

The Disease Control Regulations

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[Chapter P-37.1 Reg 11](#) (effective April 17, 2003) as amended by Saskatchewan Regulations [88/2003](#), [69/2014](#), [47/2017](#), [36/2020](#), [127/2020](#) and [11/2021](#).

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 P-37.1 REG 11
The Public Health Act, 1994

PART I
Preliminary Matters

Title

1 These regulations may be cited as *The Disease Control Regulations*.

Interpretation

2(1) In these regulations:

- (a) **“Act”** means *The Public Health Act, 1994*;
- (b) **“affiliate”** means an affiliate as defined in *The Regional Health Services Act*;
- (c) **“anonymous test site”** means a place where a person may have a specimen collected for the purpose of testing for human immunodeficiency virus infection without the person’s name being disclosed;
- (c.1) **“Canadian Armed Forces number”** means a unique number assigned by the Canadian Armed Forces to a member of the Canadian Armed Forces for the purposes of identifying the member;
- (c.2) **“cluster”** means a group of cases of a non-communicable disease that are related in time and place of occurrence and that are believed to be greater than could be expected by chance;
- (d) **“co-ordinator”** means the co-ordinator of communicable disease control;
- (d.1) **“emerging communicable disease”** means, subject to subsection (5), a communicable disease that:
 - (i) meets any of the following requirements:
 - (A) it has newly appeared in the population;
 - (B) it has existed in the population but is increasing in incidence or geographical range;
 - (C) it is an international, national or provincial concern to the health of the public; and
 - (ii) is designated by the chief medical health officer as an emerging communicable disease;
- (e) **“health region”** means a health region as defined in *The Regional Health Services Act*;

- (e.1) **“health services number”** means a unique number assigned to an individual who:
- (i) is or was registered as a beneficiary to receive insured services within the meaning of *The Saskatchewan Medical Care Insurance Act*; or
 - (ii) pursuant to the legislation of another province or territory of Canada, is or was entitled to receive services similar to the insured services mentioned in subclause (i);
- (e.2) **“non-communicable disease”** means a disease that is not a communicable disease;
- (f) **“outbreak”** means an increase in the number of cases of a communicable disease above the expected rate;
- (g) **Repealed.** 8 Aug 2014 SR 69/2014 s3.
- (h) **“specified communicable disease”** means a communicable disease prescribed as a specified communicable disease pursuant to section 4;
- (i) **“tuberculosis investigator”** means a person designated by the co-ordinator as being responsible for investigating cases of tuberculosis in Saskatchewan.
- (2) **Repealed.** 8 Aug 2014 SR 69/2014 s3.
- (3) In these regulations, a reference to a medical health officer, with respect to a particular case or event, is deemed to be a reference to the medical health officer who primarily provides services at the place where:
- (a) in a particular case, a diagnosis is made with respect to a communicable or non-communicable disease; or
 - (b) the particular event occurs.
- (4) In the Act and in these regulations, **“period of transmissibility”** means:
- (a) with respect to a person who is infected with a communicable disease, the period in which the communicable disease can be transmitted by that person directly or indirectly to another person;
 - (b) with respect to a person who is suspected of being infected with a communicable disease, the period in which the communicable disease could be transmitted by that person directly or indirectly to another person if the person suspected of being infected with the communicable disease were actually infected;
 - (c) with respect to a person who has been exposed to a communicable disease, the period commencing at the time of exposure and ending at the time when the person should begin to show symptoms of the communicable disease if the person were to contract the disease as a result of that exposure; and
 - (d) with respect to a person who is suspected to have been exposed to a communicable disease, the period commencing at the time of suspected exposure and ending when the person should begin to show symptoms of the communicable disease if the person were to contract the disease as a result of that suspected exposure.

(5) The chief medical officer may cancel the designation of an emerging communicable disease in any of the following circumstances:

- (a) the disease is prescribed as a category I communicable disease or a category II communicable disease;
- (b) the chief medical officer reasonably considers that the designation is no longer appropriate.

25 Apr 2003 cP-37.1 Reg 11 s2; 5 Sep 2003 SR 88/2003 s3; 8 Aug 2014 SR 69/2014 s3; 23 Jne 2017 SR 47/2017 s3.

Categories I and II communicable diseases prescribed

3(1) For the purposes of clause 2(e) of the Act, the diseases set out in Table 1 of the Appendix are prescribed as category I communicable diseases.

(2) For the purposes of clause 2(f) of the Act, the diseases set out in Table 2 of the Appendix are prescribed as category II communicable diseases.

25 Apr 2003 cP-37.1 Reg 11 s3.

Specified communicable diseases prescribed

4 For the purposes of Part IV of these regulations, the diseases set out in Table 3 of the Appendix are prescribed as specified communicable diseases.

25 Apr 2003 cP-37.1 Reg 11 s4.

PART II Reporting of Communicable Diseases

Anonymous test sites

5(1) No person shall establish or operate an anonymous test site without the approval of the minister.

(2) An operator of an anonymous test site shall provide a monthly report of information to the co-ordinator in the format approved by the department.

25 Apr 2003 cP-37.1 Reg 11 s5.

Infected person communicating with contacts

6(1) Subject to subsection (3), a person who communicates with his or her contacts pursuant to subclause 33(4)(c)(i) of the Act shall do so within 72 hours after the diagnosis.

(2) A person who communicates with his or her contacts pursuant to subclause 33(4)(c)(i) of the Act shall:

- (a) inform each contact of his or her exposure to the disease in question; and
- (b) explain to each contact the contact's duty:
 - (i) to protect himself or herself by going to a physician or clinic nurse for testing and care; and
 - (ii) to take all reasonable measures to reduce significantly the risk of infecting others.

(3) If it is not practicable to communicate with the contacts within the period specified in subsection (1), the person shall ask the physician or clinic nurse to communicate with the contacts.

25 Apr 2003 cP-37.1 Reg 11 s6; 8 Aug 2014 SR 69/2014 s4.

Physician or clinic nurse communicating with contacts

7(1) A physician or clinic nurse who is asked to communicate with the contacts of a person who is infected with, or is a carrier of, a category II communicable disease:

(a) shall do so as soon as possible within 14 days after receiving the request; and

(b) if it is not possible to complete the communication with the contacts within the 14 days mentioned in clause (a), shall immediately refer the list of contacts to a medical health officer.

(2) In communicating with a contact, a physician or clinic nurse shall:

(a) inform each contact of his or her exposure to the disease in question;

(b) explain to each contact the contact's duty:

(i) to protect himself or herself by going to a physician or clinic nurse for testing and care; and

(ii) to take all reasonable measures to reduce significantly the risk of infecting others; and

(c) provide counselling.

25 Apr 2003 cP-37.1 Reg 11 s7; 8 Aug 2014 SR 69/2014 s5.

Designated public health officer communicating with infected persons

7.1 If a physician, nurse practitioner, clinic nurse or medical health officer determines that a person is infected with or is the carrier of a category I communicable disease or an emerging communicable disease, that person shall, to the best of the person's ability and on request:

(a) answer all questions asked by the physician, nurse practitioner, clinic nurse or medical health officer; and

(b) provide the names, addresses and telephone numbers of all of that person's contacts to the physician, nurse practitioner, clinic nurse or medical health officer.

11 Dec 2020 SR 127/2020 s3.

Designated public health officer communicating with contacts

8 Where a medical health officer receives or compiles a list of contacts of a person who is infected with, or is a carrier of, a category I communicable disease, a category II communicable disease or an emerging communicable disease, the medical health officer shall:

- (a) inform each contact of his or her exposure to the disease in question;
- (b) explain to each contact the contact's duty:
 - (i) to protect himself or herself by going to a physician or clinic nurse for testing and care; and
 - (ii) to take all reasonable measures to reduce significantly the risk of infecting others; and
- (c) provide counselling.

25 Apr 2003 cP-37.1 Reg 11 s8; 8 Aug 2014 SR
69/2014 s6 11 Dec 2020 SR 127/2020 s4.

References to medical health officer re sections 7.1 and 8

8.1 For the purposes of sections 7.1 and 8, a reference to a medical health officer includes a person who:

- (a) works under the direction of a medical health officer; and
- (b) is designated or who belongs to a class of persons designated by the minister pursuant to section 8.2.

11 Dec 2020 SR 127/2020 s5.

Minister may designate persons re sections 7.1 and 8

8.2(1) Subject to subsections (2) and (3), the minister may designate persons or a class of persons who are qualified to exercise the powers and carry out the responsibilities set out in sections 7.1 and 8.

(2) If the minister designates a person or class of persons pursuant to subsection (1), the person or class of persons so designated must hold the qualifications, educational background or experience that the chief medical health officer has determined is appropriate.

(3) The minister may, in making a designation pursuant to subsection (1), restrict the powers that may be exercised and the responsibilities that may be carried out by the person or class of persons so designated.

11 Dec 2020 SR 127/2020 s5.

Designated public health officer communicating with Occupational Health and Safety

9 Where a medical health officer becomes aware that a worker, as defined in *The Occupational Health and Safety Act, 1993*, has contracted a category I or category II communicable disease as a result of an occupational exposure, the medical health officer, within 14 days after becoming aware that the worker has contracted the disease, shall notify the director, as defined in that Act, of the following:

- (a) the name of the disease;
- (b) the name and address of the place of employment where the disease is believed to have been contracted.

25 Apr 2003 cP-37.1 Reg 11 s9; 8 Aug 2014 SR
69/2014 s7.

Medical health officer communicating with Canadian Blood Services

10(1) In this section, “**transfusion transmissible infection**” means one of the following infections:

- (a) Hepatitis B virus;
- (b) Hepatitis C virus;
- (c) human immunodeficiency virus;
- (d) Creutzfeldt-Jakob disease, classical or new variant;
- (e) any other infection designated by the chief medical health officer.

(2) If a medical health officer becomes aware that a person is infected with a transfusion transmissible infection and the person is known to have donated blood or a blood product during a period within which the infection could have been transmitted, the medical health officer shall notify the Canadian Blood Services of the following:

- (a) the name of the infected person;
- (b) one or both of the following:
 - (i) the date of birth of the infected person;
 - (ii) the health services number of the infected person;
- (c) if applicable, the Canadian Armed Forces number of the infected person;
- (d) the name of the infection;
- (e) the date of the donation of the blood or blood product;
- (f) the location of the facility where the blood or blood product was donated;
- (g) if the medical health officer becomes aware of the infection by means of a laboratory report, the laboratory test and results respecting the infection.

(3) If a medical health officer suspects that a person is infected with Creutzfeldt-Jakob disease and the person is known to have donated blood or a blood product during a period within which the disease could have been transmitted, the medical health officer shall notify the Canadian Blood Services of the following information:

- (a) the name of the person suspected of being infected with the disease;
- (b) one or both of the following:
 - (i) the date of birth of the person suspected of being infected with the disease;
 - (ii) the health services number of the person suspected of being infected with the disease;
- (c) if applicable, the Canadian Armed Forces number of the person suspected of being infected with the disease;
- (d) the date of the donation of the blood or blood product;
- (e) the location of the facility where the blood or blood product was donated;
- (f) if the medical health officer becomes aware by means of a laboratory report that the person may be infected with the disease, the laboratory test and results respecting the disease.

(4) If a medical health officer becomes aware that a person is infected with a transfusion transmissible infection and the person is known to have received blood or a blood product during a period in which that infection could have been acquired, the medical health officer shall notify the Canadian Blood Services of the following information:

- (a) the name of the infected person;
- (b) one or both of the following:
 - (i) the date of birth of the infected person;
 - (ii) the health services number of the infected person;
- (c) if applicable, the Canadian Armed Forces number of the infected person;
- (d) the name of the infection;
- (e) the date of the receipt of the blood or blood product;
- (f) the location of the facility where the blood or blood product was received;
- (g) if the medical health officer becomes aware of the infection by means of a laboratory report, the laboratory test and results respecting the infection.

(5) If a medical health officer suspects that a person is infected with Creutzfeldt-Jakob disease and the person is known to have received blood or a blood product during a period within which the disease could have been acquired, the medical health officer shall notify the Canadian Blood Services of the following information:

- (a) the name of the person suspected of being infected with the disease;

- (b) one or both of the following:
 - (i) the date of birth of the person suspected of being infected with the disease;
 - (ii) the health services number of the person suspected of being infected with the disease;
 - (c) if applicable, the Canadian Armed Forces number of the person suspected of being infected with the disease;
 - (d) the date of the receipt of the blood or blood product;
 - (e) the location of the facility where the blood or blood product was received;
 - (f) if the medical health officer becomes aware by means of a laboratory report that the person may be infected with the disease, the laboratory test and results respecting the disease.
- (6) The Canadian Blood Services may disclose the following information relating to a person mentioned in subsection (4) or (5):
- (a) the name of the infected person or the person suspected of being infected, as the case may be;
 - (b) one or both of the following:
 - (i) the date of birth of the person mentioned in clause (a);
 - (ii) the health services number of the person mentioned in clause (a);
 - (c) if applicable, the Canadian Armed Forces number of the person mentioned in clause (a).
- (7) The disclosure mentioned in subsection (6) may be made only:
- (a) in the circumstances set out in subsection 65(2) of the Act; or
 - (b) to an employee of a medical laboratory who requires the information for the purposes of determining whether a person infected with a transfusion transmissible infection has received blood or a blood product.

8 Aug 2014 SR 68/2014 s8; 23 Jne 2017 SR
47/2017 s4.

Medical laboratory communicating with Canadian Blood Services

10.1(1) Repealed. 23 Jne 2017 SR 47/2017 s5.

(2) **Repealed.** 23 Jne 2017 SR 47/2017 s5.

(3) For the purposes of preventing or controlling the transmission of emerging communicable diseases through blood or blood products, the manager of a medical laboratory may notify the Canadian Blood Services in Saskatchewan of the following information:

- (a) the name of a person who has been tested or will be tested for an emerging communicable disease;

- (b) one or both of the following:
 - (i) the date of birth of a person who has been tested or will be tested for an emerging communicable disease;
 - (ii) the health services number of a person who has been tested or will be tested for an emerging communicable disease;
- (c) if applicable, the Canadian Armed Forces number of a person who has been tested or will be tested for an emerging communicable disease;
- (d) the name of the emerging communicable disease.

8 Aug 2014 SR 68/2014 s8; 23 Jne 2017 SR
47/2017 s5.

Medical health officer communicating with the manager of the transplant program

10.2(1) In this section:

- (a) **“tissue”** means the whole or any portion of any tissue and includes the following tissues:
 - (i) bone;
 - (ii) tendon;
 - (iii) heart valve;
 - (iv) skin;
 - (v) cornea;
 - (vi) sclera;
- (b) **“transplant program”** means the Saskatchewan Transplant Program operated by a regional health authority or a health care organization as designated by the minister;
- (c) **“transplant transmissible infection”** means one of the following infections:
 - (i) Hepatitis B virus;
 - (ii) Hepatitis C virus;
 - (iii) human immunodeficiency virus;
 - (iv) Creutzfeldt-Jakob disease, classical or new variant;
 - (v) any other infection designated by the chief medical health officer.

(2) If a medical health officer becomes aware that a person is infected with a transplant transmissible infection and the person is known to have donated tissue during a period within which the infection could have been transmitted, the medical health officer shall notify the manager of the transplant program of the following:

- (a) the name of the infected person;

- (b) one or both of the following:
 - (i) the date of birth of the infected person;
 - (ii) the health services number of the infected person;
 - (c) if applicable, the Canadian Armed Forces number of the infected person;
 - (d) the name of the infection;
 - (e) the date of the donation of the tissue;
 - (f) the location of the facility where the tissue was donated;
 - (g) if the medical health officer becomes aware of the infection by means of a laboratory report, the laboratory test and results respecting the infection.
- (3) If a medical health officer suspects that a person is infected with Creutzfeldt-Jakob disease and the person is known to have donated tissue during a period within which the disease could have been transmitted, the medical health officer shall notify the manager of the transplant program of the following information:
- (a) the name of the person suspected of being infected with the disease;
 - (b) one or both of the following:
 - (i) the date of birth of the person suspected of being infected with the disease;
 - (ii) the health services number of the person suspected of being infected with the disease;
 - (c) if applicable, the Canadian Armed Forces number of the person suspected of being infected with the disease;
 - (d) the date of the donation of the tissue;
 - (e) the location of the facility where the tissue was donated;
 - (f) if the medical health officer becomes aware by means of a laboratory report that the person may be infected with the disease, the laboratory test and results respecting the disease.
- (4) If a medical health officer becomes aware that a person is infected with a transplant transmissible infection and the person is known to have received tissue during a period in which that infection could have been acquired, the medical health officer shall notify the manager of the transplant program of the following information:
- (a) the name of the infected person;
 - (b) one or both of the following:
 - (i) the date of birth of the infected person;
 - (ii) the health services number of the infected person;
 - (c) if applicable, the Canadian Armed Forces number of the infected person;

- (d) the name of the infection;
 - (e) the date of the receipt of the tissue;
 - (f) the location of the facility where the tissue was received;
 - (g) if the medical health officer becomes aware of the infection by means of a laboratory report, the laboratory test and results respecting the infection.
- (5) If a medical health officer suspects that a person is infected with Creutzfeldt-Jakob disease and the person is known to have received tissue during a period within which the disease could have been acquired, the medical health officer shall notify the manager of the transplant program of the following information:
- (a) the name of the person suspected of being infected with the disease;
 - (b) one or both of the following:
 - (i) the date of birth of the person suspected of being infected with the disease;
 - (ii) the health services number of the person suspected of being infected with the disease;
 - (c) if applicable, the Canadian Armed Forces number of the person suspected of being infected with the disease;
 - (d) the date of the receipt of the tissue;
 - (e) the location of the facility where the tissue was received;
 - (f) if the medical health officer becomes aware by means of a laboratory report that the person may be infected with the disease, the laboratory test and results respecting the disease.

8 Aug 2014 SR 68/2014 s8.

Human immunodeficiency virus infection

11(1) Notwithstanding subsection 33(3) of the Act, from the time that a person becomes aware or suspects that he or she is infected with human immunodeficiency virus or has been exposed to that virus, the person shall immediately take all reasonable measures to reduce significantly the risk of infecting others, in addition to considering any advice provided by a physician or clinic nurse.

(2) Subsection 33(4) of the Act does not apply to a person who utilizes the services of an anonymous test site and is diagnosed as being infected with human immunodeficiency virus.

8 Aug 2014 SR 68/2014 s9.

Tuberculosis

12(1) Notwithstanding subclause 33(4)(c)(i) of the Act, a person who is diagnosed as being infected with tuberculosis or as being a carrier of tuberculosis shall request a physician, a clinic nurse or the tuberculosis investigator to communicate with the person's contacts.

(2) A physician or clinic nurse who receives a request pursuant to subsection (1) shall refer the request to the tuberculosis investigator and forward to the tuberculosis investigator the information provided by the person pursuant to clause 33(4)(b) of the Act within 72 hours if possible, but not later than 128 hours after receiving the request.

(3) After receiving the information mentioned in subsection (2), the tuberculosis investigator shall, without undue delay:

- (a) inform each contact of his or her exposure to tuberculosis; and
- (b) provide counselling to each contact regarding measures to be taken to determine whether or not the contact is infected.

25 Apr 2003 cP-37.1 Reg 11 s12.

Reports to appropriate medical health officer

13 If a medical health officer receives a report pursuant to Part IV of the Act with respect to an individual whose place of residence is outside the jurisdictional area of the local authority for which the medical health officer primarily provides services, the medical health officer shall, within 72 hours after receiving the report, provide a copy of the report to the medical health officer who primarily provides communicable disease control services for the area where the individual's place of residence is situated.

8 Aug 2014 SR 68/2014 s10.

Reports from physicians, clinic nurses

14(1) Subject to section 15, a physician or clinic nurse who is required to report information to a medical health officer with respect to a person who is infected with or is a carrier of a category I communicable disease or a category II communicable disease shall report that information in accordance with this section.

(2) In the case of category I communicable diseases or category II communicable diseases, the following information must be reported in the format approved by the department:

- (a) the name of the disease;
- (b) the name, telephone number, mailing address, current place of residence, date of birth and gender of the infected person;
- (c) the health services number or, if applicable, the Canadian Armed Forces number, of the infected person;
- (d) the names, telephone numbers and addresses of contacts;

- (e) the risk factors known to be associated with the transmission of the infection to the infected person;
- (f) the ethnocultural background of the infected person if the medical health officer or the chief medical health officer considers this information necessary;
- (g) the laboratory test results;
- (h) if the person is deceased, the date of death, the place of death and the relation of the infection to the cause of death if the communicable disease has been identified by a physician or a coroner as a contributing or underlying cause of death;
- (i) any other information that the medical health officer considers necessary to control the spread of communicable disease in question.

8 Aug 2014 SR 69/2014 s11.

Reporting of emerging communicable diseases

14.1(1) The following persons shall report to a medical health officer any cases of emerging communicable diseases in the circumstances set out in this section:

- (a) a physician or nurse who, while providing professional services to a person, forms the opinion that the person is infected with or is a carrier of an emerging communicable disease;
 - (b) the manager of a medical laboratory, if the existence of an emerging communicable disease is found or confirmed by examination of specimens submitted to the medical laboratory.
- (2) A report pursuant to subsection (1) is to be made:
- (a) in the case of a physician or nurse, as soon as is practicable, and in any event not later than 48 hours after the opinion is formed;
 - (b) in the case of a manager of a medical laboratory, not later than 48 hours after the existence of an emerging communicable disease is confirmed by the examination mentioned in clause (1)(b).
- (3) A report submitted pursuant to clause (2)(a) must include the information set out in clauses 14(2)(a) to (i).
- (4) In addition to the report required by clause (2)(b), the manager of a medical laboratory shall submit to the medical health officer and the co-ordinator a copy of the laboratory report that:
- (a) identifies the emerging communicable disease; and
 - (b) contains information with regard to the risk factors identified by the physician or nurse mentioned in clause (1)(a) that are associated with the transmission of the emerging communicable disease.

23 Jne 2017 SR 47/2017 s6.

Reports from anonymous test sites

15(1) Section 14 does not apply to information received at an anonymous test site unless the person who has been tested agrees to the collection of the information mentioned in subsection 14(2) and the reporting of it to the medical health officer.

(2) If a person who has been tested at an anonymous test site does not agree to the collection of the information mentioned in subsection 14(2), the operator of the anonymous test site shall report the following information in the format approved by the department:

- (a) the gender of the infected person;
- (b) the year of birth of the infected person;
- (c) the risk factors of the infected person known to be associated with the transmission of the infection;
- (d) if the person previously tested positive for the infection, the date of the previous testing.

8 Aug 2014 SR 69/2014 s11.

16 Repealed. 8 Aug 2014 SR 69/2014 11.**Laboratory reports**

17(1) For the purposes of subsection 36(2) of the Act, the manager of a medical laboratory owned and operated by the Canadian Blood Services shall send a copy of a laboratory report to a medical health officer within seven days after confirmation of the results of an examination of specimens mentioned in that subsection.

(2) A laboratory report mentioned in subsection 36(1) or (2) of the Act must contain the following information:

- (a) the name, gender and date of birth of the infected person;
- (b) the telephone number, mailing address and current place of residence of the infected person, if available;
- (c) the health services number or, if applicable, the Canadian Armed Forces number, of the infected person, if available;
- (d) the name and address of the infected person's physician;
- (e) the date on which the specimen was taken;
- (f) the laboratory test results;
- (g) any other information that the chief medical health officer considers necessary to control the spread of the communicable disease in question.

8 Aug 2014 SR 69/2014 s12.

Previous laboratory test results

17.1(1) If, in the opinion of a medical health officer, previous laboratory test results are necessary for the purposes of investigating a person infected with a category I or category II communicable disease, a medical health officer may require any person who is in possession of the laboratory test results to send a copy of the laboratory test results to the medical health officer.

(2) For the purposes of subsection (1), the person in possession of the laboratory tests results shall send the laboratory test results to the medical health officer within 72 hours after receiving the request.

8 Aug 2014 SR 69/2014 s11.

Reports to co-ordinator

18(1) Subject to subsection (2), reports by medical health officers to the co-ordinator that are required by subsection 37(1) of the Act must be made every two weeks.

(2) The co-ordinator may require medical health officers to submit reports with respect to a particular communicable disease sooner than would otherwise be required pursuant to subsection (1) if, in the opinion of the co-ordinator, it is necessary for the purpose of determining whether there has been an outbreak of that disease or for management of an outbreak of that disease.

25 Apr 2003 cP-37.1 Reg 11 s18; 8 Aug 2014 SR 69/2014 s13.

Reporting outbreak in hospital, health centre, special-care home or personal care home

19(1) In this section, “**reportable outbreak**” means an outbreak of a communicable disease.

(2) Within 24 hours after becoming aware of the occurrence of a reportable outbreak in a hospital, a health centre, a special-care home designated pursuant to *The Regional Health Services Act*, or a personal care home as defined in *The Personal Care Homes Act*, the regional health authority, health care organization or person that operates the personal care home shall report the reportable outbreak to the medical health officer who primarily provides communicable disease control services for the hospital, health centre, special-care home or personal care home.

8 Aug 2014 SR 69/2014 s13.

PART III**Investigating and Controlling Outbreaks of Communicable Diseases****Investigation of outbreak**

20(1) If a medical health officer has reason to believe that there is an outbreak of a communicable disease, the medical health officer shall:

- (a) investigate the outbreak of the communicable disease;

- (b) immediately notify the co-ordinator of any investigation of an outbreak of a communicable disease; and
 - (c) provide the co-ordinator with a written report of each investigation carried out pursuant to this subsection.
- (2) If a medical health officer has reason to believe that there is an immediate threat of an outbreak of a category I communicable disease, a category II communicable disease or a communicable disease designated by the minister, the medical health officer shall:
- (a) investigate the circumstances that give rise to an immediate threat of an outbreak;
 - (b) immediately notify the co-ordinator of any investigation of an immediate threat of an outbreak of a category I communicable disease, a category II communicable disease or a communicable disease designated by the minister; and
 - (c) provide the co-ordinator with a written report of each investigation carried out pursuant to this subsection.
- (3) A report mentioned in clause (1)(c) or (2)(c) must be provided:
- (a) in a format approved by the department; and
 - (b) within the period specified by the co-ordinator.

8 Aug 2014 SR 69/2014 s13.

Further testing

21(1) If, in the opinion of the co-ordinator or a medical health officer, further testing of specimens, or isolates from specimens, taken from a person infected or suspected of being infected with a communicable disease is necessary to assist in determining whether an outbreak of the communicable disease has occurred, the co-ordinator or the medical health officer may request the manager of the medical laboratory that has possession of the specimens or isolates to submit those specimens or isolates for further testing to a laboratory approved by the minister.

(1.1) No manager of a medical laboratory shall fail to comply with a request pursuant to this section.

(2) The manager of a laboratory to which specimens or isolates are sent for further testing pursuant to subsection (1) shall:

- (a) on receiving the specimens or isolates, ensure that the tests required by the co-ordinator or the medical health officer are carried out; and
- (b) provide a written report of the test results to the co-ordinator or the medical health officer within 48 hours after completion of the tests.

25 Apr 2003 cP-37.1 Reg 11 s21; 8 Aug 2014 SR 69/2014 s15.

Disclosure of information re provincial laboratory disease surveillance program

21.1(1) In this section and in section 21.2, “**designated communicable disease**” means a disease designated by the chief medical health officer for the purposes of conducting laboratory surveillance of diseases in Saskatchewan.

(2) If an examination of a specimen at a medical laboratory indicates the existence of a designated communicable disease, the medical laboratory conducting the examination shall submit to a laboratory approved by the minister:

- (a) the specimen or isolates from the specimen and related laboratory test results; and
- (b) the following in a format approved by the minister:
 - (i) the name, date of birth and health services number of the person infected or suspected of being infected with the designated communicable disease;
 - (ii) the specimen identification number;
 - (iii) the type of the specimen;
 - (iv) the original collection date of the specimen;
 - (v) the name, address and contact information of the medical laboratory that conducted the examination of the specimen;
 - (vi) any other information the minister considers necessary to facilitate the surveillance of diseases in Saskatchewan by the laboratory approved by the minister.

8 Aug 2014 SR 69/2014 s16; 23 Jne 2017 SR
47/2017 s7.

Disclosure by laboratory approved by the minister

21.2 A laboratory approved by the minister shall, as directed by the chief medical health officer, disclose the following to the chief medical health officer or a medical health officer:

- (a) laboratory test results from the examination of specimens or isolates mentioned in clause 21.1(2)(b) and information included in the form submitted pursuant to clause 21.1(2)(a);
- (b) any information the chief medical health officer considers appropriate for the purposes of monitoring and evaluating communicable disease prevention and control programs.

23 Jne 2017 SR 47/2017 s8.

Disclosure of information

22(1) For the purposes of controlling or preventing the spread of communicable diseases, the co-ordinator or a medical health officer may disclose to another medical health officer or to a person mentioned in subsection (2) the information set out in clauses 14(2)(a) to (i) with respect to a person who:

- (a) is infected with, or is suspected of being infected with, a communicable disease;
- (b) is a carrier of, or is suspected of being a carrier of, a communicable disease; or
- (c) is a contact of a person described in clause (a) or (b).

(2) Information may be disclosed pursuant to subsection (1) to a person responsible for collecting communicable disease information on behalf of any of the following agencies:

- (a) a regional health authority;
- (b) a department or agency of the government of another province or territory of Canada that has responsibility for public health within that province or territory;
- (c) a department or agency of the Government of Canada that has responsibility for public health matters;
- (d) a First Nations agency with delegated authority for health care services from the Government of Canada.

(3) For the purposes of providing public health services, including controlling or preventing the spread of a vaccine-preventable disease, the co-ordinator or a medical health officer may disclose a person's immunization record:

- (a) to a medical health officer;
- (b) to a medical health officer or similar official of any jurisdiction outside of Saskatchewan; or
- (c) to a person responsible for collecting immunization information on behalf of any of the following agencies:
 - (i) a regional health authority;
 - (ii) a department or agency of the government of another province or territory of Canada that has responsibility for public health within that province or territory;
 - (iii) a department or agency of the Government of Canada that has responsibility for public health matters;
 - (iv) a First Nations agency with delegated authority for health care services from the Government of Canada.

Immunization database

22.01(1) In this section:

- (a) **“comprehensive health record”**, with respect to an individual, means the comprehensive health record created by eHealth Saskatchewan within the meaning of section 18.1 of *The Health Information Protection Act*;
 - (b) **“eHealth Saskatchewan”** means eHealth Saskatchewan created by the Lieutenant Governor in Council as a Crown corporation pursuant to *The Crown Corporations Act, 1993*;
 - (c) **“eligibility criteria”**, with respect to an individual being immunized, includes chronic health conditions, exposures to communicable diseases, occupation and other conditions and risk factors that increase the likelihood of the individual experiencing a vaccine-preventable disease;
 - (d) **“immunization services record”**, with respect to an individual, includes the information collected pursuant to subsection (3);
 - (e) **“registration information”** means registration information within the meaning of *The Health Information Protection Act*.
- (2) A provincial immunization database is established in which the immunization services provided to individuals are to be recorded and maintained.
- (3) A person who provides immunization services, and who is authorized to use the immunization database mentioned in subsection (2) shall, as soon as is reasonably practicable, record the following information on that database:
- (a) registration information with respect to the individual being immunized;
 - (b) that informed consent to the immunization was received from or on behalf of the individual;
 - (c) the vaccine provided and dosage;
 - (d) the date of the immunization;
 - (e) subject to subsection (4), eligibility criteria;
 - (f) information required to be reported to a medical health officer pursuant to section 23;
 - (g) any other information the minister considers necessary to document the immunization services provided.
- (4) If the individual being immunized requests that the information mentioned in clause (3)(e) not be disclosed, the person who is providing immunization services and who is authorized to use the immunization database mentioned in subsection (2) shall record in the database that a request that the information not be disclosed to a person mentioned in clause (6)(a) or (b), has been made.

(5) If a request not to disclose information is made pursuant to subsection (4), no person mentioned in clause 6(a) or (b) shall collect, use or disclose that information except with the consent of the individual or unless there is an immediate need to use the information in order to provide health services to the individual.

(6) Subject to subsections (7) and (8), for the purposes of providing public health services, including determining an individual's immunization history and his or her entitlement to receive public health services and for the prevention and or control of the spread of vaccine-preventable disease, information recorded in an individual's immunization services record in the immunization database mentioned in subsection (2) may be disclosed to the following:

- (a) a medical health officer or an official occupying a similar position in a jurisdiction outside of Saskatchewan;
- (b) a person providing immunization services or who is responsible for collecting immunization information on behalf of any of the following:
 - (i) a regional health authority;
 - (ii) a department or agency of the government of another province or territory of Canada that has responsibility for public health within that province or territory;
 - (iii) a department or agency of the Government of Canada that has responsibility for public health;
 - (iv) a First Nations health agency approved by the minister with delegated authority from the Government of Canada to deliver public health services;
 - (v) any other person who, in the opinion of the chief medical health officer or the co-ordinator, requires the information for the purposes set out in this subsection and for the benefit of the person to whom the information relates;
- (c) any person with the consent of the individual to whom the information relates.

(7) A person who collects information for the purposes of entering that information into the immunization database mentioned in subsection (2) or who uses information from that database shall maintain the confidentiality of that information and not further disclose or use that information for a purpose not authorized by the Act or these regulations, except:

- (a) with the consent of the individual to whom the information relates; or
- (b) if authorized by law.

(8) An individual may request, at any time, that his or her immunization services record not be disclosed to a person mentioned in clause (6)(a) or (b), and if that request is made:

- (a) the person collecting the information and recording it in the immunization database mentioned in subsection (2) shall record that request in the database; and

- (b) no person mentioned in those clauses shall collect, use or disclose information from that immunization services record except with the consent of the individual or unless there is an immediate need to use the information in order to provide health services to the individual.
- (9) Information recorded in an individual's immunization services record in the immunization database mentioned in subsection (2) may be disclosed to eHealth Saskatchewan for the purposes of being included in the individual's comprehensive health record.
- (10) eHealth Saskatchewan may disclose an individual's immunization services record from the comprehensive health record mentioned in subsection (9) to health care providers for the purposes of arranging, assessing the need for, providing, continuing or supporting the provision of a service requested or required by that individual.
- (11) An individual may request, at any time, that his or her immunization services record not be disclosed from the comprehensive health record mentioned in subsection (9), and if that request is made:
- (a) eHealth Saskatchewan shall record that request on the individual's comprehensive health record; and
 - (b) no health care provider mentioned in subsection (10) shall collect, use or disclose information from that immunization services record except with the consent of the individual or unless there is an immediate need to use the information in order to provide health services to the individual.
- (12) If an individual has requested that his or her eligibility criteria not be disclosed pursuant to subsection (4) or that his or her immunization services record not be disclosed pursuant to subsection (8), a person mentioned in clause (6)(a) or (b) who uses or discloses the information from the record in order to provide health services to the individual shall, as soon as is practicable after using or disclosing the information, record in the immunization database mentioned in subsection (2) the circumstances that made it necessary for the person to use or disclose the information.
- (13) If an individual has requested that his or her immunization services record not be disclosed from the comprehensive health record pursuant to subsection (11), a person mentioned in subsection (10) who intends to use or disclose the information from the record in order to provide health services to the individual shall, before using or disclosing the information, record in the comprehensive health record mentioned in subsection (9) the circumstances that make it necessary for the person to use or disclose the information.

Periods of transmissibility

22.1 For the purposes of section 45.1 of the Act, the period of transmissibility of a disease set out in Column 1 of Table 4:

- (a) with respect to a person described in clause 2(4)(a) or (b), is the number of days set out in Column 2 of Table 4 opposite the name of the disease; and
- (b) with respect to a person described in clause 2(4)(c) or (d), is the number of days set out in Column 3 of Table 4 opposite the name of the disease.

5 Sep 2003 SR 88/2003 s6.

Vaccine-associated adverse events

23(1) A person who provides immunization shall:

- (a) within 48 hours after becoming aware of the event, report to the medical health officer each known event involving a serious adverse reaction to a vaccine; and
- (b) within two weeks after becoming aware of the event, report to the medical health officer each known event involving an adverse reaction to a vaccine that is not serious.

(2) A medical health officer shall, within the time limit specified by the co-ordinator, submit to the co-ordinator a report of each known event involving a serious adverse reaction to a vaccine.

(3) A report pursuant to clause (1)(b) or subsection (2) must be in the form, and contain the information, specified by the co-ordinator.

25 Apr 2003 cP-37.1 Reg 11 s23; 8 Aug 2014 SR 69/2014 s18.

24 Repealed. 8 Aug 2014 SR 69/2014 s18.

Animal bites and risk of rabies

25(1) If a person may have been exposed to rabies by having been bitten by an animal, through exposure to the saliva of an animal or by any other means, a physician or nurse who attends to the person shall immediately notify the medical health officer, a person engaged or retained by the Minister of Agriculture or a peace officer of the incident together with the following details:

- (a) the name, telephone number, mailing address, current place of residence, date of birth and gender of the person;
- (b) any other information that the medical health officer, person engaged or retained by the Minister of Agriculture or peace officer considers necessary.

(2) A person engaged or retained by the Minister of Agriculture or a peace officer who receives a report pursuant to subsection (1) shall notify the medical health officer as soon as possible, giving the details mentioned in that subsection.

- (3) A medical health officer who receives a report pursuant to subsection (1) or (2) shall take all practicable steps to prevent the suspected rabid animal from posing a public health threat.
- (4) If the suspected rabid animal is not available for examination or if rabies in the animal is confirmed through examination, the medical health officer shall contact all persons bitten by or exposed to the animal and advise them with respect to appropriate treatment.
- (5) If an animal has bitten or attempted to bite a person and a medical health officer has reason to believe that the animal is or may be infected with rabies, the medical health officer may order:
- (a) the owner or any person having the possession, care or control of the animal to keep the animal in isolation or quarantine where it will not be brought into contact with or be in danger of transmitting rabies to any person or animal, for any period as may be specified by the medical health officer; or
 - (b) a peace officer or other person to destroy the animal without injuring its head.
- (6) If an animal dies that has bitten or attempted to bite a person, and there is reason to believe that the animal was or might have been infected with rabies, no person shall destroy or damage the head of the animal.

8 Aug 2014 SR 69/2014 s20.

Plan and guidelines adopted

25.1(1) In this section and in section 25.2:

- (a) **“business”** means a person or association that carries on an enterprise or provides a service with the expectation of profit;
 - (b) **“guidelines”** means the guidelines, as set out in the plan, as amended from time to time;
 - (c) **“person”** includes partnership;
 - (d) **“plan”** means *Re-Open Saskatchewan: A plan to re-open the provincial economy*, as published by the Government of Saskatchewan on April 23, 2020, as amended from time to time.
- (2) For the purposes of these regulations, the plan and the guidelines are adopted.
- (3) Every person, business, institution, association and other organization to whom or to which the plan and the guidelines apply must comply with the plan and the guidelines.
- (4) An order made pursuant to subsection 25.2(2) of these regulations or section 38 or 45 of the Act prevails if there is a conflict between:
- (a) the order; and
 - (b) the plan and the guidelines.

11 Dec 2020 SR 127/2020 s6; 5 Mar 2021 SR 11/2021 s3.

Measures re prevention, reduction and control of SARS-CoV-2

25.2(1) In this section:

- (a) **“face covering”** means a medical or non-medical mask or other face covering that fully covers the nose, mouth and chin, but does not include a face shield or visor;
 - (b) **“SARS-CoV-2”** means severe acute respiratory syndrome coronavirus 2, the virus that causes COVID-19.
- (2) If, based on the opinion of the chief medical health officer that the increased rate of infection or the expectation of an increased risk of infection from SARS-CoV-2 is likely to cause a serious public health threat, the minister determines that it is in the public interest to do so, the minister may order that any or all of the measures set out in subsection (3) are to be taken for the purposes of preventing, reducing and controlling the transmission of SARS-CoV-2.
- (3) An order made pursuant to subsection (2) may impose all or any of the following measures that the minister considers necessary for the purposes of the order:
- (a) a requirement that persons wear a face covering in the manner set out in the order;
 - (b) a requirement to limit the size of gatherings in the manner set out in the order;
 - (c) a requirement that persons who own, operate or have control over indoor premises or areas:
 - (i) advise persons entering those premises or areas of the applicable measures aimed at preventing, reducing and controlling the transmission of SARS-CoV-2; and
 - (ii) ensure that the persons mentioned in subclause (i) take the measures mentioned in that subclause;
 - (d) a requirement to implement screening measures, except testing, for persons entering or leaving a workplace or other premises that are open to the public in the manner set out in the order;
 - (e) a requirement that businesses, corporations, institutions as defined in section 31.1 of the Act, owners and operators of facilities, associations and other organizations have a SARS-CoV-2 mitigation plan that is satisfactory to the minister;
 - (f) a requirement that businesses, corporations, institutions as defined in section 31.1 of the Act, owners and operators of facilities, associations and other organizations operate in a manner that prevents, reduces, or controls the spread of SARS-CoV-2;
 - (g) a requirement that a type of equipment be used, a process be implemented, equipment be removed or equipment or processes be altered to prevent, reduce, or control the transmission of SARS-CoV-2 in the manner set out in the order.
- (4) The minister may, if the minister considers it necessary, make different orders pursuant to subsection (2) with respect to different areas of Saskatchewan.

(5) Every person, business, institution, association and other organization to whom or to which an order made pursuant to subsection (2) is directed must comply with that order.

(6) It is sufficient in an order pursuant to subsection (2) to direct the order to a person or class of persons described in the order and the order is not invalid by reason only of the fact that a person to whom the order is directed is not named in the order.

(7) If an order made pursuant to subsection (2) is directed to the public at large or to a number of persons that, in the opinion of the minister, is so large that it would be impractical to effect service in the manner required by section 58 of the Act, the minister may effect service of the order in any manner the minister considers necessary by all or any of the following means:

(a) publishing the order in a newspaper having general circulation in Saskatchewan or in any area of Saskatchewan that is directly affected by the order;

(b) broadcasting the order on a television station or radio station the signal of which is received in Saskatchewan or in any area of Saskatchewan that is directly affected by the order;

(c) posting copies of the order in public places in the manner and to the extent considered necessary by the minister or the medical health officer;

(d) in the case of an order directed to a large number of persons in a particular place, premises or vehicle, by making a public announcement in the place, premises or vehicle;

(e) publishing the order on the Government of Saskatchewan's website;

(f) publishing the order in *The Saskatchewan Gazette*.

(8) A copy of an order made pursuant to subsection (2) that is certified by the minister or a person authorized by the minister is admissible in evidence as a true copy of the order without proof of the office or signature of the minister, and has the same probative force as the original order.

11 Dec 2020 SR 127/2020 s6; 5 Mar 2021 SR
11/2021 s4.

Emergency Vaccination Program

25.3(1) In this section:

(a) **“COVID vaccination providers”** means the persons or categories of persons appointed to provide COVID vaccines as set out in the program;

(b) **“program”** means the Saskatchewan COVID-19 Immunization Delivery Plan established pursuant to subsection (2).

(2) The Saskatchewan COVID-19 Immunization Delivery Plan is established to coordinate and provide a province-wide program to administer COVID-19 vaccines.

(3) For the purposes of these regulations, the minister may appoint those persons who the minister is satisfied are qualified to administer vaccinations as COVID vaccination providers.

(4) A COVID vaccination provider may, in accordance with the program and subject to any directions provided by the local authority or the ministry, provide COVID-19 vaccines to individuals at any location in Saskatchewan.

(5) Persons appointed as COVID vaccination providers may carry out any duties and responsibilities assigned to them pursuant to the program, on the terms and conditions set out in the program, notwithstanding applicable legislation, including professional bylaws, that otherwise govern those persons.

(6) The minister may cause the program to be made public in any manner the minister considers necessary, including publishing it on the Government of Saskatchewan's website.

5 Mar 2021 SR 12/2021 s5.

Certain COVID vaccination providers deemed agents re section 68 of the Act

25.4 For the purposes of section 68 of the Act, a person appointed as a COVID vaccination provider who is not otherwise employed by the ministry, a local authority or a municipality is deemed to be an agent of the ministry, local authority or municipality, as the case may be, with respect to that person's carrying out of the duties and responsibilities as required by the program.

5 Mar 2021 SR 12/2021 s5.

PART IV

Communicable Diseases and the Dead

Release of infected bodies for handling

26 No person shall release the body of a deceased person infected with a specified communicable disease to a funeral director or other person for handling without notifying the funeral director or other person that the body was infected with that disease.

25 Apr 2003 cP-37.1 Reg 11 s26.

Handling of infected bodies

27(1) A funeral director or other person who is requested to handle the body of a deceased person infected with a specified communicable disease shall:

- (a) immediately report the request to a medical health officer; and
- (b) follow any instructions given by the medical health officer with respect to the handling of the body.

(2) Subject to any instructions given by a medical health officer pursuant to clause (1)(b), a funeral director or other person who is requested to handle the body of a deceased person infected with a specified communicable disease shall:

- (a) wrap and securely seal the body in a plastic bag before removing it from the room or other place in which the death occurred; and
- (b) place the body in a metal or metal-lined casket that is sealed against leakage and reopening by:
 - (i) welding or soldering; or
 - (ii) the use of gaskets and suitable screws.

25 Apr 2003 cP-37.1 Reg 11 s27; 8 Aug 2014 SR 69/2014 s21.

Opening of caskets prohibited – infected bodies

28 Subject to *The Coroners Act, 1999*, no person shall open a casket containing the body of a deceased person infected with a specified communicable disease except as directed by a medical health officer.

25 Apr 2003 cP-37.1 Reg 11 s28; 8 Aug 2014 SR 69/2014 s22.

Removal or transport of bodies

29(1) Unless otherwise approved by a medical health officer, no person shall accept the body of a deceased person for removal or transportation unless the body:

- (a) will reach its destination within 72 hours from the time of death or the time the body is released to the person by a coroner or a medical examiner;
- (b) is embalmed; or
- (c) is placed in a metal-lined casket that is:
 - (i) permanently sealed in accordance with clause 27(2)(b) to prevent leakage or reopening; and
 - (ii) enclosed in a strong outside box.

(2) No person shall transport the body of a deceased person by common carrier without the written approval of the local authority.

25 Apr 2003 cP-37.1 Reg 11 s29; 8 Aug 2014 SR 69/2014 s23.

Disinterment permit

30(1) Subject to subsection (2) and *The Coroners Act, 1999*, no person shall disinter the body of a deceased person without obtaining a disinterment permit from the minister.

(2) Subsection (1) does not apply:

- (a) if the body in question is to be disinterred from one location and re-interred in another location in the same cemetery or mausoleum; or
- (b) to cremated remains.

(3) If an application for a disinterment permit is being made with respect to a body that is interred in a cemetery that is being closed pursuant to *The Cemeteries Act, 1999* or has been closed pursuant to that Act or any former *Cemeteries Act* or in land that is being expropriated, or has been expropriated, pursuant to any Act, the application:

- (a) must include the following information:
 - (i) the reasons why:
 - (A) the cemetery is being closed or was closed; or
 - (B) the land is being expropriated or was expropriated;
 - (ii) the names of the persons who will be paying the costs of the disinterment;
 - (iii) any other information that the minister may require; and
- (b) must be accompanied by evidence that the registrar of cemeteries has been notified of the application for a disinterment permit.

(4) An application for a disinterment permit in any circumstances other than those described in subsection (3):

- (a) must include the following information:
 - (i) the name of the applicant and the relationship of the applicant to the deceased person;
 - (ii) the reasons for the proposed disinterment;
 - (iii) if the services of a funeral director have been engaged to carry out the disinterment, the name of the funeral director;
 - (iv) the location of the cemetery or mausoleum where the body is currently buried;
 - (v) the location of the cemetery, mausoleum or crematorium where the body is to be reburied or cremated;
 - (vi) any other information relevant to the application that the minister may request; and
- (b) must be accompanied by:
 - (i) either:
 - (A) a copy of the medical certificate of death that shows the cause of death, certified by the Director of Vital Statistics; or
 - (B) if there is no medical certificate of death in the records of the Director of Vital Statistics, a certificate of the Director of Vital Statistics to that effect; and
 - (ii) in the case of a body of a deceased person who is known to have been infected with a communicable disease, the written approval of a medical health officer.

Opening of caskets – bodies infected with communicable diseases

31(1) Subject to subsection (2), no person, other than a Chief Coroner acting pursuant to *The Coroners Act, 1999*, shall open a disinterred casket containing the body of a deceased person without obtaining an order of the Attorney General authorizing the opening of the casket.

(2) No person shall open a disinterred casket containing the body of a deceased person infected with a specified communicable disease:

- (a) without obtaining an order of the Attorney General authorizing the opening of the casket; and
- (b) except as directed by a medical health officer.

8 Aug 2014 SR 69/2014 s25.

PART IV.1**Investigating and Controlling Clusters of Non-communicable Diseases****Investigation of cluster**

31.1(1) If a medical health officer is of the opinion that there is a cluster of a non-communicable disease, the medical health officer shall investigate the cluster.

(2) A medical health officer shall:

- (a) immediately notify the chief medical health officer of any investigation of a cluster of a non-communicable disease; and
- (b) provide the chief medical health officer with a written report of each investigation carried out pursuant to this section.

(3) A report mentioned in clause (2)(b) must be provided:

- (a) in a format approved by the department; and
- (b) within the period specified by the chief medical health officer.

8 Aug 2014 SR 69/2014 s26.

Disclosure of information

31.2(1) For the purposes of investigating and controlling non-communicable diseases or clusters of non-communicable diseases, the chief medical health officer or medical health officer may disclose to another medical health officer or to a person mentioned in subsection (2) the information obtained pursuant to section 31.1 with respect to a person who has a non-communicable disease.

(2) Information may be disclosed pursuant to subsection (1) to a person responsible for collecting non-communicable disease information on behalf of any of the following agencies:

- (a) a regional health authority;
- (b) a department or agency of the government of another province or territory of Canada that has responsibility for public health within that province or territory;

(c) a department or agency of the Government of Canada that has responsibility for public health matters;

(d) a First Nations agency with delegated authority for health care services from the Government of Canada.

8 Aug 2014 SR 69/2014 s26.

PART V
Repeal and Coming into Force

R.R.S. c.P-37.1 Reg 4 repealed

32 *The Communicable Disease Control Regulations* are repealed.

25 Apr 2003 cP-37.1 Reg 11 s32.

Sask. Reg. 257/70 repealed

33 Saskatchewan Regulations 257/70 are repealed.

25 Apr 2003 cP-37.1 Reg 11 s33.

Coming into force

34 These regulations come into force on the day on which they are filed with the Registrar of Regulations.

25 Apr 2003 cP-37.1 Reg 11 s34.

Appendix

TABLE 1

[Subsection 3(1)]

Category I Communicable Diseases

1. acute flaccid paralysis
2. amoebiasis
3. anthrax
4. botulism
5. brucellosis
6. campylobacteriosis
7. chickenpox
8. cholera
9. *Clostridium difficile* infection
10. congenital rubella syndrome
11. coronavirus infections associated with severe acute respiratory syndrome or COVID-19
12. Creutzfeldt-Jakob disease, all forms and other transmissible spongiform encephalopathies (TSE)
13. cryptosporidiosis
14. cyclosporiasis
15. diphtheria
16. encephalitis - vector borne
17. food poisoning of animal, bacterial, viral or chemical origin, not including diseases otherwise listed
18. giardiasis
19. *Haemophilus influenzae* invasive disease - all typeable and non-typeable strains
20. haemorrhagic fevers - viral
21. hantavirus infections
22. hepatitis A
23. Human parvovirus infection
24. infections associated with antimicrobial resistant organisms
25. influenza - lab confirmed
26. legionellosis
27. leprosy
28. leptospirosis
29. listeriosis
30. Lyme disease
31. malaria
32. measles
33. meningococcal invasive disease
34. mumps

35. paratyphoid fever
36. pertussis
37. plague
38. pneumococcal invasive disease
39. poliomyelitis
40. psittacosis
41. rabies
42. rickettsial diseases
43. rubella
44. salmonellosis, excluding typhoid and paratyphoid fevers
45. severe acute respiratory illness
46. shigellosis
47. smallpox
48. streptococcal A - invasive disease
49. streptococcal B - neonatal disease
50. tetanus
51. toxoplasmosis
52. trichinosis
53. tularemia
54. typhoid fever
55. verotoxigenic *Escherichia coli* infections
56. West Nile virus infections
57. yellow fever
58. Yersiniosis.

TABLE 2
[Subsection 3(2)]
Category II Communicable Diseases

1. acquired immune deficiency syndrome
2. chancroid
3. *Chlamydia trachomatis* infections excluding lymphogranuloma venereum
4. gonococcal infections
5. granuloma inguinale
6. hepatitis B
7. hepatitis C
8. hepatitis D
9. hepatitis - other viral
10. human immunodeficiency virus infection
11. human T lymphotropic virus, Types I and II
12. lymphogranuloma venereum
13. neonatal/congenital herpes
14. syphilis
15. tuberculosis

8 Aug 2014 SR 69/2014 s27.

TABLE 3
[Section 4]
Specified Communicable Diseases

anthrax
Creutzfeldt-Jakob disease, classical or new variant
haemorrhagic fevers – viral
plague
smallpox

25 Apr 2003 cP-37.1 Reg 11.

TABLE 4
[Section 22.1]

Periods of Transmissibility

Column 1	Column 2	Column 3
Disease	Period of transmissibility for cases	Period of transmissibility for contacts
COVID-19	14 days	14 days
haemorrhagic fevers – viral (Ebola, Marburg, Lassa Fever)	70 days	21 days
plague	10 days	7 days
severe acute respiratory syndrome	20 days	14 days
smallpox	21 days	19 days

17 Apr 2020 SR 36/2020 s2.