Dear Applicant:

**Re:** Your request for access to information under Part II of the *Access to Information and Protection of Privacy Act* [Our File #: HCS/139/2019]

On October 16, 2019, the Department of Health and Community Services (the Department) received your request for access to the following records:

“September 2019 briefing materials titled: - Decision/Direction Note - Amendments to the Food Premises Regulations to add Food Safety Training Requirements - Decision Note - Change in ePCR System Acquisition Process - Decision Note - CIHI Request to Modify the Current Submission Process for Physician Billing Data - Decision Note - Eastern - Cancer Screening Program - Aug 2019 - Information Note - Release of Canadian Institute for Health Information (CIHI) report on Youth Hospital Stays due to Substance Use - Information Note - Status of Appeal Regarding the Release of MCP Billing Information”

I am pleased to inform you that a decision has been made by the Department to provide access to most of the requested information. Access to the remaining information contained within the records has been refused in accordance with the following exceptions to disclosure as specified in the Access to Information and Protection of Privacy Act (the Act):

**Policy advice or recommendations**

29. (1)(a) The head of a public body may refuse to disclose to an applicant information that would reveal advice, proposals, recommendations, analyses or policy options developed by or for a public body or minister.

**Legal advice**

30. (1) The head of a public body may refuse to disclose to an applicant information
(a) that is subject to solicitor and client privilege or litigation privilege of a public body; or
(b) that would disclose legal opinions provided to a public body by a law officer of the Crown.

**Disclosure harmful to the financial or economic interests of a public body**

35. (1) The head of a public body may refuse to disclose to an applicant information which could reasonably be expected to disclose
(d) information, the disclosure of which could reasonably be expected to result in the premature disclosure of a proposal or project or in significant loss or gain to a third party;
(g) information, the disclosure of which could reasonably be expected to prejudice the financial or economic interest of the government of the province or a public body.

**Disclosure harmful to business interests of a third party**

39. (1) The head of a public body shall refuse to disclose to an applicant information
(a) that would reveal
(i) trade secrets of a third party, or
(ii) commercial, financial, labour relations, scientific or technical information of a third party;
(b) that is supplied, implicitly or explicitly, in confidence; and
(c) the disclosure of which could reasonably be expected to
(i) harm significantly the competitive position or interfere significantly with the negotiating position of the third party,
(iii) result in undue financial loss or gain to any person

Please be advised that you may ask the Information and Privacy Commissioner to review the processing of your access request, as set out in section 42 of the *Access to Information and Protection of Privacy Act* (the *Act*). A request to the Commissioner must be made in writing within 15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner.

The address and contact information of the Information and Privacy Commissioner is as follows:

Office of the Information and Privacy Commissioner
2 Canada Drive
P. O. Box 13004, Stn. A
St. John’s, NL. A1B 3V8
Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
Facsimile: (709) 729-6500

You may also appeal directly to the Supreme Court Trial Division within 15 business days after you receive the decision of the public body, pursuant to section 52 of the *Act*.

Please be advised that responsive records will be published following a 72 hour period after the response is sent electronically to you or five business days in the case where records are mailed to you. It is the goal to have the responsive records posted to the Completed Access to Information Requests website within one business day following the applicable period of time. Please note that requests for personal information will not be posted online.

If you have any further questions, please contact the undersigned by telephone at 709-729-7010 or by email at MichaelCook@gov.nl.ca.

Sincerely,

Michael Cook
Manager of Privacy and Information Security

/Enclosures
Access or correction complaint

42. (1) A person who makes a request under this Act for access to a record or for correction of personal information may file a complaint with the commissioner respecting a decision, act or failure to act of the head of the public body that relates to the request.

(2) A complaint under subsection (1) shall be filed in writing not later than 15 business days

(a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

(b) after the date the head of the public body is considered to have refused the request under subsection 16 (2).

(3) A third party informed under section 19 of a decision of the head of a public body to grant access to a record or part of a record in response to a request may file a complaint with the commissioner respecting that decision.

(4) A complaint under subsection (3) shall be filed in writing not later than 15 business days after the third party is informed of the decision of the head of the public body.

(5) The commissioner may allow a longer time period for the filing of a complaint under this section.

(6) A person or third party who has appealed directly to the Trial Division under subsection 52 (1) or 53 (1) shall not file a complaint with the commissioner.

(7) The commissioner shall refuse to investigate a complaint where an appeal has been commenced in the Trial Division.

(8) A complaint shall not be filed under this section with respect to

(a) a request that is disregarded under section 21;

(b) a decision respecting an extension of time under section 23;

(c) a variation of a procedure under section 24; or

(d) an estimate of costs or a decision not to waive a cost under section 26.

(9) The commissioner shall provide a copy of the complaint to the head of the public body concerned.
Direct appeal to Trial Division by an applicant

52. (1) Where an applicant has made a request to a public body for access to a record or correction of personal information and has not filed a complaint with the commissioner under section 42, the applicant may appeal the decision, act or failure to act of the head of the public body that relates to the request directly to the Trial Division.

(2) An appeal shall be commenced under subsection (1) not later than 15 business days

(a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or

(b) after the date the head of the public body is considered to have refused the request under subsection 16 (2).

(3) Where an applicant has filed a complaint with the commissioner under section 42 and the commissioner has refused to investigate the complaint, the applicant may commence an appeal in the Trial Division of the decision, act or failure to act of the head of the public body that relates to the request for access to a record or for correction of personal information.

(4) An appeal shall be commenced under subsection (3) not later than 15 business days after the applicant is notified of the commissioner’s refusal under subsection 45 (2).
Decision/Direction Note
Department of Health and Community Services

Title: Amendments to the *Food Premises Regulations* to add Food Safety Training Requirements

Decision/Direction Required:
- Whether to approve the attached *Food Premises Regulations (Amendment)* made under the authority of the *Food Premises Act*.

Background and Current Status:
- To enhance consumer protection, in the Way Forward: Realizing our Potential, the Government of Newfoundland and Labrador committed to implementing "food safety training requirements for food service workers employed in commercial food service establishments".
- The attached amendments to the *Food Premises Regulations* (Regulations) were drafted by the Office of the Legislative Counsel in collaboration with Service NL.
- In eight provinces and one territory, there are currently food safety training requirements for food premises (See Appendix I for jurisdictional scan).
- On May 9, 2006, the Federal/Provincial/Territorial Food Safety Committee (FPTFSC) introduced the "National Guidelines for Food Safety Training Programs in the Food Retail and Food Service Sectors" ("National Guidelines"). The National Guidelines were updated in 2013, and serve as the basis for the recognition of food safety courses in most provinces and territories. Since then, the FPTFSC drafted a "Canadian Framework for the National Recognition of Food Safety Training Programs in the Food Retail and Food Service Sector" and plans to implement a national recognition system following provincial/territorial approval.

Analysis:
- Mandatory food safety training will reduce the risk of foodborne illness, and will allow NL to further align with other provinces and territories by reducing inspections for certain food premises. There are some food premises in the province that have been deemed to be a higher risk but it is expected that the mandatory food safety training requirements would help to reduce that risk and it is anticipated that the number of inspections required per year for such premises could decrease (e.g. from four to three per year). This would also enable Service NL Environmental Health Officers (EHOs) to increase focus on other priorities.

- Amending the Regulations will be consistent with the Way Forward commitment. In addition, the Province’s food safety training requirements will align with most provinces and territories.

- Under the *Food Premises Act*, the Minister of Health and Community Services has the necessary statutory authority to make regulations. Paragraph 18(g) allows the Minister to make regulations prescribing food safety standards for food premises while paragraph 18(h) allows the Minister to create regulations establishing qualifications and standards to be met by employees in food premises.
- The amendments would require the owner of a food premises to “ensure that at least one employee who has successfully completed a food safety course and whose training is current is present at the food premises at all times the food premises is operating”.

- The Regulations define “owner” as the “proprietor of food premises or in the absence of the proprietor the operator or senior staff member” while employee means someone who is employed in the premises and who “handles or comes in contact with a utensil or food during its preparation, processing, packaging, service, storage or transportation”.

- The requirement to have at least one person working who has received training is similar to the requirements in other provinces. While the amendments require only one person with current training to be present while the premises is operating, it is anticipated that most premises would train many, if not most or all, employees for operational and scheduling efficiency. Therefore, food safety will be enhanced as it is anticipated that many employees working at any given time would have received training.

- During routine inspections, EHOs can request that the owner or an employee produce certificates or other proof to show compliance with the food safety training requirements.

- Certain premises are exempted from the application of the Act and the Regulations and these premises will also be exempt from the food safety training requirements (e.g. bed and breakfasts, farms selling their own products, and not-for-profit organizations that meet standard health guidelines of the department). In addition, based upon the proposed amendments, the following food premises would be exempted from food safety training requirements: premises where only cold drinks or frozen confections are sold in their original container, catering vehicles, and premises where only pre-packaged food is stored, offered for sale or sold.

- Under the amendment, a “food safety course” has been defined as a course approved by the minister. HCS officials within the Public Health Division are finalizing the list of approved courses (See Appendix II). Initially, provincial policy will accept any food safety course that is either recognized by another jurisdiction in Canada where food safety training requirements exist, or deemed to meet the National Guidelines. In addition, the Marine Institute’s Advanced Diploma in Food Safety program will be deemed as acceptable training. This policy may need to be adjusted following the implementation of the Canadian Framework for The National Recognition of Food Safety Training Programs in the Food Retail and Food Service Sector and the related National Food Safety Training Recognition system.

- Recognized food safety courses typically range in price from about $35 to $100 per person for online courses, or about $125 to $195 per person for in-person courses (e.g. through local private instructors or through the College of the North Atlantic (CNA)). CNA has indicated that they would be prepared to offer the National Food Safety Training Program at its various campuses (including the St. John’s, Burin, Grand Falls-Windsor, Gander, St. Anthony, and Bay St. George campuses), assuming that there is enough interest at each site. CNA has also indicated that they can offer a course in another location based upon local demands but this would likely increase the cost of the course for participants.

- Most food safety courses are six to eight hours in length, can be completed in one day or at one’s own pace (for online courses), and require the successful completion of an exam,
which is generally part of the cost of the course. However, some courses add exam proctoring fees.

- Food safety certification typically expires after five years; however, this may vary based upon the course provider. The amendment will require "current" food safety training, in accordance with course requirements. Therefore, it will be necessary for food premises owners to ensure that their employees are maintaining their training.

- The *Food Premises Regulations (Amendment)* will come into force on May 1, 2020. This date was selected in order to give owners plenty of lead time to obtain acceptable training for its employees as it is likely that many employees per premises will need to be trained. As well, it provides time for CNA and other local instructors to prepare additional course offerings.

- Many of the national restaurant or grocery store chains already provide food safety training for their staff and management. However, it is less likely that owners of smaller and/or independent food premises would have arranged for formal food safety training for staff.

- Information regarding the availability of recognized food safety courses and other information pertinent to the new food safety training requirements will be posted on the HCS website as soon as the regulatory amendments are published in the NL Gazette. HCS officials will develop additional communication strategies to help ensure that food premises are made aware of the amendments.

- Online food safety course options may be limited in communities lacking broadband service. HCS officials will monitor and help to mitigate any difficulties accessing training (e.g. coordinating in-person training sessions, or exploring remote course delivery options).

- Once the amendments come into force, food premises that fail to comply will be subject to graduated enforcement actions by EHOs, in accordance with provincial policy. Enforcement actions could include a note in an inspection report with a timeframe for correction, issuing a ticket for a repeat offence, or in extreme cases of non-compliance, closing the food premises until corrections have been made. Requiring food premises to close is rarely used and most food premises owners make the requested changes to their operation.

*Alternatives:*

s. 29(1)(a)
If the Amendment is acceptable to the Minister, the Amendment should be signed where flagged (See Appendix III). HCS officials will then arrange for publication of the Amendment in the Newfoundland and Labrador Gazette, with the changes coming into force on May 1, 2020.

Prepared/Approved by: D. Howse/D. Coffin/M. Harvey/M. Harvey/K. Stone
Ministerial Approval: Received from Hon. John Haggie, MD

September 16, 2019
## Appendix I: Jurisdictional Scan of Food Safety Training Legislative Requirements

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Legislation</th>
<th>Course Description</th>
<th>Course Expiry</th>
<th>Applicable Food Premises</th>
<th>Exempted Food Premises</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>Food Premises Regulation</td>
<td>FoodSafe or equivalent</td>
<td>FoodSafe is valid for five years</td>
<td>Anywhere food is processed, served or dispensed for immediate public consumption</td>
<td>Community organizations with voluntary caterers; B&amp;Bs</td>
</tr>
<tr>
<td>Alberta</td>
<td>Food Regulation</td>
<td>Course approved by the Minister</td>
<td>Not specified</td>
<td>Commercial food establishments</td>
<td>Premises where only unpackaged low-risk foods, or prepackaged foods are served as received; Community organizations; B&amp;Bs</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>Food Safety Regulations</td>
<td>Course approved by local authority</td>
<td>Not specified</td>
<td>Public eating establishments and food processing facilities.</td>
<td>Abattoirs, milk plants, federally-inspected facilities, warehouses, alcohol producers, community organizations, B&amp;Bs</td>
</tr>
<tr>
<td>Manitoba</td>
<td>N/A (City of Winnipeg By-law requirements are listed in this row)</td>
<td></td>
<td>Not specified</td>
<td>All food premises, with exemptions as noted</td>
<td>B&amp;Bs</td>
</tr>
<tr>
<td>Ontario</td>
<td>Food Premises Regulations</td>
<td>Food safety training provided by a local board of health, agency of a board of health or through a program that the Ministry has recognized as being equivalent to the food safety training</td>
<td>Not specified</td>
<td>Any food premise where meals or meal portions are prepared for immediate consumption or sold or served in a form that will permit immediate consumption on the premises or elsewhere.</td>
<td>Food premises owned, operated or leased by religious organizations, service clubs or fraternal organizations; B&amp;Bs with under ten guests</td>
</tr>
<tr>
<td>Province</td>
<td>Regulation</td>
<td>Training requirements</td>
<td>Food premises requirements</td>
<td>Notes</td>
<td></td>
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<tr>
<td>Quebec</td>
<td>Food Regulation</td>
<td>Management level training of 12 hours; employee level training of 6 hours</td>
<td>Applies to restaurateurs where food is served “for a consideration”.</td>
<td>Home child cares, private seniors residences with under nine residents, meat inspection premises, not-for-profit organizations</td>
<td></td>
</tr>
<tr>
<td>New Brunswick</td>
<td>Food Premises Regulation</td>
<td>A community college or industry association course, or a course that has been determined by the Minister to be equivalent in content to that set out in the National Guidelines for Food Safety Programs in the Food Retail and Food Service Sectors as endorsed by the FPTFSC</td>
<td>Food premises where food: (i) is prepared or processed without killing or pasteurizing or, if meat or fish is being prepared or processed, without thermal processing, and (ii) is for sale and is consumed on or off the premises, but is not distributed wholesale.</td>
<td>An inn or a similar establishment that serves only breakfasts that require no preparation of potentially hazardous food; a premises where only non-potentially hazardous food is stored, displayed, distributed, transported, sold or offered for sale, without any preparation, manufacturing or processing of food on the premises; a premises that is registered with and subject to inspection by the Canadian Food Inspection Agency; a stand where only hard ice cream and ice cream toppings are sold but not produced or processed; not-for-profit organizations where food is for a single-day event, or where food is sold on an occasional basis for fundraising.</td>
<td></td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>Food Safety Regulations</td>
<td>Course recognized by the Administrator</td>
<td>All food premises, with exemptions as noted</td>
<td>Day cares with less than six children; Residential care facilities with less than 12 residents; Not-for-profit organizations unless at a temporary event.</td>
<td></td>
</tr>
<tr>
<td>Prince Edward</td>
<td>Food</td>
<td>Course</td>
<td>All food premises, with once every</td>
<td>Food premises that offer only fresh</td>
<td></td>
</tr>
<tr>
<td>Island</td>
<td>Premises Regulation</td>
<td>recognized by the Director</td>
<td>5 years</td>
<td>exemptions as noted</td>
<td>fruit/vegetables or non-potentially hazardous prepackaged foods; Not-for-profit organizations where low-risk foods are served by volunteers; B&amp;Bs</td>
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</tr>
<tr>
<td>Yukon</td>
<td>N/A</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Northwest Territories</td>
<td>Food Establishment Safety Regulations</td>
<td>Food safety program acceptable to the Chief Public Health Officer.</td>
<td>Not specified</td>
<td>All food premises, with exemptions as noted</td>
<td>Food premises that sell only non-potentially hazardous, prepackaged foods are exempted; Home child cares; Not-for-profit organizations where foods are served by volunteers; B&amp;Bs</td>
</tr>
<tr>
<td>Nunavut</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Newfoundland Labrador</td>
<td>N/A</td>
<td></td>
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</tr>
</tbody>
</table>
### Appendix II: Recognized Food Safety Courses from Across Canada

The following courses are currently recognized as acceptable food safety courses in other jurisdictions across Canada, and will also be accepted in Newfoundland and Labrador. Courses not on this list will be reviewed by the Department of Health and Community Services, in comparison with the National Guidelines for Food Safety Training Programs in the Food Retail and Food Service Sectors.

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Website</th>
<th>Online</th>
<th>In-Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Poetic Health... Safe Food Handling... A Guide For Food Handlers</td>
<td><a href="https://www.aaps.ca/">https://www.aaps.ca/</a></td>
<td>✓</td>
<td>(Ontario only)</td>
</tr>
<tr>
<td>Academy of Applied Pharmaceutical Sciences - Food Handling Certificate</td>
<td></td>
<td>✓</td>
<td>(Ontario only)</td>
</tr>
<tr>
<td>Aims Health &amp; Safety Training - Essential Food Safety Training</td>
<td></td>
<td>✓</td>
<td>(Ontario only)</td>
</tr>
<tr>
<td>Alberta Food Sanitation and Hygiene</td>
<td></td>
<td></td>
<td>(Alberta only)</td>
</tr>
<tr>
<td>Audmax Inc. - The Art and Science of Safe Food</td>
<td><a href="http://www.audmaxinc.com/index.html">http://www.audmaxinc.com/index.html</a></td>
<td>✓</td>
<td>(Ontario only)</td>
</tr>
<tr>
<td>BacOff Food Safety &amp; Hygiene Training and Consulting - Food Handler Certification Course</td>
<td><a href="http://www.bacoff.ca/">http://www.bacoff.ca/</a></td>
<td>✓</td>
<td>(Ontario only)</td>
</tr>
<tr>
<td>Canadian Food Safety Training Inc.</td>
<td><a href="https://canadianfoodsafetytraining.com/">https://canadianfoodsafetytraining.com/</a></td>
<td>✓</td>
<td>(Ontario only)</td>
</tr>
<tr>
<td>Canadian Institute of Food Safety</td>
<td><a href="https://www.foodsafety.ca/">https://www.foodsafety.ca/</a></td>
<td>✓</td>
<td>(Ontario only)</td>
</tr>
<tr>
<td>City of Hamilton Food Safety Training Certification</td>
<td></td>
<td>✓</td>
<td>(Ontario only)</td>
</tr>
<tr>
<td>City of Winnipeg Environmental Health Services Certified Food Handler Training</td>
<td></td>
<td>✓</td>
<td>(MB only)</td>
</tr>
<tr>
<td>Costco Food Safety Certification Program (Level 1 - Food Handlers; Level 2 - Managers)</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>First Nations Inuit Health Safe Food Handler Training Program</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Food Consulting and Labeling Solutions - Food Safety Handler Certification Program</td>
<td><a href="http://www.foodsafetyprogram.ca/home.html">http://www.foodsafetyprogram.ca/home.html</a></td>
<td>✓</td>
<td>(Ontario only)</td>
</tr>
<tr>
<td>FoodPrep Inc. - Food Handler Certification</td>
<td><a href="https://foodprep.ca/">https://foodprep.ca/</a></td>
<td>✓</td>
<td>(Ontario only)</td>
</tr>
<tr>
<td>Food Safe Level 1 and Level 2</td>
<td><a href="http://www.foodsafe.ca/">http://www.foodsafe.ca/</a></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>FoodSafetyTraining.ca</td>
<td><a href="https://www.foodsafetytraining.ca/">https://www.foodsafetytraining.ca/</a></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>FoodWise</td>
<td><a href="http://www.retailcouncil.org/grocery">http://www.retailcouncil.org/grocery</a></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Health Canada, Ontario Region - Food Safety Level 1</td>
<td></td>
<td>✓</td>
<td>(Ontario only)</td>
</tr>
<tr>
<td>KnowledgeWare's “Food Safety</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Organization/Media Website</th>
<th>Location/Province</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lethbridge College – Food Safety Alberta Certified Course (In class)</td>
<td><a href="https://lethbridgecollege.ca/">https://lethbridgecollege.ca/</a> (Alberta only)</td>
</tr>
<tr>
<td>Marine Institute – Advanced Diploma in Food Safety</td>
<td><a href="https://www.mi.mun.ca/programsandcourses/programs/foodsafety-advanceddiploma/">https://www.mi.mun.ca/programsandcourses/programs/foodsafety-advanceddiploma/</a> (NL only)</td>
</tr>
<tr>
<td>National Food Safety Training Program</td>
<td><a href="http://learn.nfstp.ca/">http://learn.nfstp.ca/</a></td>
</tr>
<tr>
<td>Northern Alberta Institute of Technology (NAIT): - Health Safety and Sanitation (In class) - Food Safety (Online)</td>
<td><a href="http://www.nait.ca/">http://www.nait.ca/</a> (Alberta only)</td>
</tr>
<tr>
<td>Nova Scotia Food Hygiene Training Course</td>
<td>(NS only)</td>
</tr>
<tr>
<td>Ontario Ministry of Natural Resources and Forestry - Food Safety Training</td>
<td>(Ontario only)</td>
</tr>
<tr>
<td>PEI Food Service Safety Program</td>
<td>(PEI only)</td>
</tr>
<tr>
<td>Pharma-Medical Science College of Canada - Food Handler</td>
<td><a href="https://pharmamedical.ca/en/">https://pharmamedical.ca/en/</a> (Ontario only)</td>
</tr>
<tr>
<td>Probe it Food Safety</td>
<td><a href="https://foodsafetyonline.ca/">https://foodsafetyonline.ca/</a> (ON, BC, AB, NS, MB only)</td>
</tr>
<tr>
<td>Qualisafe Food Consulting Inc.</td>
<td><a href="https://www.qualisafefoodconsulting.com/">https://www.qualisafefoodconsulting.com/</a> (Scotland only)</td>
</tr>
<tr>
<td>Royal Environmental Health Institute of Scotland Elementary Food Hygiene Course</td>
<td>(UK only)</td>
</tr>
<tr>
<td>Royal Society for Public Health</td>
<td></td>
</tr>
<tr>
<td>Saskatchewan Food Handler Training Program</td>
<td>(SK only)</td>
</tr>
<tr>
<td>ServSafe</td>
<td><a href="https://www.servsafe.com/access/ss/catalog/productdetail/sssct6canen">https://www.servsafe.com/access/ss/catalog/productdetail/sssct6canen</a></td>
</tr>
<tr>
<td>Southern Alberta Institute of Technology (SAIT) – Food Safety and Sanitation (In class)</td>
<td><a href="https://www.sait.ca/">https://www.sait.ca/</a> (Alberta only)</td>
</tr>
<tr>
<td>St. Mark James Training</td>
<td><a href="https://firstaidcalgary.ca/">https://firstaidcalgary.ca/</a> <a href="https://firstaidcppredmonton.ca/">https://firstaidcppredmonton.ca/</a> (Alberta only)</td>
</tr>
<tr>
<td>TAP (Training Achievement Program) HACCP Food Safety Manager</td>
<td><a href="https://safecheck1.com/training/haccp-training.html">https://safecheck1.com/training/haccp-training.html</a> (Alberta only)</td>
</tr>
<tr>
<td>Course</td>
<td>Website</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Train Food Safety - Food Handler Certification Course</td>
<td><a href="http://www.trainfoodsafty.ca/">http://www.trainfoodsafty.ca/</a></td>
</tr>
<tr>
<td>Traincan BASICS.fst &amp; ADVANCED.fst</td>
<td><a href="http://www.traincan.com/">http://www.traincan.com/</a></td>
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Appendix III: Food Premises Regulations (Amendment)
March 4, 2019

NEWFOUNDLAND AND LABRADOR
REGULATION /19

Food Premises Regulations (Amendment)
under the
Food Premises Act

(Filed, 2019)

Under the authority of section 18 of the Food Premises Act, I make the following regulations.

Dated at St. John's, October 2, 2019.

Dr. John Haggie
Minister of Health and Community Services

REGULATIONS

Analysis

1. S 2 Amdt.
   Definitions
2. S 4 Amdt.
   Exemption
3. S 6.1 Added
   Food safety training
4. Commencement

1. (1) Paragraph 2(a) of the Food Premises Regulations is repealed and the following substituted:

(a) "approved" means approved by an inspector unless the context indicates otherwise;
(2) Section 2 of the regulations is amended by adding immediately after paragraph (f) the following:

(f.1) "food safety course" means a food safety course approved by the minister;

2. Subsection 4(1) of the regulations is repealed and the following substituted:

4. (1) The following food premises are exempt from the provisions of paragraphs 9(a), (b) and (c) and sections 6, 6.1, 20, 21 and 24 where they meet the requirements of subsection (2):

(a) premises where only cold drinks are sold in or from the original container;

(b) premises where only frozen confections are sold in the original package or wrapper; and

(c) catering vehicles.

3. The regulations are amended by adding immediately after section 6 the following:

6.1 (1) An owner shall ensure that at least one employee who has successfully completed a food safety course and whose training is current is present at the food premises at all times the food premises is operating.

(2) As proof of compliance with subsection (1), an employee shall, upon request by an inspector, present to the inspector a current food safety course completion certificate or other proof acceptable to the inspector showing successful completion of a food safety course.

(3) Subsection (1) does not apply to a food premises where only pre-packaged food is stored, offered for sale or sold.

(4) For the purpose of this section, "employee" includes an owner of the food premises.

4. These regulations come into force on May 1, 2020.
Title: Change in ePCR System Acquisition Process

Decision Requested: Whether or not to change the ePCR acquisition process from sole source to public procurement Request for Proposal (RFP).

Background and Current Status:
• In 2018/19, Government acquired 185 Zoll X AED/monitors to replace the current ten-year-old Zoll E AED/monitors within the public ambulance system. While the Zoll Xs can operate on a standalone basis, their data monitoring, analysis and transmission capabilities work best when paired with an ePCR system.

• Given the advantages of pairing the Zoll X with an ePCR system, Zoll Medical Canada asked to quote on their ePCR system as part of the AED/monitor acquisition.

• HCS staff sought to sole source the Zoll ePCR system for two reasons:
  o Zoll ePCR system and the Zoll X AED/Monitors are designed to work together; and
  o Zoll ePCR system is listed on the Healthpro System, which allows for sole source contracting that speeds up and simplifies acquisition.

• Since the approval of BN-2019-00058 there have been several industry changes, which make a public procurement process for ePCR systems a more cost effective option:
  o There are several other ePCR suppliers who have contacted HCS and EH who state that their systems now integrate with the Zoll X AED/Monitor and they offer their systems on computer tablets. Eastern Health (EH) has asked for permission to review these systems to ensure due diligence.
- The new Public Procurement Act allows Eastern Health to issue Value Based RFPs which places the onus on vendors to prove they have the qualifications to meet specified requirements and, if contracted, the vendor agrees to meet performance targets or pay damages. Placing the onus on vendors to prove their worth simplifies the RFP process.

- If approval is given to proceed with public procurement, EH has stated they will engage stakeholders to review the proponent’s qualifications, system capabilities and integration with Meditech, EHIS and the Electronic Health Record.

**Analysis**

- Proceeding with a public procurement process will add time to the ePCR acquisition process.

- Financial Services has reviewed the note and they are supportive of EH seeking an open procurement process for the equipment. As indicated in the note, sole sourcing the equipment would no longer apply given the changes.  

Prepared/Approved by: W. Young/T. Power/H. Hanrahan/K. Stone
Ministerial Approval: Received from Hon. John Haggie, MD

*September 4, 2019*
Title: CIHI Request to Modify the Current Submission Process for Physician Billing Data

Decision/Direction Required:
- In response to a request from the Canadian Institute of Health Information (CIHI), approval to modify the current process for submitting billing data so it is provided at the patient level as opposed to the physician level.

Background and Current Status:
- CIHI is a pan-Canadian health organization that provides comparable and actionable data on Canada’s health systems and the health of Canadians. Provinces and territories provide data to CIHI who then conduct analyses to inform decision making at the provincial/territorial level. Currently, the Audit and Claims Integrity Division provides medical care plan (MCP) claims data that is aggregated at the physician-level to CIHI.

- On January 24, 2019, officials from CIHI met with HCS officials to discuss Newfoundland and Labrador’s current submission processes for billing data. During this meeting, CIHI discussed the potential for the province to alter their submission process so that data is provided to CIHI at the patient level as opposed to the physician level as is current practice. CIHI noted that this level of detail would assist them with two of their major initiatives: analytical support for Choosing Wisely Canada, and CIHI’s population grouping methodology currently used for health system and health workforce planning.

- On June 17, 2019, HCS received a letter from CIHI formally inviting Newfoundland and Labrador to modify its current submission process so that billing data is provided at the patient level as opposed to the physician level (see Annex A). HCS has reviewed the request and has conducted a privacy and legal assessment.

Analysis:
- CIHI advises that there are two main differences in the data elements between the physician-level data currently provided by HCS and the patient-level data being requested. Data will be left at the claims or patient level instead of being aggregated to the physician level, and, additional information will be provided, including the patient’s health card number, the patient’s diagnosis and any available location of service information.

- The patient’s health card number will be encrypted by the Newfoundland and Labrador Centre for Health Information (NLCHI) before being transferred to CIHI using the same method and process as used for submissions to other CIHI databases, and physicians will continue to be de-identified using the same algorithm currently used.

- HCS’ Information Management division advises that the request falls within the parameters of the existing data sharing agreement between the province and CIHI. They note that the NLCHI would be responsible for transferring the data to the Audit and Claims Integrity division and ensuring compliance with the Personal Health Information Act. Based on its assessment, there are no privacy concerns with NLCHI transferring this record-level data as this falls under their responsibility as a custodian to disclose information to CIHI for program improvement as outlined under section 39(1)(h) of the Personal Health Information Act.
In addition to the legal and privacy reviews, HCS officials consulted with executive at NLCHI who advised they have no concerns with the proposed change in process for submitting physician billing data.

**Alternatives:**

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**Prepared/Approved by:** N. Porter/M. Power/S. Breen/B. Edwards in consultation with NLCHI Executive/J. Caines (JPS solicitor)/C. Simms/K. Stone

**Ministerial Approval:** Received from Hon. John Haggie, MD

**September 3, 2019**
Decision Note
Department of Health and Community Services

Title: Cancer Screening Program

Decision Required:
- Approval for Eastern Health (EH) to utilize $925,000 in residual savings to implement a solution to support cancer screening.

Background and Current Status:
- Cancer Screening Programs in Newfoundland and Labrador have been established through a staged approach over a number of years. For example, there are currently three screening programs:
  - **Breast Screening:** Launched in 1996 and currently provides screening services from three locations: Corner Brook, Gander and St. John’s. (The remainder of mammography services in the province are not provided through the breast screening model.)
  - **Cervical Screening:** Launched in 2003 and exists in all regions with the frontline health care providers delivering screening services. The program is coordinated at a provincial level under a registry-based operation.
  - **Colorectal Screening:** Launched in 2012, phased in over three years offering average risk individuals Fecal Immunochemical Testing (FIT) biennially. It is currently provincial in scope.

- Currently, each of these screening programs operate their own database, are standalone deployments with no integration to the existing Hospital Information System (Meditech), and are at or nearing end of life support from their respective vendors.

- Having completed a jurisdictional scan, EH in collaboration with the Newfoundland and Labrador Centre for Health Information (NLCHI), has determined that there are no “Commercial off the Shelf” (COTS) or “Software as a Service” (SaaS) solutions in the country that will meet the needs of the organization. The same situation is being experienced at other cancer agencies across Canada.

- Using a Competitive Value Based Procurement approach with EH's Private Innovation Partners, Deloitte, in partnership with Mobia Innovations, the deployment of Deloitte’s Health Connect screening system is being proposed. Health Connect is a partnership between Deloitte and the Government of New Zealand to develop and deploy a national screening registry for colon, cervical and breast cancer, and is based on screening workflows developed with Cancer Care Ontario.

- A project team made up of EH clinical and technical resources in partnership with NLCHI, conducted a fit-gap analysis exercise to compare EH’s business requirements against the Health Connect solution. After careful evaluation, the group identified a 98% gap fit, with 284 of the 287 requirements being in scope and compatible with Health Connect.

Analysis:
- In May of 2017, the GNL passed new legislation designed to improve cancer patient outcomes, by granting Registry Designation under PHIA to the provincial cancer care program. This resulted in the establishment of a NL cancer registry, which now allows the
cancer care program to actively engage and target specific populations of at-risk patients using well-established cancer screening criteria as set out by the World Health Organization.

- With earlier cancer detections possible through screening, positive patient outcomes can be achieved as it can help identify areas that would become cancers if left untreated. It can also prevent the spread of the disease to other areas as detection happens sooner (oftentimes before the patient is showing any visible symptoms) and opens options for patients to undergo less aggressive cancer treatments. With early detection and treatment, recovery times are also typically shorter and the overall survival rates are improved.

- EH advises that the three primary systems that currently support Newfoundland and Labrador’s cancer screening programs require consolidation and modernization to ensure patient safety.

- EH, in partnership with NLCHI, Deloitte and Mobia Innovations, can leverage Deloitte’s existing Health Connect platform to meet the immediate needs of the cancer care program. Most of the screening requirements can be met primarily with out-of-the-box functionality or basic configuration. The key complexities and focus of development efforts would involve integrating the solution to the NLCHI client registry and data migration from legacy systems.

- EH advises that based on discovery phase learnings, the final cost to implement the solution over a 33-week timeframe is $1.85M. Final sustainment costs, inclusive of licensing and support, are $350,000 per annum, which could be partially offset by a $70,000 per annum cost savings associated with decommissioning the three existing cancer screening applications. It is recommended that EH be directed to fund the additional operating costs within its existing budgetary allocation.

- While it is recommended that EH fund the additional operating funds within its existing budget, the Financial Services Division advises that such direction will likely create an expenditure pressure, and EH may bring forward a request to increase its expenditure cap as a pressure in future submissions to the Department.

- EH advises that funding to implement the solution is available as follows:
  - Phase 1 ($925,000):
    - $925,000 – residual capital equipment savings (see below).
  - Phase 2 ($925,000):
    - May come from a no cost HST tax audit which was proposed by Deloitte in their RFP response. If the tax audit is unable to fund the entire balance of funding, EH will include the remainder of the funding requirement in their 2020-21 capital equipment submission.
• EH is seeking Departmental approval to reallocate $925,000 in residual savings as follows:

<table>
<thead>
<tr>
<th>Paramedicine</th>
<th>Repeater tower, ambulances</th>
<th>$11,361</th>
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<tr>
<td>Cancer Care</td>
<td>Dosimetry system; ARIA expansion; interface</td>
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<td>Laboratory Services</td>
<td>Centrifuges; biological safety cabinet; cardiac reader; embedding station</td>
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<tr>
<td>Diagnostic Imaging</td>
<td>Thyroid probe; ultrasound; CR replacement</td>
<td>$200,916</td>
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<tr>
<td>Healthcare Technology and Data Management (HTDM)</td>
<td>Meditech production; storage; phone systems; Millenium hardware; cyber security, computer legacy equipment; critical servers; data domain growth</td>
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<td>Perioperative</td>
<td>Scopes; OR manager</td>
<td>$80,425</td>
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<tr>
<td>Medicine</td>
<td>Stress equipment; Ophthalmology, phototherapy</td>
<td>$38,625</td>
</tr>
<tr>
<td>Environmental Services</td>
<td>Auto scrubber; dryer</td>
<td>$39,244</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$925,000</strong></td>
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• Health Connect represents a platform for collaborative research and development (R&D) for optimizing existing cancer care programs and enabling integrated care management for a range of chronic diseases impacting the health of Newfoundlanders and Labradorians. The proposal provides for the ability to create precision data driven Patient Screening Algorithms that would be sought after by other health care providers in North America. As such, it is anticipated that the resulting Intellectual Property will yield royalties to EH & NLCHI well into the future while also establishing NL as an R&D hub in cancer screening.

• Deloitte has committed to providing $250,000 to $300,000 dollars from its Strategic Innovation Fund to act as a catalyst for commercialization.

**Recommendation:**

• Provide approval for Eastern Health to utilize $925,000 in residual savings to implement a solution to support cancer screening, with EH being directed to fund any operational requirements from within its existing funding allocation.

**Prepared/Approved by:** P. Greene/H. Hanrahan/K. Stone

**Ministerial Approval:** Received from Hon. John Haggie, MD.

**September 16, 2019**
Information Note  
Department of Health and Community Services

Title: Release of Canadian Institute for Health Information (CIHI) report on Youth Hospital Stays due to Substance Use

Issue: To inform about the release of CIHI data related to hospitalizations of youth ages 10 to 24 due to harm from substance use.

Background and Current Status:
- Research indicates that harmful substance use is a growing issue among young people ages 10 to 24 in Canada. Untreated heavy or frequent use before the age of 14 increases the risk of ongoing harmful substance use and the probability of lifelong dependence.
- Substances include alcohol, opioids, cannabis, other central nervous system (CNS) depressants (e.g. benzodiazepines), cocaine, other CNS stimulants (e.g. methamphetamine), other substances (e.g., hallucinogens, solvents) and unknown/mixed substances.
- Types of harm include drug or alcohol overdoses, severe withdrawal symptoms, as well as injuries due to intoxication, chronic conditions, and substance-induced psychosis.
- CIHI has just released national data on youth hospitalizations in 2017-2018 due to substance use. This data may help inform efforts to improve access to services for young people who are feeling the harmful effects of substances. Key findings include:
  o One out of every 20 hospital stays among youth age 10 to 24 in Canada in 2017–2018 was related to harm caused by substance use. This is the equivalent of 65 youth hospitalized in Canada every day.
  o Among youth, hospitalization rates for harm caused by substance use increased with age and varied by sex.
  o Cannabis-related hospitalizations were more common than hospitalizations for any other known substance, followed by hospitalizations related to alcohol.
  o 69% of hospital stays involved care for a concurrent mental health condition — nearly double the proportion observed in adults age 25 and older.
  o Hospitalization rates varied by province and territory, and were higher for youth living in lower-income or rural and remote areas.
- CIHI reported the following Newfoundland and Labrador (NL) data:
  o Hospitalization rates for harm caused by substance use among NL youth was 326 per 100,000 compared to the Canadian average of 364.
  o NL has the fourth lowest hospitalization rate in the country.
  o NL is in line with Canadian data with regard to cannabis and alcohol being the top known reasons for hospitalizations among 10 to 24 year olds.
  o 59% of hospital stays in NL among young people involved care for a concurrent mental health condition. The top reasons among combined males and females were affective disorders (21%) and trauma and stress disorders (14%). Females were also hospitalized for selected disorders of personality and behavior (17%).
Analysis:
- NL hospitalization rates for substance use harm are below the national average, which may be explained by:
  o Limited access to hospitals in rural and remote parts of the province;
  o Some families may choose not to take young people to hospitals and/or youth may refuse to go. This may be due to the normalization of alcohol consumption by parents as part of the NL culture of high alcohol usage;
  o Stigma may also be a factor particularly in rural and remote areas;
  o Youth may seek out other natural supports rather than hospitals or other professional services and,
  o Drug usage trends in Canada show activity tends to start in western provinces and move east with more frequent harm in provinces such as British Columbia.
- It is not surprising that cannabis use is among the top reasons for hospitalization in NL and across the country given that cannabis and alcohol are typically the drugs of choice for young people when they start to experiment with substances. Alcohol is usually readily accessible at home and cannabis is an inexpensive drug to purchase.
- More education may be needed in schools and elsewhere to inform young people of the potential harms of substance use, especially if taken excessively. Young people may need to be informed of harm reduction practices if they choose to take substances.

Action Being Taken:
- Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador includes a number of initiatives to address harmful substance use in young people. These initiatives include;
  o Social and Emotional Learning (SEL) curriculum is being implemented in all schools in the province, beginning with 40 phase 1 schools in Kindergarten and grade one. SEL has been shown to help students learn how to socialize, handle anxiety, articulate their feelings and make better decisions.
  o An alcohol action plan working group is developing a new provincial plan to address alcohol use with a specific focus on promotion and prevention; screening, brief intervention, and referral; treatment (SBIRT); harm reduction; and healthy public policy.
  o An inter-departmental committee on cannabis comprised of representatives from most government departments as well as the NL English School District; Workplace NL and the Newfoundland Liquor Corporation was established prior to legalization of marijuana. A sub-committee for Public Education on cannabis is developing educational materials for the Cannabis NL website and social media platforms.
  o Integrated service delivery for youth ages 0 to 25 is being planned to provide timely, accessible and youth friendly mental health and addictions services. One-stop sites will provide a variety of treatment and supports as well as referral to specialized services such as treatment centres.
  o Bridge the gapp is being updated to include more content and resources for addictions and substance use problems.
  o A provincial opioid treatment model is being implemented throughout the four Regional Health Authorities.
  o Provincial standards for youth transitioning to adult mental health services are in development to ensure continuity of care for those requiring ongoing treatment.
Potential copyright material

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Information Note
Department of Health and Community Services

Title: Status of Appeal Regarding the Release of MCP Billing Information

Issue: To provide an update on the Newfoundland and Labrador Medical Association’s (NLMA) appeal against the release of Medical Care Plan (MCP) billing information under ATIPPA, 2015.

Background and Current Status:
- On April 7, 2016, a request made under the Access to Information and Protection of Privacy Act, 2015 (the Act) was received by the Department for the following: “All MCP billings listed by physician for either calendar year 2015 or fiscal year 2015-16 in electronic format” (HCS/048/2016). s. 30(1)(a)(b)

- Upon consultation, a majority of physicians refused disclosure, citing harm to personal safety, inaccuracy of fee calculation and lack of government employee status. s. 30(1)(a)(b)

- On June 22, 2016, the Department refused access to the records citing harm to personal privacy per section 40 of the Act. The Department determined these submissions did not meet the three-part test of business harm under section 39 of the Act.

- On June 23, 2016, the Applicant filed a complaint with the Office of the Information and Privacy Commissioner (OIPC) to review the Department’s decision. Following a formal investigation, a September 22, 2016 report issued by the OIPC determined that the responsive records were not personal information and recommended a full disclosure release of the billings. The OIPC determined that FFS physicians would fall within the category of persons retained under a contract to provide services for a public body. Disclosure of their billings would therefore not be an unreasonable invasion of personal privacy per section 40 of the Act.

- On September 26, 2016, the Applicant filed another request for all MCP billings for the 2013-14 and 2014-15 fiscal years (HCS/127/2016). The OIPC allowed the release of this request to be delayed pending an appeal by the NLMA to the Supreme Court of Newfoundland and Labrador Trial Division.

- On October 16, 2016, the NLMA filed a notice of appeal to the Trial Division following their receipt of the OIPC report. The OIPC filed a notice of intervention on October 21, 2016. Since then, proceedings have seen a significant delay though the case has remains active.

- The NLTA had filed an appeal challenging the disclosure of teacher’s names and salaries under the Compensation Disclosure Act. This appeal was dismissed on April 11, 2019, which meant that public bodies are required to disclose a.

s. 30(1)(a)(b)
public body employee’s position, functions and remuneration if requested, regardless of salary range.

- One day after dismissing the NLTA appeal, the SCC dismissed an appeal by the Ontario Medical Association to deny a freedom of information request made by The Toronto Star for physician billing information.

Analysis:

- Disclosure of physician billings vary across the country:
  - Alberta: Physician billings have been exempt from disclosure following passage of their Public Sector Compensation Transparency Act in November 2015. A legislative review of this Act remains ongoing.
  - British Columbia: Since 2001, the Ministry of Health has released FFS billings through the Medical Services Commission Financial Statements. The report is published annually in compliance with the Financial Information Act and B.C. Regulation 371/93. The report lists the gross payments made for the cost of insured services paid to each individual account of at least $25,000 during each fiscal year.
  - Manitoba: Since 1996, FFS billings are legislated under their Health Services Insurance Act with amounts exceeding $75,000 disclosed per the Public Sector Compensation Disclosure Act. These billings have been included in their health department’s annual reports since October 2011.
  - New Brunswick: In June 2015, New Brunswick’s Medical Services Payment Act was amended to allow the disclosure of FFS billings. The province began publishing names and salaries of FFS physicians in August 2017 following a recommendation by their Privacy Commissioner.
  - Nova Scotia: To date, Nova Scotia does not disclose FFS billings in any capacity nor has a Freedom of Information request been made to their health department.
  - Ontario: On April 12, 2019, the SCC declined to hear an appeal from the Ontario Medical Association and two other doctors’ groups to prohibit disclosure of billings. Subsequently, publication of Ontario’s list began in June 2019 under their Freedom of Information and Protection of Privacy Act.
Action Being Taken:
- The Department will continue to liaise with JPS to ensure it receives the latest updates in order to provide appropriate instructions.

Prepared/Approved by: M. Cook/K. Durdle/B. Edwards/A. McKenna/K. Stone
Ministerial Approval: Received from Hon. John Haggie, MD

September 16, 2019