care organization is unable to provide a required service, the health care organization shall give notice of that non-compliance to the provincial health authority in accordance with sections 20 and 21:

(a) within 3 business days, or as soon as possible thereafter, after the day on which the incidence of non-compliance occurs; or

(b) if the health care organization is not aware of the non-compliance at the time when it occurs, within 3 business days, or as soon as possible thereafter, after the day on which the health care organization becomes aware of the incidence of non-compliance.

(2) If a health care organization becomes aware that there is a strong probability that a designated facility operated by the health care organization will be unable to provide a required service, the health care organization shall give notice to the provincial health authority of that anticipated non-compliance in accordance with sections 20 and 21 as soon as possible after the health care organization becomes aware of the probability of that non-compliance.

(3) If the provincial health authority receives a notice of non-compliance pursuant to subsection (1) or anticipated noncompliance pursuant to subsection (2), the provincial health authority shall, in accordance with sections 20 and 21, give notice of the non-compliance or anticipated non-compliance to the minister within 3 business days after the day on which the provincial health authority receives the notice from the health care organization.

8 Jly 2022 SR 52/2022 s9.

Manner of giving notice

20 For the purposes of sections 18 and 19, notice may be given:

(a) orally by telephone or in person; or

(b) in writing, including transmission by facsimile or electronic mail.

23 Dec 2005 cR-8.2 Reg 6 s20.

Contents of notice

21 A notice required by section 18 or 19 must include:

(a) a summary of the facts that led to the incidence of non-compliance or that are leading to the anticipated non-compliance; and

(b) a description of the actions that the provincial health authority or health care organization, as the case may be, has taken or will be taking to ensure that provision of the required service is restored or maintained, as the case may require.

23 Dec 2005 cR-8.2 Reg 6 s21; 8 Jly 2022 SR 52/2022 s10.

Coming into force

22(1) Subject to subsection (2), these regulations come into force on the day on which subsection 114(3) of *The Regional Health Services Act* comes into force.

(2) If these regulations are filed with the Registrar of Regulations after subsection 114(3) of *The Regional Health Services Act* comes into force, these regulations come into force on the day on which they are filed with the Registrar of Regulations.

23 Dec 2005 cR-8.2 Reg 6 s22.

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