AUG 09 2016

MEMORANDUM

TO: Registrars and Executive Directors
Health Regulatory Colleges

RE: Infection Prevention and Control Lapse Investigation Process Updates

Dear Colleagues,

I am writing to inform you of new documents, and recent procedure changes, supporting infection prevention and control (IPAC) lapse investigation processes by Ontario public health units.

Roles and Responsibilities Resource Development

The following two resources have been developed to support health units and other partners in responding to community infection prevention and control lapses:

- **Roles and Responsibilities in Community Health Care Settings During Potential Infection Prevention and Control Lapse Investigations: Information for Public Health Units and Stakeholders** – developed by the Ministry of Health and Long-Term Care (MOHLTC), in collaboration with Public Health Ontario (PHO), the College of Physicians and Surgeons of Ontario and public health units to provide guidance on roles and responsibilities, current inspection practices, and contact information for use during lapse investigations.

- **Community IPAC Lapses Algorithm** – developed by PHO to support the risk assessment process that may occur during IPAC lapse investigations.

Both documents are intended for use in conjunction with the Infection Prevention and Control Practices Complaint Protocol, 2015, and any other relevant supporting documents.
Changes to Infection Prevention and Control Lapse Investigation Reporting Requirements

New public disclosure requirements have been added in the Infection Prevention and Control Standard of the *Ontario Public Health Standards*, 2008. Further details are provided in the:

- *Infection Prevention and Control in Personal Services Settings Protocol, 2015, and*

The disclosure requirements relate to all IPAC lapses that become known through complaints, referrals, or communicable disease surveillance in the following settings:

- Personal services settings;
- Settings not routinely inspected by the health unit; and
- Settings in which the lapse is linked to the conduct of a regulated health professional.

Disclosure is not required for complaints or referrals regarding health hazards in the environment.

Under these new provisions, health units are required to post Initial and Final Reports of investigations of IPAC lapses which come to the attention of health units through complaints, referrals from regulatory colleges or through communicable disease surveillance. A new *Infection Prevention and Control Lapse Disclosure Guidance Document, 2015* provides operational details along with a template for required reports, which will standardize the information provided to the public.

The new reporting requirements do not change expectations for inspection or investigation practices, or the overall roles and responsibilities of health units and regulatory colleges.

The new requirements have been put in place to improve public access to information about IPAC lapses which become known through complaints, referrals or surveillance. The new reporting requirements are effective as of October 14, 2015. Please see Appendix A for a list of links to the online versions of these documents.

Routine Inspections of Personal Services Settings/ Facilities Offering Personal Services

Under the *Infection Prevention and Control in Personal Services Settings Protocol, 2015*, public health units are required to inspect personal services settings at least once a year. Additional inspections may be required depending on the nature of the service(s) provided.

.../3
The protocol applies to personal services settings which are premises as defined by the Health Protection and Promotion Act that offer personal services where there is a risk of exposure to blood and/or body fluids. This includes services such as, but not limited to: hairdressing and barbering; tattooing; body piercing; nail services; electrolysis; and various other aesthetic services. The protocol applies to any person delivering personal services, including regulated health professionals.

In some cases, personal services are being offered in regulated health facilities, such as Out-of-Hospital Premises or Independent Health Facilities. However, personal services must be inspected by public health units, regardless of the type of facility in which they are offered. If you have not already made your local public health unit aware that you are offering personal services, or if you are unsure as to whether your facility requires inspection, please contact your local public health unit as soon as possible.

Please communicate these new requirements and resources to your members to ensure that health unit staff can undertake these responsibilities with full collaboration from all stakeholders.

On behalf of the MOHLTC, I would like to thank you for your continued commitment to preventing IPAC lapses in Ontario.

Sincerely,

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

Attachments
Appendix A: Resource Links


- Infection Prevention and Control in Personal Services Settings Protocol, 2015

- Infectious Diseases Protocol, 2015

Community IPAC Lapses Algorithm

Complaint from:
- Public or Patient
- Facility/clinic staff
- PHU inspection / response to complaint
- Regulatory college inspection of OHP/IHF
- PHO or MOHLTC

PHU preliminary work as appropriate:
- Routine case investigation/ inspection/ practice review
- Local iPHIS data review of BBIs looking for links to facility/procedure and/or list of clinic clients with known BBI or link with BBI reported cases
- Literature search/resource review for similar situations/clusters
- Contact regulatory college if regulated health professionals involved
- Contact MOHLTC if involves more than one PHU
- Control orders to address identified issues during inspection, voluntary or via HPPA

IPAC lapse with no known associated infection transmission

Manage locally

Request for PHO consultation:
- More focused IPAC assessments/review
- PHOL genetic testing of cluster specimens
- Qualitative/quantitative risk estimation (IPAC lapse)

Assessment/calculation of risks of transmission:
- Prevalence of each blood borne virus or other pathogens in the community/population of concern
- Frequency of exposure to the breach, especially if surgical/endoscopic instrument
- Reduction in pathogen burden by cleaning, disinfection/sterilization measures carried out
- Risk of transmission/exposure episode
- Range of transmission estimates if uncertainties in parameters

Evidence in support of transmission:
- Temporal linkage
- Spatial linkage (e.g. same procedural suite)
- Linkage to specific HCW practice
- Prevalence exceeds expected background prevalence
- Molecular testing/genetic match sequencing results

Case/cluster of infection linked to a community healthcare facility

Manage locally

PHU actions/recommendations:
- PHU requests additional support as needed
- Discussion with regulatory college(s)
- Control orders to address identified issues during inspection
- Identification of population at risk
- Notification of at-risk individuals
- Counselling/testing program
- Communications: 1) Board of health; 2) Community; 3) Media; and 4) Post publicly as per transparency requirements
Abbreviations for Community IPAC Lapses Algorithm:

- **BBI**: Blood borne infections
- **HPPA**: Health Protection and Promotion Act
- **HCW**: Health Care Worker
- **ICRT**: Infection Control Resource Team
- **IHF**: Independent Health Facility
- **IPAC**: Infection Prevention and Control
- **iPHIS**: Integrated Public Health Information System
- **MOHLTC**: Ministry of Health and Long-Term Care (Ontario)
- **OHP**: Out-of-Hospital Premise
- **PHO**: Public Health Ontario
- **PHOL**: Public Health Ontario Laboratory
- **PHU**: Public Health Unit
- **RICN**: Regional Infection Control Network
This document has been created to provide public health units and other stakeholders with an overview of key roles and responsibilities and contact information for all those who may be involved in investigation of a potential infection and control lapse in a community health care setting\(^1\). It should be noted that these roles and responsibilities may vary depending on the context of the situation. Current inspection practices are also provided for background information. This document was developed following broad consultations with Public Health Ontario, the College of Physicians and Surgeons of Ontario, and public health units.

This document should be used in conjunction with the *Infection Prevention and Control Practices Complaints Protocol, 2015* (or as current) and any other applicable protocols/guidance documents. This information is current as of July 1, 2016; should any changes to procedure be made, this document will be revised and redistributed by the Ministry of Health and Long-Term Care (MOHLTC).

For definitions and other key information, including licensing, confidentiality, and closure of facilities, please see Appendix 1. For public health unit contact information, please see Appendix 2.

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<th>Organization</th>
<th>Roles and Responsibilities during an investigation(^2)</th>
<th>Current Inspection Practices (if applicable)</th>
<th>When to Involve Organization in Investigation</th>
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| Ministry of Health and Long-Term Care (MOHLTC) – Population and Public Health Division (PPHD) | ▪ No direct role (i.e. would not inspect clinic/practice on a routine basis)  
▪ May support/coordinate teleconferences if needed (e.g. investigation involves more than one public health unit, or in the case of a significant event)  
▪ Create regulatory documents such as the | ▪ Not involved in inspecting clinics or regulated health professionals’ practices  
▪ Investigations, including inspections, are implemented by Boards of Health via 36 public health units  
▪ MOHLTC can be involved in co-ordinating if more than one public health unit is involved in | ▪ Health units should contact the Public Health Division if they need assistance or clarification with policy questions at any time during potential lapses.  
▪ Health units should contact the Public Health Division if they believe there is potential for media | Infectious Diseases Policy and Programs Section, idpp@ontario.ca  
Or directly:  
Caroline Marshall  
Strategy and Policy Advisor  
416-325-8923  
caroline.marshall@ontario.ca |

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\(^1\) Community health care settings include those where a regulated health professional offers regulated health services; it does not include hospitals, long-term care homes, or personal service settings.

\(^2\) For legislative authority, please see ‘Applicable Legislation’ in Appendix 1.
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| MOHLTC – Independent Health Facilities (IHF) Branch | - No direct role (i.e. would not inspect clinic/practice routinely)  
- Licenses and oversees IHFs in Ontario. May take licensing action if there is a risk to patient health and safety.  
- Licensing action may be taken based on information provided to the IHF program area from other assessing bodies such as College of Midwives of Ontario (CMO), College of Physicians and Surgeons of Ontario (CPSO), public health units (PHUs). This information can come in the form of a letter, email, inspection/assessment report etc. | - Not involved in inspecting independent health facilities directly  
- Requests quality assessments from CPSO/CMO as applicable  
- Liaises with CPSO, PHU and/or CMO to request and organize inspections/investigations | - Notify as soon as possible if an IHF is involved  
- If the PHU is not certain whether a facility is an IHF, they can contact the IHF program area directly at the telephone number or email address provided. | - Phone (General Intake Line): 613-548-6637  
- IHFP@ontario.ca |
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| **Public Health Ontario (PHO)** | ▪ Provision of scientific and technical advice to support PHU lapse investigations  
▪ Laboratory coordination of samples and further testing (e.g. genetic sequencing) | ▪ No routine role in clinic inspections but may provide field support to PHUs as requested to inform the risk assessment process (e.g. provision of technical guidance) | ▪ PHUs may request support to inform the risk assessment process  
▪ PHUs should connect with the Lab outbreak coordinator early in an investigation to discuss supports required | Requests for support should be directed to:  
Claudine D’Souza  
Nurse Consultant  
647-260-7626  
epir@oahpp.ca  
or  
Infection Prevention and Control  
ipac@oahpp.ca  

**Public Health Ontario Laboratory Customer Service Line:** 416-235-6556 or 1877-604-4567 |
| **College of Physicians and Surgeons of Ontario (CPSO)** | ▪ Responsible for oversight and licensing of physicians and surgeons in Ontario  
▪ Responsible for oversight, and inspection of certain types of facilities (Out-of-Hospital Premises)  
▪ Responsible for assessment of IHFs and reporting findings to the MOHLTC IHF Program  
 ▪ Assessments may involve inspections, review of reports, etc.  
▪ Investigate as part of quality assurance and complaints process | ▪ Inspect Out of Hospital Premises  
▪ Assess Independent Health Facilities  
 ▪ Assessments may involve inspections, review of reports, etc.  
▪ Can assess Individual member’s practice as necessary | ▪ Notify appropriate area (facilities or member-specific complaints) as early as possible  
▪ If unsure about oversight, contact the OHP area to determine if facility is under CPSO’s regulation  
▪ Public health unit/ CPSO may choose to conduct joint investigation where possible/ reasonable | **Regarding CPSO-regulated facilities:**  
Shandelle Johnson, Manager  
Practice Assessment & Enhancement Dept., Quality Management Division  
Phone: (416) 967-2600 ext.401 | Toll Free: 1-800-268-7096 | Fax: (416) 967-2605 | Email: sjohnson@cpso.on.ca or OHP@cpso.on.ca |
|  |  |  |  | **Regarding CPSO members individually:**  
Denitha Breau, Manager  
Investigations and Resolutions  
416-967-2600 ext 766  
1-800-268-7096 ext 766  
Email: DBreau@cpso.on.ca  
CPSO does not have an after-hours intake line; however, e-mails may be monitored. |
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| Other regulatory colleges          | ▪ Responsible for oversight and licensing of their respective regulated health professions in Ontario | ▪ Varies by college                        | ▪ Notify as soon as possible                 | College of Nurses of Ontario:  
Main line: 416 928-0900  
Toll-free in Ontario: 1 800 387-5526  
For questions about nursing practice standards and related issues:  
Practice Line: Ext. 6397  
To report a nurse’s conduct, learning more about disciplinary processes:  
Professional Conduct: Ext. 6988  
College of Midwives of Ontario:  
Professional Conduct  
For inquiries relating to the care or conduct of a midwife, unauthorized practice, workplace issues and expectations of the profession,  
Phone: 416.640.2252 ext. 223  
email: regaffairs@cmo.on.ca  
Complaints Process  
For inquiries relating to the complaints process and discipline:  
Phone: 416.640.2252 ext. 224  
email: iandh@cmo.on.ca  
College of Pharmacists of Ontario:  
Practice Consultants  
For questions about regulations, by-laws or pharmacy practice standards and related issues:  
email: pharmacypractice@ocpinfo.com  
Phone: 416-962-4861 ext. 2236  
Complaints & Discipline  
For information on how to report a concern about a pharmacist, pharmacy |
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| Royal College of Dental Surgeons of Ontario:                                |                                                  |                                             | When to Involve Organization in Investigation | technician or pharmacy, or the complaints & discipline process.  
email: complaints@ocpinfo.com  
phone: 416-962-4861 ext. 2274  
  
Royal College of Dental Surgeons of Ontario:  
Practice Advisory Service  
416-934-5614  
1-800-565-4591  
practiceadvisory@rcdso.org  
Complaints Information  
416-961-6555  
toll-free: 1-800-565-4591  
fax: 416-961-5814 Attn: Complaints  
e-mail: complaints@rcdso.org  
  
College of Dental Hygienists of Ontario:  
Tel:416-961-6234, ext. 242  
Toll Free:1-800-268-2346, ext. 242  
Fax:416-961-6028  
E-mail: psingh@cdho.org  
  
College of Traditional Chinese Medicine of Ontario  
Tel : 416.238.7359  
Fax : 416.214.0879  
E-mail: info@ctcmpao.on.ca  
For other regulatory colleges, please consult their respective websites. |
## ROLES AND RESPONSIBILITIES IN COMMUNITY HEALTH CARE SETTINGS DURING POTENTIAL INFECTION PREVENTION AND CONTROL LAPSE INVESTIGATIONS

### INFORMATION FOR PUBLIC HEALTH UNITS AND STAKEHOLDERS

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| **Public Health Unit (PHU)**  | ▪ Responsible for investigating complaint/lapse/ referral or follow-up of reportable diseases independently or as a joint investigation with an appropriate regulatory college  
▪ Responsible for providing guidance regarding areas for IPAC improvement and, if deemed necessary, issuance of orders under the Health Protection and Promotion Act (HPPA)  
▪ Responsible for public reporting of IPAC lapses where applicable | ▪ Inspect clinics/practices based on complaint/ referral/ reportable disease surveillance | ▪ Typically complaint/referral/reportable disease investigations are originally submitted to the health unit  
▪ If not, notify as soon as possible  
▪ May participate in joint investigations with regulatory colleges if agreed upon between the college and health unit  
▪ If a college cannot/does not undertake an investigation, the health unit must continue to undertake their own investigation. | ▪ Varies by health unit – see Appendix 2 or visit this website: http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx  
▪ Request on call communicable disease inspector/nurse/manager |
APPENDIX 1: DEFINITIONS

FACILITY DEFINITIONS

Out-of-Hospital Premises (OHPs), where services are provided under different levels of anesthesia and sedation, are overseen by the College of Physicians and Surgeons of Ontario (CPSO). Some OHPs are also IHFs. OHPs are facilities where college members are performing procedures outside a hospital using the following:

- General anesthesia
- Parenteral sedation
- Regional anesthesia
- Local anesthesia for:
  - Tumescent procedures involving administration of dilute, local anesthetic
  - Surgical alteration or excision of lesion or tissue for cosmetic purposes
  - Injection or insertion of permanent fillers, autologous tissue, synthetic devices for cosmetic purposes
  - Nerve blocks for management of chronic pain
  - Acts in the opinion of CPSO in those set out above that are performed for a cosmetic purpose

Independent Health Facilities (IHF) are facilities where patients receive services in respect of which facility fees are charged to and paid by the Ministry, or places designated by the Minister to be an IHF. Examples of OHIP-insured services offered at IHFs include (but are not limited to) diagnostic imaging, sleep medicine, pulmonary function, dialysis, eye surgery, abortion, and plastic surgery, and birth centres. Endoscopy services are currently unlicensed IHF services. IHFs are not: places where patients receive services provided in a hospital or hospital satellite facility; places where patients receive services in a private medical facility not licensed under the IHFA e.g. physician’s office; places where patients receive uninsured services i.e. cosmetic surgery; medical laboratories e.g. where blood tests are performed; blood and specimen collection centres.

The MOHLTC IHF program area and College of Physicians and Surgeons of Ontario (CPSO) and the College of Midwives of Ontario (CMO) jointly manage a Quality Assurance (QA) Program for services provided in IHFs. The MOHLTC IHF program area is responsible for licensing, while assessments and Clinical Practice Parameters and Facility Standards (CPPs) are developed by CPSO/ CMO.
INSPECTIONS/ QUALITY ASSESSMENTS

IHF

The MOHLTC IHF program area and College of Physicians and Surgeons of Ontario (CPSO) and the College of Midwives of Ontario (CMO) jointly manage a Quality Assurance (QA) Program for services provided in IHFs. Framework for QA program is legislated under the Independent Health Facilities Act, 1990 (IHFA). Each IHF is required to have a Quality Advisor, who must be a physician/midwife. CPSO/CMO develops Clinical Practice Parameters and Facility Standards (CPPs) against which the facilities are assessed; CPPs reflect generally accepted professional standards.

Medical and technical assessors are trained and appointed by the CPSO/CMO to conduct on-site assessments and report their findings to the Registrar; CPSO/CMO then reports to the Director of IHFs. The Director is authorized to take licensing action as appropriate in accordance with IHFA and regulations.

IHFs are assessed approximately once every five years with 225 assessments conducted in a fiscal year.

- The Director may request more frequent assessments, for example:
  - in connection with a quality-related complaint.
  - where significant issues were identified in a previous assessment.
  - where there has been a change in ownership or services provided.
- The Director may request that an assessment be routine, announced or unannounced.

OHP

Facilities wishing to perform services covered under the OHP Regulation may not begin offering services until they pass an inspection-assessment by CPSO. If a premise meets all expectations and receives a “Pass”, it will be re-assessed in 5 years, or earlier if the premises decides to add additional procedures or if the College receives disconcerting information about the premise. If the premise does not meet one or more of the OHP standards and receives a “Pass with Conditions” or a “Fail”, it will be offered an opportunity to come into compliance with the standards.

In some cases, minor changes may be required to come into compliance and the Premises Inspection Committee (PIC) will review those changes and issue a “Pass”. In other circumstances, a re-assessment will be required in order for the premises to receive a “Pass”. Assessments may involve any of the following:

- Inspection, examination or tests regarding any equipment, instrument, materials or any other thing that may be used in the performance of a procedure.
- Examination and copying of books, accounts, reports, records or similar documents that are, in the opinion of the College, relevant to the performance of a procedure in the practice of the member.
- Inquiries or questions to be answered by the member which are relevant to the performance of a procedure on a patient.
- Direct observation of a member in his or her practice, including direct observation by an assessor of the member performing a procedure on a patient.

OTHER FACILITIES WHERE REGULATED HEALTH PROFESSIONALS PROVIDE REGULATED SERVICES

In facilities that are not considered IHFs or OHPs, such as a family physician’s office or chiropractor’s office, regulatory colleges may investigate the practices of a college member, but have no jurisdiction over the facility itself.

Public health units (PHUs) are responsible for responding to complaints in any facility, but do not have routine inspection responsibilities in community health facilities.

CLOSURE OF FACILITIES

CPSO does not have the authority to close an OHP but has authority over its members that perform procedures within a facility. Therefore, if an OHP fails an inspection the CPSO has the authority to restrict any of its members from performing any of the procedures in that facility that would be captured under the OHP Regulation. This essentially may close the facility if all physicians are restricted from working there.

Medical Officers of Health or a public health inspector have the power to close a facility if certain conditions are met. Under the Health Protection and Promotion Act, 1990, “[a] medical officer of health or a public health inspector… by a written order may require a person to take or to refrain from taking any action that is specified in the order in respect of a health hazard.” R.S.O. 1990, c. H.7, s. 13 (1). This may include the closure of a facility. Prior to issuing such an order, the medical officer of health or public health inspector must be of the opinion, upon reasonable and probable grounds, “(a) that a health hazard exists in the health unit served by him or her; and (b) that the requirements specified in the order are necessary in order to decrease the effect of or to eliminate the health hazard.” R.S.O. 1990, c. H.7, s. 13 (2).

Medical Officers of Health may also place requirements or restrictions on a person’s actions where they present an immediate risk of an outbreak of a communicable disease in the health unit served by the medical officer of health. Under the Health Protection and Promotion Act, 1990, “[a] medical officer of health… by a written order may require a person to take or to refrain from taking any action that is specified in the order in respect of a communicable disease. R.S.O. 1990, c. H.7, s. 22 (1). Prior to issuing such an order, the medical officer of health must be of the opinion, upon reasonable and probable grounds, “(a) that a communicable disease exists or may exist or that there is an immediate risk of an outbreak of a communicable disease in the health unit served by the medical officer of health; (b) that the communicable disease presents a risk to
the health of persons in the health unit served by the medical officer of health; and (c) that the requirements specified in the order are necessary in order to decrease or eliminate the risk to health presented by the communicable disease. R.S.O. 1990, c. H.7, s. 22 (2); 1997, c. 30, Sched. D, s. 3 (1).22.

**IHF closure**

Under the *Independent Health Facilities Act*, the Director of IHFs may take licensing action if some or all of the services have been identified as being prejudicial to patient health and safety or prejudicial with an immediate threat to patient health and safety. There are different options for licensing action depending on whether the concerns are related to the entire IHF or some but not all services. The licensee may request a hearing before the Health Services Appeal and Review Board (HSARB). This may delay proposed licensing action which would allow for the IHF to continue providing services pending the result of the hearing. If the Director has taken licensing action, although a hearing may be requested, the ministry will not pay the technical fees associated with the services removed from the licence. Licensees are encouraged to work with the CPSO/CMO to address the deficiencies noted in the assessment report and the Director may consider lifting any licensing action or proposed licensing action.

**CONFIDENTIALITY**

Depending on the type of investigation, complaint or assessment in which the lapse is identified, CPSO may have restrictions on the amount of information that can be shared.

Section 36 of the Regulated Health Professions Act, limits the amount of information that the CPSO can share. Should the CPSO form the view that disclosure to public health unit(s) is necessary to facilitate whatever actions the public health unit deems necessary for eliminating or reducing a significant risk of serious bodily harm to those persons who may be treated at the premises, the CPSO will then share this information. This is done on a case by case basis with extensive consultation with the CPSO legal department and the various College Committees.

If CPSO and a health unit conduct a joint investigation, a copy of the CPSO inspection/assessment will be provided to the health unit from the OHP program. With regard to IHFs, if an assessment report is needed, the ministry may choose to provide the report to the health unit.

Public health units are encouraged to share information with any involved regulatory colleges upon approval from their own legal counsel.

Bill 21, Safeguarding Health Care Integrity Act, 2014, proposes to add the Health Protection and Promotion Act to the Regulated Health Professions Act, 1991, which would facilitate communication between regulatory colleges and the public health sector. The bill has passed its third reading, received royal assent, and will be proclaimed in force in the near future.
**APPLICABLE LEGISLATION**

- Regulatory college by-laws and professional codes of conduct
- *Independent Health Facilities Act, 1990;* legislation applying to all IHFs in Ontario. Available at: [http://www.ontario.ca/laws/statute/90i03](http://www.ontario.ca/laws/statute/90i03)
- Other practice- or College-specific acts as applicable (e.g. *Traditional Chinese Medicine Act, 2006*)
- *Health Protection and Promotion Act, 1990;* sets out the powers and responsibilities of medical officers of health (MOHs) and boards of health. Available at: [https://www.ontario.ca/laws/statute/90h07](https://www.ontario.ca/laws/statute/90h07)
- *Ontario Public Health Standards and Protocols. 2008 (or as current);* the standards function as the guidelines for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7. Available at: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/intro.aspx](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/intro.aspx)

**COMPANION DOCUMENTS:**

- *Infection Prevention and Control Practices Complaints Protocol, 2008 (or as current)*
- PIDAC best practices documents
  - Available at: [http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx)
APPENDIX 2: PUBLIC HEALTH UNIT CONTACT INFORMATION

Information is current as of October 1, 2015. For the most recent available information, please see http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx

- Algoma Public Health Unit
  Tel : 705-942-4646
  Toll : 1-866-892-0172

- Brant County Health Unit
  Tel : 519-753-4937

- Chatham-Kent Health Unit
  Tel : 519-352-7270

- Durham Region Health Department
  Tel : 905-668-7711
  Toll : 1-800-267-3456

- Elgin-St. Thomas Health Unit
  Tel : 519-631-9900
  Toll : 1-800-922-0096

- Grey Bruce Health Unit
  Tel : 519-376-9420
  Toll : 1-800-263-3456

- Haldimand-Norfolk Health Unit
  Tel : 519-426-6170

- Haliburton, Kawartha, Pine Ridge District Health Unit
  Tel : 905-885-9100
  Toll : 1-866-888-4577

- Halton Region Health Department
  Tel : 905-825-6060
  Toll : 1-866-442-5866

- City of Hamilton
  Tel : 905-546-3500

- Hastings and Prince Edward Counties Health Unit
  Tel : 613-966-5500

- Huron County Health Unit
  Tel : 519-482-3416
  Toll : 1-877-837-6143

- Kingston, Frontenac and Lennox & Addington Public Health
  Tel : 613-549-1232
  Toll : 1-800-267-7875

- Lambton Public Health
  Tel : 519-383-8331
  Toll : 1-800-667-1839

- Leeds, Grenville and Lanark District Health Unit
  Tel : 613-345-5685

- Middlesex-London Health Unit
  Tel : 519-663-5317

- Niagara Region Public Health Department
  Tel : 905-688-3762
  Toll : 1-800-263-7248

- North Bay Parry Sound District Health Unit
  Tel : 705-474-1400

- Northwestern Health Unit
  Tel : 807-468-3147

- Ottawa Public Health
  Tel : 613-580-6744
  Toll : 1-866-426-8885
  TTY : 613-580-9656

- Oxford County Public Health
  Tel : 519-539-9800
  Toll : 1-800-755-0394

- Peel Public Health
  Tel : 905-799-7700

- Perth District Health Unit
  Tel : 519-271-7600

- Peterborough County-City Health Unit
  Tel : 705-743-1000
  TTY : 705-743-4700

- Renfrew County and District Health Unit
  Tel : 613-735-8653
  Toll : 1-800-267-1097

- Simcoe Muskoka District Health Unit
  Tel : 705-721-7520
  Health Connection (Toll free) 1-877-721-7520

- Sudbury and District Health Unit
  Tel : 705-522-9200

- Porcupine Health Unit
  Tel : 705-267-1181
• Thunder Bay District Health Unit  
  Tel : 807-625-5900  
  Toll : 1-888-294-6630 (807 area only)  
• Timiskaming Health Unit  
  Tel : 705-647-4305  
• Toronto Public Health  
  Tel : 416-338-7600  
• Region of Waterloo, Public Health  
  Tel : 519-575-4400  
  TTY: 519-575-4608  
• Wellington-Dufferin-Guelph Public Health  
  Tel : 519-822-2715  
  Toll : 1-800-265-7293  
• Windsor-Essex County Health Unit  
  Tel : 519-258-2146  
• York Region Public Health Services  
  Tel : 905-895-4511  
  Toll : 1-800-361-5653 (Health Connection Line)