



## **PLEASE NOTE**

This document, prepared by the [Legislative Counsel Office](#), is an office consolidation of this Act, current to December 15, 2006. It is intended for information and reference purposes only.

This document is *not* the official version of the Act. The Act and the amendments as printed under the authority of the Queen's Printer for the province should be consulted to determine the authoritative statement of the law.

For more information concerning the history of this Act, please see the [Table of Public Acts](#).

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**CHAPTER P-30**  
**PUBLIC HEALTH ACT**

PART 1

**1. In this Act**

Definitions

- (a) “building” includes a dwelling house, school, retail store, hospital, correctional institution, factory and other structure, hut or tent used for human habitation or work or for animal habitation, whether temporary or permanent, moveable or immovable, and includes the curtilage of a building; building
- (b) “communicable disease” means an illness caused by an infectious agent or its toxic products which is transmitted directly or indirectly to a person from an infected person or animal or through the agency of an intermediate environment and includes any disease prescribed as a communicable disease by the regulations; communicable disease
- (c.1) “human-induced disaster” means a disaster brought about by human design or intervention and includes any enemy or terrorist attack or sabotage; human-induced disaster
- (c) “health officer” means a person appointed under section 2; health officer
- (d) “milk manufacturing plant” means a plant in which milk is processed or handled including a pasteurization plant, and every building, machine, apparatus, equipment and appurtenance employed in, or necessary for storing, cooling, processing, packaging or handling of milk and milk products and forming a part of, or connected with the plant; milk manufacturing plant
- (e) “Minister” means the Minister of Health; Minister
- (e.1) “natural or accidental disaster” includes disease, pestilence, fire, flood, earthquake, tempest, and explosion; natural or accidental disaster
- (f) “notifiable disease” and “notifiable condition of ill health” mean those diseases, injuries or other conditions of ill health designated by regulation, any incidence of which must be reported to the Chief Health Officer; notifiable disease, condition of ill health
- (g) “outdoor event” means an event held out of doors for a period of twelve consecutive hours or more for the provision of entertainment, sports or other such purpose; outdoor event

product for human consumption	(h) “product for human consumption” includes every substance, whether a solid or a liquid, used or intended to be used for human consumption and any article intended to enter into or to be used in preparation or composition of such substance including confectionery, flavouring or colouring matter and condiments, but does not include a drug as defined in the <i>Pharmacy Act</i> R.S.P.E.I. 1988, Cap. P-6;
public health emergency	(h.1) “public health emergency” includes a human-induced disaster or a natural or accidental disaster;
regulations	(i) “regulations” means regulations made under this Act. 1980,c.42,s.1; 2005,c.40,s.30; 2006,c.17,s.1.

#### DEPARTMENTAL ORGANIZATION

Chief Health Officer	<b>2.</b> (1) The Minister shall appoint a duly qualified medical practitioner as Chief Health Officer who shall be responsible for supervision of the administration and enforcement of this Act.
Health officers	(2) The Minister shall appoint suitably qualified persons as health officers who shall act, under the direction of the Chief Health Officer, in enforcing this Act and the regulations.
Assistant medical health officers	(3) The Minister may designate, on such terms as he considers appropriate, duly qualified medical practitioners to be assistant medical health officers who shall act, under the direction of the Chief Health Officer, in enforcing this Act and the regulations. 1980,c.42,s.2; 1993,c.30,s.61.
Minister, duties	<b>3.</b> The Minister shall <ul style="list-style-type: none"> <li>(a) coordinate measures for the protection of public health and the distribution, supervision and evaluation of health services;</li> <li>(b) gather and analyse data on the effects of localities, employments, conditions, habits, interventions and other circumstances upon the health of the public;</li> <li>(c) survey and inquire into the causes of disease, injury, morbidity and mortality in the province, including the investigation of the harmful effects on health of the physical and social environment;</li> <li>(d) take such measures as he considers necessary for the prevention, interception and suppression of communicable disease and other problems affecting the health of the public;</li> <li>(e) carry out and encourage the implementation of programs for education, training, research and information in the fields of prevention, diagnosis and treatment of disease, rehabilitation of the sick, injured and handicapped, and public health generally;</li> </ul>

- (f) encourage the adoption of healthy modes of living by individuals and identified groups at risk in order to reduce self-imposed risks resulting from detrimental lifestyles;
- (g) cooperate with and assist governmental and nongovernmental agencies to improve public health. 1980,c.42,s.3.

**4.** (1) The Minister may appoint a commissioner to make such inquiries as the Minister considers necessary for the purpose of better performing his duties under section 3. Inquiries

(2) A commissioner shall have the powers of a commissioner appointed under the *Public Inquiries Act* R.S.P.E.I. 1988, Cap. P-31. 1980,c.42,s.4. Commissioner,  
powers of

**5.** (1) Where the Chief Health Officer or a health officer has reasonable and probable grounds to believe that Direction or order

- (a) there has been a violation of, or failure to comply with a requirement imposed by, this Act or the regulations; or
- (b) there is some other circumstance that is or is likely to be dangerous or injurious to public health,

and that the criteria set out in subsection (2) are satisfied, the health officer may issue a direction, or the Chief Health Officer may issue an order, as the case may be, requiring any person appearing to have responsibility to take such remedial action as may be specified in the direction or order.

(2) The relevant criteria are Criteria

- (a) the remedial action specified in the direction or order is necessary to eliminate, reduce, or control the danger or injury to public health;
- (b) less intrusive means of dealing with the matter are considered not to be sufficiently effective.

(3) A direction or order under subsection (1) shall Contents of  
direction or order

- (a) be given orally or in writing, but if given orally, shall within 24 hours be expressed in writing;
- (b) specify the reasons why it was made;
- (c) state clearly what remedial action is required to be taken and the time within which that action must be taken; and
- (d) indicate that in the event of failure to take remedial action
  - (i) in the case of a direction, an order may be issued, or
  - (ii) in the case of an order, remedial action may be taken by the Chief Health Officer or enforced by order of the court under subsection (4) and that the costs thereof may be recovered from the person responsible.

- Enforcement by order of the court and urgent remedial action
- (4) Where a person fails to comply with an order under subsection (1) the Chief Health Officer may
- (a) apply to a judge of the Supreme Court for an order of the court requiring the person to take such action or to desist from taking such action as may be specified in the order for the purpose of protection of public health;
  - (b) where he has reasonable and probable grounds to believe that there is an urgent or imminent danger to public health, take such remedial action as he considers appropriate and recover the costs thereof from the person responsible. 1995,c.34,s.1.

#### QUARANTINE ORDERS

- Quarantine orders
- 5.1** (1) Where the Chief Health Officer has reason to believe that a person has, or has been exposed to, a notifiable or communicable disease that poses a public health risk, the Chief Health Officer may issue a quarantine order in respect of that person.
- More than one person subject to quarantine order
- (2) A quarantine order issued under this section may apply to more than one person.
- Powers
- (3) The Chief Health Officer may, by quarantine order, immediately detain, hospitalize, or otherwise quarantine or restrict the movement of any person subject to the quarantine order in any building or place designated for such time as the Chief Health Officer deems necessary.
- Cancellation of quarantine order
- (4) The Chief Health Officer may, at any time, cancel a quarantine order where the Chief Health Officer is of the opinion that the cancellation of the quarantine order will pose no public health risk.
- Other measures
- (5) The Chief Health Officer may also, by quarantine order,
- (a) require the posting of signage, at the entrance to a building or place, indicating the building or place to which a quarantine order made under subsection (1) applies;
  - (b) authorize the dissemination of information regarding a quarantine order through any form of media; and
  - (c) authorize any person to enter or leave a building or place to which a quarantine order made under subsection (1) applies.
- Court confirmation of quarantine order
- (6) Where the Chief Health Officer has issued a quarantine order for a time period greater than 72 hours, the Chief Health Officer shall, within 72 hours of issuing the quarantine order, apply to the Supreme Court for confirmation of the continued detention, hospitalization or restriction of movement of the person subject to the quarantine order.

(7) A person who is the subject of a quarantine order may, through an agent or representative of the person, be represented at a confirmation hearing held under subsection (6). Representation at confirmation hearing

(8) The Chief Health Officer shall, in person or through an agent or representative, appear at a confirmation hearing held under subsection (6). Chief Health Officer or representative to appear

(9) A person who is the subject of a quarantine order may, at any time the quarantine order is in effect, apply to a judge of the Supreme Court to have the quarantine order reviewed. Review of quarantine order

(10) An application for a review hearing made under subsection (9) shall be made through an agent or representative of the person subject to the quarantine order. Representation at review hearing

(11) The Chief Health Officer may, in person or through an agent or representative, appear at a review hearing held under subsection (9). Chief Health Officer or representative to appear

(12) Where an application for the confirmation of a quarantine order is made under subsection (6) or a review is made under subsection (9), the judge shall, within 48 hours of hearing the review, Disposition of appeal

(a) revoke;  
(b) vary; or  
(c) confirm,  
the quarantine order.

(13) The Chief Health Officer shall ensure that the person who is subject to a quarantine order is promptly informed of the decision made by the judge under subsection (12). 2003,c.15,s.1. Notice

## NUISANCE

**6.** Repealed by 1995,c.34,s.2. Nuisance defined

## PRODUCTS FOR HUMAN CONSUMPTION

**7.** No person shall manufacture, prepare, preserve, package or store for sale any food under unsanitary conditions. 1980,c.42,s.7. Food preparation, etc.

**8.** (1) No person shall sell or use or have in his possession for sale or use any unwholesome, decayed or diseased product for human consumption. Products unfit for human consumption

(2) A health officer may seize any product for human consumption that he suspects on reasonable and probable grounds to be unwholesome, decayed or diseased. Seizure

Disposal	(3) Any product for human consumption seized under subsection (2) shall be examined and disposed of in such manner as the Chief Health Officer may direct. 1980,c.42,s.8; 1995,c.34,s.3.
Products for human consumption, handling	<b>9.</b> A health officer who suspects on reasonable and probable grounds that any person is infected with a communicable disease in a communicable form that may be dangerous to the public health may, by means of a direction under subsection 5(1), prohibit that person from handling products for human consumption, and may require him to undergo a medical examination. 1980,c.42,s.9; 1995,c.34,s.4.
Slaughterhouse	<b>10.</b> (1) No person shall operate a slaughterhouse for commercial purposes unless he holds a license therefor granted by the Chief Health Officer.
Revocation	(2) The Chief Health Officer, after investigation and giving the license holder an opportunity to be heard, may revoke, suspend or restrict a license for failure to comply with the regulations or the conditions imposed on a license.
Inspection of meat	(3) All animals slaughtered in a licensed slaughterhouse are subject to inspection by a person authorized by the Chief Health Officer before slaughter and shall be so inspected after slaughter. 1980,c.42,s.10; 1995,c.34,s.5.
Inspection of milk and milk products	<b>11.</b> Any health officer may inspect farm premises and other places in which milk or its products are produced or sold or kept for sale, and cheese factories, dairies, creameries and milk manufacturing plants, the products of which are sold within the province, and any health officer may, by means of a direction under subsection 5(1), prohibit the sale of milk or other products if the conditions found in such places are unsatisfactory or if inspection is refused. 1980,c.42,s.11; 1995,c.34,s.6.

COMMUNICABLE DISEASE AND  
NOTIFIABLE CONDITIONS OF ILL HEALTH

Preventing school attendance	<b>12.</b> (1) Where a health officer knows of the existence in any dwelling of any communicable and notifiable disease which is dangerous to the public health in a school setting, he shall at once notify the principal of the school at which any member of the household is in attendance, and the principal shall prevent further attendance of persons affected until they no longer endanger the public health.
<i>Idem</i>	(2) Where a teacher or principal of a school has a reasonable and probable belief that any pupil has, or that there exists in the house of any pupil, a disease specified in subsection (1), he shall notify a health officer who shall inquire into the matter, and the principal shall prevent

the attendance at school of pupils who have the disease in a communicable form. 1980,c.42,s.12; 1995,c.34,s.7.

**13.** The Chief Health Officer may, by means of an order under subsection 5(1), close any school, church or place used for public gathering or entertainment where he considers it necessary to prevent the occurrence or spread of communicable disease. 1980,c.42,s.13; 1995,c.34,s.8.

Prohibition of public gatherings

#### BUILDINGS

**14.** If the Chief Health Officer determines that a building, or any portion thereof, is unfit for human habitation or that there exists in it any condition that may endanger public health, he may, by means of an order under subsection 5(1)

Buildings unfit for human habitation

(a) order that the building be vacated and closed and give notice thereof to the owner and the occupants;

(b) order the owner of the building, within such time as may be specified in the order, to alleviate the health hazard or, at the option of the owner, to demolish the building at the owner's expense. 1980,c.42,s.14; 1993,c.30,s.61; 1995,c.34,s.9.

#### POWERS OF ENTRY AND SEIZURE

**15.** For the purpose of enforcing this Act and the regulations any public health officer if he has reasonable and probable grounds to believe that there exists therein a hazard to public health and, upon presentation, if required, of a certificate of identification signed by the Chief Health Officer, may

Public health officer, powers of entry

(a) at all reasonable times enter any building other than an occupied dwelling house and inspect the same without the consent of the owner or the occupant thereof;

(b) enter any occupied dwelling house and inspect the same where the owner or occupant thereof does not object or refuse admission, and if admission is refused, upon the written authority of the Chief Health Officer, enter any occupied dwelling house and inspect the same without the consent of the owner or occupant thereof;

(c) take samples of any food, beverage, clothing or any other article to which this Act or the regulations apply without the consent of the owner thereof to determine whether it constitutes, is creating, or is contributing to a hazard to public health;

(d) cause such steps to be taken as he considers necessary to alleviate any hazard to public health. 1980,c.42,s.15; 1995,c.34,s.10.



Nursing health officer, powers of entry

**16.** For the purpose of enforcing this Act and the regulations any nursing health officer if he has reasonable and probable grounds to believe that there exists therein a hazard to public health and, upon presentation, if required, of a certificate of identification signed by the Chief Health Officer, may

(a) enter any school, hospital or institution and examine and take any necessary samples and tests of any pupil, patient, or inmate with the consent of an authorized person and the person being examined or the consent of a person entitled to give consent on his behalf;

(b) at all reasonable times enter any other building with the consent of the owner or occupant thereof and may examine and take any necessary tests and samples of any person on the premises with his consent or the consent of a person entitled to give consent on his behalf;

(c) pursuant to an order under subsection 5(1), enter any building without the consent of the owner or occupant thereof and, for the purpose of investigating any reasonably suspected case of communicable disease or public health hazard, examine any person, conduct any necessary tests and take any necessary samples without consent or refer him for this purpose to a physician who may act under the authority of the Chief Health Officer. 1980,c.42,s.16; 1995,c.34,s.11.

Powers of seizure

**17.** A health officer may at any reasonable time seize and detain for such time as may be necessary anything by means of or in relation to which he reasonably believes any provision of this Act or the regulations has been violated. 1980,c.42,s.17.

#### EMERGENCY RELIEF

Pandemic plan

**18.** (1) Where the Chief Health Officer reasonably believes that pandemic influenza is imminent, he or she may direct that all or part of the provincial health pandemic influenza plan, if any, be implemented.

Public health emergency

(2) Where, on the advice of the Chief Health Officer, the Lieutenant Governor in Council is satisfied that

(a) a public health emergency exists or is imminent; and

(b) prompt coordination of action or special measures are required in order to protect the public health,

the Lieutenant Governor in Council may make an order declaring a state of public health emergency in respect to all or any area of the province.

Special measures

(3) The Chief Health Officer may take the following special measures where the Lieutenant Governor in Council makes an order under subsection (2):

- (a) issue directions, for the purpose of managing the threat, to a health institution, facility, corporation, health care organization, operator of a laboratory, operator of an ambulance service, health professional or health care provider, including directions about
- (i) identifying and managing cases,
  - (ii) controlling infection,
  - (iii) managing hospitals and other health care facilities and ambulance services, and
  - (iv) managing and distributing equipment and supplies;
- (b) order the owner, occupier or person in charge of any place or premises to deliver up possession of the place or premises to the Minister for use as a temporary assessment, treatment, isolation or quarantine facility;
- (c) order a public place or any premises to be closed;
- (d) order persons to
- (i) refrain from assembling in a public gathering in a specified area,
  - (ii) limit the number of persons who will be permitted to attend a public gathering, or
  - (iii) limit the purpose for a public gathering; and
- (e) order a person who the Chief Health Officer reasonably believes is not protected against a communicable disease to be immunized, or to take any other preventive measures.

(4) The Chief Health Officer shall not issue a direction or order under clauses (3)(a) to (d) inclusive without first obtaining the approval of the Minister. Minister's approval required

(5) Nothing in this section limits the operation of any other provision in this Act or the regulations that imposes a duty or confers a power on any person. Application

(6) An order made under subsection 18(2) terminates on the expiry of 30 days from the date on which it was made, unless it is sooner terminated by the Lieutenant Governor in Council or is continued by a resolution of the Legislative Assembly. Termination

(7) Where an order Publication

- (a) has been made under subsection 18(2);
- (b) has terminated 30 days after the date on which it was made or has sooner been terminated by the Lieutenant Governor in Council; or
- (c) is continued by a resolution of the Legislative Assembly,

the Minister shall cause the details of either the order, termination or resolution, as the case may be, to be communicated or published by any means of communication that the Minister considers sufficient to make

the details known to the majority of the population to which the order, termination or resolution relates.

No delegation of authority	<b>18.1</b> (1) The Chief Health Officer shall not delegate any power, function or authority under this Act.
Exception	(2) Notwithstanding subsection (1), the Minister may appoint a Deputy Chief Health Officer who shall assist the Chief Health Officer in carrying out the functions and duties of that office and who shall have the same powers, functions and authority as the Chief Health Officer in the Chief Health Officer's absence or inability to act.
Powers and duties	(3) The Deputy Chief Health Officer shall perform such functions and duties and exercise such powers and authority as may be prescribed under the provisions of this Act and the regulations.
Temporary isolation or quarantine facility	<b>18.2</b> (1) If an owner, occupier or person in charge of a place or premises to whom an order to deliver up possession has been directed under clause 18(3)(b) <ul style="list-style-type: none"> <li>(a) refuses to deliver up possession of the place or premises to the Minister in accordance with the order, or, in the Chief Health Officer's opinion, is likely to refuse to do so; or</li> <li>(b) cannot be readily identified or located, and, as a result, the order cannot be carried out promptly,</li> </ul> the Chief Health Officer may apply to a judge of the Supreme Court for an order of the court under subsection (2).
Court order	(2) If the court is satisfied that the conditions for an application under subsection (1) are met, the court may make an order directing a person, including any or all peace officers in the province, to put the Minister or the Minister's designate in possession of the place or premises, using any force that is reasonably necessary in the circumstances.
Order may be made without prior notice	(3) An order under this section may be made without providing prior notice to the owner, occupier or person in charge of the place or premises.
Compensation	<b>18.3</b> (1) The owner, occupier or person in charge of the place or premises that is used as a temporary assessment, treatment, isolation or quarantine facility under this Act, is entitled to receive reasonable compensation from the Crown in right of province for the use and occupation of the place or premises.
Arbitration	(2) If any dispute arises concerning the amount of compensation payable under subsection (1), the matter shall be determined by arbitration under the <i>Arbitration Act</i> R.S.P.E.I. 1988, Cap. A-16.

(3) For greater certainty,

- (a) an order declaring a state of public health emergency in respect to all or any area of the province that has been made by the Lieutenant Governor in Council under subsection 18(2) does not take precedence over a declaration of a state of emergency made by the Minister responsible for the administration of the *Emergency Measures Act* R.S.P.E.I. 1988, Cap. E-6.1; and
- (b) in the event that the public health emergency escalates, the Chief Health Officer may deem it necessary to recommend to the Minister responsible for the administration of the *Emergency Measures Act* to declare a state of emergency under that Act.

*Emergency Measures Act* prevails

(4) Where a state of emergency is declared under the *Emergency Measures Act*, and where there is any conflict between a provision of this Act and a provision of the *Emergency Measures Act*, the provision of the *Emergency Measures Act* shall prevail. 1980,c.42,s.18; 2006,c.17,s.2.

*Idem*

#### OFFENCES AND PENALTIES

**19.** (1) Where a judge, upon application of the Chief Health Officer, has reasonable and probable grounds to believe that it would be hazardous to public health for a person violating the provisions of this Act, the regulations or an order under subsection 5(1) to be at large, he may order that the person be detained for such term and in such place as may be specified in the order.

Order of court

(2) Any peace officer who finds any person violating, or on reasonable and probable grounds believes that any person is violating an order of the Chief Health Officer, and believes that such violation is likely to cause imminent danger to the public health, may arrest without warrant and detain that person for a period, not exceeding twenty-four hours, sufficient to enable an application to be made to a judge of the Supreme Court. 1995,c.34,s.12.

Arrest

**20.** Any person who fails to comply with or otherwise contravenes any provision of this Act or any regulation or order made by a judge pursuant to this Act, or who obstructs any officer in carrying out any duties under this Act or any regulation or order made by a judge pursuant to this Act is guilty of an offence and is liable on summary conviction to a fine not exceeding \$5,000 or to imprisonment for a term not exceeding six months or both. 1980,c.42,s.20; 1995,c.34,s.13.

Offences & penalties

**21.** (1) Nothing in this Act or the regulations affects or impairs the validity of a bylaw or regulation of a municipality relating to any of the matters dealt with in this Act or the regulations except so far as the bylaw or regulation of a municipality is contrary to, or is in conflict with, or

Municipal bylaws, effect of

inconsistent with, this Act or the regulations; and in the case of any conflict, inconsistency or repugnancy between a bylaw or regulation of a municipality and this Act or its regulations, this Act or its regulations prevails and the bylaw is to that extent suspended and of no effect.

Additional  
restrictions

(2) A bylaw which imposes restrictions additional to those imposed by this Act or the regulations is not solely by reason thereof, repugnant to, or in conflict with or inconsistent with this Act or the regulations. 1980,c.42,s.21.

#### MISCELLANEOUS

Confidential  
information

**22.** (1) Each person employed in the administration of this Act shall preserve secrecy with respect to all matters that come to his knowledge in the course of his employment and which pertain to health services rendered in that regard, and shall not communicate any matters to any other person except as provided in this section.

Confidential  
information, release  
of

(2) Nothing in this section prevents the divulging of information  
(a) with the consent of the person to whom the information relates,  
or  
(b) to the extent that the Chief Health Officer directs in the best interest of that person or the public.

Statistics

(3) Nothing in this section prevents the publication of reports or statistical compilations relating to health which do not identify individual cases or personalized sources of information.

Disclosure of  
information in the  
public interest

(4) Nothing in this section prevents the disclosure of any information obtained pursuant to the provisions of this Act where  
(a) in the opinion of the Minister, it is in the public interest to release the information; and  
(b) information relating to a person's health or health care is not disclosed. 1980,c.42,s.22; 1998,c.98,s.1.

Protection of  
persons who report

**22.1** No person shall discipline, suspend, demote, dismiss, discharge, harass, interfere with or otherwise disadvantage another person or threaten to do any of those things to another person where the person, in good faith,  
(a) complies with a request or requirement to report or provide information under this Act or the regulations; or  
(b) voluntarily reports or provides information about a threat to public health or safety.

Persons reporting  
protected from  
liability

**22.2** No action or proceeding shall be brought against a person who, in good faith,

- (a) complies with a request or requirement to report or provide information under this Act or the regulations; or
- (b) voluntarily reports or provides information about a threat to public health or safety.

**22.3** (1) No action or proceeding shall be brought against the Minister, the Chief Health Officer, the Deputy Chief Health Officer, a director, a medical officer, an inspector, a health officer, a public health nurse or any other person acting under the authority of this Act or the regulations for anything done or not done, or for any neglect,

Liability protection

- (a) in the performance or intended performance of a duty imposed under this Act or the regulations; or
- (b) in the exercise or intended exercise of a power conferred under this Act or the regulations,

unless the person was acting in bad faith.

(2) A person who provides assistance under this Act or the regulations has the same protection as a person referred to in subsection (1), unless the person was acting in bad faith.

Protection for person providing assistance

**22.4** (1) Where an order has been made by the Lieutenant Governor in Council declaring a state of public health emergency under subsection 18(2), and authorization may be necessary by the licensing body of a health profession to enable a person to practise a function in an emergency, notwithstanding that the qualifications for licensure may not be fully met or that all of the required evidence of qualification is not provided, the licensing body or the designate of the licensing body of the health profession, as the case may be, may grant a special limited license to a person who, in the licensing body's opinion, is capable of practising such function with such privileges or restrictions as may be determined concerning the duration or scope of the function permitted.

Limited license

(2) The term and particular conditions of the limited license shall be clearly indicated on the license and recorded in the register of the relevant licensing body.

*Idem*

(3) The register referred to in subsection (2), shall be maintained by the licensing body of the health profession, in which shall be entered the name, address, and qualifications of every person who is issued a limited license, and the register shall be available for public inspection at all reasonable times without charge. 2006,c.17,s.3.

Register of limited licenses

**23.** The Lieutenant Governor in Council may make regulations generally for the better administration of this Act, for the prevention, treatment, mitigation and suppression of conditions of ill health and the protection of the health of the public and, in particular, with respect to

Regulations

- (a) the treatment of water for human and animal consumption;
- (b) the safety and health of bathers at swimming pools and beaches;
- (c) the purity of ice stored or supplied for human consumption;
- (d) the control of noxious or offensive trades or businesses and the abatement of any nuisance arising or liable to arise therefrom;
- (e) the establishment and enforcement of standards for embalmers and funeral directors and generally regulating the disposal, interment and disinterment of bodies of dead persons;
- (f) respecting emergency medical services and all related matters for the better administration of Part II of this Act, including but not limited to the issuance, suspension, amendment and revocation of permits for the operation of ambulance services, qualifications of EMTs and the issuance, revocation and amendment of EMT licenses, inspectors and inspections, and all other matters respecting emergency medical services in the province;
- (f.1) prescribing the fees payable upon application for a license and the renewal of a license and any other fees in connection with the administration of this Act and the regulations;
- (g) protective standards to govern containers and packaging of drugs and other substances, undue consumption of or exposure to which may be hazardous to health;
- (h) the control of health hazards from devices whose operation involves ray-emission or principles of radiation;
- (i) protective standards and measures to prevent or reduce dangers to personal health related to the work environment;
- (j) penalties for the violation of regulations;
- (k) the inspection, licensing, method of construction, equipping, maintaining, cleaning and disinfecting of all buildings involved in the preparation, storage, or sale of products for human consumption including commercial slaughterhouses, canneries, farmers' markets, fish packing plants, public eating establishments, retail outlets, warehouses, bakeries, bottling plants, poultry plants and frozen food plants;
- (k.1) the standards and conditions under which livestock products may be processed and held for sale in any part of the province;
- (k.2) the manner in which slaughter house operators shall maintain and monitor the identity of cattle and cattle carcasses throughout processing;
- (k.3) the imposition, on slaughterhouse licences, of any terms or conditions deemed necessary by the Chief Health Officer;
- (l) standards of hygiene of those persons engaged in the preparation and sale of products for human consumption;
- (m) standards of hygiene of vehicles and containers used for the transportation of products for human consumption;

- (n) the designation of communicable diseases and notifiable diseases, injuries and other conditions of ill health, and the reporting to the Chief Health Officer, by every medical practitioner, laboratory director, hospital administrator and any other person having knowledge, of any person affected by or reasonably suspected of having any notifiable disease or any disease dangerous to the public health, or any incidence of injury or other condition of ill health designated as notifiable;
- (o) standards of biological products intended for the prevention or control of disease;
- (p) the control of epidemics;
- (q) the supply of medical aid, the methods of screening for, accommodation and other services necessary to mitigate a communicable disease;
- (r) immunization, including the requirement that a general or specific group of persons be immunized;
- (s) the surveillance, isolation or placing in any hospital or building provided for quarantine or isolation purposes of any person having, or reasonably suspected of having, or any person suspected of being a carrier of, any communicable disease dangerous to the public health;
- (t) the inspection, cleaning, purifying, disinfecting or otherwise disposing of all clothing, utensils, bodily discharge and all other articles exposed to persons suffering from communicable disease, including the bodies of persons whose death was caused by a communicable disease;
- (u) the control of the transit of persons and conveyances whether public or private, exposed to persons suffering from a communicable disease, and the inspection, cleaning, purifying and disinfecting thereof and anything contained therein at the expense of the owner, occupier or person having care thereof, and for detaining any person travelling thereby so long as may be necessary;
- (v) the course of conduct to be pursued with regard to any person infected with tuberculosis in order to prevent the infection of other persons, and the compulsory removal when necessary of such person and his treatment in a sanatorium, hospital, approved home or other institution for persons suffering from tuberculosis;
- (w) health and safety standards for the protection of persons attending outdoor events and of the public generally and requiring the provision of reasonable facilities and services for the purpose;
- (x) requiring any person responsible for health and safety standards at outdoor events to be bonded in such form and terms and with such collateral security as prescribed, and providing for the forfeiture of bonds and the disposition of proceeds if necessary in order to restore



the event site to a condition such that it does not constitute a hazard to public health;

(y) the furnishing of information or reports respecting outdoor events and requiring any such information or reports to be verified by affidavit;

(z) standards and quality of milk and milk products offered for sale in the province and the sanitation, management and maintenance of all creameries, dairies and milk processing plants and retail outlets;

(z.1) the inspection, location, design, construction, licensing, maintenance, cleaning and disinfecting of all buildings in which a service to the public is offered including, without limiting the generality of the foregoing, day care centres, summer resorts and camps, industrial and commercial camps, commercial coin laundries and travel accommodations;

(z.2) the provision of personal services that involve the piercing or penetration of a person's skin including tattooing, micropigmentation, electrolysis and piercing of the ears or other part of the body. 1980,c.42,s.23; 1998,c.98,s.2; 1999,c.42,s.2; 2003,c.15,s.2; 2006,c.17,s.4.

## PART II

### EMERGENCY MEDICAL SERVICES

Definitions	<b>24. (1)</b> In this Part
ambulance	(a) "ambulance" means a vehicle that is used or intended to be used, for the ground transportation of patients and that is designed, constructed and equipped for that purpose in accordance with this Act and the regulations;
ambulance service	(b) "ambulance service" means the provision of ambulance transport services in accordance with this Act and the regulations;
ambulance transport	(c) "ambulance transport" means emergency pre-hospital or between-facility care in transporting patients by ground, using specialized vehicles, equipment and emergency medical technology;
Board	(d) "Board" means the Emergency Medical Services Board established by section 25;
emergency medical services	(e) "emergency medical services" means ambulance transport and emergency medical technology services;
emergency medical technician	(f) "emergency medical technician" or "EMT" means a person qualified to practice emergency medical technology in accordance with this Act and the regulations;

- (g) “emergency medical technology” means the practice of rendering emergency pre-hospital or between-facility care which includes transporting and attempting to stabilize or keep stable a patient who is ill or injured or whose condition may become unstable; emergency medical technology
- (h) “inspector” means a person designated by the Board as an inspector pursuant to section 42 and includes the Provincial Coordinator; inspector
- (i) “license” or “EMT license” means a license issued by the Board to practise emergency medical technology; license
- (j) “licensee” means a person who has been granted a license pursuant to this Act; licensee
- (k) “medical advisor” means a physician who provides advice and supervisory guidance to a permittee; medical advisor
- (l) “misconduct” means misconduct
- (i) conduct unbecoming an EMT or other conduct, including gross negligence and incompetence,
  - (ii) any conduct that is considered in the opinion of the Board
    - (A) to be contrary to the best interests of the public or to the practice of emergency medical technology in the province,
    - (B) to be contrary to any standards of practice adopted by the Board or prescribed by the regulations,
  - (iii) carrying on the practice of emergency medical technology while unlicensed under this Part,
  - (iv) an EMT placing himself or herself in a conflict of interest as prescribed by the regulations, or
  - (v) such other conduct as may be proscribed by the regulations;
- (m) “permit” means a permit to provide ambulance services, issued pursuant to section 29; permit
- (n) “permittee” means a person who has been granted a permit pursuant to this Act; permittee
- (o) “prior Regulations” means the Ambulance Services Regulations (EC83/72); prior Regulations
- (p) “Provincial Coordinator” means a person designated by the Minister to provide executive assistance to the Board and to be responsible generally for carrying out the directions of the Board with respect to the coordination of matters respecting emergency medical services for the province; Provincial Coordinator

Provincial Emergency Medical Director	(q) “Provincial Emergency Medical Director” means the physician designated by the Minister as the medical consultant to the Board on matters respecting emergency medical services for the province;
provisional permit	(r) “provisional permit” means a permit for a limited time and subject to conditions issued pursuant to subsection 29(3);
Exceptions	(2) This Part does not apply to <ul style="list-style-type: none"> <li>(a) a person who transports a patient by a service that does not provide or purport to provide ambulance services;</li> <li>(b) a person who provides assistance in circumstances to which the <i>Volunteers Liability Act</i> R.S.P.E.I. 1988, Cap. V-5 applies;</li> <li>(c) ambulance and emergency personnel based outside the province providing an inter-provincial service;</li> <li>(d) staff of a hospital who perform procedures for which they are professionally qualified or trained;</li> <li>(e) police, firefighters, lifeguards and persons similarly prepared for emergency first-response, when they carry out procedures for which they have been trained, or when they render emergency services that are essential because emergency medical services, emergency medical technician services or ambulance services are not immediately available;</li> <li>(f) persons performing emergency services under disaster circumstances. 1999,c.42,s.3.</li> </ul>
Emergency Medical Services Board	<b>25.</b> (1) The Emergency Medical Services Board is established as a body corporate.
Purpose of Board	(2) The purpose of the Board is to regulate the provision of emergency medical services in the province.
Functions of Board	(3) The functions of the Board are to <ul style="list-style-type: none"> <li>(a) accept and assess applications and issue permits and licenses;</li> <li>(b) monitor adherence to prescribed standards by permittees and licensees;</li> <li>(c) make such policy and guidelines and approve such forms as the Board considers necessary for the carrying out of its functions;</li> <li>(d) investigate and take remedial or disciplinary action as necessary in cases of alleged negligence, incompetence, misconduct, or non-compliance with prescribed standards;</li> <li>(e) advise the Minister and make recommendations for regulations respecting <ul style="list-style-type: none"> <li>(i) standards for operating ambulances and providing ambulance services,</li> <li>(ii) qualifications for the licensing and standards for the practice of emergency medical technology, and</li> </ul> </li> </ul>

(iii) any other matter concerning the provision of emergency medical services. 1999,c.42,s.3.

- 26.** (1) The Board shall be composed of eight persons, appointed by the Minister, as follows: Composition of Board
- (a) two members who shall be operators or administrators of a business providing ambulance services;
  - (b) one member who shall be an EMT;
  - (c) one member who shall be an educator who works in the training of EMTs;
  - (d) one member who shall be a physician licensed to practice in the province;
  - (e) one member who shall be a registered nurse who works in a hospital's emergency services department;
  - (f) one member shall be a layperson representative of the general public; and
  - (g) one member shall be a representative of the Department.
- (2) The standard term of appointment to the Board shall be up to three years, but terms may be varied or adjusted so as to maintain continuity in such a way that no more than approximately one-third of the membership changes in any one year. Term
- (3) Board members may be re-appointed, in accordance with the regulations. Re-appointment
- (4) The Provincial Emergency Medical Director is a non-voting member of the Board. Medical Director
- (5) The Provincial Coordinator is an administrative resource to the Board. Provincial Coordinator
- (6) The Board shall determine the appointment of its officers and its procedures by means of bylaw or written policy. Officers, procedures
- (7) The quorum of the Board shall be fifty percent of its membership plus one. Quorum
- (8) The Board may appoint such committees as it considers necessary to perform its functions under this section. Committees
- (9) The Minister may request and the Board shall provide information respecting any matters related to the administration and provision of emergency medical services in the province. 1999,c.42,s.3. Information to Minister

**PERMIT TO PROVIDE AMBULANCE SERVICES**

Permit mandatory	<b>27.</b> (1) No person shall provide ambulance services without holding a valid permit under this Part.
No standing in court	(2) A person that does not have a valid permit under this Part is not capable of commencing or maintaining any action or other proceeding in any court in Prince Edward Island <ul style="list-style-type: none"> <li>(a) with respect to a contract made in whole or in part in the province; or</li> <li>(b) against any person domiciled in Prince Edward Island, in connection with any emergency medical services rendered by the person providing ambulance services. 1999,c.42,s.3.</li> </ul>
Application for permit	<b>28.</b> (1) An application for a permit to provide ambulance services in the province shall be on the form approved by the Board and shall include such information and fees as may be prescribed by the regulations.
Application before expiry	(2) An application for a renewal of a permit shall be made before the expiry of the permit.
Additional information	(3) The Board may require changes or clarification in any documentation submitted in support of an application, and, in determining whether or not to issue or renew a permit, the Board may <ul style="list-style-type: none"> <li>(a) request any additional information from an applicant or other person as the Board considers necessary;</li> <li>(b) carry out such inspections as it considers necessary; and</li> <li>(c) on a renewal application, accept the statement of the permittee that there have been no changes from the previous year's submissions with respect to specified requirements. 1999,c.42,s.3.</li> </ul>
Issue or renew permit	<b>29.</b> (1) Where the Board is satisfied that the applicant has complied with this Part and the regulations, the Board may issue or renew a permit to the applicant and place such conditions on the permit as the Board may consider necessary.
24/7 coverage	(2) A permit shall require that the service be available for twenty-four hours per day, seven days a week, in accordance with the regulations.
Provisional permit	(3) Notwithstanding subsection (1), the Board may issue a provisional permit for a limited period, requiring that the applicant make such changes as the Board considers necessary to meet the requirements for a permit, before the expiration of that period.
Compliance	(4) No permittee shall fail to comply with the conditions on a permit. 1999,c.42,s.3.

- 30.** Notwithstanding any other provision of this Part, a license issued under the prior Regulations, which is valid immediately prior to the coming into force of this Part, shall be deemed to be a permit under this Part, and it shall expire on the date fixed by the regulations. 1999,c.42,s.3. Previous license
- 31.** A permit expires on the date specified on the permit. 1999,c.42,s.3. Expiry
- 32.** (1) No person shall transfer a permit issued under this Part to another person without the prior written approval of the Board. Approval of Board required for transfer of permit
- (2) The Board may approve a transfer of a permit provided that
- (a) the applicant to whom the transfer is proposed to be made, demonstrates to the satisfaction of the Board, that public convenience and necessity will be served by the proposed transfer; and
- (b) the applicant complies with this Part and the regulations. 1999,c.42,s.3. Conditions for transfer
- 33.** The Lieutenant Governor in Council may direct the Board not to issue any further permits under this Part on the grounds that an adequate supply and distribution of ambulance services already exists, and the Board shall comply with that direction. 1999,c.42,s.3. Adequate supply and distribution
- 34.** Every permittee shall provide the Board with an annual report in a form approved by the Board, in accordance with the regulations. 1999,c.42,s.3. Annual report
- 35.** (1) Every permittee shall give 60 days notice to the Board
- (a) where the permittee is an individual or a partnership, of any proposed change in ownership of the business of providing ambulance services; and
- (b) where the permittee is a corporation, of
- (i) any change in ownership or share or equity holdings of the corporation, and
- (ii) any discontinuance, amalgamation or other material change involving the corporation. Notice of change in ownership
- (2) Where subsection (1) applies, the Board may approve a transfer of a permit in accordance with subsection 32(2). 1999,c.42,s.3. Conditions for transfer
- 36.** (1) The Board may, at any time, request a permittee to provide the Board with copies of trip sheets and with any other information that the Board may require for the purposes of this Part or the regulations. Provide information to Board
- (2) No permittee shall fail to provide the information requested by the Board. 1999,c.42,s.3. *Idem*

No unlicensed EMT **37.** No permittee shall employ as an EMT a person who does not hold a currently valid EMT license issued pursuant to this Part and the regulations. 1999,c.42,s.3.

#### EMT LICENSE

EMT license **38.** (1) An application for a license to practice emergency medical technology shall be on the form approved by the Board and shall include such information and fees as may be prescribed by the regulations.

Additional information (2) The Board may require changes or clarification in any documentation submitted in support of an application, and, in determining whether or not to issue or renew a license, the Board may request any additional information from an applicant or other person as the Board considers necessary.

Board issues license (3) Where the Board is satisfied that the applicant has complied with this Part and the regulations, the Board may issue or renew a license to the applicant and place such conditions on the license as the Board considers necessary.

Prior license (4) Notwithstanding subsection (3), an EMT who was licensed under the prior Regulations and meets the requirements of the regulations shall be issued a license in accordance with the regulations. 1999,c.42,s.3.

Expiry **39.** An EMT license expires on the date specified on the license. 1999,c.42,s.3.

License shall state level **40.** (1) An EMT license shall state that its holder is licensed at a level prescribed by the regulations.

Qualifications (2) Subject to the regulations, qualification for the various levels of EMT practice shall be by meeting the prescribed requirements and by
 

- (a) successful completion of such training and supervised practical experience as the Board may recognize; and
- (b) successful completion of such examination as the Board may require, conducted by
  - (i) the Provincial Emergency Medical Director or Provincial Coordinator, or
  - (ii) such training organization as the Board may approve. 1999,c.42,s.3.

EMT license mandatory **41.** (1) No person shall act as an EMT who does not hold a currently valid EMT license issued pursuant to this Part.

Continuing education (2) An EMT shall comply with continuing education requirements prescribed by the regulations.

(3) A person licensed as an EMT shall perform functions within the terms of the EMT license and within the scope of practice as determined by the regulations. Within scope of practice

(4) Notwithstanding subsections (1) and (3), a trainee may perform such EMT functions under direct supervision within a training program, or an upgrade or refresher program as may be approved by the Board. Trainee

(5) Notwithstanding subsection (3) and subject to the regulations, an EMT may perform additional procedures under specific medical direction or supervision as approved by the Board. 1999,c.42,s.3. Additional approved procedures

#### Inspections

**42.** (1) The Board may designate inspectors for the purposes of the administration of this Part, who shall have such qualifications and powers to inspect as may be prescribed by the regulations. Inspectors

(2) Subject to the regulations and the direction of the Board, an inspector may make such inspection, investigation or inquiry respecting ambulance services and emergency medical technology services as the inspector considers necessary, in accordance with the regulations. Inspection, inquiries

(3) Every permittee and EMT shall cooperate with and not interfere with an inspector or person assisting the inspector in the course of an inspection. Cooperation with inspection

(4) Upon application of the Board to the Supreme Court, a judge may issue a warrant authorizing an inspector to enter and search any place named in the warrant Warrant

(a) where the inspector believes that evidence of contraventions of this Part are located; and

(b) where the judge is satisfied that the warrant is required in the interests of public health or safety.

(5) The Provincial Coordinator is, by virtue of his or her office, an inspector under this Part. 1999,c.42,s.3. Provincial Coordinator inspector

**43.** (1) An inspector may issue an order to a permittee requiring that it suspend operations, prohibiting use of specified equipment, or imposing such other conditions as the inspector considers necessary for immediate implementation in the public interest. Inspector's order

(2) An order made pursuant to subsection (1) expires 72 hours after it is made. Expiry

(3) The Board shall review an order made pursuant to subsection (1) and the Board may, by order, revoke or confirm the inspector's order or Board review



make such order as the Board considers appropriate in the public interest.  
1999,c.42,s.3.

#### Suspension or Revocation of a Permit

Suspension,  
revocation of permit

**44.** (1) The Board may refuse to issue or renew a permit, or suspend, revoke or attach conditions to a permit if, in the opinion of the Board, the applicant or permittee

- (a) provides incomplete, false or misleading information to the Board or to the public;
- (b) has insufficient equipment or materials as prescribed by the regulations or fails to keep equipment calibrated and maintained in accordance with manufacturers standards or as prescribed;
- (c) fails to have and employ equipment, instruments, materials and other aids that enable the rendering of service according to the standards required by this Part;
- (d) fails to comply with the conditions of a permit;
- (e) fails to comply with an order of the Board or of an inspector;
- (f) gives information respecting a patient to unauthorized persons, except for information related to collection of payment for services provided to the patient or where otherwise required by law;
- (g) stores or disposes of patient records in a manner that does not maintain the confidentiality of the records;
- (h) fails to comply with any provision of this Part or the regulations, or with any federal or provincial law respecting public health or safety;
- (i) is the subject of a written complaint to the Board or is currently being investigated or subject to a hearing by the Board or by a regulatory body in another jurisdiction, pending the outcome of such investigation or hearing;
- (j) employs an EMT who is unlicensed or does not meet the requirements of the regulations;
- (k) employs an EMT who fails to comply with the directions of a medical advisor during ambulance transport;
- (l) employs a person who fails to comply with an order of the Board;
- (m) has officers or employees who purport to hold valid qualifications or special expertise which in fact are false;
- (n) has officers or employees who deal with or attempt to deal with any patient in a manner which is outside the conditions of the person's license or the scope of practice for which the person is licensed and not otherwise permitted by this Part or regulations;
- (o) is unable to provide the level of service prescribed by the regulations;
- (p) has officers or employees who are in conflict of interest as determined by the regulations;

- (q) is guilty of misconduct in accordance with the regulations; or
- (r) has arrears owing on any fees or levies prescribed by the regulations.

(2) Subject to subsection (5), where the Board proposes to refuse to issue or to renew a permit, or to suspend or revoke or place conditions on a permit, it shall hold a hearing within 30 days of the date of service of a Notice of Hearing pursuant to subsection (3). Prior hearing

(3) The Board shall serve a Notice of Hearing on the applicant or permittee by personal service or registered mail at the address shown in the records maintained by the Board, Notice of hearing

- (a) stating the reasons for the proposed refusal, suspension, revocation or conditions; and
- (b) specifying a date for the hearing, which shall be not less than 15 days from the date of service.

(4) Notwithstanding subsection (2), where the Board considers it to be in the public interest, the Board, without prior notice of hearing, may order Immediate suspension, revocation

- (a) that conditions immediately be imposed on a permit;
- (b) specific remedial action to be taken by a permittee; or
- (c) suspension or revocation of a permit.

(5) Subsection (2) does not apply No hearing

- (a) where the Board requires further information for the application to be complete;
- (b) where the applicant withdraws the application;
- (c) where the Board revokes a permit at the request of the permittee;
- (d) where the Board revokes a permit of a permittee that has ceased to provide ambulance services for ninety days or more; or
- (e) to conditions on a permit prescribed by the regulations. 1999,c.42,s.3.

**45.** (1) The Board may determine its own procedures respecting a hearing. Board determines procedures

(2) The applicant or permittee shall have the right to be heard at the hearing and to be represented by counsel. 1999,c.42,s.3. Right to be heard, counsel

**46.** (1) Subject to the regulations and after completion of the hearing, the Board may, by order, Board order

- (a) issue a permit with such conditions, if any, as the Board may consider necessary;
- (b) issue a provisional permit with such conditions as the Board may consider necessary;
- (c) place conditions on an existing permit;

- (d) refuse, suspend or revoke a permit; or
  - (e) determine that there are no grounds for suspension or revocation of the permit.
- Costs of hearing (2) The Board may order the applicant or permittee to pay all or part of the costs of the investigation and hearing process.
- Publication of order (3) The Board may release the order to the public upon such terms as the Board considers necessary in the public interest.
- Board may make orders (4) Notwithstanding subsection (1), the Board may make orders under this section where the applicant or permittee waives the right to a hearing or fails to appear at the hearing.
- Reasons for decision (5) The Board shall issue written reasons for its decision within ten working days of the completion of the hearing. 1999,c.42,s.3.

#### Suspension or Revocation of EMT License

- Suspension, revocation, refusal of license **47.** (1) The Board may refuse to issue or renew a license, or suspend, revoke or attach conditions to a license if, in the opinion of the Board, the applicant or licensee
- (a) presents information or qualifications that are incomplete, false or misleading;
  - (b) fails to comply with the conditions of a license;
  - (c) fails to comply with an order of the Board;
  - (d) fails to employ equipment, instruments, materials, and other aids or techniques that enable the rendering of service to a patient according to the standards required by this Part;
  - (e) gives information respecting a patient to unauthorized persons;
  - (f) stores or disposes of patient records in a manner that does not maintain the confidentiality of the records;
  - (g) fails to comply with any provision of this Part or the regulations;
  - (h) is the subject of a written complaint to the Board or the Board has cause to believe that the person may be guilty of misconduct in accordance with the regulations;
  - (i) is currently being investigated or subject to a hearing by the Board or by a regulatory body in another jurisdiction, pending the outcome of such investigation or hearing;
  - (j) is charged with or convicted of an offence that in the opinion of the Board renders the applicant unsuitable for practice as an emergency medical technician in the province; or
  - (k) has arrears owing on any fees or levies prescribed by the regulations.

(2) Subject to subsection (5), where the Board proposes to refuse to issue or renew a license, or to suspend, revoke or place conditions on a license, it shall hold a hearing within 30 days of the date of service of a Notice of Hearing pursuant to subsection (3). Notice of hearing

(3) The Board shall serve a Notice of Hearing on the applicant or licensee by personal service or by registered mail at the address shown in the records maintained by the Board, Notice of Hearing

- (a) stating the reasons for the proposed refusal, suspension, revocation or conditions; and
- (b) specifying a date for the hearing which shall be not less than 15 days from the date of service.

(4) Notwithstanding subsection (2), if the Board considers it to be in the public interest, the Board, without prior notice of hearing, may impose conditions on a license or may order the suspension or revocation of a license. Immediate suspension, revocation

- (5) Subsection (2) does not apply Hearing not required
- (a) where the Board requires further information for the application to be complete;
  - (b) where the applicant withdraws the application;
  - (c) where the Board revokes the license at the request of the EMT; or
  - (d) to conditions of a license prescribed by the regulations. 1999,c.42,s.3.

**48.** (1) The Board may determine its own procedures respecting a hearing. Board determines procedures

(2) The applicant or licensee shall have the right to be heard at the hearing and to be represented by counsel. 1999,c.42,s.3. Right to be heard and right to counsel

**49.** (1) Subject to the regulations and after completion of the hearing, the Board may, by order, Board order

- (a) issue a license with such conditions, if any, as the Board may consider necessary;
- (b) issue a provisional license with such conditions as the Board may consider necessary;
- (c) place conditions on an existing license;
- (d) refuse, suspend or revoke a license; or
- (e) determine that there are no grounds for suspension or revocation of the license.

(2) The Board may order the applicant or licensee to pay all or part of the costs of the investigation and hearing process. Costs of hearing

- Publication of order (3) The Board may release the order to the public upon such terms as the Board considers necessary in the public interest.
- Board may make order even when no hearing (4) Notwithstanding subsection (1), the Board may make orders where the applicant or the licensee waives the right to a hearing or fails to appear at the hearing.
- Reasons for decision (5) The Board shall issue written reasons for its decision within ten working days of the completion of the hearing. 1999,c.42,s.3.

### Appeals

- Appeal **50.** (1) Subject to subsection (2), a decision of the Board pursuant to subsections 46(1) or 49(1) may be appealed to the Appeal Division of the Supreme Court, by filing a notice of appeal with the court, within 30 days of receiving notice of the Board's decision.
- Not subject to appeal (2) The following are not subject to an appeal under this section:
  - (a) conditions imposed by the regulations on a permit or a license;
  - (b) suspension or revocation for failure to pay prescribed fees;
  - (c) approval of the withdrawal of an application for a permit or license or a renewal;
  - (d) suspension or revocation of a permit at the request of the permittee;
  - (e) suspension or revocation of a license at the request of the EMT holding the license; and
  - (f) revocation of a permit where the permittee has ceased to provide ambulance services for ninety days or more. 1999,c.42,s.3.

### Miscellaneous

- No action against Board **51.** No action or proceeding lies or shall be instituted against the Board, its members, officers, committees, inspectors, staff or others acting on its behalf for acting under the authority of this Part, nor for anything done or omitted to be done in good faith pursuant to or in the exercise of powers or duties under this Part or the regulations. 1999,c.42,s.3.
- Prohibited words, descriptions, etc. **52.** (1) No person shall use the words ambulance, medevac, medivac, emergency medical technician, medic or similar words, descriptions, titles, acronyms, pictures or graphics signifying or implying
  - (a) the provision of ambulance transport or emergency medical services, without a valid permit issued under this Part; or
  - (b) the provision of emergency medical technology services, without a valid license issued under this Part.

(2) No person shall use the words ambulance, air ambulance, air medical evacuation, medivac, medevac or similar words, descriptions, titles, acronyms, pictures or graphics signifying or implying that *Idem*

- (a) ambulance services or emergency medical services are provided to the public during transport by air or that emergency medical technician services are offered to the public during air transport; or
- (b) ambulance services, medical or ambulance transport by air or emergency medical technician services are approved under this Part.

(3) Subsection (2) does not apply to contracts made by the Minister respecting ambulance transport by air, nor to such other services as may be permitted by the regulations. 1999,c.42,s.3. *Contracts made by Minister*