

# Self Learning Module: Manitoba's *Public Health Act*

## **Why do you need to know about the *Public Health Act*?**

As a public health professional in Manitoba, Public Health Nurses need to know the key features of their provincial public health legislation. Even though it will seem like one rarely is required to reference the *Public Health Act* (hereafter referred to as the *Act*) when working through specific cases, it is important to understand that the *Act* provides the authority for public health officials to request/collect personal health information or require a person/group to undertake remedial actions when the risks to the public are significant enough to outweigh the intrusion on the privacy and rights of the individual. Our Communicable Disease Programs and Immunization Programs are authorized through the *Act*. Many of the programs provided by Public Health Inspectors are also authorized through the *Act*. This legislation also enables the powers needed to respond to a public health emergency (like a pandemic).

## **Manitoba's *Public Health Act***

Manitoba's *Public Health Act* was completed re-written in 2009. The *Act* provides a legislative framework that helps the province anticipate and respond to public health emergencies and creates a framework for the other provincial public health functions, such as health surveillance, disease and injury prevention, and population health assessments.

The legislation is made up of two major parts. First is the *Act* itself which is reviewed (3 readings) by the Legislative Assembly and given Royal Assent when it is approved. The second is a group of documents called Regulations. These are more specific rules on how to manage issues that are broadly mentioned in the *Act*. The Regulations are approved by different levels of government, so it is easier to make changes to these documents when responding to evolving trends.

## **Synopsis of the *Act***

The *Public Health Act* can be found at this link:

<http://web2.gov.mb.ca/laws/statutes/ccsm/p210e.php> The *Act* is divided into sections and the following is the very brief synopsis that highlights how the everyday work in public health is supported through this legislation:

- Introduction: outlines the limits on restricting rights and freedoms of individuals.
- Public Health Officials and RHAs: outlines the powers and responsibilities of the various named officials in the *Public Health Act* including Medical Officers of Health, Public Health Inspectors and Public Health Nurses.
- Community Health Protection: provides the authority to issue a health hazard order (e.g., to seize hazardous food; vacate dwellings that are hazardous).
- Disease Control: requires healthcare practitioners and laboratories to report specific diseases to public health officials for follow up and action; provides details around

consent for immunization and duty to report adverse reactions; lists the powers to detain, examine and treat individuals with certain diseases (e.g., Ebola Virus Disease) if the person refuses to comply with medical recommendations. Note that the Communicable Disease Protocol manual (<https://www.gov.mb.ca/health/publichealth/cdc/protocol/index.html>) outlines the public health responses to these Reportable Diseases.

- Temporary Detention: enables the Medical Officer of Health to legally detain a person on a more urgent basis if there is risk of that person leaving prior to the completion of the full process for issuing an order.
- Public Health Emergency: outlines the special measures that can be enforced during a public health emergency like a pandemic; identifies the setting up of quarantine facilities.
- Intoxicating Substances: gives authority to search for and seize substances (like solvents, petroleum distillates) if they are being misused as inhalants to induce euphoria.
- Information Gathering and Sharing and Health Surveillance: allows for the collection and sharing of personal health information for the purposes of managing health threats; gives the authority to establish surveillance systems in the province which includes our Epidemiology and Surveillance Unit.
- Compliance: states the circumstances where public health officials can enter and inspect premises; includes the penalties that can happen if people do not comply with Orders.
- Disinterment: outlines the rules around moving bodies that have previously been buried.
- General Provisions: lists general rules to be followed (e.g., around how to deliver orders and liability protection for public health officials).

### Search and Find 😊

As a way of becoming more familiar with the Public Health Act, go to the hyperlink <http://web2.gov.mb.ca/laws/statutes/ccsm/p210e.php> and once in the document you will see that each little paragraph has numbers beside it. Go to Section/Subsection 86(4) and then to 86(1). This is a section that specifically gives Public Health Nurses powers as authorized by the Medical Officer of Health.

### Reflection Question:

Think of a situation where you might be asked by the Medical Officer of Health to go gather information and specimens as part of an investigation. If you have a colorful imagination, make it a scenario where you get to stop a plane or use a bulldozer (now you really have to read the sections in the document).

### Search and Find 😊

Now go to Section/Subsection 83(8) and then see what is written in 83(1), 83(2) and 83(6).

## Reflection Question:

Think of a situation where the Medical Officer of Health would authorize you to enter a building as part of an investigation for a communicable disease. Generally, if people are having problems (e.g., a school), they are more than happy to have you come in and help them. In a rare or unusual circumstance where you are being denied entry, you can see that the *Act* provides the authority for you to do your work as part of protecting the health of the public at large.

## Synopsis of the Regulations:

Now we will move to the Regulations. A list of these can be found at:

<http://web2.gov.mb.ca/laws/regs/index.php?act=p210>

The screenshot shows a web browser window displaying the Manitoba Laws website. The page title is "Manitoba Laws" and the navigation menu includes "Home", "Acts", "Regulations", "Court Rules and Forms", "Search", and "Legislative Assembly". The main content area is titled "Consolidated Regulations of Manitoba" and includes a search box and links for "Show amendments" and "Show repealed regulations". Below this is a table with the following columns: C.C.S.M., Title of Act, Title of Regulation, Consolidated Regulations, Registration date, and Publication date. The table lists various regulations under the Public Health Act, including Bedding and Other Upholstered or Stuffed Articles Regulation, Cervical Cancer Screening Registry Regulation, Collection and Disposal of Wastes Regulation, Dead Bodies Regulation, Disease Control Regulation, Dwellings and Buildings Regulation, Food and Food Handling Establishments Regulation, Fumigation and Pest Control Regulation, Health Hazards Regulation, Immunization Regulation, Information Sharing Regulation, Protection of Water Sources Regulation, Public Health Personnel Regulation, Recreational Camps Regulation, Reporting of Diseases and Conditions Regulation, Sanitary Areas Regulation, Swimming Pools and Other Water Recreational Facilities Regulation, Tanning Regulation, Water Supplies Regulation, Water Works, Sewerage and Sewage Disposal Regulation, and X-Ray Safety Regulation.

C.C.S.M.	Title of Act	Title of Regulation	Consolidated Regulations	Registration date	Publication date
P210	The Public Health Act				
		Bedding and Other Upholstered or Stuffed Articles Regulation	78/2004	21 May 2004	5 Jun 2004
		Cervical Cancer Screening Registry Regulation	31/2009	17 Feb 2009	28 Feb 2009
		Collection and Disposal of Wastes Regulation	321/88 R	29 Aug 1988	10 Sep 1988
		Dead Bodies Regulation	27/2009	17 Feb 2009	28 Feb 2009
		Disease Control Regulation	26/2009	17 Feb 2009	28 Feb 2009
		Dwellings and Buildings Regulation	322/88 R	29 Aug 1988	10 Sep 1988
		Food and Food Handling Establishments Regulation	339/88 R	29 Aug 1988	10 Sep 1988
		Fumigation and Pest Control Regulation	323/88 R	29 Aug 1988	10 Sep 1988
		Health Hazards Regulation	29/2009	17 Feb 2009	28 Feb 2009
		Immunization Regulation	36/2009	20 Feb 2009	28 Feb 2009
		Information Sharing Regulation	30/2009	17 Feb 2009	28 Feb 2009
		Protection of Water Sources Regulation	326/88 R	29 Aug 1988	10 Sep 1988
		Public Health Personnel Regulation	28/2009	17 Feb 2009	28 Feb 2009
		Recreational Camps Regulation	327/88 R	29 Aug 1988	10 Sep 1988
		Reporting of Diseases and Conditions Regulation	37/2009 A	20 Feb 2009	28 Feb 2009
		Sanitary Areas Regulation	328/88 R	29 Aug 1988	10 Sep 1988
		Swimming Pools and Other Water Recreational Facilities Regulation	132/97 A	13 Jun 1997	28 Jun 1997
		Tanning Regulation	58/2012	18 May 2012	2 Jun 2012
		Water Supplies Regulation	330/88 R	29 Aug 1988	10 Sep 1988
		Water Works, Sewerage and Sewage Disposal Regulation	331/88 R	29 Aug 1988	10 Sep 1988
		X-Ray Safety Regulation	341/88 R	29 Aug 1988	10 Sep 1988

What you will notice is how diverse these subset of documents are - everything from fumigation....to protection of water sources...food handling establishments .... housing.... swimming pools..... tanning salons.....to water and sewer systems and even how X-ray machines are used. More specifically for Public Health Nurses, there are four regulations that impact regular communicable disease programming. These are: *Information Sharing Regulation, Immunization Regulation, Reporting of Diseases and Conditions Regulation and the Disease Control Regulation*. A more in-depth look at each follows.

### Search and Find ☺

Starting with *The Information Sharing Regulation*

<http://web2.gov.mb.ca/laws/regs/current/pdf-regs.php?reg=30/2009> , look at Section/Subsection 2(1) and 2(2). These sections allow Public Health Nurses to share information that they are collecting with various authorities or groups (like schools). Now look at the limitations for this sharing stated in Section 4.

### Reflection Question:

Think of an investigation around a case of pertussis/whooping cough in a school aged child. As part of the public health response, the Public Health Nurse is asked to notify the school principal as well as prepare information to be sent to the families of the students. What information would you share?

### Search and Find ☺

Next Look at the *Immunization Regulation* <http://web2.gov.mb.ca/laws/regs/current/pdf-regs.php?reg=36/2009> . Specifically look at Section/subsection 2(1) and 2(2). You will notice how this matches our Adverse Event Following Immunization (AEFI) forms and requires these to be reported.

### Reflection Question:

What do you think are the “pros” and “cons” about having the reporting of adverse events for vaccinations legislated?

### Search and Find ☺

Now look at *Reporting of Diseases and Conditions Regulation*

<http://web2.gov.mb.ca/laws/regs/current/pdf-regs.php?reg=37/2009> . Look at Section 2. This is why Cadham Lab automatically sends out all positive reportable diseases to Public Health; they are required to by law.

Now look at Section 3. This is for Health Care Professionals. You will notice that it is more complicated and references \* diseases in Schedule B. Take a look at Schedule B at the end of the regulation. All the \* diseases are either diagnosed primarily through a combination of clinical exams/tests (meaning that they are not easily reported through the automatic lab reporting system) or need a rapid public health response to be started before all the laboratory testing has been completed. There is a clinical report form for Health Care Professionals, and it can be found at this link: <http://www.gov.mb.ca/health/publichealth/cdc/protocol/form13.pdf>

What is the difference between Schedule A and Schedule B diseases? Schedule A is a short list and requires notification of contacts (e.g., Chlamydia and Tuberculosis). You will notice that we have detailed protocols for follow up of contacts for these diseases. Now we also identify contacts of Schedule B diseases (e.g., pertussis and rubella) and will make recommendations on what they should do (go for testing or treatment or watch for illness) but we do not always ensure that they have followed through on our recommendations (e.g., phone the medical clinic to see if they went for treatment. .... or watch them swallow their pills so we can document that the treatment has been completed). All our

Communicable Disease Protocols are built on the lists in Schedule A and B.

**Reflection Question:**

Think of an advantage and disadvantage of both the “lab reporting” and the “health care professional reporting” approach. Do you think we are missing reportable diseases being notified to us? Which do you think would be the most common one or two that we are missing?

**Search and Find ☺**

And the last one, *Disease Control Regulation*

<http://web2.gov.mb.ca/laws/regs/current/pdf-regs.php?reg=26/2009> . Look at 8(1) and 8(2).

Now you know why all those animal exposures are getting reported to Public Health! And check out Section 7. No making pets out of skunks or racoons.

**Reflection Question:**

In 8(2) what reasonable steps could a Public Health Nurse take for subsection (a) and (b)?

**Summary**

The Manitoba *Public Health Act* is a foundational document on which public health professionals, including Public Health Nurses, are able to have the authority to work in the areas of communicable disease control and immunization.