

Royal



Gazette

Part II

Regulations under the Regulations Act

Printed by the Queen's Printer

Halifax, Nova Scotia

Vol. 39, No. 8

April 17, 2015

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Please note: N.S. Reg. 70/2015 to N.S. Reg. 182/2015 were published in a special issue of the Royal Gazette Part II dated April 8, 2015.

In force date of regulations: As of March 4, 2005*, the date a regulation comes into force is determined by subsection 3(6) of the *Regulations Act*. The date a regulation is made, the date a regulation is approved, the date a regulation is filed and any date specified in a regulation are important to determine when the regulation is in force.

*Date that subsections 3(6) and (7) and Sections 11 and 13 of the *Regulations Act* and amendments to the *Regulations Act* made by Chapter 46 of the Acts of 2004 were proclaimed in force.

N.S. Reg. 50/2015

Made: March 19, 2015

Filed: March 25, 2015

Regulations Amending the Schedules to the Act Listing Regulating Bodies

Order dated March 19, 2015

Regulations made by the Minister of Labour and Advanced Education
pursuant to Section 21A of the *Fair Registration Practices Act***In the Matter of Section 21A of Chapter 38 of the Acts of 2008,
the *Fair Registration Practices Act*****- and -****In the Matter of Regulations Amending the Schedules to the Act
made by the Minister of Labour and Advanced Education
pursuant to Section 21A of the *Fair Registration Practices Act*****Order**

I, Kelly Regan, Minister of Labour and Advanced Education for the Province of Nova Scotia, pursuant to Section 21A of Chapter 38 of the Acts of 2008, the *Fair Registration Practices Act*, hereby make regulations amending Schedule A and Schedule B to the Act in the form set forth in the attached Schedule "A", effective on and after the date of this Order.

Made at Halifax, Nova Scotia, on March 19, 2015.

sgd: *Kelly Regan*
Honourable Kelly Regan
Minister of Labour and Advanced Education**Schedule "A"****Regulations Amending the Schedules to the Act Listing Regulating Bodies
made by the Minister of Labour and Advanced Education
under Section 21A of Chapter 38 of the Acts of 2008,
the *Fair Registration Practices Act*****Citation**

1 These regulations may be cited as the *Regulations Amending the Schedules to the Act Listing Regulating Bodies*.

Definition

2 In these regulations, "Act" means the *Fair Registration Practices Act*.

Amendments to Schedule A to the Act

3 The following bodies are added, in alphabetical order, to the list of regulating bodies in Schedule A to the Act:

Licensed Professional Planners Association of Nova Scotia
Midwifery Regulatory Council of Nova Scotia
Nova Scotia College of Counselling Therapists
Nova Scotia Dental Hygienists' Association

Nova Scotia Registered Music Teachers Association
Nova Scotia Securities Commission

Amendments to Schedule B to the Act

4 (1) The following persons are added, in alphabetical order, to the list of regulating bodies in Schedule B to the Act:

Minister of Environment
Minister of Finance
Minister of Labour and Advanced Education
Minister of Service Nova Scotia

(2) All of the following persons are removed from the list of regulating bodies in Schedule B to the Act:

Registrar under the *Direct Sellers' Regulation Act* for the purpose of granting permits to direct sellers of hearing aids
Superintendent of Insurance for the purpose of issuance of licenses to carry on the business of insurance under the *Insurance Act*
Director of Apprenticeship and Trades Qualifications

(3) Schedule B to the Act is amended by

- (a) striking out “for the purpose of issuance of teachers’ certificates or teachers’ permits” immediately after “Minister of Education” and substituting “and Early Childhood Development”;
- (b) striking out “for the purpose of registration of paramedics and emergency medical dispatchers” immediately after “Minister of Health” and substituting “and Wellness”;
- (c) striking out “for the purpose of issuance of licences and permits for hunting and fishing guides under the *Wildlife Act*” immediately after “Minister of Natural Resources”.

N.S. Reg. 51/2015

Made: March 24, 2015

Filed: March 25, 2015

Summary Offence Tickets Regulations

Order dated March 24, 2015

Amendment to regulations made by the Attorney General and Minister of Justice
pursuant to Section 8 of the *Summary Proceedings Act*

Order

**Made under Section 8 of Chapter 450
of the Revised Statutes of Nova Scotia, 1989,
the *Summary Proceedings Act***

I, Lena Metlege Diab, Attorney General and Minister of Justice for the Province of Nova Scotia, pursuant to Section 8 of Chapter 450 of the Revised Statutes of Nova Scotia, 1989, the *Summary Proceedings Act*, hereby

(a) amend Schedule 15A to the *Summary Offence Tickets Regulations*, N.S. Reg. 281/2011, made by order of

the Attorney General and Minister of Justice dated October 4, 2011, to designate certain offences under the regulations made under the *Wildlife Act* as summary offence ticket offences, in the manner set forth in the attached Schedule “A”; and

- (b) order and direct that the penalty to be entered on a summons in respect of an offence set out in amendments to the schedules to the *Summary Offence Tickets Regulations*, N.S. Reg. 281/2011, as set forth in the attached Schedule “A”, is the out-of-court settlement amount listed in the out-of-court settlement column set out opposite the description for the offence, and includes the charge provided for in, and in accordance with, Sections 8 and 9 of the Act.

This Order is effective on and after the date it is made.

Dated and made March 24, 2015, at Halifax, Halifax Regional Municipality, Province of Nova Scotia.

sgd: *Lena M. Diab*

Honourable Lena Metlege Diab

Attorney General and Minister of Justice

Schedule “A”

**Amendment to the *Summary Offence Tickets Regulations*
made by the Attorney General and Minister of Justice pursuant to Section 8
of Chapter 450 of the Revised Statutes of Nova Scotia, 1989,
the *Summary Proceedings Act***

- 1 (1) Schedule 15A to the *Summary Offence Tickets Regulations*, N.S. Reg. 281/2011, made by order of the Attorney General and Minister of Justice dated October 4, 2011, is amended, under the heading “Bear Harvesting Regulations”, by striking out item 15 and substituting the following item:

15	Locating bait site within prohibited distance from school, dwelling or other specified place (specify) without written consent of landowner or occupier	10(2)	\$384.95
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- (2) Schedule 15A to the regulations is further amended, under the heading “Bear Harvesting Regulations”, by striking out item 16.

- 2 Schedule 15A to the regulations is further amended by striking out items 1 to 16 under the heading “Deer Hunting Regulations” and substituting the following items:

1	Hunting deer without valid licence	4(1)	\$233.95
2	Hunting deer not in accordance with requirements, limitations and prohibitions for licence and stamp	4(2)	\$233.95
3	Hunting in Deer Management Zone other than zone permitted by stamp	6(6)(a)	\$233.95
4	Hunting deer other than sex or type permitted for Deer Management Zone	6(6)(b)	\$233.95
5	Failing to submit information return as required	7	\$233.95
6	Hunting deer under invalid stamp	9(2)	\$348.95
7	Hunting deer with weapon other than bow and arrow fitted with broadhead from 2nd Monday in September to 2nd following Saturday	11(6)	\$463.95

8	Youth hunting deer while not immediately supervised by person authorized by regulation[s]	17	\$233.95
9	Failing to immediately detach tag from licence after deer killed	19(1)(a)	\$233.95
10	Failing to indicate date of kill on licence	19(1)(b)	\$233.95
11	Failing to leave tag attached to deer carcass until prepared for consumption	19(2)	\$233.95
12	Deer registration agent failing to provide records, forms or reports (specify) to Department	23(2)	\$233.95
13	Failing to ensure head of antlered deer remains attached to front quarter of deer until registered	25	\$233.95
14	Failing to register as required	26	\$233.95
15	Possessing or transporting (specify) unregistered carcass of deer killed by another person	27	\$233.95
16	Possessing deer meat without permit	33(2)	\$233.95
17	Transferring deer meat to person who does not hold permit	35(1)	\$233.95
3	Schedule 15A to the regulations is further amended, under the heading "Dog Hunting and Training Regulations", by		
(a)	renumbering items 6 to 15 as 4 to 13;		
(b)	striking out item 5 and replacing it with the following item:		
5	Hunting raccoon at night with light that is part of electrical system of vehicle	7(2)	\$233.95
(c)	striking out "8(2)" in item 8 in the column headed "Section" and substituting "8(2)(a)";		
(d)	striking out item 10.		
4	Schedule 15A to the regulations is further amended by striking out items 1 to 23 under the heading "Firearm and Bow Regulations" and substituting the following items:		
1	Possessing swivel or spring gun in wildlife habitat	3(1)(a)	\$233.95
2	Possessing shotgun greater than 10 gauge in wildlife habitat	3(1)(b)	\$233.95
3	Possessing device designed to deaden sound of report of firearm in wildlife habitat	3(1)(c)	\$233.95
4	Possessing weapon in wildlife habitat without proper licence or stamp	3(2)	\$233.95
5	Hunting big game with weapon, arrow or ammunition (specify) other than as prescribed	4(4)	\$233.95
6	Possessing rifle, shotgun slug or ball (specify) in wildlife habitat without proper licence or permit	4(5)	\$348.95
7	Hunting small game with weapon, arrow or ammunition (specify) other than as prescribed	5(3)	\$348.95
8	Hunting other harvestable wildlife with weapon, arrow or ammunition (specify) other than as prescribed	6(4)	\$233.95
9	Hunting fur-bearing animal with weapon, arrow or ammunition (specify) other than as prescribed	7(4)	\$233.95

10	Contravening term or condition of permit to transport weapon (specify)	8(3)	\$233.95
11	Possessing uncased weapon in or on vehicle	8(4)(a)	\$233.95
12	Having crossbow or bow (specify) in or on vehicle or vessel with arrow or bolt (specify) in place for firing and firing string drawn	8(6)	\$233.95
13	Disabled person transporting uncased weapon in vehicle	9(9)	\$233.95
14	Disabled person using vehicle to pursue wildlife	9(11)	\$233.95
15	Failing to comply with special term or condition of Weapon Discharge Permit	9(12)	\$233.95
16	Possessing more than 1 weapon (specify number) with additional weapon not unloaded and disassembled or not unloaded and encased (specify)	10	\$233.95
17	Hunting with or discharging weapon (specify) within 804 m of school	11(1)	\$348.95
18	Hunting with or discharging (specify) firearm loaded with rifle cartridge, single ball or slug within 402 m of dwelling, place of business, public building or other specified place (specify)	11(2)	\$348.95
19	Discharging shotgun loaded with shot, crossbow or bow (specify) within 182 m of dwelling, place of business, public building or other specified place (specify)	11(3)	\$348.95
20	Hunting with weapon (specify) within 182 m of dwelling, place of business, public building or other specified place (specify)	11(4)	\$348.95
21	Carrying loaded weapon in vessel contrary to regulations (specify)	12	\$233.95
5	Schedule 15A to the regulations is further amended, under the heading "Fur Harvesting Regulations", by striking out "Hunting or possessing fur-bearing animal by person who is non-resident of Nova Scotia" in item 2 in the column headed "Offence", and substituting "Non-resident hunting or possessing fur-bearing animal (specify) without valid Non-Resident Furbuyers Licence".		
6	Schedule 15A to the regulations is further amended, under the heading "Liscomb Game Sanctuary Regulations", by striking out items 3, 4 and 5 and substituting the following items:		
	3	Hunting in Liscomb Game Sanctuary without proper licence or stamp (specify)	4(1) \$233.95
	4	Hunting in Liscomb Game Sanctuary outside open season	4(2) \$233.95
	5	Hunting in Liscomb Game Sanctuary with weapon other than muzzleloader, bow or crossbow	4(4) \$233.95
7	Schedule 15A to the regulations is further amended, under the heading "Pheasant Shooting Preserve Regulations", by adding "contrary to Act or regulations" immediately after "preserve" in item 10 in the column headed "Offence".		
8	Schedule 15A to the regulations is further amended, under the heading "Small Game Hunting Regulations", by striking out "firearm or bow" in item 2 in the column headed "Offence" and substituting "firearm, crossbow or bow".		
9	(1) Schedule 15A to the regulations is further amended, under the heading "Tobeatic Wildlife Management Area Regulations", by striking out items 3 to 5 and substituting the following items:		

- | | | | |
|---|---|------|----------|
| 3 | Hunting in Tobeatic Wildlife Management Area without proper licence or stamp (specify) | 4(1) | \$233.95 |
| 4 | Hunting in Tobeatic Wildlife Management Area outside open season | 4(2) | \$233.95 |
| 5 | Hunting in Tobeatic Wildlife Management Area with weapon other than muzzleloader, bow or crossbow | 4(3) | \$233.95 |
- (2) Schedule 15A to the regulations is further amended, under the heading “Tobeatic Wildlife Management Area Regulations”, by striking out “with” in item 6 in the column headed “Offence” and substituting “in”.

N.S. Reg. 52/2015 to 56/2015

Made: March 24, 2015

Filed: March 26, 2015

Health Authorities Act General Regulations;
 District Health Authorities General Regulations;
 Hospitals Regulations;
 Hospital Approvals

Order in Council 2015-77 dated March 24, 2015

Regulations, repeal of regulations and amendment to regulations made by the Governor in Council pursuant to Section 78 of the *Health Authorities Act* and Sections 4 and 17 of the *Hospitals Act*

The Governor in Council on the report and recommendation of the Minister of Health and Wellness dated March 4, 2015, is pleased, effective on and after April 1, 2015, to:

- (a) pursuant to Section 78 of Chapter 32 of the Acts of 2014, the *Health Authorities Act*,
- (i) amend the *Health Authorities Act General Regulations*, N.S. Reg. 16/2015, made by the Governor in Council by Order in Council 2015-23 dated January 29, 2015, in the manner set forth in Schedule “A”, attached to and forming part of the report and recommendation, and
- (ii) repeal the *District Health Authorities General Regulations*, N.S. Reg. 190/2000, made by the Governor in Council by Order in Council 2000-565 dated November 9, 2000;

[Clause (a) filed as N.S. Reg. 52/2015.]

- (b) pursuant to Sections 4 and 17 of Chapter 208 of the Revised Statutes of Nova Scotia, 1989, the *Hospitals Act*, repeal the following regulations and make new regulations respecting hospitals in the form set forth in Schedule “B” attached to and forming part of the report and recommendation:
- (i) *Hospitals Regulations*, N.S. Reg. 16/79, made by the Governor in Council by Order in Council 79-72 dated January 23, 1979, and
- (ii) regulations approving Scotia Surgery Inc. as a hospital, N.S. Reg. 261/2008, made by the Governor in Council by Order in Council 2008-215 dated April 22, 2008; and

[Clause (b) filed as N.S. Reg. 53/2015.]

- (c) pursuant to Section 4 of Chapter 208 of the Revised Statutes of Nova Scotia, 1989, the *Hospitals Act*, repeal the following regulations:

- (i) regulations approving the Dartmouth General Hospital, Camp Hill Hospital, Kentville Hospital Association, Nova Scotia Rehabilitation Centre, Abbie J. Lane Memorial Hospital, Cape Breton Hospital, Nova Scotia Hospital, Units West 3 and 4 of the Kings Regional Health and Rehabilitation Centre, Izaak Walton Killam Hospital for Children, Inverness Consolidated Memorial Hospital as hospitals, N.S. Reg. 212/2003, made by the Governor in Council by Order in Council 79-1636 dated December 18, 1979, [**Subclause (c)(i) filed as N.S. Reg. 54/2015.**]
- (ii) regulations approving District Health Authorities 1 through 8 and the Capital District Health Authority as hospitals, N.S. Reg. 213/2003, made by the Governor in Council by Order in Council 2001-474 dated October 4, 2001, and [**Subclause (c)(ii) filed as N.S. Reg. 55/2015.**]
- (iii) regulations approving the facility located at Canadian Forces Base Halifax, Hospital (Stadacona) as a hospital, N.S. Reg. 353/2008, made by the Governor in Council by Order in Council 2008-420 dated August 12, 2008. [**Subclause (c)(iii) filed as N.S. Reg. 56/2015.**]

N.S. Reg. 52/2015

Health Authorities Act General Regulations

Schedule "A"

**Amendment to the *Health Authorities Act General Regulations*
made pursuant by the Governor in Council under
Section 78 of Chapter 32 of the Acts of 2014,
the *Health Authorities Act***

The *Health Authorities Act General Regulations*, N.S. Reg. 16/2015, made by the Governor in Council by Order in Council 2015-23 dated January 29, 2015, is amended by adding the following Sections immediately after Section 2:

Provincial health authority name

3 The name of the provincial health authority is the Nova Scotia Health Authority.

Management zones

4 The following management zones are established within the Province for delivering and managing health services on a regional level by the provincial health authority:

Zone	Counties/Municipalities in Zone
Western Zone	Yarmouth County Shelburne County Digby County Queens County Annapolis County Lunenburg County Kings County
Eastern Zone	Guysborough County Antigonish County Richmond County Inverness County Victoria County Cape Breton County

Northern Zone	Municipality of the District of East Hants Colchester County Cumberland County Pictou County
Central Zone	Halifax County Municipality of the District of West Hants

Numbers of directors

- 5 (1) In accordance with subsection 52(1) of the Act, the number of voting directors for the board of the provincial health authority is 13.
- (2) The Minister may select 1 member of the IWK Health Centre's board to serve as an ex-officio, non-voting member of the provincial health authority's board.
- (3) The Minister may select 1 voting director of the provincial health authority's board to serve as an ex-officio, non-voting member of the IWK Health Centre's board.

Director's term of office

- 6 A director of the provincial health authority may be appointed for a maximum term of 3 years, as specified in the director's appointment in accordance with Section 54 of the Act.

Reimbursement of expenses

- 7 ~~Director's~~ [Directors'] and community health board ~~member's~~ [members'] expenses to be reimbursed under Sections 15 and 67 of the Act are reasonable expenses necessarily incurred in the carrying out of their duties related to dependant care, travel, meals, accommodations, long distance telephone calls, faxes, and photocopying.

N.S. Reg. 53/2015

Hospitals Regulations

Schedule "B"

**Regulations Respecting Hospitals
made by the Governor in Council under Section 17 of
Chapter 208 of the Revised Statutes of Nova Scotia, 1989, the *Hospitals Act***

Citation

- 1 These regulations may be cited as the *Hospitals Regulations*.

Definitions

- 2 In these regulations,

"health authority" means a health authority as defined in, and as deemed to be a hospital in, the *Health Authorities Act*;

"hospital building" means a physical location that is or will be used by a health authority to provide health care services, but that is not necessarily owned by the health authority;

"qualified nurse practitioner" means a nurse practitioner as defined in the *Registered Nurses Act* who is an employee of a health authority;

"qualified registered nurse" means a registered nurse as defined in the *Registered Nurses Act* who is an employee of a health authority.

Hospital construction and renovation proposals

- 3** (1) A health authority may make a proposal to the Minister to construct or alter a hospital building, or the Minister may request a health authority to make a proposal for constructing or altering a hospital building.
- (2) A proposal to construct or alter a hospital building must be in writing and include any information the Minister requires, including all of the following:
- (a) a description of any existing buildings at the site and their uses;
 - (b) the proposed construction or alterations;
 - (c) the health authority's functions and services that will be affected;
 - (d) an estimate of the cost of the proposed construction or alterations;
 - (e) any reports or studies by consultants.
- (3) The Minister may approve a proposal to construct or alter a hospital building in writing, subject to any conditions the Minister considers advisable and subject to a maximum budget that includes the cost of any item or service the Minister considers advisable, including the cost of all of the following, as appropriate:
- (a) purchasing land or buildings;
 - (b) construction, repair or alterations;
 - (d) fees for consultants and architects;

[Clause lettering as in original.]

- (c) interest on funds required for clauses (a) and (b);

[Clause lettering as in original.]

- (e) equipment;
- (f) land surveys and soil tests;
- (g) necessary paving and landscaping;
- (h) site preparation and servicing.

Emergency planning

- 4** (1) A health authority must develop and maintain the following plans and procedures in writing, and submit them to the Minister:
- (a) a plan for internal and external emergencies arising within the health authority, a management zone or a hospital building, including procedures for
 - (i) preparing for emergencies,
 - (ii) mitigating against emergencies,
 - (iii) responding to emergencies,

- (iv) recovering from emergencies,
 - (v) testing the procedures for subclauses (i) to (iv);
 - (b) a plan for health authority and management zone emergency operations centres that are capable of being activated during an emergency;
 - (c) business continuity plans and procedures to respond to loss of critical infrastructure and mission critical services;
 - (d) fire safety plans for preventing and controlling fire within a hospital building in accordance with the Office of the Fire Marshal's requirements.
- (2) Plans and procedures required by subsection (1) must be developed in collaboration with relevant local, provincial and federal authorities, as appropriate.
- (3) The Minister may review any plans and procedures submitted under subsection (1) as the Minister considers necessary, and a health authority must revise and update its plans and procedures at the request of the Minister.

Records and reports regarding emergency planning to Minister

- 5 (1) A health authority must retain a written record of each inspection, test and practice related to preventing and controlling fire or other emergencies, including events that threaten business continuity, for at least 2 years and make the records available to the Minister on request.
- (2) A health authority must submit a copy of all reports received from the Office of the Fire Marshal or any fire department to the Minister.

Hospital accreditation report to Minister

- 6 A hospital must send the Minister a copy of any report made by Accreditation Canada regarding the hospital.

Ministerial approval of student training programs

- 7 A health authority must first obtain the written approval of the Minister before doing any of the following:
- (a) developing a hospital-administered training program for medical, nursing, technical or other students;
 - (b) entering into an agreement with another institution to provide a training program for students of that institution, including approval of the terms and conditions of the agreement.

Drug dispensary pharmacist

- 8 A drug dispensary in a hospital must be under the direction or advice of a pharmacist licensed under the *Pharmacy Act*.

In-patient and out-patient medical records

- 9 (1) A hospital must maintain a record of the diagnostic and treatment services provided for each hospital in-patient and out-patient.
- (2) An in-patient record maintained under subsection (1) must include any information the hospital considers necessary, including all of the following for the patient:
- (a) name, including all previous surnames;

- (b) health card number assigned under the *Health Services Insurance Act*;
- (c) date of birth;
- (d) history of present illness;
- (e) history of previous illness;
- (f) family history;
- (g) physical examination;
- (h) provisional diagnosis;
- (i) orders for treatment;
- (j) medical, nursing and other notes on the progress of the patient;
- (k) condition on discharge;
- (l) all reports of
 - (i) consultations,
 - (ii) follow-up care,
 - (iii) laboratory, radiological, and other diagnostic examinations,
 - (iv) medical, surgical, obstetrical and other therapeutic treatment, including renal dialysis treatment,
 - (v) operations and anaesthesia,
 - (vi) hospital autopsy;
- (m) final diagnosis;
- (n) on the death of the patient in hospital, a copy of the death certificate under the *Vital Statistics Act*.

Destruction and examination of tissues

- 10 (1)** In this Section, “tissue” means tissues removed from a patient during an operation or by curettage.
- (2) A qualified medical practitioner, qualified dental practitioner or employee of a hospital must not destroy tissue.
 - (3) Tissue must be sent to a laboratory, together with a short history of the case and a statement of the findings of the operation or curettage, where a pathologist must carry out a gross examination of the tissue.
 - (4) A histological examination of tissue must be carried out if
 - (a) a qualified medical practitioner or qualified dental practitioner requests the examination; or

- (b) the gross examination suggests a pathological condition that can be confirmed only by a histological examination.
- (5) A laboratory report on any tissue examination must be sent to the hospital in which the operation or curettage took place.

Tissues not requiring pathological examination

- 11** (1) On the recommendation of its medical staff, a hospital may authorize exceptions to Section 10 for certain tissues or specimens or classes of tissues or specimens that the hospital considers do not require pathological examination.
- (2) A hospital must maintain a list of tissues that do not require examination under subsection (1), and must send the Minister a copy of the list and any subsequently updated lists.

Discharging patient from health authority

- 12** (1) Subject to any conditions established under a health authority's by-laws, if a patient is no longer in need of treatment in the health authority, any of the following may authorize the discharge of the patient from the health authority:
- (a) a qualified medical practitioner;
 - (b) a qualified midwife;
 - (c) a qualified dental practitioner;
 - (d) a qualified nurse practitioner.
- (2) A qualified medical practitioner may authorize a qualified registered nurse to discharge a patient from a health authority in accordance with conditions established under the health authority's by-laws.

Release from an emergency department or collaborative emergency centre

- 13** (1) In this Section,

“collaborative emergency centre” means a service delivery centre, facility or program approved by the Minister and operated by a health authority to provide access to or delivery of any of the following:

- (i) primary care services,
- (ii) urgent care services;
- (iii) emergency care services;

“release” means the release of a patient from a health authority's emergency department or a collaborative emergency centre after a qualified registered nurse has conducted a nursing assessment and provided nursing care.

- (2) A qualified registered nurse may release a patient from a health authority's emergency department or a collaborative emergency centre in accordance with conditions established by a health authority.

Forms

- 14** The forms listed in the following table are prescribed to be used in the administration of the Act for the purposes stated:

Form Letter	Title/purpose
A	Declaration of Capacity to Consent to Treatment form for use under Section 53 of the Act
B	Revocation of Declaration of Capacity to Consent to Treatment form for use under Section 57 of the Act
C	Declaration of Competency form for use under Section 53 of the Act
D	Revocation of Declaration of Competency form for use under Section 57 of the Act
E	Notice to Public Trustee form for use under subsection 59(1) of the Act

Schedule A—Approved Hospitals

The following are approved as hospitals under clause 4(1)(a) of the Act:

Hospital	Location
Scotia Surgery Inc.	18 Acadia Drive, Dartmouth

Schedule B—Forms

Form A—Declaration of Capacity to Consent to Treatment
(Section 53, *Hospitals Act*)

I, _____ (full name), a _____ (title) on the staff of _____ (name of hospital or psychiatric facility), personally examined _____ (full name of person) of _____ (address of person) on ___/___/_____ (dd/mm/yyyy) at _____ a.m./p.m. at _____ (location of examination).

It is my opinion that the person (check one)

- is capable of consenting to the proposed treatment or treatments
- is not capable of consenting to the proposed treatment or treatments

In arriving at this opinion I have considered all of the following:

- whether the person understands the condition for which the specific treatment is proposed;
- the nature and purpose of the specific treatment;
- the risks and benefits involved in undergoing the specific treatment; and
- the risks and benefits involved in not undergoing the specific treatment.

The following information supports my opinion:

1) Observations from my examination of the patient:

2) Information from other sources:

Sources of above information (*identify specific sources*):

(*date of signature*)

(*signature*)

(*printed name*)

Notes:

1) Section 2A of the Hospitals Act states:

2A For the purpose of this Act, any reference to a psychiatrist carrying out a capacity or competency assessment means

- (a) for the purpose of a person in a psychiatric facility, a psychiatrist as defined in clause (r) of Section 2; and
- (b) for the purpose of a person in a hospital, the attending physician or other suitable health professional determined by the hospital.

2) Sections 54(2) to 54D of the Hospitals Act state:

54 (2) Where a patient in a hospital or a psychiatric facility is found by declaration of capacity to be incapable of consenting to treatment, consent may be given or refused on behalf of the patient by a substitute decision-maker who has capacity and is willing to make the decision to give or refuse the consent from the following in descending order:

- (a) a person who has been authorized to give consent under the Medical Consent Act or a delegate authorized under the Personal Directives Act;
- (b) the patient's guardian appointed by a court of competent jurisdiction;
- (c) the spouse of the patient;
- (d) an adult child of the patient;
- (e) a parent of the patient;
- (f) a person who stands in loco parentis to the patient;

- (fa) an adult sibling of the patient;
 - (fb) a grandparent of the patient;
 - (fc) an adult grandchild of the patient;
 - (fd) an adult aunt or uncle of the patient;
 - (fe) an adult niece or nephew of the patient;
 - (g) any other adult next of kin of the patient; or
 - (h) the Public Trustee.
- (3) Where a person in a category in subsection (2) fulfils the criteria for a substitute decision-maker as outlined in subsection (5) but refuses to consent to treatment on the patient's behalf, the consent of a person in a subsequent category is not valid.
- (4) Where two or more persons who are not described in the same clause of subsection (2) claim the authority to give or refuse consent under that subsection, the one under the clause occurring first in that subsection prevails.
- (5) A person referred to in clauses (c) to (g) of subsection (2) shall not exercise the authority given by that subsection unless the person
- (a) excepting a spouse, has been in personal contact with the patient over the preceding twelve-month period or has been granted a court order to shorten or waive the twelve-month period;
 - (b) is willing to assume the responsibility for consenting or refusing consent;
 - (c) knows of no person of a higher category who is able and willing to make the decision; and
 - (d) makes a statement in writing certifying the person's relationship to the patient and the facts and beliefs set out in clauses (a) to (c).
- (6) The attending physician is responsible for obtaining consent from the appropriate person referred to in subsection (2).
- 54A The substitute decision-maker shall make the decision in relation to specified medical treatment
- (a) in accordance with the patient's prior capable informed expressed wishes unless
 - (i) technological changes or medical advances make the prior expressed wishes inappropriate in a way that is contrary to the intentions of the patient, or
 - (ii) circumstances exist that would have caused the patient to set out different instructions had the circumstances been known based on what the substitute decision-maker knows of the values and beliefs of the patient and from any other written or oral instructions;
 - (b) in the absence of awareness of a prior capable informed expressed wish, in accordance with what the substitute decision-maker believes the wishes of the patient would be based on what the substitute decision-maker knows of the values and beliefs of the patient and from any other written or oral instructions; and
 - (c) if the substitute decision-maker does not know the wishes, values and beliefs of the patient, in accordance with what the substitute decision-maker believes to be in the best interest of the patient.
- 54B In order to determine the best interest of the patient for the purpose of clause (b) of Section 54A, regard shall be had to
- (a) whether the condition of the patient will be or is likely to be improved by the specified medical treatment;
 - (b) whether the condition of the patient will improve or is likely to improve without the specified medical treatment;
 - (c) whether the anticipated benefit to the patient from the specified medical treatment outweighs the risk of harm to the patient; and

- (d) whether the specified medical treatment is the least restrictive and least intrusive treatment that meets the requirements of clauses (a), (b) and (c).
- 54C Whoever seeks a person's consent on a patient's behalf is entitled to rely on that person's statement in writing as to the person's relationship with the patient and as to the facts and beliefs mentioned in clauses (a) to (c) of subsection (5) of Section 54, unless it is not reasonable to believe the statement.
- 54D (1) Where a substitute decision-maker approves or refuses treatment on behalf of a patient pursuant to subsection (2) of Section 54, the Supreme Court of Nova Scotia (Family Division) or the Family Court where there is no Supreme Court (Family Division) may review the provision or refusal of consent when requested to do so by the psychiatrist or the patient to determine whether the substitute decision-maker has rendered a capable informed consent.
- (2) Where the court finds that a substitute decision-maker has not rendered a capable informed consent, the next suitable decision-maker in the hierarchy in subsection (2) of Section 54 becomes the substitute decision-maker.

Form B—Revocation of Declaration of Capacity
(Section 57, Hospitals Act)

I, _____ (full name), a _____ (title) on the staff of
 _____ (name of hospital or psychiatric facility), personally examined
 _____ (full name of person) on ___/___/___ (dd/mm/yyyy) at _____ a.m./p.m. at
 _____ (location of examination).

I declare that in my opinion the person is capable of consenting to the following treatment or treatments:

Therefore I am revoking the Declaration of Capacity dated ___/___/___ (dd/mm/yyyy) respecting this person.

 (date of signature)

 (signature)

 (printed name)

Note:

Section 2A of the Hospitals Act states:

- 2A For the purpose of this Act, any reference to a psychiatrist carrying out a capacity or competency assessment means
 - (a) for the purpose of a person in a psychiatric facility, a psychiatrist as defined in clause (r) of Section 2; and
 - (b) for the purpose of a person in a hospital, the attending physician or other suitable health professional determined by the hospital.

Form C—Declaration of Competency
(Section 53, Hospitals Act)

I, _____ (full name), a _____ (title) on the staff of
 _____ (name of hospital or psychiatric facility), personally examined

_____ (full name of person) on ___/___/____ (dd/mm/yyyy) at _____ a.m./p.m. at _____ (location of examination).

I declare that in my opinion the person (check one)

- is competent to administer their estate.
- is not competent to administer their estate.

In arriving at this opinion I have considered **all** of the following:

- the nature and degree of the person’s condition
- the complexity of the estate
- the effect of the condition of the person upon their conduct in administering the estate
- any other circumstances that I consider relevant to the estate and the person and their condition.

The following information supports my opinion:

1) Observations from my examination of the patient:

2) Information from other sources:

Sources of above information (identify specific sources):

Date of admission to hospital or psychiatric facility: ___/___/____ (dd/mm/yyyy).

(date of signature)

(signature)

(printed name)

Note:

Section 2A of the Hospitals Act states:

2A For the purpose of this Act, any reference to a psychiatrist carrying out a capacity or competency

assessment means

- (a) for the purpose of a person in a psychiatric facility, a psychiatrist as defined in clause (r) of Section 2; and
- (b) for the purpose of a person in a hospital, the attending physician or other suitable health professional determined by the hospital.

Form D—Revocation of Declaration of Competency
(Section 57, *Hospitals Act*)

I, _____ (full name), a _____ (title) on the staff of _____ (name of hospital or psychiatric facility), personally examined _____ (full name of person) on ___/___/___ (dd/mm/yyyy) at _____ a.m./p.m. at _____ (location of examination).

I declare that in my opinion the person is competent to administer their estate.

Therefore I am revoking the Declaration of Competency dated ___/___/___ (dd/mm/yyyy) respecting this person.

(date of signature)

(signature)

(printed name)

Note:

Section 2A of the Hospitals Act states:

- 2A For the purpose of this Act, any reference to a psychiatrist carrying out a capacity or competency assessment means
- (a) for the purpose of a person in a psychiatric facility, a psychiatrist as defined in clause (r) of Section 2; and
 - (b) for the purpose of a person in a hospital, the attending physician or other suitable health professional determined by the hospital.

Form E—Notice to Public Trustee
(Subsection 59(1), *Hospitals Act*)

I, _____ (full name), am the administrator/chief executive officer (circle one) of _____ (name of hospital or psychiatric facility).

_____ (full name of patient), a patient at the hospital/psychiatric facility, has been examined by a psychiatrist and found to be unable to administer their estate.

I hereby advise you that circumstances are such that the Public Trustee should consider immediately assuming management of their estate.

(date of signature)

(signature)

(witness's name—printed)

(printed name)

(title)

Note:

Section 2A of the Hospitals Act states:

- 2A For the purpose of this Act, any reference to a psychiatrist carrying out a capacity or competency assessment means
- (a) for the purpose of a person in a psychiatric facility, a psychiatrist as defined in clause (r) of Section 2; and
 - (b) for the purpose of a person in a hospital, the attending physician or other suitable health professional determined by the hospital.

N.S. Reg. 57/2015

Made: March 17, 2015

Filed: March 26, 2015

Number of Councillors Order: Town of Annapolis Royal

Order dated March 17, 2015
made by the Nova Scotia Utility and Review Board
pursuant to Section 369 of the *Municipal Government Act*

Order

M06637

In the matter of the *Municipal Government Act*

-and-

In the matter of an application by the **Town of Annapolis Royal** to confirm the number of councillors

Before: Roberta J. Clarke, Q.C.

An Application having been made by the Town of Annapolis Royal pursuant to s. 369 of the *Municipal Government Act* and the Board having issued its decision on March 17, 2015;

It is hereby ordered that the number of councillors for the Town of Annapolis Royal is confirmed at four, to be elected at large.

Dated at Halifax, Nova Scotia this 17th day of March, 2015.

sgd: *Elaine Wagner*
Clerk of the Board

N.S. Reg. 58/2015

Made: March 17, 2015

Filed: March 26, 2015

Number of Councillors Order: Town of Berwick

Order dated March 17, 2015
made by the Nova Scotia Utility and Review Board
pursuant to Section 369 of the *Municipal Governments Act*

Order**M06572****In the matter of the *Municipal Government Act***

-and-

In the matter of an application by the **Town of Berwick** to confirm the number of councillors**Before:** Roberta J. Clarke, Q.C.

An Application having been made by the Town of Berwick pursuant to s. 369 of the *Municipal Government Act* and the Board having issued its decision on March 17, 2015;

It is hereby ordered that the number of councillors for the Town of Berwick is confirmed at six, to be elected at large.

Dated at Halifax, Nova Scotia this 17th day of March, 2015.

sgd: *Elaine Wagner*
Clerk of the Board

N.S. Reg. 59/2015

Made: March 12, 2015

Filed: March 26, 2015

Polling Districts and Number of Councillors Order: Municipality of the District of Digby

Order dated March 12, 2015
made by the Nova Scotia Utility and Review Board
pursuant to Section 369 of the *Municipal Government Act*

Order**M06611****In the matter of the *Municipal Government Act***

-and-

In the matter of an application by the **Municipality of the District of Digby** to confirm the number of councillors and the existing boundaries of the polling districts

Before: Roland A Deveau, Q.C., Vice-Chair

An application having been made by the Municipality of the District of Digby (the "Municipality") pursuant to s. 369 of the *Municipal Government Act* and the Board having issued its decision on March 12, 2015;

It is hereby ordered that the number of polling districts for the Municipality is confirmed at five, each electing one councillor. The boundaries of the polling districts shall remain unchanged.

Dated at Halifax, Nova Scotia this 12th day of March 2015.

sgd: *Elaine Wagner*
Clerk of the Board

N.S. Reg. 60/2015

Made: March 12, 2015

Filed: March 26, 2015

Number of Councillors Order: Town of Digby

Order dated March 12, 2015
made by the Nova Scotia Utility and Review Board
pursuant to Section 369 of the *Municipal Government Act*

Order

M06577

In the matter of the *Municipal Government Act*

-and-

In the matter of an application by the **Town of Digby** to reduce the number of councillors from six to four

Before: Roland A Deveau, Q.C., Vice-Chair

An Application having been made by the Town of Digby ("Town") pursuant to s. 369 of the *Municipal Government Act* and the Board having issued its decision on March 12, 2015;

It is hereby ordered that the number of councillors for the Town is reduced from six to four, to be elected at large;

And it is further ordered that all provisions of the *Municipal Government Act* and the *Municipal Elections Act* and any other Acts of the Province of Nova Scotia applying to the preparation for and holding of the regular election of councillors of the Town in the year 2016 will be complied with as if the above-noted changes been made on the first day of March, 2016, but for all other purposes, such changes shall take effect on the first day of the first meeting of the Council after the election of councillors for the year 2016.

Dated at Halifax, Nova Scotia this 12th day of March, 2015.

sgd: *Elaine Wagner*
Clerk of the Board

N.S. Reg. 61/2015

Made: March 19, 2015

Filed: March 26, 2015

Polling Districts and Number of Councillors Order: Town of Pictou

Order dated March 19, 2015
made by the Nova Scotia Utility and Review Board
pursuant to Section 369 of the *Municipal Government Act*

Order**M06616****In the matter of the *Municipal Government Act***

-and-

In the matter of an application by the **Town of Pictou** to confirm the number of councillors and to reduce the number of polling districts

Before: Roberta J. Clarke, Q.C.

An Application having been made by the Town of Pictou pursuant to s. 369 of the *Municipal Government Act* and the Board having issued its written decision on March 18, 2015;

It is hereby ordered that the Application is approved as follows:

1. The number of councillors is confirmed at four;
2. The two polling districts are dissolved, resulting in an at large system for the election of councillors for the Town;

And it is further ordered that all provisions of the *Municipal Government Act* and the *Municipal Elections Act* and any other Acts of the Province of Nova Scotia applying to the preparation for and holding of the regular election of councillors of the Town in the year 2016 will be complied with as if the above-noted changes had been made on the first day of March, 2016, but for all other purposes, such changes shall take effect on the first day of the first meeting of the Council after the election of councillors for the year 2016.

Dated at Halifax, Nova Scotia this 19th day of March, 2015.

sgd: *Elaine Wagner*
Clerk of the Board

N.S. Reg. 62/2015

Made: March 12, 2015

Filed: March 26, 2015

Number of Councillors Order: Town of Yarmouth

Order dated March 12, 2015
made by the Nova Scotia Utility and Review Board
pursuant to Section 369 of the *Municipal Government Act*

Order**M06634****In the matter of the *Municipal Government Act***

-and-

In the matter of an application by the **Town of Yarmouth** to confirm the number of councillors**Before:** Roland A Deveau, Q.C., Vice-Chair

An Application having been made by the Town of Yarmouth pursuant to s. 369 of the *Municipal Government Act* and the Board having issued its decision on March 12, 2015;

It is hereby ordered that the number of councillors for the Town of Yarmouth is confirmed at six, to be elected at large.

Dated at Halifax, Nova Scotia this 12th day of March, 2015.

sgd: *Elaine Wagner*
Clerk of the Board

N.S. Reg. 63/2015

Made: March 26, 2015

Filed: March 27, 2015

Petroleum Products Prices

Order dated March 26, 2015
made by the Nova Scotia Utility and Review Board
pursuant to Section 14 of the *Petroleum Products Pricing Act*
and Sections 16 to 19 of the *Petroleum Products Pricing Regulations*

Order**NSUARB-GAS-W-15-16****In the Matter of the *Petroleum Products Pricing Act***

- and -

**In the Matter of Prescribing Prices for Petroleum Products
pursuant to Section 14 of the *Petroleum Products Pricing Act* and
Sections 16 to 19 of the *Petroleum Products Pricing Regulations***

Before: Peter W. Gurnham, Q.C., Chair

Whereas the purpose of the *Petroleum Products Pricing Regulations* is to ensure just and reasonable prices for specified petroleum products taking into consideration the objectives of preserving the availability of such products in rural areas, stabilizing prices of such products and minimizing the variances in prices of such

products across the Province;

And whereas the Nova Scotia Utility and Review Board (“Board”) considered the manner in which it would proceed to set petroleum prices in its decision, 2006 NSUARB 108, issued on October 16, 2006;

And whereas the Board revised the retail margin and transportation allowance effective January 6, 2012, in its decision, 2011 NSUARB 181, issued on November 23, 2011;

And whereas the Board revised the wholesale margin effective January 4, 2013, in its decision, 2012 NSUARB 213, issued on December 12, 2012;

And whereas the average of the average of the daily high and low reported product prices (in Canadian cents) for the week ended March 25, 2015, are:

Grade 1 Regular gasoline	54.6¢ per litre
Ultra-low-sulfur diesel oil	57.7¢ per litre

Now therefore the Board prescribes the benchmark prices for petroleum products to be:

Gasoline:	
Grade 1	54.6¢ per litre
Grade 2	57.6¢ per litre
Grade 3	60.6¢ per litre
Ultra-low-sulfur diesel oil	57.7¢ per litre

And now therefore the Board has determined, based on historical data regarding price changes and to achieve revenue neutrality, it is appropriate to apply, and the Board so orders, forward averaging corrections of:

Gasoline:	plus 0.5¢ per litre
Ultra-low-sulfur diesel oil:	minus 0.9¢ per litre

And whereas a winter blending adjustment of plus 3.8¢ per litre is required for ultra-low-sulfur diesel oil;

And now therefore the Board prescribes the prices for petroleum products as set forth in Schedule “A” effective on and after 12:01 a.m., March 27, 2015.

Dated at Halifax, Nova Scotia, this 26th day of March, 2015.

sgd: *Elaine Wagner*
Clerk of the Board

Schedule “A”

**Prices Prescribed for Petroleum Products
under the *Petroleum Products Pricing Act* and the
Petroleum Products Pricing Regulations
effective on and after 12:01 a.m. on March 27, 2015**

Nova Scotia Petroleum Price Schedule								
Petroleum Prices in Cents/Litre					Self-Service Pump Prices		Full-Service Pump Prices	
					(Pump Prices includes 15% HST)			
	Base Wholesale Price	Fed. Excise Tax	Prov. Tax	Wholesale Selling Price	Min	Max	Min	Max
Zone 1								
Regular Unleaded	62.3	10.0	15.5	87.8	106.5	108.6	106.5	999.9
Mid-Grade Unleaded	65.3	10.0	15.5	90.8	109.9	112.0	109.9	999.9
Premium Unleaded	68.3	10.0	15.5	93.8	113.4	115.5	113.4	999.9
Ultra-Low-Sulfur Diesel	67.8	4.0	15.4	87.2	105.8	107.9	105.8	999.9

Zone 2								
Regular Unleaded	62.8	10.0	15.5	88.3	107.1	109.1	107.1	999.9
Mid-Grade Unleaded	65.8	10.0	15.5	91.3	110.5	112.6	110.5	999.9
Premium Unleaded	68.8	10.0	15.5	94.3	114.0	116.0	114.0	999.9
Ultra-Low-Sulfur Diesel	68.3	4.0	15.4	87.7	106.4	108.4	106.4	999.9
Zone 3								
Regular Unleaded	63.2	10.0	15.5	88.7	107.5	109.6	107.5	999.9
Mid-Grade Unleaded	66.2	10.0	15.5	91.7	111.0	113.0	111.0	999.9
Premium Unleaded	69.2	10.0	15.5	94.7	114.4	116.5	114.4	999.9
Ultra-Low-Sulfur Diesel	68.7	4.0	15.4	88.1	106.8	108.9	106.8	999.9
Zone 4								
Regular Unleaded	63.3	10.0	15.5	88.8	107.6	109.7	107.6	999.9
Mid-Grade Unleaded	66.3	10.0	15.5	91.8	111.1	113.2	111.1	999.9
Premium Unleaded	69.3	10.0	15.5	94.8	114.5	116.6	114.5	999.9
Ultra-Low-Sulfur Diesel	68.8	4.0	15.4	88.2	107.0	109.0	107.0	999.9
Zone 5								
Regular Unleaded	63.3	10.0	15.5	88.8	107.6	109.7	107.6	999.9
Mid-Grade Unleaded	66.3	10.0	15.5	91.8	111.1	113.2	111.1	999.9
Premium Unleaded	69.3	10.0	15.5	94.8	114.5	116.6	114.5	999.9
Ultra-Low-Sulfur Diesel	68.8	4.0	15.4	88.2	107.0	109.0	107.0	999.9
Zone 6								
Regular Unleaded	64.0	10.0	15.5	89.5	108.4	110.5	108.4	999.9
Mid-Grade Unleaded	67.0	10.0	15.5	92.5	111.9	114.0	111.9	999.9
Premium Unleaded	70.0	10.0	15.5	95.5	115.3	117.4	115.3	999.9
Ultra-Low-Sulfur Diesel	69.5	4.0	15.4	88.9	107.8	109.8	107.8	999.9

N.S. Reg. 64/2015

Made: March 19, 2015

Filed: March 30, 2015

Health Authorities Ministerial Regulations

Order dated March 19, 2015

Regulations made by the Minister of Health and Wellness
pursuant to Section 79 of the *Health Authorities Act***In the matter of Section 79 of Chapter 32 of the Acts of 2014,
the *Health Authorities Act*****In the matter of new regulations respecting health authorities
made by the Minister of Health and Wellness
under to Section 79 of the *Health Authorities Act*****Order**I, Leo A. Glavine, Minister of Health and Wellness for the Province of Nova Scotia, pursuant to Section 79 of Chapter 32 of the Acts of 2014, the *Health Authorities Act*, hereby

- (a) make regulations respecting community health boards and hospital parking charges in the form set forth in Schedule "A", effective on and after April 1, 2015;

- (b) repeal the *District Health Authority Parking Fees Exemption Regulations*, N.S. Reg 257/2008, made by the Governor in Council by Order in Council 2008-213 dated April 22, 2008; and
- (c) repeal the *Community Health ~~Boards~~ [Boards'] Member Selection Regulations*, N.S. Reg. 28/2001 made by the Minister of Health dated March 16, 2001.

Dated and made at Halifax, in the Halifax Regional Municipality, Province of Nova Scotia, on March 19, 2015.

sgd: *Leo Glavine*
Honourable Leo A. Glavine
Minister of Health and Wellness

Schedule "A"

**Regulations Respecting *Health Authorities Ministerial Regulations*
made by the Minister of Health and Wellness under Section 79
of Chapter 32 of the Acts of 2014,
the *Health Authorities Act***

Citation

1 These regulations may be cited as the *Health Authorities Ministerial Regulations*.

Definitions

2 In these regulations,

“Act” means the *Health Authorities Act*;

“CHB board” means the board of directors of a CHB;

“CHB” means a community health board established or continued pursuant to ~~this~~ [the] Act;

“CHB Operations Manual” means the CHB operations manual established by the provincial health authority;

“designated organization” means an organization designated in subsection 9(1).

Number of CHB board members

3 Subject to Section 64 of the Act, a CHB must determine the number of CHB board members that will constitute its board and the quorum requirements.

Selection of CHB board members

- 4 (1) Subject to the Act, the provincial health authority must determine the process as to how CHB board members are selected and a CHB must establish a CHB volunteer selection committee as defined in the CHB Operations Manual.
- (2) The selection process established pursuant to subsection (1), must be open, public and transparent in all respects, including all of the following:
- (a) the selection process must, to the extent possible, ensure that the selection of CHB board members is broadly representative of the area served by the CHB, taking into account geographic, cultural, ethnic, and demographic factors;

- (b) the opportunity to be considered for CHB board membership must be open to all members of the public;
 - (c) the opportunity to apply for consideration or to put forward the names of others for consideration must be publicly advertised prior to the selection of CHB board members;
 - (d) the opportunity for applicants to self-identify as members of minority groups, such as persons with disabilities, First Nations, visible and cultural minorities; [sic]
 - (e) the criteria for selecting members must be included in the advertisements or other mechanisms used to recruit members;
 - (f) if the selection of CHB board members is to be made through a process that includes public input as to the relative suitability of various applicants the process must be organized in such a way, including appropriate public advertisement, as to give members of the public an equal opportunity to decide whether or not to participate in the process;
 - (g) no person who is being considered for membership on the CHB board can participate in the selection process;
 - (h) the information about each applicant that serves as the basis on which members are selected will include the information submitted by or on behalf of the applicant, but the CHB may seek additional relevant information about applicants as part of its process, provided that all information about an applicant that is relied on is available to the applicant on request and does not contravene the Nova Scotia *Human Rights Act*; and
 - (i) every applicant for nomination who is not selected will be provided, on their request, with an explanation of the process and the basis for the selection of the nominees.
- (3) The selection process must be
- (a) defined in writing by the provincial health authority in the CHB Operations Manual and must include the terms of reference of a CHB volunteer selection committee established pursuant to subsection 8(2); and
 - (b) available on request to any member of the public, a CHB, or the Department of Health and Wellness, and any modifications to the process while membership selection is in process should be of a minor nature only.

Eligibility of CHB board members

6 No person shall be permitted to be a member of a CHB board who

- (a) is an employee of the provincial health authority, the IWK Health Centre or the Department of Health and Wellness; or
- (b) holds privileges with the provincial health authority or the IWK Health Centre.

CHB board member attributes

7 (1) Selection of a CHB board member must be based on the applicant's ability to demonstrate that they have the following attributes:

- (a) have leadership potential and an active interest in the community;
- (b) have knowledge of health issues or a willingness to learn, or both;

- (c) understand and be willing to accept the responsibility and accountability of being a member of a CHB board;
 - (d) are willing and able to commit the time necessary for the work of the CHB board;
 - (e) have the ability to work effectively as a member of a team;
 - (f) have the ability to bring a useful perspective to the deliberations and work of the CHB board;
 - (g) have the ability to meet the CHB board member qualifications and demonstrated competencies identified in the Community Health Board Operations Manual.
- (2) Criteria additional to subsection (1) may be added by the CHB board to address local requirements and must be included in the selection process made pursuant to subsection 4(3).

Vacancies

8 The CHB board may fill vacancies in the event a CHB board member is, for any reason, unable to complete the term and the process used to fill such vacancies must be documented in writing prior to filling the vacancies and must be subject to the same requirements as stated in clause ~~4(1)(a)~~ [4(2)(a)] and subsection 4(3).

Designations and exemptions under clauses 79(1)(m) and (o) of the Act

- 9 (1) Every organization that receives Community Transportation Assistance Program funding from the Department of Municipal Affairs is designated for the purpose of clause 79(1)(m) of the Act.
- (2) Every designated organization is exempted from paying any fee or cost charged by a health authority on a monthly, daily, or hourly basis for authorized parking of a motor vehicle on the health authority's property.

N.S. Reg. 65/2015

Made: March 27, 2015

Filed: March 30, 2015

Spring Weight Restrictions Regulations

Order dated March 27, 2015
amendment to regulations made by the Director of Operations Services,
Department of Transportation and Infrastructure Renewal
pursuant to subsection 20(1) of the *Public Highways Act*

**In the matter of Section 20 of Chapter 371
of the Revised Statutes of Nova Scotia, 1989,
the *Public Highways Act***

Order

Pursuant to subsection 20(1) of Chapter 371 of the Revised Statutes of Nova Scotia, 1989, the *Public Highways Act*, Kevin Mitchell, Director [of] Operations Services, Department of Transportation and Infrastructure Renewal, hereby orders that the regulations respecting spring weight restrictions, N.S. Reg. 38/2015, made by order of the Executive Director of Highway Engineering and Construction, Department of Transportation and Infrastructure, dated March 3, 2015, are amended by striking out item 10 under the heading "Cape Breton County", item 32 under the heading "Colchester County", item 8 under the heading "Cumberland County", item

7 under the heading “Digby County” and item 14 under the heading “Yarmouth County” in Appendix 1: List of Highways Exempt from Spring Weight Restrictions, and substituting the following items:

10. **Route 305**, from Highway 125 Exit 3 at Leitches Creek southerly to Superior Propane bulk plant 0.6 km.
32. **McClures Mill Road (0405)**, from Truro Heights Road at Lower Truro easterly to Truro town line (west), 1.2 km.
8. **Trunk 6**, from Amherst town line (east) easterly to Colchester County line, 71.6 km.
7. **Route 340**, From Trunk 1 at Weymouth southerly to Green Road, 19.8 km.
14. **Route 340**, from Trunk 1 at Hebron northerly to Route 203, 20.3 km.

Dated and made at Halifax, Nova Scotia, on March 27, 2015.

sgd: *Kevin Mitchell*
Kevin Mitchell, P.Eng.
Director, Operations Services
Department of Transportation and
Infrastructure Renewal

N.S. Reg. 66/2015

Made: March 27, 2015

Filed: March 30, 2015

Polling Districts and Number of Councillors Order: Municipality of the District of Yarmouth

Order dated March 27, 2015
made by the Nova Scotia Utility and Review Board
pursuant to Section 369 of the *Municipal Government Act*

Order

M06575

In the matter of the *Municipal Government Act*

-and-

In the matter of an application by the **Municipality of the District of Yarmouth** to confirm the number of councillors and to alter the boundaries of polling districts

Before: Roland A. Deveau, Q.C., Vice-chair

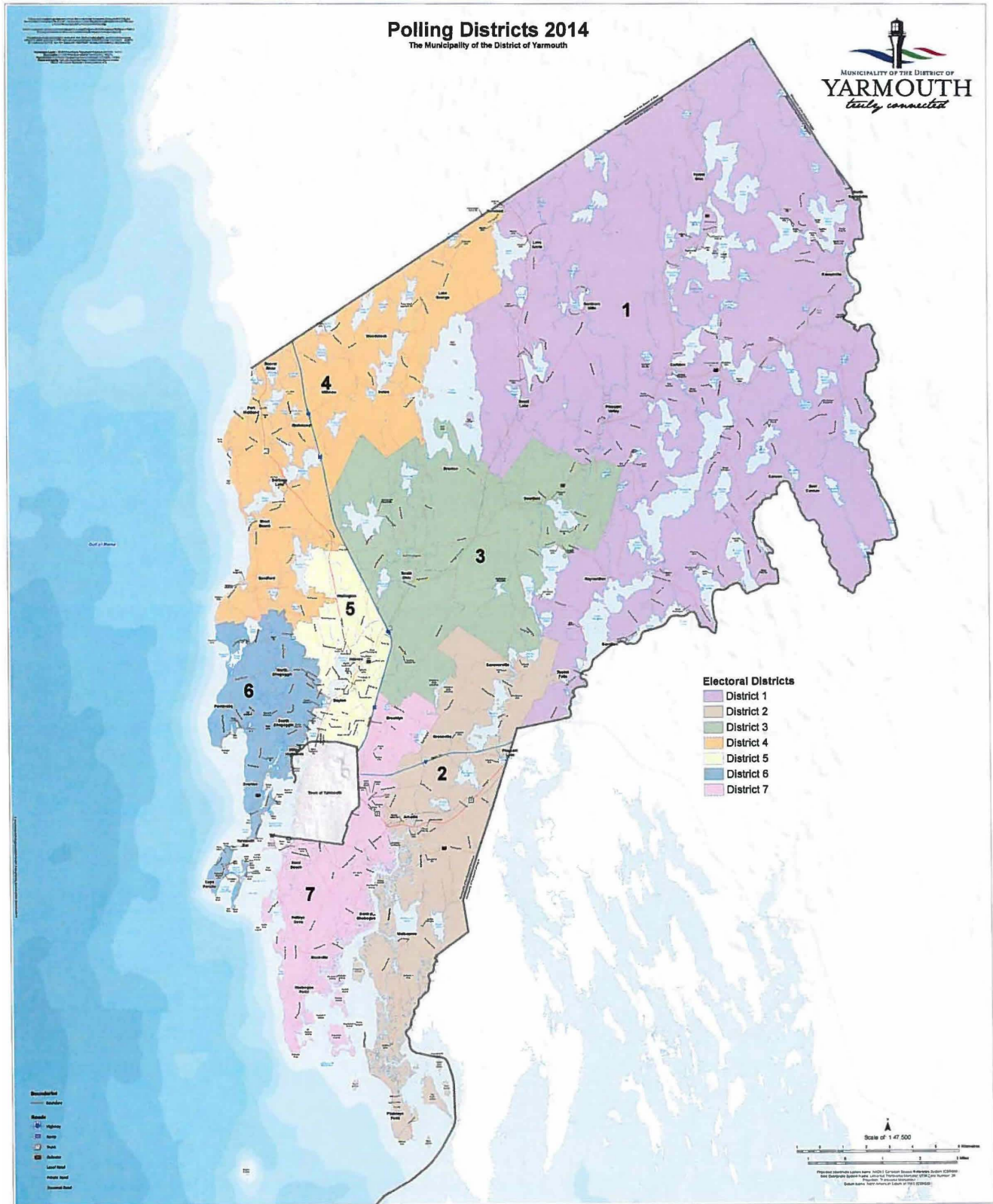
An application having been made by the Municipality of the District of Yarmouth (“Municipality”) pursuant to s. 369 of the *Municipal Government Act* and the Board having issued its decision on March 27, 2015;

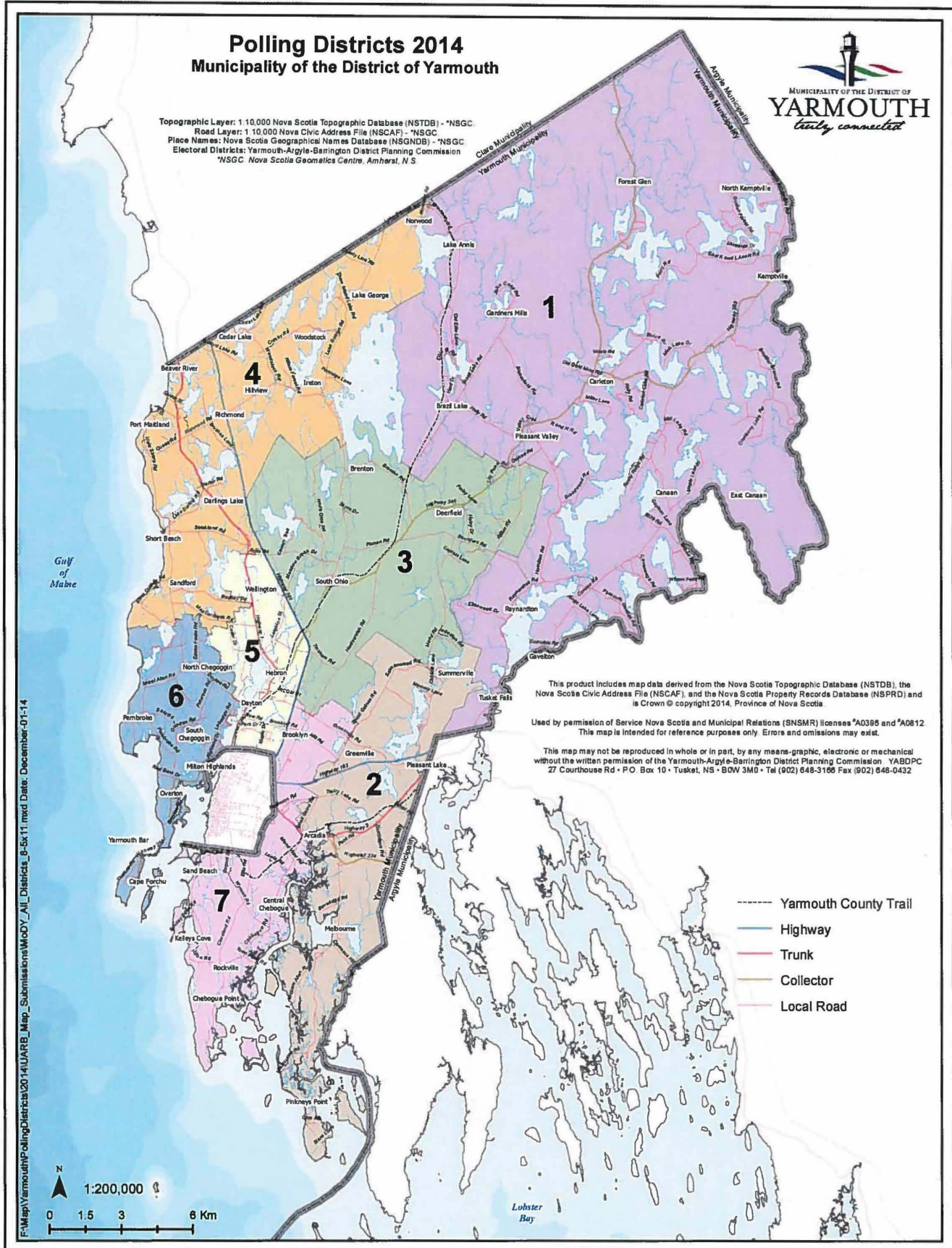
It is hereby ordered that the number of polling districts for the Municipality is confirmed at seven, each electing one councillor. The Board approves the proposed changes to the polling district boundaries. The polling districts are approved as set out in the maps annexed to this Order;

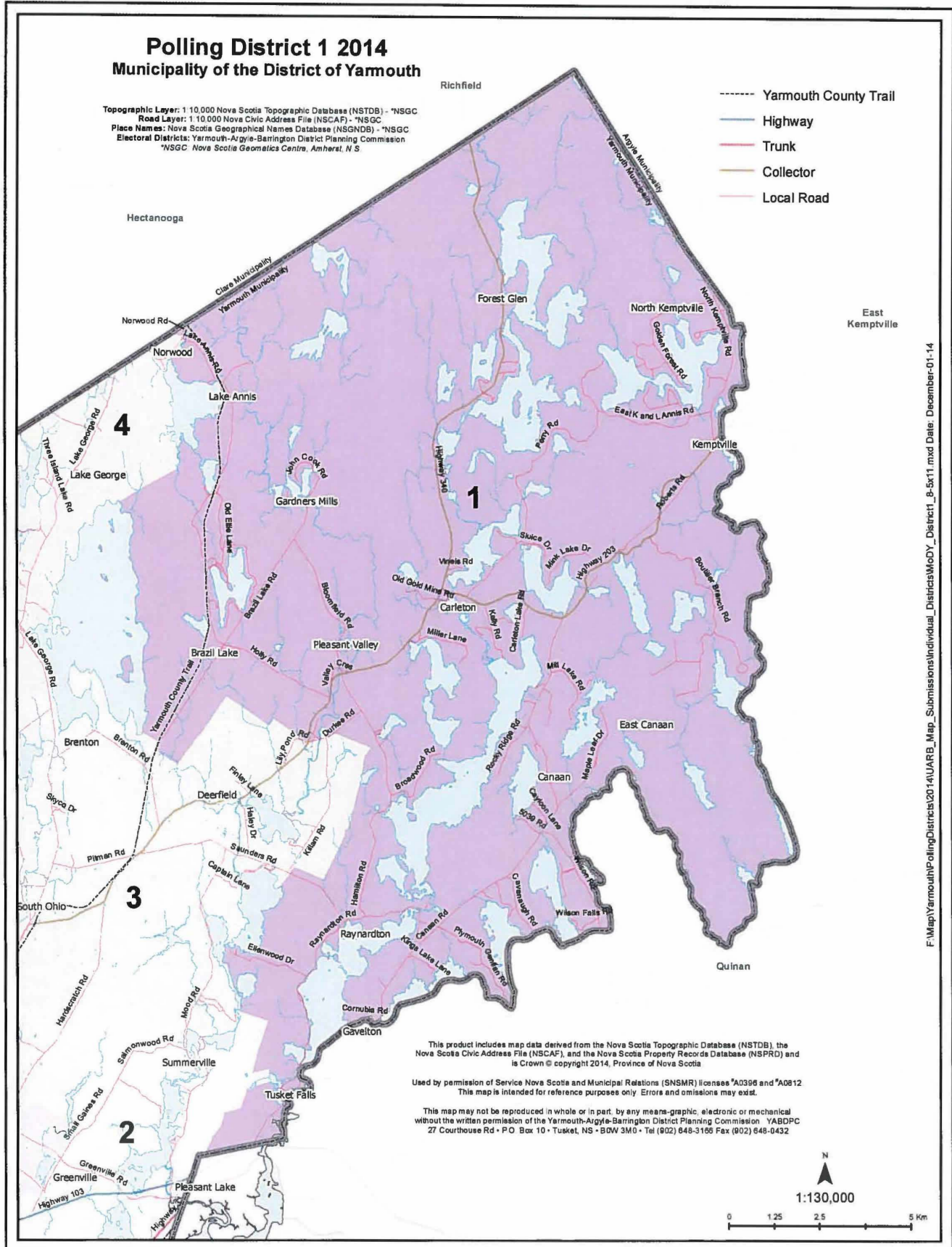
And it is further ordered that all provisions of the *Municipal Government Act* and the *Municipal Elections Act* and any other Acts of the Province of Nova Scotia applying to the preparation for and holding of the regular election of councillors of the Municipality in the year 2016 will be complied with as if the above-noted changes had been made on the first day of March, 2016, but for all other purposes, such changes shall take effect on the first day of the first meeting of the Council after the election of councillors for the year 2016.

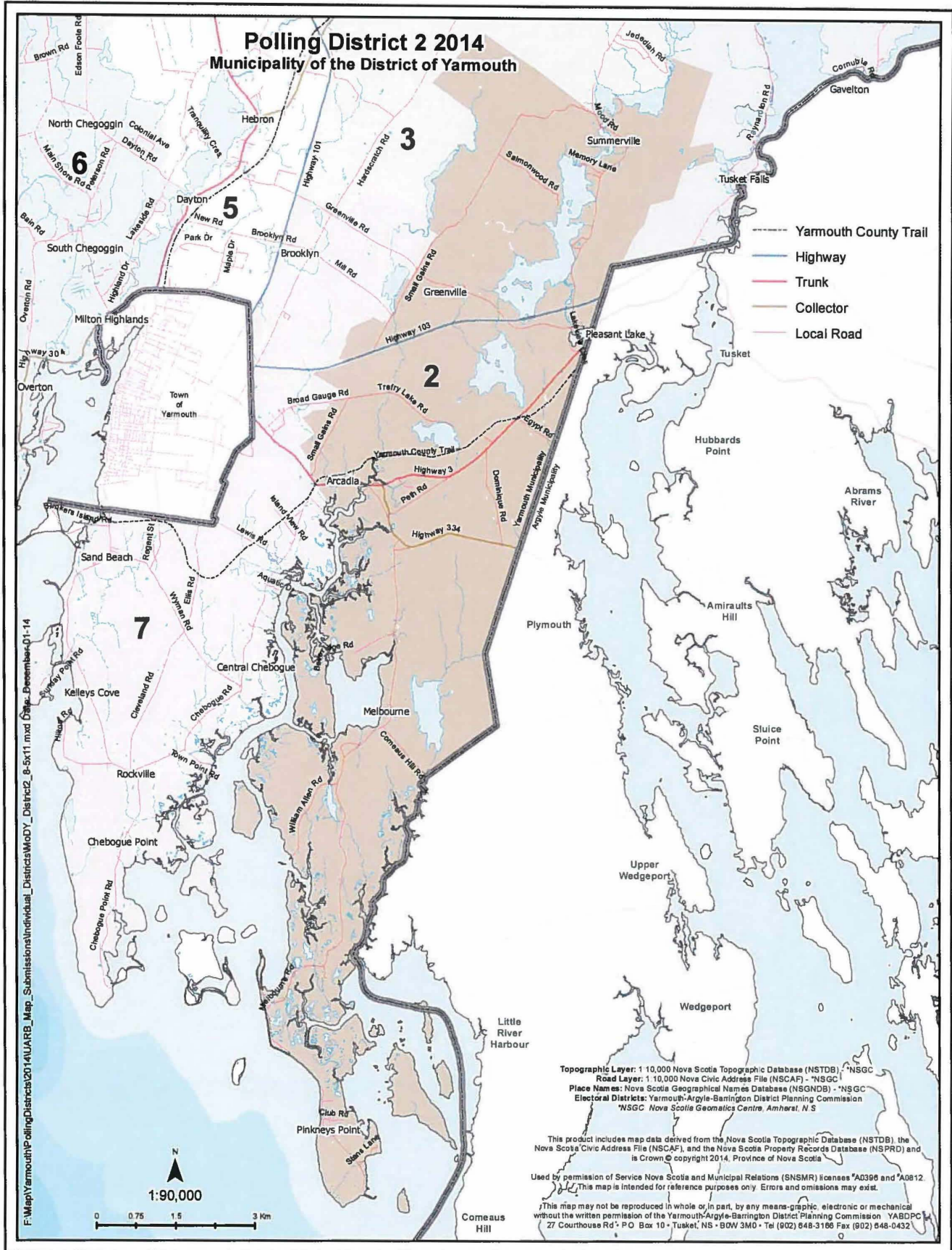
Dated at Halifax, Nova Scotia this 27th day of March, 2015.

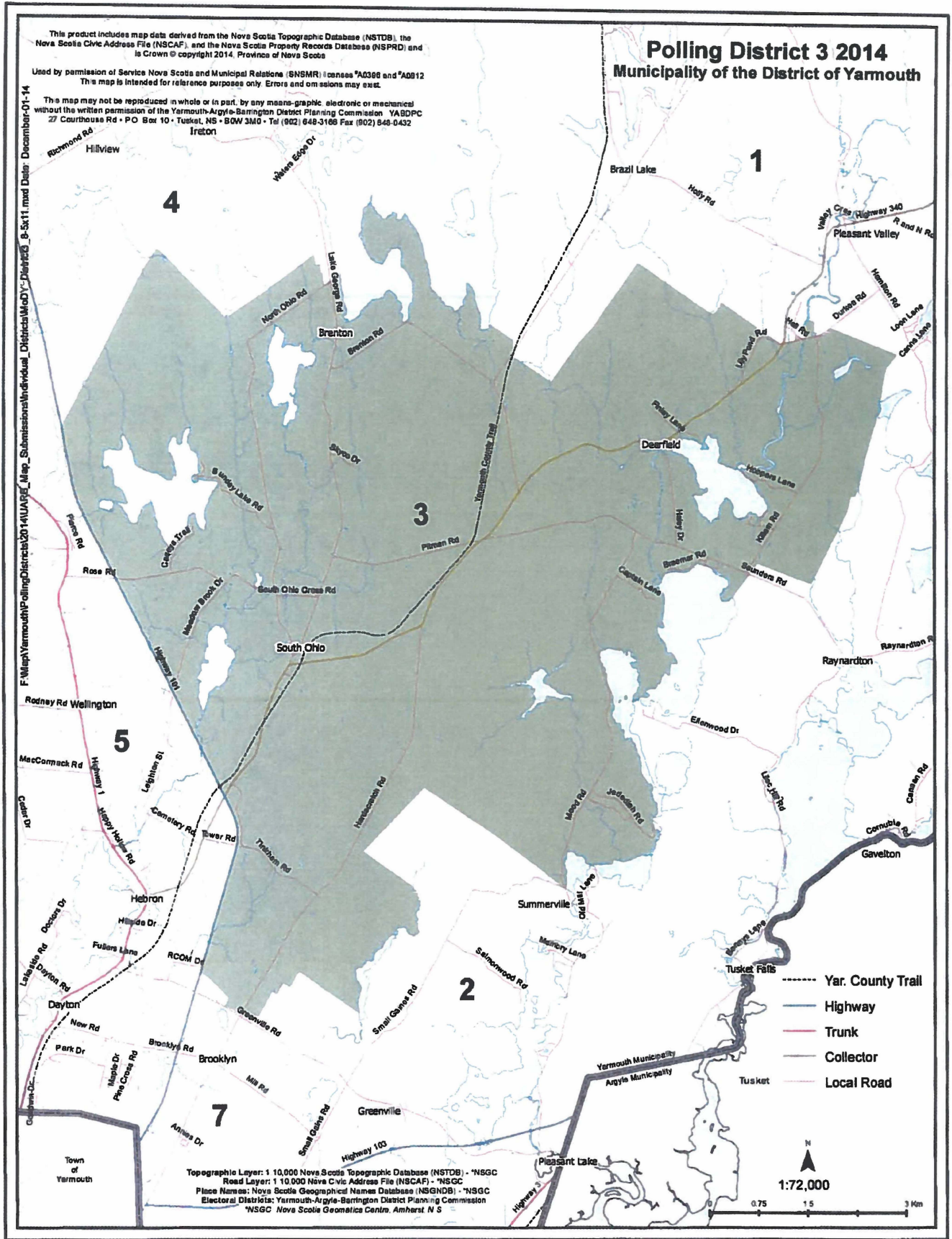
sgd: *Elaine Wagner*
Clerk of the Board

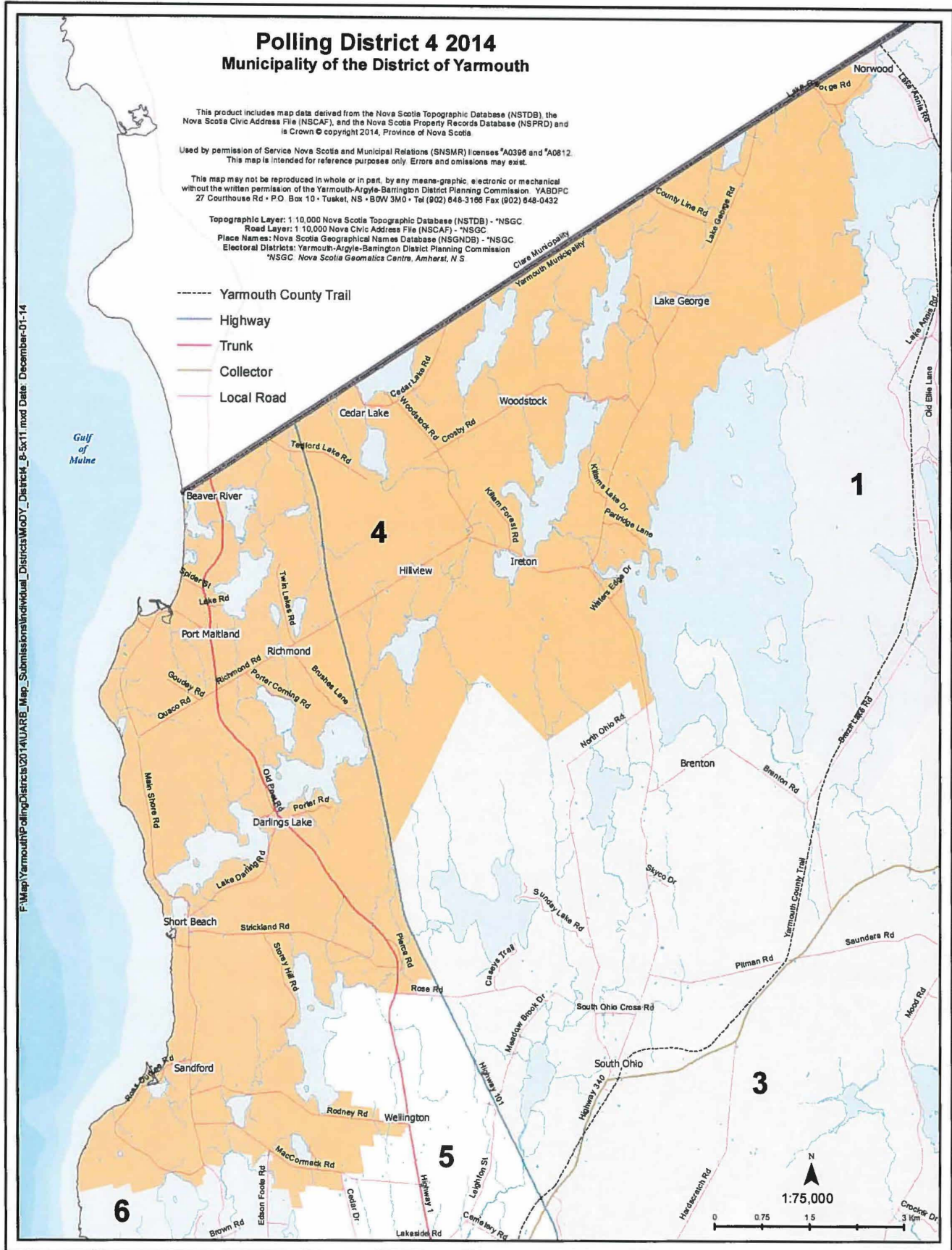


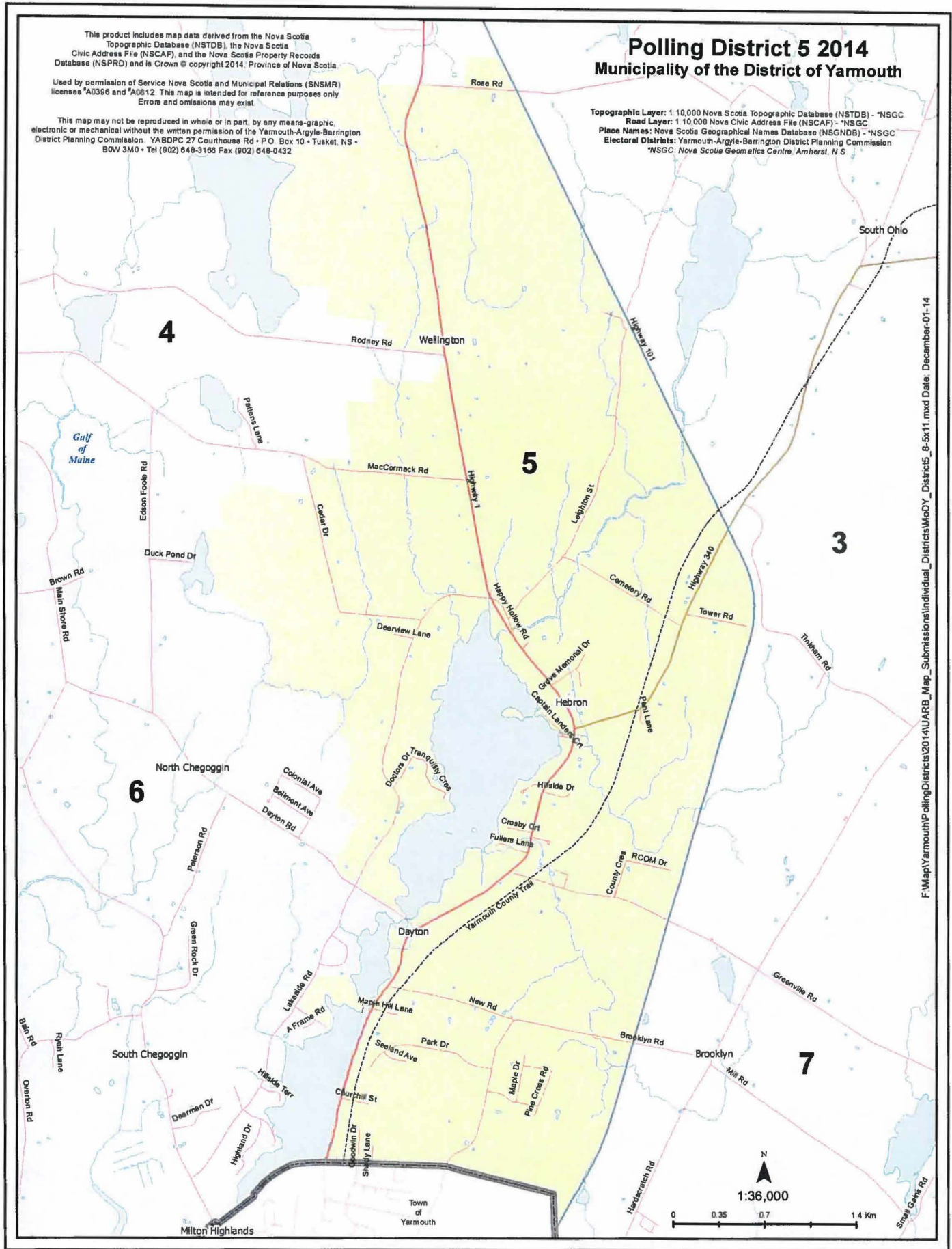


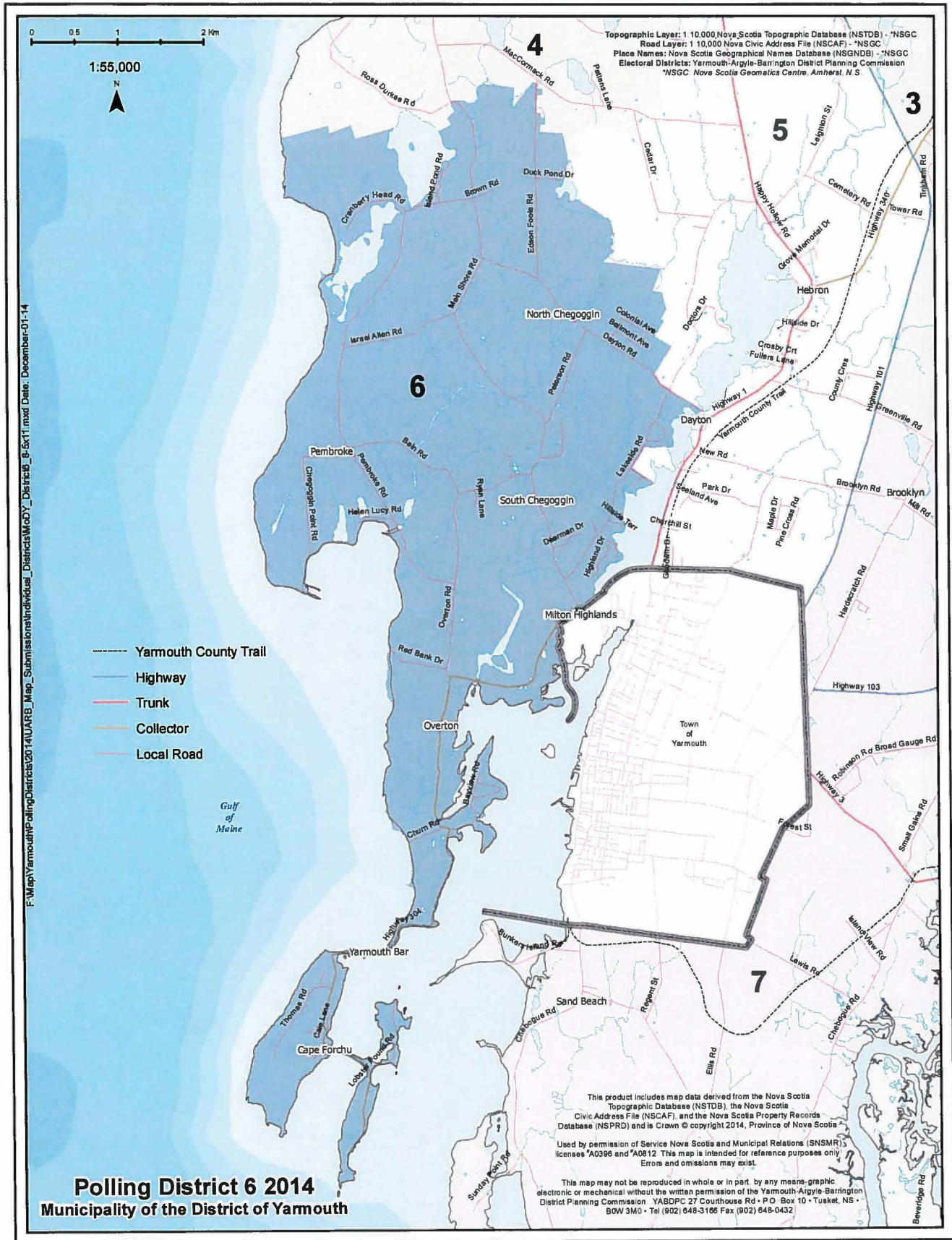


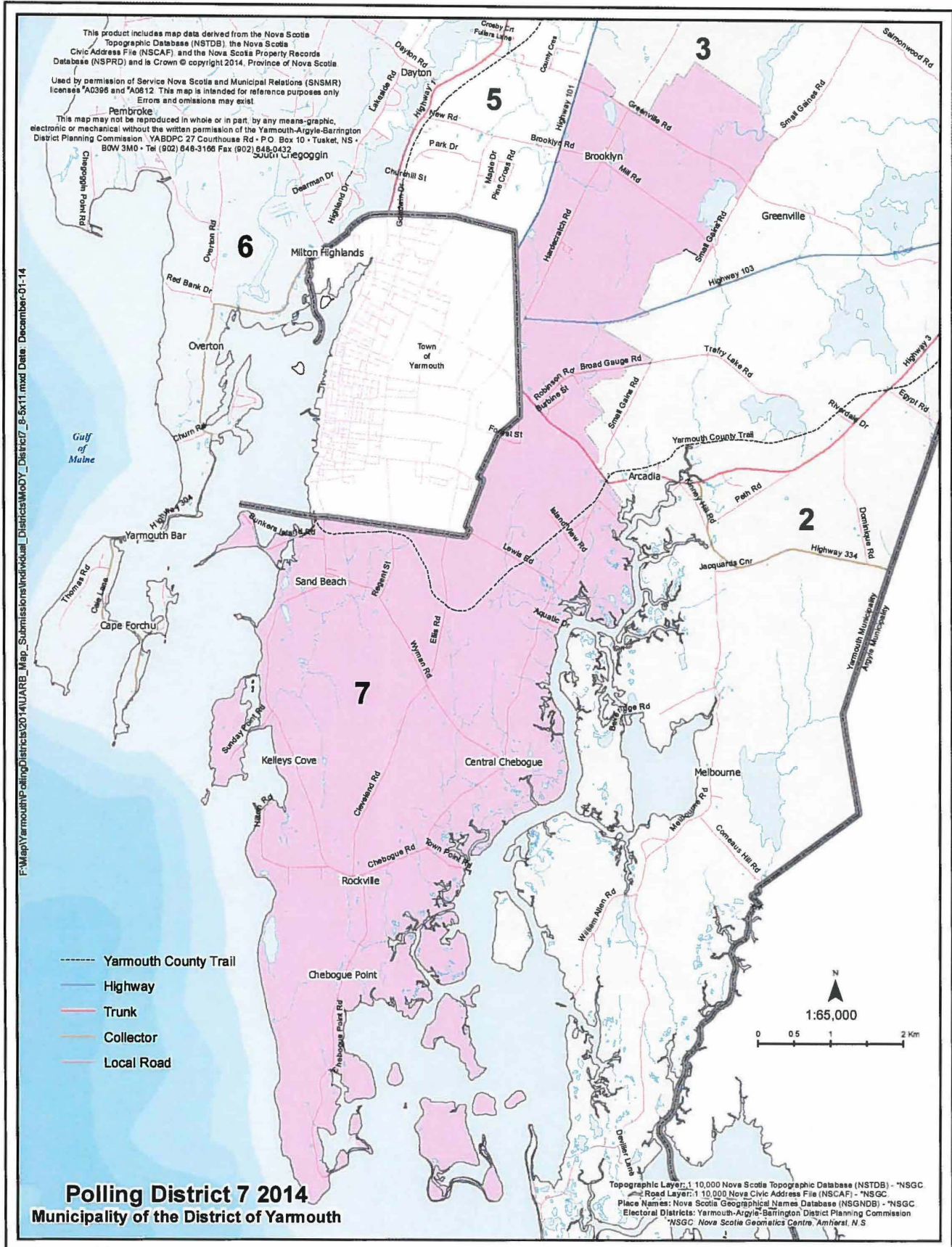












N.S. Reg. 67/2015

Made: March 20, 2015

Filed: March 31, 2015

IWK Health Centre Corporate Bylaws

Order dated March 20, 2015
Regulations approved by the Minister of Health and Wellness
pursuant to Section 6 of the *Hospitals Act*

Certificate of Approval
IWK Health Centre Corporate Bylaws
pursuant to Section 6 of the *Hospitals Act*

I, the Honourable Leo A. Glavine, Minister of Health and Wellness, pursuant to Section 6 of [Chapter 208 of the Revised Statutes of Nova Scotia, 1989,] the *Hospitals Act*, hereby approve the attached IWK Health Centre Corporate Bylaws, and hereby revoke any previous approvals with respect to the IWK Health Centre Corporate Bylaws. Such approval and revocation shall be effective March 26, 2015.

DATED at Halifax, Nova Scotia, this 20th day of March, 2015.

sgd: *Leo Glavine*
Honourable Leo A. Glavine
Minister of Health and Wellness

1 Definitions

1.1 In these Bylaws:

- 1.1.1 **Act** means the Izaak Walton Killam Health Centre [Act], ~~S.N.S. 2001, c. 49~~ [S.N.S. 1996, c. 26], as amended or replaced from time to time;
- 1.1.2 **ancillary organization** means an ancillary organization of which the Board has approved the establishment pursuant to clause 19;
- 1.1.3 **auditor** includes a partnership of auditors;
- 1.1.4 **Board** means the Board of Directors of the Health Centre;
- 1.1.5 **bylaws** means the bylaws of the Health Centre, as amended from time to time, including these Corporate Bylaws, the Medical/Dental/Scientific Staff Bylaws (General) and the Medical/Dental/Scientific Staff Bylaws (Credentialing/Disciplinary);
- 1.1.6 **Chair** means the Chair of the Board, or where the context requires, the chair of a committee;
- 1.1.7 **department** means a functional sub-unit of the Medical/Dental/Scientific Staff as established by the Board;
- 1.1.8 **director** means a member of the Board;
- 1.1.9 **ex officio** means membership by virtue of the office, and includes all rights, responsibilities and powers to vote unless otherwise specified;
- 1.1.10 **governance policies** means the Board's governance policies as from time to time in force, as more particularly referenced in clause 20;

- 1.1.11 **Health Centre** or **Health Centre ~~Cooperation~~ [Corporation]** means the Izaak Walton Killam Health Centre;
- 1.1.12 **Health Authorities Act** means the *Health Authorities Act*, S.N.S. 2000, c. 6, and the regulations made thereunder, as amended or replaced from time to time;
- 1.1.13 **Hospitals Act** means the *Hospitals Act*, R.S.N.S. 1989, c. 208, and the regulations made thereunder, as amended or replaced from time to time;
- 1.1.14 **Maritimes** means the provinces of New Brunswick, Nova Scotia and Prince Edward Island;
- 1.1.15 **medical/dental/scientific staff** means those physicians, dentists and scientists who are licensed under the *Medical [Act]* and [the] *Dental Act*, if applicable, and have privileges or who are otherwise permitted to ~~practice~~ [practise] within the Health Centre as more particularly set out in the Medical/Dental/Scientific Staff Bylaws (General), (Credentialing/Disciplinary) and rules and regulations;
- 1.1.16 **officers of the Board** means the Chair, Vice-chair and Secretary of the Board;
- 1.1.17 **President and CEO** means the person appointed by the Board to be the President and Chief Executive Officer, who is responsible for the administration and management of the Health Centre;
- 1.1.18 **rules and regulations** means the Health Centre's rules and regulations as from time to time in force, as more particularly referenced in clause ~~19~~ [21]; and
- 1.1.19 **executive leadership team** means Vice-Presidents as appointed under these bylaws, executive directors, and other senior administrative staff as appointed by the President & ~~Chief Executive Officer~~ [and CEO].

1.2 Extended meanings

Words importing the singular number shall include the plural and vice versa, words importing any gender shall include all genders and words importing persons shall include individuals, partnerships, associations, trusts, unincorporated organizations and health centres.

2 The Health Centre

2.1 Annual meeting

2.1.1 Annual meeting of the Health Centre Corporation

The Annual Meeting of the Health Centre Corporation shall be held each year not later than the last day of October at such date and time as the Board shall determine.

2.1.2 Notice of meetings of the Health Centre Corporation

Notice of the Annual Meeting of the Health Centre Corporation shall be given at least ten days in advance of the meeting and may be given by telephone, in writing or by electronic means to the Directors and by publication in such ~~or~~ newspapers in the Maritimes as are determined from time to time by the Board.

2.1.3 Waiver of notice

No error or omission in giving notice for a meeting of the Health Centre Corporation shall invalidate or make void any proceeding taken or had at such a meeting, and any Director of the Health Centre Corporation at any time may waive notice of any meeting and may ratify

and approve any or all proceedings taken or had thereat.

2.1.4 Quorum for meetings of the Health Centre Corporation

Eleven (11) members of the Health Centre Corporation present at an annual meeting of the Health Centre Corporation shall constitute a quorum.

2.1.5 Adjournment of meeting of the Health Centre Corporation

If, within one-half hour after the time appointed for a meeting of the Health Centre Corporation, a quorum is not present, the meeting shall stand adjourned until a day within two (2) weeks to be determined by the Board.

2.1.6 The chair of a meeting of the Health Centre Corporation

The chair of a meeting of the Health Centre Corporation shall be:

2.1.6.1 the Chair of the Board;

2.1.6.2 the Vice-chair of the Board in the absence of the Chair; or

2.1.6.3 a chair elected by and from those members of the Health Centre Corporation entitled to vote who are present if both the Chair and Vice-chair of the Board are absent.

2.1.7 Business transacted at the annual meeting of the Health Centre Corporation

Business transacted at the annual meeting of the Health Centre Corporation shall include presentation of the following:

2.1.7.1 minutes of the previous annual meeting;

2.1.7.2 report of the Board including financial statements (operations and capital);

2.1.7.3 report of the unfinished business from any previous meeting of the Health Centre Corporation;

2.1.7.4 report of the Chairman and President and CEO;

2.1.7.5 report of the auditor;

2.1.7.6 report of the Medical Advisory Committee;

2.1.7.7 report of the medical/dental/scientific staff;

2.1.7.8 report of the foundations;

2.1.7.9 other reports and business at the discretion of the Board;

2.1.7.10 business arising;

2.1.7.11 new business; and

2.1.7.12 election of directors.

2.1.8 Minutes of the meeting of the Health Centre Corporation

The Secretary shall cause minutes of the meeting of the Health Centre Corporation to be duly recorded.

2.1.9 Voting

Questions arising at any meeting of the Health Centre Corporation shall be decided by a majority of votes. The Chair shall be entitled to vote and in the situation of an equality of votes, the motion shall be considered defeated. All votes at any such meeting shall be taken by ballot if so requested by any director of the Health Centre Corporation present, but if no such request is made, the vote shall be taken orally by assent or dissent. Declaration by the Chair that a resolution has been carried shall be *prima facie* evidence of the fact without proof of the number or proportion of votes recorded in favo[u]r of or against such resolution.

2.1.10 Questions of procedure

Any question[s] of procedure at or for any meeting of the members of the Health Centre Corporation which have not been provided for in these bylaws shall be determined by the Chair of the meeting in accordance with Bourinot's Rules of Order.

3 Board powers

3.1 In accordance with the Act, the Board shall oversee the business and affairs of the Health Centre.

4 Directors**4.1 Board membership**

The Board shall consist of the following as directors, each of whom is entitled to vote:

4.1.1 twelve individuals elected by the members of the Health Centre Corporation, each of whom shall serve for a three-year term, provided however that directors may be elected for a term of less than three years to the extent necessary to ensure that the expiry of the terms of such twelve directors is staggered with the terms of no more than six such directors expiring in any one year;

4.1.1.1 in electing directors, the members of the Health Centre Corporation shall ensure that the Board is representative of communities throughout the Maritimes, with either [*sic*] (8) directors residents of Nova Scotia at least two (2) of whom reside outside the Capital Health District, at least three (3) directors residents of New Brunswick and at least one (1) director residing in Prince Edward Island;

4.1.2 two (2) individuals appointed by the Minister of Health and Wellness;

4.1.3 one (1) individual appointed by the Minister of Health and Wellness who is a director on the Nova Scotia Health Authority Board shall serve as a non-voting director of the Board;

4.1.4 one (1) individual appointed by the Izaak Walton Killam Health Centre Foundation, with such appointment to be made in such manner as the Board may from time to time determine;

4.1.5 the President and CEO;

4.1.6 the President of the medical/dental/scientific staff;

4.1.7 the Chair of the Medical Advisory Committee of the Health Centre; and

4.1.8 the Dean of Medicine, Dalhousie University.

4.2 Appointment of additional directors

The Board may from time to time appoint such additional directors as may be necessary or desirable for the proper dispatch of the business of the Health Centre, with a term to be determined by the Board.

4.3 Nominations for elected positions

Nominations for election as directors at the annual meeting of the Health Centre shall be made only by:

4.3.1 the Board, or such committee of the Board as the Board may from time to time designate;

4.3.1.1 the Board or such committee shall recruit such persons as will result in the Board, after their election, being in compliance with section 4.1.1 and representative of communities throughout the Maritimes; to this end, the Board or such committee shall consult with the Chairs of a representative number of the Nova Scotia District Health Authorities and, in New Brunswick and Prince Edward Island, the Minister responsible for public health;

or

4.3.2 members of the Health Centre Corporation provided that each such nomination is in writing, signed by at least two members of the Health Centre Corporation and submitted to and received by the Secretary at least thirty days before the date of the annual meeting.

4.4 Qualifications for eligibility and membership on the Board

4.4.1 Eligibility for membership on the Board shall require that the nominee support and promote the objects of the Health Centre and the mission and vision of the Health Centre.

4.5 Restrictions on qualifications

4.5.1 No member of the medical/dental/scientific staff is eligible for election or appointment to the Board except as a member referred to in clauses 4.1.4 through 4.1.8.

4.5.2 No current employee of the Health Centre and no person employed by the Health Centre in the preceding thirty-six months, nor the spouse, child or parent of any such person, shall be eligible for election or appointment to the Board except as a member referred to in clauses 4.1.4 through 4.1.8.

4.5.3 No spouse, child or parent of a member of the Board or senior management team or medical/dental/scientific staff shall be eligible for election or appointment to the Board.

4.5.4 No person shall be eligible for election or appointment to the Board who has the status of an undischarged bankrupt or who is subject to an order under the *Incompetent Persons Act* (Nova Scotia) or similar legislation declaring such person to be mentally incompetent.

4.6 Defects in appointment

4.6.1 The acts of a director shall be valid notwithstanding any defect that is afterwards discovered in the director's appointment or qualifications.

4.7 Terms of office

4.7.1 No individual may serve as a director referred to in clause 4.1.1 for more than six

consecutive years.

4.7.2 An individual who has served as a director referred to in clause 4.1.1 for six consecutive years may, after an interval of at least one year, serve as such a director for one, but no more than one, additional three-year term.

4.7.3 For greater certainty, no individual may serve as a director referred to in clause 4.1.1 for more than nine years in total.

4.8 **Removal from office**

4.8.1 The directors, by resolution passed by a special majority of at least three quarters of the votes cast therein at a meeting of the Board called for that purpose, may remove any director referred to in clause 4.1.1 before the expiration of that director's term of office and may, by a majority of votes cast at that meeting appoint any person in that director's place for the remainder of that director's term.

4.9 **Vacating office**

4.9.1 The office of a director shall be vacated upon the occurrence of any of the following events:

4.9.1.1 if a receiving order is made against the director or the director makes an assignment under the *Bankruptcy and Insolvency Act*;

4.9.1.2 if any order is made pursuant to the *Incompetent Persons Act* or similar legislation declaring the director to be mentally incompetent;

4.9.1.3 if the director shall be removed from the office by resolution of the Board as provided by clause 4.8;

4.9.1.4 if by notice in writing to the Health Centre or the Board the director resigns and such resignation, if not effective immediately becomes effective in accordance with its own terms; or

4.9.1.5 if the director loses his or her qualifications or eligibility as referenced in these bylaws.

4.10 **Filling vacancy**

When a vacancy occurs amongst the elected directors, the vacancy may be filled for the remainder of the term of office of the departing director by an appointment made by the directors still in office by a majority vote at a Board meeting with a quorum in attendance.

4.11 **Exercise of powers where vacancy**

4.11.1 Where there is [a] vacancy or vacancies on the Board the remaining directors may exercise all powers of the Board as long as a quorum remains in office.

4.12 **Remuneration**

4.12.1 The directors shall serve as such without remuneration provided that a director may be paid reasonable expenses incurred in the performance of his or her duties.

5 Standard of conduct of directors

- 5.1 Directors are required to act in the best interests of the Health Centre. In matters pertaining to the activities of the Board, a director's duty to the Health Centre is paramount over any personal, local, or financial interests the director may have.
- 5.2 A director shall not enter into any business arrangement with the Health Centre if such a business arrangement could reasonably be perceived as affecting the director's judgment with regard to the business of the Health Centre, except:
- 5.2.1 after having declared to the Board the nature and extent of the director's interest in the matter:
 - 5.2.1.1 at the meeting at which the matter creating the conflict of interest is first considered, or
 - 5.2.1.2 if the director is not in a conflict of interest at the time described in subclause 5.2.1.1, at the first meeting that is held after the director develops such a conflict of interest; and
 - 5.2.2 having declared the nature and extent of such interest, if the director refrains from voting thereon and absents him[self]/herself from the meeting during discussion and voting on the matter.
- 5.3 Where a director has entered into a business arrangement contemplated by clause 5.2 prior to becoming a director, the director shall:
- 5.3.1 declare to the Board the nature and extent of such interest in the matter; and
 - 5.3.2 having declared the nature and extent of such interest refrain from voting thereon and shall absent him[self]/herself from the meeting during discussion and voting on the matter.
- 5.4 The Board may, at its option, nullify any contract entered into in violation of this clause.
- 5.5 If a director is an employee of the Board or a member of the medical/dental/scientific staff appointed by the Board:
- 5.5.1 the director must exercise special care in dealing with matters before the Board so that the credibility of the Board cannot be called into question as a result of bias, real or perceived, that an individual director may have; and
 - 5.5.2 the director shall not be entitled to vote on matters with regard to which the director has an interest that might reasonably be seen as affecting the director's judgment.

6 Confidential matters

- 6.1 All directors shall keep confidential all matters brought before the Board and all information to which they may be privy in the exercise of their duties as directors, including in particular, but without limiting the generality of the foregoing, all matters dealing with any patient or client of the Health Centre, except in accordance with law.
- 6.2 The Board shall authorize one or more persons to make statements to the media or the public as required.

7 Responsibility for Health Centre mission

7.1 The Board shall be responsible for:

- 7.1.1 establishing and maintaining the overall strategic direction of the Health Centre, including the Health Centre's health services business plan;
- 7.1.2 making all appointments and reappointments to the medical/dental/scientific staff and imposing conditions on appointments;
- 7.1.3 ensuring, through the President and CEO, the appointment of competent and motivated Health Centre personnel, including administrative, nursing, technical and support staff; and
- 7.1.4 ensuring, through the President and CEO, the financial oversight of the Health Centre's capital and operations.

7.2 The Board in discharging the responsibilities as defined in clause 7.1.2:

- 7.2.1 shall ensure that the safety and interests of patients and other recipients of services is a prime concern;
- 7.2.2 shall ensure the ongoing evaluation of programs and services of the Health Centre in terms of their effectiveness and efficiency; and
- 7.2.3 may request recommendations from the President and CEO, or any other competent authority.

7.3 The Board shall maintain procedures for:

- 7.3.1 the establishment and maintenance of appropriate standards for care and service and academic mission related standards and services including those provided by the Canadian Council for Health Services Accreditation (CCHSA);
- 7.3.2 the continuing evaluation of professional practice and medical/dental/scientific staff functions in order to determine the degree to which predetermined professional standards are being met; and
- 7.3.3 gaining compliance with predetermined standards and criteria when processes of evaluation indicate that they are not being met.

7.4 Any authority delegated by the Board to medical/dental/scientific staff officials or committees may be revoked by the Board at any time. No such delegation shall preclude the Board from exercising its authority to meet its responsibilities as set forth in these bylaws.

7.5 Without limiting the generality of the foregoing, the Board shall:

- 7.5.1 govern, and through the President and CEO, direct the affairs of the Health Centre;
- 7.5.2 cause the creation of and approve, the Medical/Dental/Scientific Staff Bylaws (General) and the Medical/Dental/Scientific Staff Bylaws (Credentialing/Disciplinary), each of which shall be consistent with these bylaws;
- 7.5.3 establish procedures for monitoring compliance with the *Hospitals Act*, the *Health Authorities Act*, the regulations thereunder, the bylaws, the Act [of] incorporation and any

- other relevant legislation, and demonstrate accountability for the Health Centre's responsibilities to the community and the membership of the Health Centre at the annual meeting;
- 7.5.4 develop and review on a regular basis the mission, objectives and strategic plan of the Health Centre in relation to the provision, within available resources, of appropriate programs and services in order to meet the needs of the community, and continuum of its teaching, research and leadership mission;
- 7.5.5 establish policies and procedures to provide the framework for the management and operation of the Health Centre;
- 7.5.6 in accordance with the *Health Authorities Act*, appoint an auditor of the Health Centre;
- 7.5.7 be responsible for the formation of committees as set out in these bylaws;
- 7.5.8 select, and define the duties and responsibilities of, the President and CEO;
- 7.5.9 delegate responsibility and concomitant authority to the President and CEO for the management and operation of the Health Centre and require his/her accountability to the Board;
- 7.5.10 appoint, reappoint, suspend, limit, change, revoke, or otherwise deal with the appointment of persons to the medical/dental/scientific staff and the Health Centre and delineate, suspend, limit, change, revoke or otherwise deal with their respective Health Centre privileges at the discretion of the Board, in accordance with the Health Centre's medical resource plan, relevant legislation and bylaw requirements;
- 7.5.11 assess and monitor the acceptance by each member of the medical/dental/scientific staff of his/her responsibility to his/her patient(s) and to the Health Centre concomitant with the privileges and duties of the appointment and with the bylaws of the Health Centre;
- 7.5.12 ensure that the medical/dental/scientific staff is properly organized and functions in accordance with the relevant legislation and bylaws and establish appropriate means of accountability on the part of the medical/dental/scientific staff to the Board;
- 7.5.13 ensure the provision, within available resources, of appropriate equipment and facilities, a safe environment and qualified staff for the services which the Health Centre intends to provide to the community it serves and the successful pursuit of its academic mission;
- 7.5.14 ensure that the mandates of Board committees are carried out;
- 7.5.15 ensure that the community which the Health Centre serves is informed about the mission, goals and performance of the Health Centre and regularly review the role and responsibilities of the Health Centre in the provision of health care relative to the community needs and, in the pursuit of its role as a teaching and research organization;
- 7.5.16 ensure that the community in general and ancillary organizations in particular, are kept properly informed of the use and disposition of the gifts and funds provided to the Health Centre;
- 7.5.17 ensure that quality assurance, risk management, utilization review and accreditation standards are established for the regular evaluation of the quality of care, and that all Health Centre services, including those of the medical/dental/scientific staff and the Board, are

regularly evaluated in relation to generally accepted standards, and require accountability on a regular basis;

7.5.18 endeavor[u]r to ensure that the Health Centre receives adequate funding to provide the appropriate level and extent of health care services to meet the health needs of the community and, to achieve its teaching hospital, research and leadership mandate;

7.5.19 review regularly the functioning of the Health Centre in relation to its mission, objectives, and strategic plan; and

7.5.20 cause the holding of an annual meeting and ensure that relevant reports are shared with members of the Health Centre Corporation and the community.

8 Officers of the Board

8.1 Appointment of officers

8.1.1 The Board shall elect and/or appoint from the directors referred to in clause 4.1.1 the following officers, as required, at the meeting immediately following the annual meeting of the Health Centre:

8.1.1.1 the Chair of the Board, who shall serve for a two-year term, unless otherwise stipulated by the Board at the time of the Chair's election; and

8.1.1.2 the Vice-chair of the Board, who shall serve for a two-year term unless otherwise stipulated by the Board at the time of the Vice-chair's election.

8.1.2 The President and CEO shall serve as the Secretary of the Board.

8.2 Chair

8.2.1 The Chair of the Board shall:

8.2.1.1 when present, preside at all meetings of the Board;

8.2.1.2 report to each annual meeting of the members of the Health Centre Corporation concerning the operations of the Health Centre;

8.2.1.3 sign such documents as may require signature in accordance with the bylaws or decisions of the Board;

8.2.1.4 represent the Health Centre at official public functions;

8.2.1.5 sit as an *ex officio* member of all Board committees, except the Audit and Risk Committee and Privileges Review Committee; and

8.2.1.6 have such powers and perform such other duties as may from time to time be assigned by the Board.

8.3 Vice-chair

8.3.1 The Vice-chair of the Board shall:

8.3.1.1 have all the powers and perform all the duties of the Chair in the absence or

disability of the Chair;

- 8.3.1.2 ensure the revision of the bylaws as appropriate and cause a formal review of the bylaws at least every three years;
- 8.3.1.3 assist the Chair as required in the execution of the Chair's duties; and
- 8.3.1.4 have such powers and perform such other duties as may from time to time be assigned by the Board.

8.4 **Secretary**

8.4.1 The President and CEO shall be Secretary. The Secretary shall be responsible for:

- 8.4.1.1 attending all meetings of the Board and Board Committees, either in person or by delegate approved by the Board;
- 8.4.1.2 the minutes of all Board meetings and circulating the minutes to all members of the Board;
- 8.4.1.3 ensuring that minutes of all Board committees are taken and circulated to committee members and the Board as appropriate;
- 8.4.1.4 all correspondence to, or from, the Board;
- 8.4.1.5 the seal of the Health Centre;
- 8.4.1.6 providing such notice as required in these bylaws of all meetings of members, the Board and Board Committees;
- 8.4.1.7 preparation of all reports required by law;
- 8.4.1.8 the custody of all minute books, corporate documents and registers;
- 8.4.1.9 such notice as is required in these bylaws of all meetings of the Board and Board committees;
- 8.4.1.10 all attendance records of those attending the meetings of the Board; and
- 8.4.1.11 such other duties as may be assigned from time to time by the Board.

9 **President and CEO**

- 9.1 The Board shall select and employ a President and CEO for such terms as the Board shall determine who shall be directly responsible to the Board for the management of the Health Centre. The President and CEO shall be given the necessary authority and be held responsible for the administration of the Health Centre in all its activities and departments, subject only to such policies as may be adopted and such directives as may be issued by the Board. The President and CEO shall act as the duly authorized representative of the Board in all matters for which the Board has not formally designated some other person to perform that function. The President and CEO shall delegate authority and duties to the appropriate personnel as the President and CEO sees fit.
- 9.2 The President and CEO shall foster an environment where high-quality health care, teaching and research prosper. This primary goal shall be achieved in part through the example and leadership of

the President and CEO and the promotion of and adherence to the Health Centre's mission, values and goals.

9.3 The President and CEO:

9.3.1 shall himself or by designate attend all meetings of the Board and shall be an *ex officio* member of all committees established by the Board, with the exception of the Privileges Review Committee and Audit and Risk Committee;

9.3.2 shall be subject to the direction of the Board in all things, and may be delegated the Board's authority in whole or part for the overall day to day management of the Health Centre; and

9.3.3 may, in the performance of his/her responsibilities, delegate to members of the executive leadership team and the medical/dental/scientific staff such of his powers and duties as is appropriate.

9.4 Without restricting the generality of the foregoing, the President and CEO shall:

9.4.1 be the administrator of the Health Centre and exercise the authority, and accept and carry out all the duties, obligations and functions of an administrator;

9.4.2 participate in the development of strategic plans for the future of the Health Centre;

9.4.3 develop policies for the operation of the Health Centre and supervise the general administration, organization and management of the Health Centre in accordance with these bylaws and relevant legislation;

9.4.4 assist the Board in establishing and maintaining the overall strategic direction of the Health Centre, including the Health Centre's health services business plan;

9.4.5 assist the Board in development of the Health Centre's health services business plan and lead in the implementation of that plan;

9.4.6 represent the Health Centre in its relationship with the community, government and other health care agencies;

9.4.7 ensure that the processes are in place for clinical supervision of patient care in any health facility operated by the Board and in carrying out this responsibility, the President and CEO shall have the power to delegate this responsibility to staff in accordance with policies established by the Board;

9.4.8 ensure the effective and efficient use of financial, human, and physical resources in the Health Centre's day by day operations;

9.4.9 establish and maintain an overall communications plan for the Health Centre, its services, staff, patients, service recipients, and the public;

9.4.10 maintain relationships with the Department of Health [and Wellness], health associations, related fundraising foundations, ancillary organizations of the Health Centre;

9.4.11 attend or ~~be~~ in his/her absence arrange with the Board for the attendance of a representative at, all meetings of the Board and its committees, and may attend any meeting of an ancillary organization, community health board or an organization which is funded either in whole or in part by the Health Centre;

- 9.4.12 ensure the availability of Board orientation and continuing education;
 - 9.4.13 report to the Board any matter about which it should have knowledge;
 - 9.4.14 be responsible for all securities and funds of the Health Centre in accordance with policies and guidelines set out from time to time by the Board;
 - 9.4.15 cause the provision of full and accurate reports of all financial holdings and transactions of the Health Centre;
 - 9.4.16 cause the submission of an annual report to the Board showing the financial statements of the Health Centre;
 - 9.4.17 be responsible for the recruitment, selection, retention and discharge of all employees of the Health Centre, including members of the senior management team;
 - 9.4.18 uphold the Health Centre's commitment to be a learning organization by directing the development of the potential of all employees of the Health Centre;
 - 9.4.19 be responsible for the enforcement of all rules and regulations of the Health Centre, and the observance thereof by all employees and medical/dental/scientific staff;
 - 9.4.20 except as specifically limited by Board policy and guidelines, ~~staff~~ exercise his/her initiative and judgment in the best interest of the Health Centre and its mission; and
 - 9.4.21 carry out such other duties as assigned by the Board from time to time.
- 9.5 The Board may from time to time appoint a person to act in the place of the President and CEO as it sees fit.

10 Meetings of the Board

10.1 Regular meetings

- 10.1.1 The Directors may, subject to these bylaws, consider or transact any business, either special or general, at any meeting of the Board.
- 10.1.2 There shall be at least eight regularly scheduled meetings of the Board held between consecutive annual meetings of the Health Centre. The meetings shall be held at regular intervals and at a time and place as determined by the Board.
- 10.1.3 At the discretion of the Board, attendance at meetings may occur by way of teleconference or video conferencing.
- 10.1.4 Vice-presidents and Executive Directors may attend meetings of the Board, unless otherwise determined by the Board. Other Health Centre employees may attend meetings of the Board only upon:
 - 10.1.4.1 invitation by the Chair of the Board through the President and CEO; or
 - 10.1.4.2 invitation by the President and CEO with approval of the Chair of the Board.

10.2 Special meetings

- 10.2.1 Special meetings of the Board may be called by the Chair at any time, or shall be convened by the Chair when the Chair has received notice in writing from at least one half of the Board requesting a special meeting.
- 10.2.2 Notice of a special meeting of the Board shall be given by telephone or in writing, and shall be given at least forty-eight hours in advance of the meeting.
- 10.2.3 Notice of a special meeting shall specify the purpose of the meeting. Business other than that for which the special meeting is called shall not be transacted.
- 10.2.4 Notwithstanding clause 10.2.3, where all directors are present at a special meeting and unanimously agree, business other than the special business included in the agenda for such meeting may be discussed and transacted.

11 Procedure for Board and Board committee meetings

- 11.1 A quorum of the Board shall consist of one half plus one of appointed directors.
- 11.2 A quorum for a committee meeting shall be one half of the members of the committee unless otherwise specified by the Board.
- 11.3 The notice period for a committee meeting shall be seven days except where the Chair deems otherwise.
- 11.4 No meeting of the Board or a Board committee shall be valid where notice has not been given according to the bylaws, except where all the persons not receiving such notice and in the form required by the bylaws waive the necessity of such notice. A declaration by the Chair or the Secretary that notice of the meeting has been duly given pursuant to the bylaws shall be sufficient and conclusive evidence of the giving of such notice.
- 11.5 A director may participate in a meeting of directors or of a committee of directors by means of such telephone or other communications facilities as permit all persons participating in the meeting to hear each other, and a director participating in such a meeting by such means is deemed to be present at that meeting for purpose of these bylaws.
- 11.6 The Chair shall determine the order of business to be followed and otherwise regulate meetings of the Board.
- 11.7 Questions arising at any meetings of the Board or Board committees shall be decided by a majority of votes.
- 11.8 The Chair shall be entitled to vote and in the situation of an equality of votes, the motion shall be considered defeated.
- 11.9 All votes at any such meeting shall be taken by ballot if so demanded by any member present, but if no demand is made, the vote shall be taken by oral assent or dissent.
- 11.10 Each member shall have only one vote and there shall be no voting by proxy.
- 11.11 A resolution of the Board in writing, signed by all members of the Board, shall be as effective as if passed at a duly constituted meeting of the Board. A resolution of a Board committee, signed by all

voting members of the committee, shall be as effective as if passed at a duly constituted meeting of the committee.

- 11.12 Committee members who are not members of the Board shall be entitled to vote at Board committee meetings.
- 11.13 Minutes shall be kept of all meetings of the Board and of all meetings of all Board committees. All such minutes of the Board and such committees shall be distributed to all members of the Board following such meetings.
- 11.14 Any question of procedure at or for any meeting of the Board or Board committee which has not been provided for in these bylaws shall be determined by the Chair of the meeting in accordance with Bourinot's Rules of Order.

12 Committees of the Board

- 12.1 The Board shall appoint such committees as it may deem necessary for the proper governance of the Health Centre and shall set their terms of reference in one or more of the Board resolution creating the committee, the governance policies or the rules and regulations, and shall appoint the members and Chairs of such committees. The Board may from time to time eliminate committees or appoint such other committees of such number and with such powers and for such a period of time as may be set forth in the resolution appointing such committees.
- 12.2 The Board shall require the establishment of a Medical Advisory Committee and in doing so shall establish the terms of reference, membership and reporting structure of this committee. The Medical Advisory Committee's terms of reference and membership shall be contained in the Medical/Dental/Scientific Staff Bylaws (General) and (Credentialing/Disciplinary), and shall be consistent with the Health Centre's Corporate Bylaws. All Medical/Dental/Scientific Staff Bylaws (General) and (Credentialing/Disciplinary), and all revisions of Medical/Dental/Scientific Staff Bylaws (General) and (Credentialing/Disciplinary), require the approval of the Board.
- 12.3 The following provisions shall apply to all committees of the Board, subject always to the specific terms of reference established by the Board pursuant to clause 12.1:
 - 12.3.1 The provisions of clauses 11.2 through 11.12 shall apply.
 - 12.3.2 The members of each standing committee of the Board, other than the *ex officio* members, shall be appointed by the Board at a meeting following the annual general meeting of the Health Centre. At the time of the appointment of the members of the standing committee, the Board shall designate one of the members to be Chair and one to be Vice-chair of the standing committee. The Chair, Vice-chair and all other members of each standing committees shall serve for a term of one year, which may be renewed from time to time at the discretion of the Board, or until their successors are appointed.
 - 12.3.3 Subcommittees of a standing committee may be established and terms of reference determined from time to time at the discretion of the standing committee. The subcommittee shall report only to the parent committee unless otherwise specified by the Board. However, upon request, the Board shall be provided with the minutes of the meeting of a subcommittee.
 - 12.3.4 The Chair of the Board and the President and CEO, in addition to the members prescribed for each Board Committee, shall be *ex officio* members of such committees subject to the exceptions described in these bylaws.

- 12.3.5 Any vacancy occurring in a committee may be filled by the Chair of the Board. The Director or other individual so appointed shall hold such office until the annual general meeting next following his/her appointment, his/her resignation or until his/her successor is appointed. A vacancy shall not impair the right of the remaining members to act.
- 12.3.6 Any member of any Board Committee shall cease to be a member of that committee upon majority resolution of the Board.
- 12.3.7 Except as otherwise provided:
- 12.3.7.1 a committee shall provide for the holding of monthly or other periodic meetings. Special meetings may be called to be held at any time by the Chair or the Vice-chair of the committee in accordance with the notice provisions for meetings of the entire Board as stated in the bylaws; and
- 12.3.7.2 ~~except as where otherwise provided,~~ the members of committees of the Board shall be appointed from amongst the members of the Board. The majority of the voting members of any Board committee shall be voting members of the Board.
- 12.3.8 Unless otherwise required by the Chair of the Board or his designate, the chair of a Board committee shall report in writing to the full Board not later than two months after each meeting of the Board committee. The Chair of such committee shall also submit such additional reports as may from time to time be required by the Board.
- 12.3.9 If a Board committee does not appoint its own secretary, then the Secretary of the Board or his/her designate will assume those responsibilities.
- 12.4 The Board as a whole shall constitute the Hospital Standards Committee required pursuant to the Hospital Insurance Regulations enacted pursuant to the *Health Services and Insurance Act*, R.S.N.S[. 1989], c. 197, as amended or replaced from time to time.

13 *Ad hoc* committees

- 13.1 Without limiting the generality of clause 12.1, the Board may from time to time appoint such *ad hoc* committees as it may deem advisable, and the composition, duties, and tenure of such committees shall be sole[l]y at the discretion of the Board.
- 13.2 Any *ad hoc* committee constituted hereunder shall be deemed to be dissolved when it has fulfilled its terms of reference and has reported to the Board.

14 Banking and financial control

14.1 Banking & borrowing

- 14.1.1 The banking and other financial business of the Health Centre shall be transacted with such banks, trust companies, securities dealers, brokerage houses, and other bodies corporate or organizations as are from time to time designated by the Board. Such banking and financial business or any part thereof shall be transacted under such agreements, instruction, and delegations of power as the Board may from time to time prescribe or authorize.
- 14.1.2 The directors are hereby authorized on behalf of the Health Centre from time to time, subject to *Health Authorities Act* and the *Hospitals Act*:
- 14.1.2.1 to borrow money upon the credit of the Health Centre in such amount and on

- such terms as may be deemed expedient by obtaining loans or advance or by way of overdraft or otherwise;
- 14.1.2.2 to issue or reissue debt obligations of the Health Centre;
- 14.1.2.3 to pledge or sell such debt obligations of the Health Centre;
- 14.1.2.4 to mortgage, charge, hypothecate, pledge or otherwise create a security interest in all or any property real and personal, immovable and movable, undertaking and rights of the Health Centre, owned or subsequently acquired, to secure any debt obligations of the Health Centre present or future or any money borrowed or to be borrowed or any other debt or liability of the Health Centre; and
- 14.1.2.5 generally, for, in the name of, and on behalf of the Health Centre to transact with any financial institution any business they think fit.
- 14.1.3 Subject to the *Health Authorities Act* and *Hospitals Act*, any two of the Chair of the Board, the Vice-chair of the Board, the President and CEO, the Vice-president and Chief Financial Officer, and such other directors or members if [of] the executive leadership team of the Health Centre as are from time to time designated by resolution of the Board are hereby authorized on behalf of the Health Centre from time to time:
- 14.1.3.1 to make, draw, accept, endorse, sign and execute, under the seal of the Health Centre or otherwise cheques, promissory notes, bills of exchange, orders for the payment of money and other instruments whether negotiable or not, contracts for letters of credit and forward exchange, and agreements obligating the Health Centre to any of the financial institution with which it deals in respect of obligations or liabilities incurred or to be incurred by such financial institution for the account or benefit of the Health Centre;
- 14.1.3.2 to borrow money from upon the credit of the Health Centre in such amounts and on such terms as may be deemed expedient by obtaining loans for advances or by way of overdraft or otherwise;
- 14.1.3.3 to mortgage, hypothecate, charge or pledge, or give security under the *Bank Act*, R.S.C. 1985, c. B-1, as amended, or otherwise upon, all or any of the property, real and personal, immovable and movable, undertaking and rights of the Health Centre, present and future to secure all or any money borrowed or to be borrowed, or obligations or liabilities of the Health Centre;
- 14.1.3.4 to sign or execute, under the Health Centre's seal or otherwise, and deliver all such assignments, transfers, conveyances, ~~hypothecses~~ [hypothecs], mortgages, charges, pledges, security under the *Bank Act* or other security, notices of intention to give security under ~~clause~~ [section] 427 of the *Bank Act*, promises to give security under the *Bank Act*, agreements, deeds, releases, discharges and other documents and writing as they in their discretion may consider necessary or useful in connection with the Health Centre's business; and
- 14.1.3.5 on behalf of the Health Centre from time to time to withdraw from any financial institution, with which the Health Centre deals, all or any securities and property held by such financial institution for safekeeping on behalf of the Health Centre or as collateral security or otherwise and sign and deliver receipts or to direct such financial institution by written instructions signed by such person or persons

to deliver all or any such securities and property to any person or persons named in such instructions.

14.1.4 Such directors and members of the executive leadership team as may be designated from time to time by the Board or any one of them or any of the persons referred to in clause 14.1.3 above are hereby authorized on behalf of the Health Centre from time to time:

14.1.4.1 to deposit with or negotiate or transfer to a financial institution, with which the Health Centre deals for credit, all or any cheques, promissory notes, bills of exchange, orders for the payment of money and other paper negotiable or otherwise, interest or dividend coupons and warrants, securities maturing or called for redemption, and the proceeds of any of them, and for such purpose to make, draw, endorse, sign, execute and deliver all or any of the foregoing or deliver all money thereof to such financial institution endorsed with the name of the Health Centre impressed thereon by rubber stamp or otherwise; and

14.1.4.2 to receive all paid cheques and vouchers and sign and deliver to any financial institution, with which the Health Centre deals such financial institution's form of settlements of balances and release, and to arrange, settle, balance and certify all books and accounts between the Health Centre and such financial institution, and to receive all securities attached to drafts drawn on the Health Centre to be delivered upon payment of the drafts and all commercial and other paper, and to sign and deliver to the Health Centre receipts for all or any of the foregoing.

14.2 Investments

14.2.1 Any two of the Chair, Vice-chair, Treasurer, President and CEO, and such other members of the executive leadership team of the Health Centre as the Board may from time to time designate, are hereby authorized on behalf of the Health Centre to accept and convey, assign, transfer or otherwise dispose of any or all shares, stocks, bonds, debentures, debenture stock, and other securities of whatsoever nature or kind registered in the name of the Health Centre or held or owned by the Health Centre and to make, execute and sign on behalf of the Health Centre all necessary instruments of assignment, acceptance, of transfer or other documents to effectuate the same and to appoint an attorney or attorneys with full power of substitution.

14.2.2 Whenever investment decisions are made, investment practices shall be reasonable and prudent and designed to avoid undue risk of loss and to obtain a reasonable return on such investments.

14.3 Signing officers

14.3.1 Any two of the Chair, Vice-chair, Vice-president and Chief Financial Officer and President and CEO, and such other Board members and administrative officers as may from time to time be designated, are hereby authorized on behalf of the Health Centre to sign and affix the corporate seal to all securities, transfers, proxies, contracts, agreements, deeds, conveyances, mortgage, releases, powers of attorney, or other documents, as may be required. Notwithstanding the prior provisions of this clause, the corporate seal shall not be affixed to any document except as authorized by resolution of the Board.

14.3.2 The Board shall provide a common seal for the Health Centre and shall have the power to destroy such seal, and substitute a new one.

14.3.3 The common seal shall be in the custody of the Secretary and shall be affixed to a

document only in the presence of the persons authorized by the Board to affix such seal.

14.3.4 The seal of the Health Centre shall be in the form impressed hereon.

[Note: there is no impression of the Health Centre seal on the document filed with the Office of the Registrar of Regulations.]

15 Bonding, insurance and indemnification

15.1 Bonding

The Health Centre shall secure from a guarantee company, in respect of such directors and officers and employees of the Health Centre and ancillary organizations as the Board may from time to time designate, a bond of fidelity of [in the] amount designated by the Board or, in the alternative, the Board may direct the President and CEO to obtain an alternative form of employee fidelity insurance with respect to such directors, officers and employees, including, without limitation, a blanket position bond, a commercial blanket bond, or a comprehensive dishonesty, disappearance and destruction bond.

15.2 Indemnification

15.2.1 Every member of the Board, member of a Board committee and officer of the Health Centre and his or her heirs, executors, administrators or other personal representatives shall, from time to time and at all times, be indemnified and saved harmless (and the Health Centre shall ensure coverage to this end), from and against:

15.2.1.1 any liability and all costs, charges and expenses that such person sustains or incurs in respect of any action or proceeding that is proposed or commenced against such person, for or in respect of anything done or permitted by the person, in respect of the execution of the duties of such person's office; and

15.2.1.2 any other liabilities and all costs, charges, and expenses that such person sustains or incurs in respect of the affairs of the Health Centre;

except liability or costs, charges or expenses occasioned by such person's own willful neglect or default.

15.3 Liability insurance

15.3.1 The Board shall direct the President and CEO to obtain insurance for such directors, officer and employees of the Health Centre, the Health Centre foundation and or auxiliaries, as the Board may from time to time designate against liability incurred by them in or about the execution of the duties of their office, provided however, that no such liability insurance shall provide insurance against liability relating to the failure of the director, officer, or employee to act honestly and in good faith with a view to the best interests of the Health Centre, foundation or auxiliaries, as the case may be.

The Health Centre shall pay the expenses of obtaining insurance and fidelity bonds pursuant to this Article.

16 Accounts and auditors

16.1 Books of account

The Board, through the President and CEO, shall cause proper books of account to be kept of the

sums of money received and expended by the Health Centre and the matters in respect of which such receipt and expenditure takes place, and of the assets, credits and liabilities of the Health Centre.

16.2 Auditors

An auditor shall be appointed by the Board and shall have such rights and responsibilities as prescribed by the *Health Authorities Act*.

17 Fiscal year

17.1 The fiscal year of the Health Centre begins on April 1st and ends on March 31st in the following year.

18 Administrative officers

18.1 Executive leadership

18.1.1 Appointment and terms of office

The President and CEO shall be responsible for the recruitment, selection, retention and discharge of all employees of the Health Centre, including members of the executive leadership team.

18.1.2 Duties and responsibilities

The duties of all other members of the executive leadership team of the Health Centre shall be subject to the terms of their engagement or as the President and CEO may direct. The President and CEO may, from time to time, vary, add or limit the powers and duties of any member of the executive leadership team falling within this clause.

18.2 Defects in appointment or qualifications of executive leadership team

18.2.1 The acts of any member of the executive leadership team, officer or manager of the Health Centre shall be valid notwithstanding any defect that afterwards discovered in his/her appointment or qualification.

18.3 Agents and attorneys

18.3.1 The Board shall have the power from time to time to appoint agents or attorney[s] for the Health Centre in or out of Canada with such powers of management or otherwise, including the power to delegate as may be necessary.

19 Ancillary operations and associations

19.1 Ancillary operations and associations

19.1.1 The Board may approve the establishment of ancillary organizations as it deems advisable and the use of the Health Centre's name by such organizations for the purpose of assisting and promoting the work of the Health Centre.

19.1.2 Each ancillary organization shall elect its own officers and formulate its own bylaws but the bylaws shall be subject to the review and approval of the Board.

19.1.3 To gain approval of the Board as an ancillary organization and/or recognition of its bylaws, the bylaws of the ancillary organization shall state that all monies or other assets belonging

to a voluntary association shall accrue to the benefit of the Health Centre should the ancillary organization be dissolved, except as restricted by donors or as otherwise approved by the Board.

19.1.4 Each ancillary organization shall operate on the same fiscal cycle as the Health Centre.

19.1.5 The mission and vision of each ancillary organization shall be consistent with the mission and vision of the Health Centre.

19.1.6 The Board may from time to time attach conditions to its approval or continuing approval of the operation of an ancillary organization.

19.1.7 The Board of an ancillary organization may include a representative of the Board.

19.1.8 An ancillary organization under this clause shall report annually to the Board and at such other times as the Board deems advisable.

19.1.9 The auditor for the Health Centre shall be the auditing firm retained for each ancillary organization referred to in this clause.

19.1.10 An ancillary organization and each member thereof shall, on entering the Health Centre be subject to the direction and control [of] the President and CEO and shall adhere to all applicable rules and regulations of the Health Centre or the Board pertaining to visitors and staff of the Health Centre.

19.1.11 The Board may, by resolution, disassociate itself from any such ancillary organization at any time and this prerogative shall be reflected in the bylaws of any organization approved under this clause.

19.2 Non-associated volunteer organization

19.2.1 The Board may approve of a volunteer organization not associated with the Health Centre assisting in and promoting the work of the Health Centre and may attach such conditions as it deems advisable to such assistance and promotion.

19.3 Volunteer organizations – general

19.3.1 A volunteer organization approved under these bylaws or any member of such organization shall when acting in the name of the Health Centre be subject to the direction and control of the President and CEO.

19.3.2 For the purpose of these bylaws, only clauses 19.1.1, 19.1.5, 19.1.7, 19.2.1 and 19.3.1 shall apply to the IWK Health Centre Foundation.

20 Governance policies

20.1 The Board may adopt governance policies from time to time, which to the extent not inconsistent with these bylaws shall govern its activities and operations and those of the Health Centre.

20.2 The governance policies may be established, altered, amended or repealed and new rules and regulations may be enacted by the Board at a regular or special meeting.

21 Rules & [and] regulations

21.1 The Board may make rules and regulations from time to time, providing for the carrying out of the functions and purposes of the Health Centre, including but without limiting the generality of the following in respect of:

21.1.1 the admission, treatment, and care of all patients;

21.1.2 medical/dental/scientific staff;

21.1.3 personnel policies;

21.1.4 health policies and infection control;

21.1.5 fire and safety;

21.1.6 administrative and financial procedures;

21.1.7 terms of reference for Board Committees.

21.2 Rules and regulations may be established, altered, amended or repealed and new rules and regulations may be enacted by the Board at a regular or special meeting.

22 Amendments

22.1 Subject to applicable legislation, the bylaws of the Health Centre may be altered, amended or repealed and new bylaws may be enacted by the directors at a meeting of the Board duly called for the purpose of considering any such alteration, amendment, repeal or new bylaw provided that no notice of motion concerning the matters referred to in this clause 22 shall be made at a Board meeting without circulation of such notice at least fourteen days prior to the Board meeting.

N.S. Reg. 68/2015

Made: March 26, 2015

Filed: March 31, 2015

Polling Districts and Number of Councillors Order: Municipality of the District of Shelburne

Order dated March 26, 2015
made by the Nova Scotia Utility and Review Board
pursuant to Section 369 of the *Municipal Government Act*

Order**M06559****In the matter of the *Municipal Government Act***

-and-

In the matter of an application by the **Municipality of the District of Shelburne** to confirm the number of councillors and to alter the boundaries of polling districts

Before: Roland A. Deveau, Q.C., Vice-Chair

Amended Order

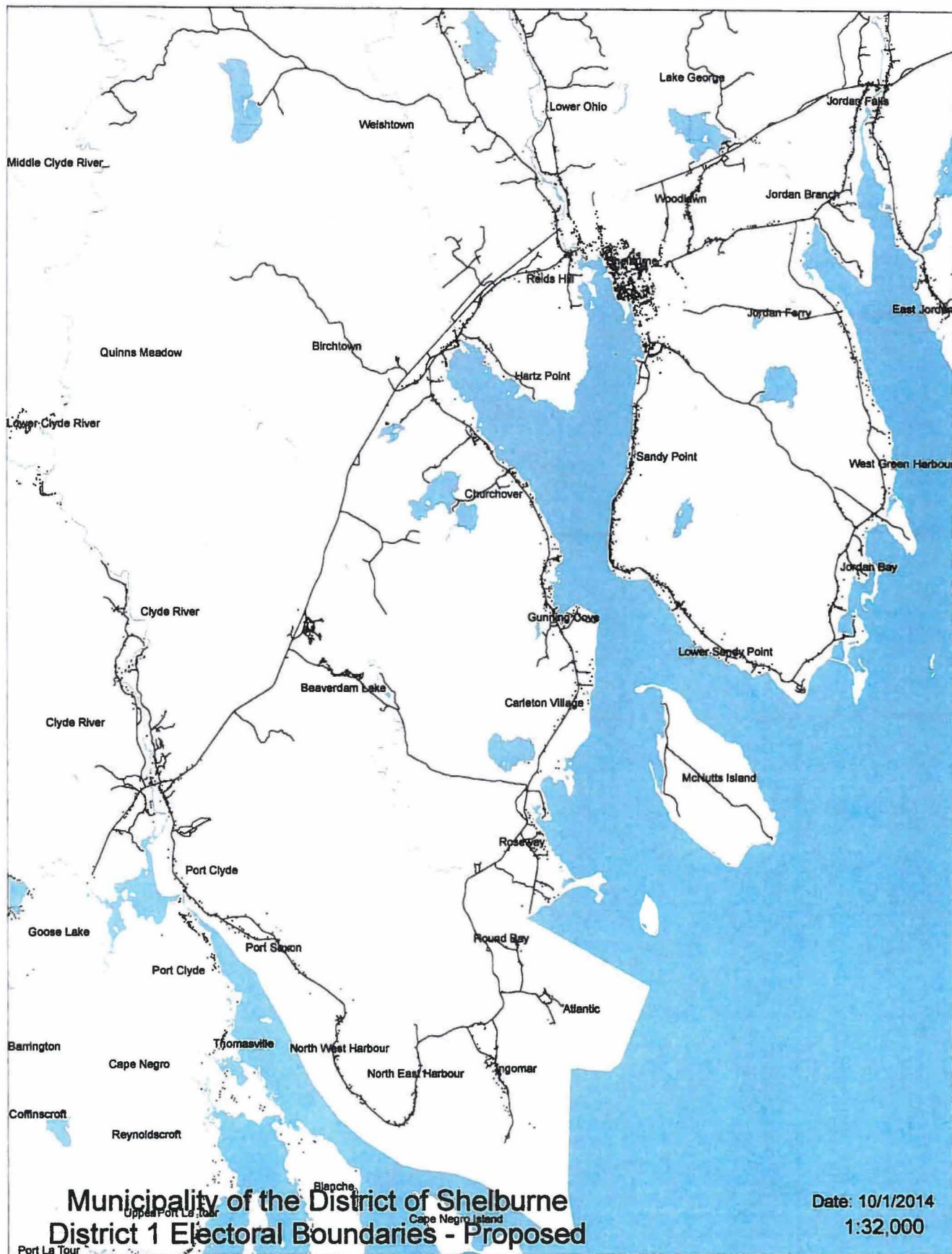
An application having been made by the Municipality of the District of Shelburne (“Municipality”) pursuant to s. 369 of the *Municipal Government Act* and the Board having issued its Decision on March 16, 2015;

It is hereby ordered that the number of polling districts for the Municipality is confirmed at seven, each electing one councillor. The Board approves the proposed changes to the polling district boundaries. The polling districts are approved as set out in the maps annexed to this Order;

And it is further ordered that all provisions of the *Municipal Government Act* and the *Municipal Elections Act* and any other Acts of the Province of Nova Scotia applying to the preparation for and holding of the regular election of councillors of the Municipality in the year 2016 will be complied with as if the above-noted changes had been made on the first day of March, 2016, but for all other purposes, such changes shall take effect on the first day of the first meeting of the Council after the election of councillors for the year 2016.

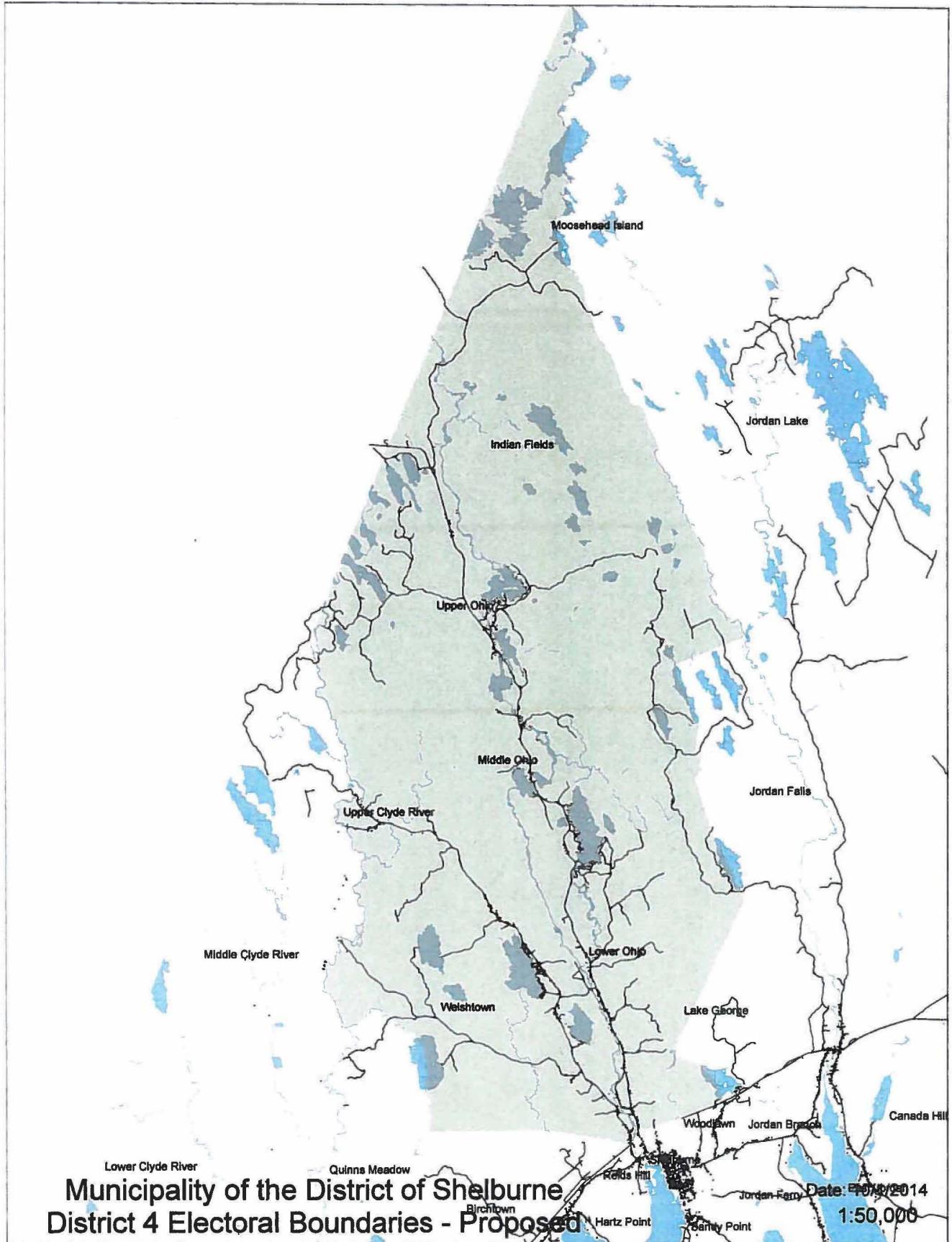
Dated at Halifax, Nova Scotia this 26th day of March, 2015.

sgd: *Elaine Wagner*
Clerk of the Board















N.S. Reg. 69/2015

Made: March 13, 2015

Filed: March 31, 2015

Dissolution of the Town of Springhill and annexation to the Municipality of the County of Cumberland

Order dated March 13, 2015
made by the Nova Scotia Utility and Review Board
pursuant to Section 399 of the *Municipal Government Act*

Order**M06158****In the matter of the *Municipal Government Act***

- and -

In the matter of an application by the **Town of Springhill** for the dissolution of the town.

Before: Roland A. Deveau, Q.C., Vice-Chair
Kulvinder S. Dhillon, P.Eng., Member
Roberta J. Clarke, Q.C., Member

Order for Dissolution

Whereas the Town of Springhill (“Town”) filed an application under the *Municipal Government Act* with the Nova Scotia Utility and Review Board (“Board”) on May 15, 2014, for a Preliminary Order for the dissolution of the Town;

And whereas formal standing in this proceeding was granted by the Board to the Municipality of the County of Cumberland (“Municipality”), to Her Majesty the Queen in right of the Province of Nova Scotia as represented by the Department of Municipal Affairs (“Province”), to the Springhill Citizens Volunteer Committee (“SCVC”) and to the Canadian Union of Public Employees, Local 919 (“CUPE”);

And whereas the Board held a Hearing for a Preliminary Order at the Dr. Carson & Marion Murray Community Centre, in Springhill, Nova Scotia, on June 18, 2014, to determine, among other matters, which studies should be prepared with respect to the application, the timeline for the filing of such studies and information requests, and setting the date for the hearing on the merits;

And whereas the Board issued a Preliminary Order on June 27, 2014 setting out the timeline for the filing of evidence and information requests, and setting the date for the hearing on the merits;

And whereas the Town, the Municipality and the Province executed a Letter of Intent on December 1, 2014, which was filed with the Board on December 2, 2014, and a 1st Addendum to Letter of Intent executed on March 5, 2015, filed with the Board on March 6, 2015 (collectively, “Letter of Intent”) (Exhibit S-66), attached to this Order as Schedule “A”;

And whereas in a letter dated June 17, 2014 (Exhibit S-14), the Honourable Lena Metlege Diab, ECNS, the Attorney General and Minister of Justice for the Province, confirmed that the RCMP policing proposal would provide an adequate, efficient and effective policing service for the Town;

And whereas the Board held the hearing on the merits at the said Dr. Carson & Marion Murray Community Centre on December 15 and 16, 2014, and heard witnesses on behalf of the Town, the Municipality and the Province;

And whereas, after taking into account the financial implications and the necessity and expediency of the proposed dissolution, the Board finds, on the basis of the evidence before it, that the Town should be dissolved pursuant to s. 399 of the *Municipal Government Act*;

And whereas the Board is satisfied that the provisions contained in the Letter of Intent are reasonable and appropriate and should form the basis of the terms of dissolution, subject to further directions by the Board;

And whereas the Board issued its Decision on the application on January 21, 2015;

And whereas the Board received written submissions from the Town and the Municipality, and the SCVC, on the issues of the Town's polling districts and the date for the special election;

It is hereby ordered that:

1. The Town of Springhill shall be dissolved;
2. The dissolution shall be effective 11:59 p.m. on March 31, 2015;
3. The area comprising the dissolved Town, described in Schedule "B" attached to this Order, shall be annexed to, and form part of, the Municipality of the County of Cumberland;
4. Upon dissolution, the assets and liabilities of the Town shall become the assets and liabilities of the Municipality;
5. The area of the dissolved Town shall not continue as a village;
6. There shall be no adjustment by the Director of Assessment on the assessment roll applicable to the area of the dissolved Town;
7. Upon dissolution, the area comprising the dissolved Town shall be divided into two polling districts, which are described in Schedule "C" attached to this Order, and a special election under the *Municipal Elections Act* shall be held on May 23, 2015, for the election of two councillors, each representing one of the said polling districts;
8. Effective upon the two councillors taking office after the special election, and remaining in effect until the councillors elected or acclaimed in the October 2016 municipal election are duly sworn in to take office, Municipal Council will be composed of 12 councillors comprised of the current 10 councillors from the existing polling districts in the Municipality, together with the two councillors representing the two polling districts for the area comprising the dissolved Town;
9. In the interim following dissolution, until such time as the special election can be held, and the new councillors sworn in, the area of the dissolved Town shall be represented on Municipal Council of the Municipality by the current Mayor of the Town;
10. The Municipality is directed to undertake a study under s. 368 of the *Municipal Government Act*, and to file an application with the Board under s. 369, no later than June 1, 2015, outlining the proposed number of councillors and polling district boundaries for the combined Municipality, which are to take effect for the October 2016 municipal election;
11. Upon dissolution, the Town councillors (including the Mayor) who are members of the Town's water utility, boards and commissions shall be replaced by appointments to be made by the Municipality;
12. During the five fiscal years immediately following dissolution, the proceeds from the sale of any real or personal property owned by the Town at the time of dissolution, and exceeding \$2,500 in value, shall be

held in a special reserve, as set out in the Letter of Intent, and can be used only for purposes associated with the dissolved Town and its debts;

13. The Town shall promptly provide notice of termination of employment to its employees upon the receipt of this Order for Dissolution;
14. Until the dissolution takes effect, the Town shall keep the Municipality informed of its actions respecting the status of its employees and the implementation of the strategy respecting its employees. The Town shall accommodate the reasonable requests of the Municipality in respect of the implementation of the strategy;
15. Until the dissolution takes effect, the Municipality shall be permitted to designate one or more of its employees to attend upon the Town's offices, or upon any other of its properties, to observe the Town's operations. For the purposes of this direction, the said employee(s) shall be permitted to receive confidential information held by the Town. Any information so received shall be kept confidential and disclosed solely with respect to the employee's employment duties with the Municipality and in furtherance of the directives in this Order;
16. Upon dissolution, the Municipality shall stand in the place and stead of the dissolved Town for all purposes and has the same powers to collect taxes due to the Town as if the taxes had been imposed by it;
17. The policing arrangements for the area of the dissolved Town shall be as described in the letter dated June 17, 2014, of the Attorney General and Minister of Justice for the Province, unless otherwise amended by the said Minister;
18. The ownership of, and responsibility for the maintenance of, the roads and streets owned by the Town shall be transferred to the Municipality as of 11:59 p.m. on March 31, 2015, in accordance with the Letter of Intent;
19. To the extent that they do not conflict with any directive in this Order, the provisions contained in the Letter of Intent are hereby incorporated into and form part of this Order. For greater certainty, the Province shall pay the Municipality the following amounts on the terms described:
 - (a) Equalization funding shall be paid to the combined municipal unit over the next five (5) fiscal years (i.e., 2015/16 to 2019/20, inclusive). The amount of equalization funding to be paid to the combined municipal unit shall be no less than the amounts received by the Town and the Municipality in the 2014/15 fiscal year (Springhill total equalization funding received in 2014/15: \$648,774; Cumberland total equalization funding received in 2014/15: \$533,430). The total amount to be paid over the next five (5) fiscal year period shall not be less than \$5,911,020 to be paid in amounts of \$1,182,204 annually. At the expiry of this period, the equalization allocation for the combined municipal unit will revert to the applicable provincial formula in effect at that time;
 - (b) Special capital funding of \$3,183,000 to be paid in amounts of \$636,600 annually for infrastructure improvements within the Town, as outlined in the Town of Springhill Infrastructure Study completed by Opus Engineering on August 28, 2014. This funding can be used to secure additional financial assistance from other programs that are not already part of this Letter of Intent as outlined in the rules and criteria for each program. Moreover, this provision will not be interpreted, employed, or otherwise exploited, to preclude the Municipality from applying for other funding for its own projects under these programs;
 - (c) Funding of \$325,014 annually for five (5) years total[ing] \$1,625,070 for roads; of which \$1,355,070 is to be used for capital investments and \$270,000 for operating. This funding is an annual lump sum payment that does not require matching funding from the Municipality;

- (d) Funding for post-transitional expenses according to criteria agreed to by the Province, and subject to Provincial approval, of up to \$151,120 annually for a total Provincial commitment by the Province over 5 years of \$755,600. This funding is for incremental dissolution costs, subject to the reporting requirements outlined under section 5.0 of the Letter of Intent, and not to be used to replace normal operating expenses that would be incurred without dissolution;
- (e) The Town and Municipality acknowledge that \$406,000 has already been paid by the Province to the Municipality in pre-dissolution funding and up to an additional \$200,000 will be requisitioned by the Municipality prior to March 31, 2015, as required;
20. The net proceeds from the sale of any real property in arrears of taxes at the time of dissolution shall be applied against any outstanding accumulated deficit of the dissolved Town;
21. With respect to the funding provided by the Province, the Municipality shall be subject to the reporting requirements and fiscal auditing set out in Articles 5.0 and 6.0 of the Letter of Intent;
22. In the event of any question or disagreement respecting the application or implementation of the directives in this Order or of any matters or things necessary to give effect to the carrying out of the dissolution, the parties shall apply to the Board for further direction;
23. The Board reserves the jurisdiction to issue such further orders and directions, and do or cause to be done all such other matters and things as, in its opinion, are necessary or incidental to the carrying out of the dissolution of the Town, including any direction required for the conduct of the special election.

Dated at Halifax, Nova Scotia, this 13th day of March, 2015.

sgd: *Elaine Wagner*
Clerk of the Board

Schedule "A"

Letter of Intent

This Letter of Intent made this 1st day of December, 2014,

Between:

Her Majesty the Queen, in right of the Province of Nova Scotia, as represented by the Minister of the Department of Municipal Affairs (hereinafter referred to as the "Province");

and

Municipality of the County of Cumberland (hereinafter referred to as the "Municipality")

and

Town of Springhill (hereinafter referred to as the "Town")

Whereas on May 15, 2014, the Town applied to the Nova Scotia Utility and Review Board (NSUARB) pursuant to Section 394 of the *Municipal Government Act* to dissolve and become part of the Municipality of the County of Cumberland;

And whereas the Province of Nova Scotia is supportive of municipal governments that demonstrate leadership for long-term, transformational change, restructuring their governance arrangements to improve efficiency and

effectiveness;

And whereas in the best interests of the Province, the Municipality, and the Town (hereinafter referred to as the “Parties”) in moving the dissolution process forward, the Parties have come to an agreement with respect to post-dissolution financial matters prior to the Hearing on the Merits;

Now therefore in consideration of the mutual covenants and agreements contained in this Letter of Intent, the Parties agree as follows:

1.0 Funding assistance

1.1 The Province will provide the following:

- (a) Equalization funding shall be paid to the combined municipal unit over the next five (5) fiscal years (i.e. 2015/16 to 2019/20, inclusive). The amount of equalization funding to be paid to the combined municipal unit shall be no less than the amounts received by the Town and the Municipality in the 2014/15 fiscal year (Springhill total equalization funding received in 2014/15: \$648,774; Cumberland total equalization funding received in 2014/15: \$533,430). The total amount to be paid over the next five (5) fiscal year period shall not be less than \$5,911,020 to be paid in amounts of \$1,182,204 annually. At the expiry of this period, the equalization allocation for the combined municipal unit will revert to the applicable provincial formula in effect at that time.
- (b) Special capital funding of \$3,183,000 to be paid in amounts of \$636,600 annually for infrastructure improvements within the Town, as outlined in the Town of Springhill Infrastructure Study completed by Opus Engineering on August 28, 2014. This funding can be used to secure additional financial assistance from other programs that are not already part of this Letter of Intent as outlined in the rules and criteria for each program. Moreover, this provision will not be interpreted, employed, or otherwise exploited, to preclude the Municipality from applying for other funding for its own projects under these programs.
- (c) Finding of \$325,014 annually for five (5) years totalling \$1,625,070 for roads; of which \$1,355,070 is to be used for capital investments and \$270,000 for operating. This funding is an annual lump sum payment that does not require matching funding from the Municipality.
- (d) Funding for post-transitional expenses according to criteria agreed to by the Province, and subject to Provincial approval, of up to \$151,120 annually for a total provincial commitment by the Province over 5 years of \$755,600. This funding is for incremental dissolution costs, subject to the reporting requirements outlined under section 5.0 of this Letter of Intent, and not to be used to replace normal operating expenses that would be incurred without dissolution.
- (e) Funding of up to \$164,352 to the Municipality as compensation for revenue that should have been received by the Town from the Chignecto-Central Regional School Board for sewer fees for school buildings in the Town for fiscal years 2006 to 2013. This funding will be provided by the Province as a lump sum in 2015-2016.
- (f) Work with other Provincial government departments to request that no present funding programs available to the Town and the Municipality (e.g. the MPAL program available through the Nova Scotia Department of Health and Wellness), are reduced below current funding levels for the next five (5) fiscal years, where any such reductions are based solely on the dissolution of the Town. This provision does not apply to program or funding changes that are made or reasons other than the Town’s dissolution.

1.2 The Town and Municipality acknowledge that \$406,000 has already been paid by the Province to the Municipality in pre-dissolution funding and up to an additional \$200,000 will be requisitioned by the

Municipality prior to March 31, 2015, as required.

2.0 Other assistance

- 2.1 The Province will work cooperatively with the Municipality to identify funding sources and programs that will assist the Municipality with future program and infrastructure costs as the need arises and upon request of the Municipality.
- 2.2 The Province recognizes that schools constructed prior to 1982 in the Town of Springhill may revert back to municipal ownership, if deemed surplus by the Chignecto-Central Regional School Board. This may result in significant costs for the Municipality. If this were to happen prior to March 31, 2020, the Province will work cooperatively with the Municipality to identify funding sources for schools that are transferred back to the Municipality.

3.0 Town streets

- 3.1 The Municipality will take over responsibility for all streets, roads, lanes, etc., within the Town as identified in the Nova Scotia Department of Transportation and Infrastructure Renewal Roads Study dated August 21, 2014. In consideration of such, the Province shall provide the Municipality with funding as outlined in Section 1.1(c).

4.0 Sale of Town-owned assets

- 4.1 The Municipality agrees that the proceeds from the sale of any real or personal property during the next five (5) years, owned by the Town and exceeding \$2500 in value, will be held in a special reserve and can be used only for purposes associated with the former Town and its debts.

5.0 Reporting requirements

- 5.1 The Municipality will provide the following:

- (a) An overall budget detailing the manner in which funds disbursed pursuant to this Letter of Intent will be expended by the Municipality.
- (b) For the first fiscal year following dissolution, a quarterly forecast update including supporting invoices, detailing the manner in which funds disbursed pursuant to this Letter of Intent have been expended by the Municipality. This forecast shall be made in a form mandated by the Province.
- (c) For each fiscal year thereafter, an annual forecast update including supporting invoices, detailing the manner in which funds disbursed pursuant to this Letter of Intent have been expended by the Municipality. These reports will be provided within sixty (60) days of the end of each fiscal year, and shall be made in a form mandated by the Province.
- (d) Electronic copies of any and all of the following documents relating to expenditures made from funding disbursed pursuant to this Letter of Intent:
 - i. Requests for Proposals
 - ii. applicants' submissions to Requests for Proposals
 - iii. monthly bank reconciliations
 - iv. any other records or reports relating to funding provided pursuant to this Letter of Intent as requested by the Province

- 5.2 The Municipality will provide any records and reports requested by the Province pursuant to this Letter of Intent at the Province's request, and within thirty (30) days of any such request.

6.0 Fiscal auditing

- 6.1 The Province may, at the cost of the Province, conduct an audit with respect to the use of the funding received for the purposes of this Letter of Intent.
- 6.2 For the purposes of any audit undertaken by the Province, the Municipality will provide, upon request and in a timely manner, to the Province or anyone acting on behalf of the Province:
- (a) all books, accounts, and financial records held by the Municipality, or by third parties under a contract with the Municipality, relating to this Letter of Intent and the use of funding pursuant to this Letter of Intent;
 - (b) such further information and/or clarification that the Province or anyone acting on behalf of the Province may request relating to this Letter of Intent or to the use of funds pursuant to this Letter of Intent.
- 6.3 The Municipality shall, at all times, ensure that third parties are obligated to provide to the Province or its authorized representative the books, accounts, records, and other information that are in the third party's possession and that relate to this Letter of Intent or the use of funds pursuant to this Letter of Intent.

7.0 Responsibilities of the Municipality

- 7.1 The Municipality will:
- (a) Work expediently and in good faith with the Town and the Province to implement the Order of the NSUARB dissolving the Town.
 - (b) Cooperate with the Town and the Province to ensure that the best interests of both the residents of the Town and Municipality are given equal and serious consideration in the delivery of municipal services.
- 7.2 The Parties agree to expend the funding disbursed pursuant to this Letter of Intent directly and solely for the purposes outlined in this Letter of Intent, and may not use such funding for any other expenses, expenditures, or purposes whatsoever.

8.0 Default of obligations

- 8.1 In the event that any funding provided pursuant to this Letter of Intent has been used for purposes other than those dictated hereunder, any and all funding provided pursuant hereto is subject to repayment by the Municipality at the sole discretion and on such terms and conditions set by the Province, and any future funding dictated by the terms of this Letter of Intent may also be terminated by the Province at its sole discretion.

9.0 Miscellaneous provisions

- 9.1 This Letter of Intent is not intended to create legally enforceable obligations under statute, common law, equity, or otherwise.
- 9.2 Other than specified within this Letter of Intent, the Province assumes no further financial responsibility for the dissolution of the Town.
- 9.3 The provisions of this agreement become effective only upon an order by the NSUARB to dissolve the Town within the twelve (12) months following the execution of this Letter of Intent. Should this period expire without the Town dissolving, this Letter of Intent will be null and void.

10.0 Non-liability and indemnity

10.1 The Province shall not be liable for any claims, actions, suits, damages, costs or expenses arising from:

- (a) any injury, death, or damage to property resulting from or arising out of any act or omission of the Municipality, their servants, agents or contractors, in carrying out any work made possible through the funding provided for in this Letter of Intent;
- (b) any loans or any other contractual commitments entered into by the Municipality with any other party or non-party in connection with work made possible through the funding provided for in this Letter of Intent.

10.2 The Municipality agrees that they shall at all times indemnify and save harmless the Province, its Ministers, officers, employees, agents, or assigns from and against all claims, demands, losses, costs, damages, actions, suits or other proceedings of any kind based upon injury, including death, to any person, or damage to or loss of property, arising from any willful or negligent act, omission or delay on the part of the Municipality, its servants, agents or contractors, in carrying out any work made possible through the funding provided for in this Letter of Intent.

10.3 The Municipality agrees that they have no authority to bind the Province to any other agreement and the Municipality agrees that they will not hold themselves out as having any authority, express or implied, or on behalf of, the Province.

11.0 Notice

11.1 All notices and communications pursuant to this Letter of Intent shall be deemed duly given upon being delivered by hand, or three (3) days after posting or sent by registered mail, to a party at the following addresses:

For the Province:
 Deputy Minister
 Department of Municipal Affairs
 Maritime Centre, 14 North
 1505 Barrington Street
 Halifax, NS B3J 2M4

For the Municipality:
 Municipal Clerk
 Municipality of the County of Cumberland
 E.D. Fullerton Municipal Building
 1395 Blair Lake Road, RR #6
 Amherst, Nova Scotia B4H 3Y4

12.0 Entire agreement

12.1 This Letter of Intent constitutes the whole agreement between the Parties unless duly modified by the Parties by agreement in writing. Any representation or statement not expressly contained herein shall not be binding upon the Parties.

In witness whereof the Parties hereto have executed this Letter of Intent at Springhill, in the County of Cumberland, Province of Nova Scotia, Canada, on this 1st day of December, 2014.

<p>Signed, sealed and delivered</p> <p>sgd: <i>Chris McNeill</i></p> <p>sgd: <i>Shelley Hoeg</i></p> <p>sgd: <i>Shelley Hoeg</i></p>	<p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p>	<p>Her Majesty the Queen, in right of the Province of Nova Scotia, as represented by the Minister of Municipal Affairs</p> <p>sgd: <i>Mark Furey</i> Honourable Mark Furey</p> <p>Municipality of the County of Cumberland</p> <p>sgd: <i>Ernest E. Gilbert</i> sgd: <i>Rennie J. Bugley</i></p>
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sgd: [illegible]) **Town of Springhill**
 sgd: *Wanda Nicholson*) sgd: *Maxwell Snow*
) sgd: *Cathy Coon*

1st Addendum to Letter of Intent

It is agreed, in consideration of the mutual covenants contained in this Addendum and other good and valuable consideration, the Letter of Intent executed between Her Majesty the Queen, in right of the Province of Nova Scotia, as represented by the Minister of the Department of Municipal Affairs (hereinafter referred to as the “Province”), the Municipality of the County of Cumberland (hereinafter referred to as the “Municipality”), and the Town of Springhill (hereinafter referred to as the “Town”), shall be amended as follows:

Effective March 5, 2015, the funding to be paid by the Province to the Municipality, pursuant to clause 1.1 (e), for revenue that should have been received by the Town from the Chignecto-Central Regional School Board, in the amount of up to \$164,352, for sewer fees for school buildings in the Town, for fiscal years 2006 to 2013, shall be amended to reflect that the revenues that should have been received by the Town were received in fiscal year[s] 2006 to 2013.

Effective March 5, 2015, the funding to be paid by the Province to the Municipality, pursuant to clause 1.1 (e) shall be amended to reflect that this funding will not be paid by the Province.

All other terms and conditions of the Letter of Intent dated the 1st day of December, 2014, shall remain in effect without change upon an order of the Nova Scotia Utility and Review Board (the “NSUARB”) to dissolve the Town within twelve (12) months following the date of execution of the Letter of Intent and continuing therefrom.

Agreed and accepted this 5th day of March, 2015.

Signed, sealed and delivered	)	Her Majesty the Queen, in right of the
	)	Province of Nova Scotia , as represented by the
	)	Minister of Municipal Affairs
Sgd: <i>Chris McNeill</i>	)	Sgd: <i>Mark Furey</i>
	)	Honourable Mark Furey
)	
	)	Municipality of the County of Cumberland
Sgd: <i>Shelley Hoeg</i>	)	Sgd: <i>Ernest E. Gilbert</i>
Sgd: <i>Shelley Hoeg</i>	)	Sgd: <i>Rennie J. Bugley</i>
)	
	)	Town of Springhill
Sgd: [illegible]	)	Sgd: <i>Maxwell Snow</i>
Sgd: <i>Wanda Nicholson</i>	)	Sgd: <i>Cathy Coon</i>

Schedule “B”

The boundaries of the Town of Springhill to be dissolved, and annexed to, and form part of, the Municipality, are described as follows:

Beginning at Albert McCarthy’s West line near Miller’s Corner (so called), and running southerly the course of said line to a stake on the Fred Harvey North line. thence Westerly along said line to Joseph McCarthy’s East line. thence S.85.30 East along said line and a continuation thereof to an iron post near Jordan Churchill’s. thence at right angles Easterly along the Southern boundary of lands of Cumberland Railway and Coal Company across the ~~Windham~~ [Windham] Hill road to the Old Black River Road. thence, easterly along said road to the West line of land of Wesley H. Herrett. thence by present magnet N.3.30 East along said West line to an iron post, thence S.86.30 E. a distance of about forty-five chains to an iron post on the Smith line (so

called). thence Northerly along said Smith line to land of E.A. Bent. thence S.86.30 East across the Bent farm to the Green lot. thence Northerly along said Green lot to the North-west corner thereof. thence Easterly at right angles about nine chains to the Mills line. thence Northerly in a direct course to the point where the northern boundary of Main Street intersects the Southern boundary of the New Road (so called). thence westerly following the several courses of the said Southern boundary of the New Road to a point where said Southern boundary is intersected by the Southern boundary line of the James Cove grant. this point being 350 feet East of the South-west corner of said James Cove grant. thence N.50 E., until it strikes the Springhill and Oxford Railway. thence along said Springhill and Oxford Railway in a Westerly direction, until it strikes a point in line with the first mentioned Albert McCarthy's west line. thence following said line southerly to the place of beginning; to include all lands one quarter of a mile on the North side of said Railway.

Together with any adjustments to the above boundaries as contained in N.S. Reg. ~~84/1966~~ [90/66], N.S. Reg. 32/2000 and any other boundary adjustment authorized by law.

Schedule "C"

Boundaries of Polling Districts for Special Election

The boundary between the two polling districts begins at the southernmost point of Victoria Street, and runs northward to Main Street, commencing east to Junction Road, and then northward to the Town boundary.

District 11 shall be the West division as shown on the attached plan and includes the following streets:

West Division Streets: 1,290 Voters

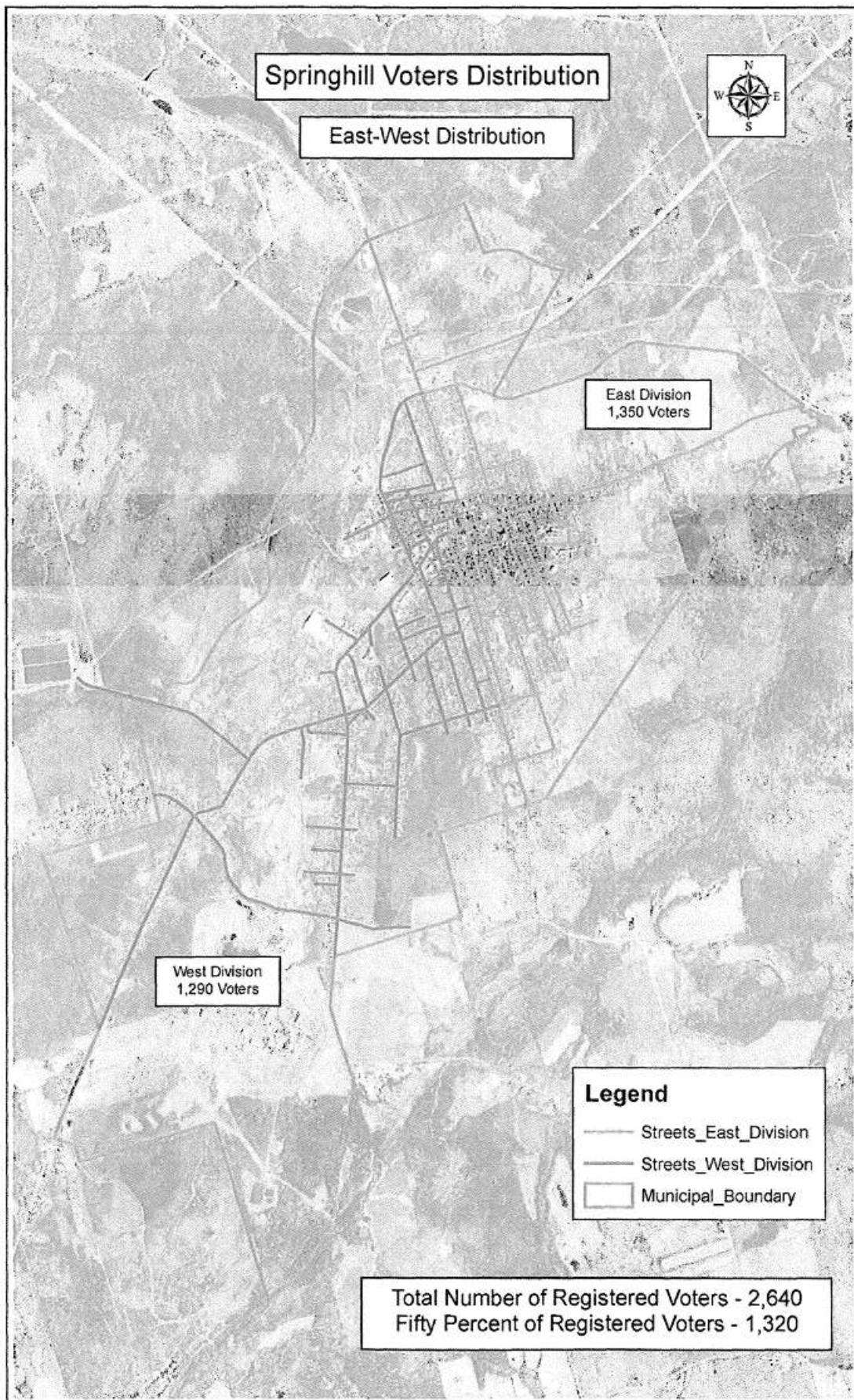
North Street (Junction Road to Lisgar Street) Civic 51 to 55
 Lisgar Street
 Pine Street
 Willow Street
 Spruce Street
 King Street
 Queen Street (Junction Road to Lower Queen Street) Civic 2 to 69
 Elgin Street
 Fir Street
 Main Street (Victoria Street to MacDougal Street) Civic 5 to 63
 Church Street
 McFarlane Street
 Clarence Street
 Bells Lane
 McGee Street
 Morris Street
 Crossin Street (Victoria Street to Cowan Street) Civic 25 to 43
 Cowan Street
 Starr Street
 McDougall Street
 Douglas Drive
 Smith Avenue
 Leckie Street
 Wilson Lane
 Fraser Lane
 Lower Herrett Road
 Herrett Road
 Terris Street
 Hall Street
 Highland Street

Dunn Street
Clarke Street
Harrison Avenue
Black River Road

District 12 shall be the East division as shown on the plan and includes the following streets:

East Division Streets: 1,350 Voters

Junction Road
Kempt Street
Aberdeen Street
North Street (Junction Road to Valley Road) Civic 55 to 301
Wolsley Street
Maple Street
Lorne Street
Grey Street
Queen Street (Junction Road to Lorne Street) Civic 81 to 114
Main Street (Victoria Street to Valley Road) Civic 69 to 251
McKay Street
Mason Avenue
Kennedy Avenue
Horton Avenue
Sproule Street
Princess Street
Gilroy Street
St. James Street
Pleasant Street
Chapel Street
Mechanic Street
Pioneer Street
Elm Street
Victoria Street
South Street
Hillcrest Street
Drummond Street
Bent Street
Black Street
Purdy Street
Clarence Street (Victoria Street to Elm Street) No Civic Numbers
Robertson Avenue
Crossin Street (Victoria Street to Mechanic Street) Civic 55 to 119



N.S. Reg. 183/2015

Made: March 31, 2015

Filed: March 31, 2015

Food Safety Regulations

Order in Council 2015-98 dated March 31, 2015
Amendment to regulations made by the Governor in Council
pursuant to Section 105 of the *Health Protection Act*

The Governor in Council on the report and recommendation of the Minister of Agriculture dated February 11, 2015, and upon notice of a fee increase having been presented to the House of Assembly in accordance with Section 4 of Chapter 8 of the Acts of 2007, the *Fees Act*, and pursuant to Section 105 of Chapter 4 of the Acts of 2004, the *Health Protection Act*, is pleased to amend the *Food Safety Regulations*, N.S. Reg. 206/2005, made by the Governor in Council by Order in Council 2005-458 dated October 14, 2005, to increase the fees charged for food establishment permits in the manner set forth in Schedule "A" attached to and forming part of the report and recommendation, effective on and after April 1, 2015.

Schedule "A"

**Amendment to the *Food Safety Regulations*
made by the Governor in Council under Section 105 of
Chapter 4 of the Acts of 2004, the *Health Protection Act***

The *Food Safety Regulations*, N.S. Reg. 206/2005, made by the Governor in Council by Order in Council 2005-458 dated October 14, 2005, are amended by striking out the table in Section 5 and substituting the following table:

Class of Permit	Term of Permit	Fee for Permit (plus HST)
temporary event	1 day	\$24.18
temporary event	2-14 days	\$50.78
eating establishment	1 year	\$193.56
eating establishment seasonal	4 months or less	\$77.40
foodshop	1 year	\$77.40
foodshop seasonal	4 months or less	\$38.70
mobile: class 1	1 year	\$193.56
mobile: class 2 or 3	1 year	\$77.40
public market	1 year	\$38.70

N.S. Reg. 184/2015

Made: March 31, 2015

Filed: March 31, 2015

Alcohol Ignition Interlock Program Regulations

Order in Council 2015-100 dated March 31, 2015
Amendment to regulations made by the Governor in Council
pursuant to subsection 67(13) of the *Motor Vehicle Act*

The Governor in Council on the report and recommendation of the Minister of Transportation and Infrastructure Renewal dated March 5, 2015, and pursuant to subsection 67(13) of Chapter 293 of the Revised Statutes of Nova Scotia, 1989, the *Motor Vehicle Act*, is pleased to amend the *Alcohol Ignition Interlock Program Regulations*, N.S. Reg. 298/2008, made by the Governor in Council by Order in Council 2008-309 dated June 3, 2008, to establish eligibility criteria for an individual with 4 or more *Criminal Code* (Canada) convictions, at least one of which is alcohol-related, to be considered for the interlock program, in the manner set forth in Schedule "A", attached to and forming part of the report and recommendation, effective on and after April 1, 2015.

Schedule "A"

**Amendment to the *Alcohol Ignition Interlock Program Regulations*
made by the Governor in Council pursuant to subsection 67(13)
of Chapter 293 of the Revised Statutes of Nova Scotia, 1989,
the *Motor Vehicle Act***

- 1 Section 2 of the *Alcohol Ignition Interlock Program Regulations*, N.S. Reg. 298/2008, made by the Governor in Council by Order in Council 2008-309 dated June 3, 2008, is amended by
 - (a) striking out the clause letter before each definition;
 - (b) adding the following definitions where they belong in alphabetical order:

"fourth revocation" means a subsequent revocation as defined in subsection 67(6A) or (7A) of the Act in which the driver's license or privilege of obtaining a driver's license is revoked for the fourth or a subsequent time;

"qualified medical practitioner" means a medical practitioner as defined in the *Medical Act*;
 - (c) striking out the definition of "third revocation" and substituting the following:

"third revocation" means a subsequent revocation as defined in subsection 67(6A) or (7A) of the Act in which the driver's license or privilege of obtaining a driver's license is revoked for the third time;
- 2 Clause 4(2)(b) of the regulations is amended by striking out "second revocation or third revocation" and substituting "subsequent revocation as defined in subsection 67(6A) or (7A) of the Act".
- 3 Section 5 of the regulations is amended by
 - (a) striking out "An" in subsection (2) and substituting "Subject to Sections 7A and 7B with respect to an applicant with a fourth revocation, an";
 - (b) striking out clause 5(2)(b) and substituting the following clause:
 - (b) the following wait period has expired, beginning with the date of the person's most recent

revocation under Section 278 for an offence under section 253 or 254 or subsection 259(4) of the *Criminal Code*:

- (i) 3 months, for a first revocation,
- (ii) 6 months, for a second revocation,
- (iii) 12 months, for a third revocation,
- (iv) 10 years, for a fourth revocation;

(c) adding the following subsection immediately after subsection (3):

- (4) In addition to the other requirements in this Section, a person with a fourth revocation must meet all of the following conditions to be eligible to be considered for participation in the Program in accordance with Section 7A:
- (a) during the 10-year period immediately before the date of their application to the Program, the person did not have any moving motor vehicle convictions under either the Act or an equivalent enactment in another jurisdiction;
 - (b) during the period when the person was prohibited from operating a motor vehicle, the person did not operate a motor vehicle;
 - (c) the person's most recent risk rating by a counsellor with Addiction Services is an overall low risk rating.

4 Section 6 of the regulations and its heading are repealed and replaced with the following heading and Section:

Application other than by person with fourth revocation

6 An application for participation in the Program, other than by a person with a fourth revocation, may be made by submitting all of the following to the Registrar in the manner required by the Registrar:

- (a) a completed Program participation application in the form required by the Registrar;
- (b) the interlock license fee set by the Governor in Council;
- (c) documentation demonstrating that the applicant is enrolled in the alcohol rehabilitation program.

5 (1) The regulations are further amended by striking out the heading to Section 7 and substituting the heading "**Review of application from other than person with fourth revocation**".

(2) Section 7 of the regulations is amended by striking out subsection (1) and substituting the following subsection:

- (1) The Registrar may consider any applicant for participation in the Program, other than an applicant with a fourth revocation, who meets the applicable eligibility requirements in Section 5 and who submits an application in accordance with Section 6.

6 The regulations are further amended by adding the following Sections immediately after Section 7:

Program eligibility screening for person with fourth revocation

- 7A (1)** In this Section, “risk assessment report” means a risk assessment report prepared by a counsellor with Addiction Services that meets the requirements of subsection (4).
- (2)** Before applying for the Program in accordance with Section 7B, a person with a fourth revocation must submit all of the following to the Registrar for a Program eligibility screening:
- (a)** a completed Program eligibility screening request in the form required by the Registrar;
 - (b)** the results of an official criminal record check that was conducted within the year preceding the date of the person’s request for the Program eligibility screening;
 - (c)** an official driving abstract, dated within the year preceding the date of the person’s request for the Program eligibility screening, from each jurisdiction where the person resided or worked during the previous 10 years;
 - (d)** a medical fitness report from a qualified medical practitioner;
 - (e)** supporting information that the Registrar determines is sufficient to allow the Registrar to determine the likelihood of the individual successfully following and completing the Program.
- (3)** If, after reviewing the Program eligibility screening submissions provided under subsection (2), the Registrar is satisfied that the person might be an eligible candidate for acceptance into the Program, the Registrar must notify the person that they are eligible to apply for the Program and advise the person that, to continue with their eligibility screening, they must provide the Registrar with a recent risk assessment report.
- (4)** A risk assessment report must include the counsellor’s level of risk rating for the person who is the subject of the report, and any other information that the counsellor thinks is relevant for the Registrar in considering the person for participation in the Program.
- (5)** If a risk assessment report indicates that the person who is the subject of the report has an overall low risk rating, and the Registrar is satisfied that the person meets the eligibility criteria in Section 5 and is likely to be successful in following and completing the Program, the Registrar must notify the person that they may apply for the Program in accordance with Section 7B.
- (6)** A person who requests a Program eligibility screening under this Section but is denied permission to apply to participate in the Program must wait at least 1 year from the date of their request before requesting another Program eligibility screening.

Application by person with fourth revocation

- 7B (1)** A person with a fourth revocation who wishes to apply to participate in the Program must, no later than 6 months after the date of the notice issued by the Registrar under subsection 7A(5), submit all of the following to the Registrar in the manner required by the Registrar:
- (a)** a completed Program participation application for a person with a fourth revocation in the form required by the Registrar;
 - (b)** the interlock license fee set by Governor in Council.
- (2)** The Registrar must consider all of the following factors in deciding whether to accept a Program participation application from a person with a fourth revocation:

- (a) the eligibility requirements of subsection 5(4);
 - (b) the factors set out in subsection 7(2).
- (3) If the Registrar is satisfied that an applicant with a fourth revocation should be accepted into the Program the Registrar must notify the applicant that they are accepted into the Program.
- (4) The Registrar must provide a letter of acceptance in accordance with subsection 8(1), for use as indicated in subsection 8(2), to an applicant who has been accepted into the Program under subsection (3) and who has paid the reinstatement fee as required by subsection 68(1) of the Act and any other applicable fees.
- (5) An applicant with a fourth revocation whose Program participation application is denied must wait at least 1 year from the date of their application before requesting another Program eligibility screening under Section 7A.
- 7 (1) Subsection 14(1) of the regulations is amended by striking out “on a bi-monthly basis” and substituting “once in every 60 days”.
- (2) Subsection 14(3) of the regulations is amended by striking out “, no longer than a minimum of every 6 months”.
- 8 Section 15 of the regulations is repealed.
- 9 Subsection 18(3) of the regulations is amended by
- (a) striking out the period at the end of clause (d) and substituting a semicolon;
 - (b) adding the following clause after clause (d):
 - (e) for a fourth revocation, a minimum continuous period of 5 years following the minimum revocation period in the Act.
- 10 Subsection 23(2) of the regulations is repealed and the following subsection substituted:
- (2) If the Registrar releases a participant from the Program, the participant must at their own expense have the approved device removed from the equipped vehicle or vehicles specified in their interlock license.

N.S. Reg. 185/2015

Made: March 31, 2015

Filed: March 31, 2015

Freedom of Information and Protection of Privacy Regulations

Order in Council 2015-102 dated March 31, 2015

Amendment to regulations made by the Governor in Council

pursuant to Section 49 of the *Freedom of Information and Protection of Privacy Act*

The Governor in Council on the report and recommendation of the Attorney General and Minister of Justice dated March 5, 2015, and pursuant to Section 49 of Chapter 5 of the Acts of 1993, the *Freedom of Information and Protection of Privacy Act*, is pleased to amend the *Freedom of Information and Protection of Privacy*

Regulations, N.S. Reg. 105/94, made by the Governor in Council by Order in Council 94-537 dated June 28, 1994, to define the phrase “officers of the public body” in Section 44 of the Act, in the manner set forth in Schedule “A” attached to and forming part of the report and recommendation, effective on and after April 1, 2015.

Schedule “A”

**Amendment to the *Freedom of Information and Protection of Privacy Regulations*
made by the Governor in Council pursuant to Section 49
of Chapter 5 of the Acts of 1993, the *Freedom of Information and Protection of Privacy Act***

The *Freedom of Information and Protection of Privacy Regulations*, N.S. Reg. 105/94, made by the Governor in Council by Order in Council 94-537 dated June 28, 1994, is amended by adding the following Section immediately after Section 24:

Definition of expression “officers of the public body”

- 25** For the purposes of Section 44 of the Act, “officers of the public body” includes, in the case of any government department or office, officers of the Department of Internal Services.

N.S. Reg. 186/2015

Made: April 1, 2015

Filed: April 1, 2015

Nova Scotia Health Authority Corporate Bylaws

Order dated April 1, 2015
Regulations made by the Minister of Health and Wellness
pursuant to Section 20 of the *Health Authorities Act*

**In the matter of Section 20
of Chapter 32 of the Acts of 2014,
the *Health Authorities Act***

- and -

**In the matter of the making by the Minister of Health and Wellness of bylaws respecting
the conduct and management of the affairs of the Nova Scotia Health Authority**

Order

I, Leo A. Glavine, Minister of Health and Wellness for the Province of Nova Scotia, pursuant to Section 20 of Chapter 32 of the Acts of 2014, the *Health Authorities Act*, hereby make bylaws respecting the conduct and management of the affairs of the Nova Scotia Health Authority, referred to as the Nova Scotia Health Authority Corporate Bylaws, in the form set out in Schedule “A”, effective on and after April 1, 2015.

Dated and made at Halifax, Nova Scotia, April 1, 2015.

sgd: *Leo Glavine*
Honourable Leo A. Glavine
Minister of Health and Wellness

**Corporate Bylaws of the Nova Scotia Health Authority (NSHA) a body corporate,
incorporated by Chapter 32 of the Acts of 2014, the *Health Authorities Act***

1 Definitions

1.1 In these bylaws

1.1.1 **Act** means the *Health Authorities Act*;

1.1.2 **ancillary organization** means any volunteer group that has been established to further the objects of the Board and includes foundations and auxiliaries;

1.1.3 **Board** means the Board of Directors of the NSHA;

1.1.4 **NSHA** means the Nova Scotia District Health Authority established pursuant to the Act;

1.1.5 **CEO** means for the first CEO, the person appointed by the Minister of the Nova Scotia Department of Health & [and] Wellness and thereafter means the person hired by the Board to be the President & Chief Executive Officer and responsible for the administration and management of the NSHA;

1.1.6 **community health board** means a community health board established or continued pursuant to the Act;

1.1.7 **director** means a member of the Board and, for greater certainty, includes a non-voting member of the board;

1.1.8 **ex officio** means membership by virtue of the office and does not include all rights, responsibilities, and power to vote unless otherwise indicated and specifically refers to those persons appointed to membership on the Board pursuant to ~~section~~ [clause] 52(1)(b) of the Act;

1.1.9 **health service** means those services as defined by the Act to be within the authority of and operated under the governance of the Board;

1.1.10 **medical staff** means the medical staff as that term is defined in the NSHA's Medical Staff By-laws (the By-laws) as approved by the Minister of Health & [and] Wellness for the Province of Nova Scotia and specifically means those persons who have been granted medical staff privileges by the Board and pursuant to the By-laws.

2 Board powers

2.1 The Board has the authority and powers granted to it by the Act. The Board shall determine the policies and procedures of the NSHA, including any delegation of its powers in relation to policies and procedures, and shall assume responsibility for guiding the affairs of the NSHA.

3 Directors

3.1 Directors of the Board shall be appointed in accordance with the Act.

3.2 The Board shall maintain a skills matrix outlining the skills required for the Board or beneficial to the functioning of the Board in fulfilling its mandate and shall, on request of the Minister or on the occasion of a vacancy or scheduled replacement of Board members, provide the skills matrix and a list of then required skills to the Minister. The Board may provide

recommendations as to potential Board appointees to the Minister and may provide assistance to the Minister in attracting suitable candidates to apply for membership on the Board.

4 Standard of conduct of directors & conflict of interest & confidentiality

- 4.1 All directors shall perform their duties in accordance with Board of Directors policies numbers NSHA-AD-BOD-001 and NSHA-AD-BOD-005, entitled respectively Conflicts of Interests and Board of Directors Code of Conduct and Confidentiality as approved by the Board.
- 4.2 Any contract or decision entered into in violation of this section shall, at the option of the Board, be null and void and any contravention of the obligations contained in policies NSHA-AD-BOD-001 and NSHA-AD-BOD-005 by a director may result in that director being removed from the Board upon a resolution passed by the Board.

5 Responsibility for health care and service

- 5.1 The Board shall be responsible for:
- 5.1.1 providing governance oversight in relation to the NSHA's obligations under the Act, including but not limited to those responsibilities and obligations outlined in [sub]section 19(1) of the Act;
 - 5.1.2 establishing, on recommendation of the CEO, and monitoring the overall strategic direction of the NSHA including the NSHA health services business plan;
 - 5.1.3 providing governance oversight in relation to the NSHA's responsibilities relating to maintaining and improving the health status of the residents of Nova Scotia, served by the NSHA, through provision of quality care and effective services; and
 - 5.1.4 establishing and maintaining a relationship with community health boards pursuant to the provisions of the Act;
 - 5.1.5 pursuant to the By-laws and the Act, making all appointments and reappointments to the medical staff and imposing conditions on appointments or reappointments as may be required; and
 - 5.1.6 with the exception of the first CEO where the decision to appoint/hire is made by the Minister, hiring, evaluating, delegating to and as applicable discharging the first and any subsequent CEO and, subject to the laws of the Province of Nova Scotia and the contract retaining the CEO, provide for the compensation of the CEO;
- 5.2 The Board, through the CEO, shall be responsible for ensuring the appointment of competent and motivated personnel required to fulfill the NSHA's mandate under the Act.
- 5.3 The Board in discharging the responsibilities as defined in subsections 5.1 and 5.2 shall:
- 5.3.1 provide governance oversight to ensure that the quality of care and service provided to and the safety of patients and other recipients of services are a prime concern;
 - 5.3.2 provide governance oversight to ensure the ongoing evaluation of programs and services in the NSHA in terms of their effectiveness and efficiency;
 - 5.3.3 provide governance oversight in relation to ethical issues impacting the operations of the NSHA and matters affecting the health and safety of the NSHA's employees, medical staff,

learners, volunteers and others providing services to the NSHA; and

- 5.3.4 may request recommendations from the CEO, or any other competent authority within or outside the NSHA.
- 5.4 The Board shall provide oversight in relation to programs to support the educational and research mandate of the NSHA and the NSHA's commitment to innovations which serve to enhance the NSHA and the Board's achievement of its mandate and goals, including but not limited to:
- 5.4.1 establishing affiliation agreements;
- 5.4.2 providing governance oversight and decision-making which ensure that the NSHA's objects and goals in relation to innovation, research and learning are achieved; and
- 5.4.3 establishing policies for integrity of research and for the use and ownership of educational and research work.
- 5.5 The Board shall, through the CEO, maintain procedures for:
- 5.5.1 the establishment and maintenance of appropriate standards for care and service including but not limited to those provided by Accreditation Canada;
- 5.5.2 the continuing evaluation of professional practice and medical staff functions;
- 5.5.3 gaining compliance with predetermined standards and criteria when processes of evaluation indicate that they are not being met.
- 5.6 No delegation shall preclude the Board from exercising its authority to meet its responsibilities as set forth in these bylaws and any delegation of authority may be revoked at any time.
- 5.7 The Board shall determine those decisions and matters which may be delegated to the CEO and through the CEO to other NSHA leaders and shall communicate such delegation decisions through minuted resolutions, in the contract retaining the CEO or through the Board's delegation framework which is then reviewed at least once in every two-year period by the Board.
- 5.8 Perform all acts and functions not inconsistent with these bylaws or with the Act. [*sic*]

6 Indemnification

- 6.1 Every director or officer of the NSHA, and the heirs, executors and administrators, estates and effects of such person are, at all times, indemnified and saved harmless out of the funds of NSHA, from and against:
- 6.1.1 all costs, charges and expenses whatsoever that such person sustains or incurs in or about any action, suit or proceeding that is brought, commenced or prosecuted against such person, for or in respect of any act, deed, matter or hiring whatsoever made, done or permitted by such person, in or about the execution of the duties of the office of such person; and
- 6.1.2 all costs, charges and expenses that such person sustains or incurs in or about or in relation to the affairs ~~therefore~~ [therefor] except such costs, charges, or expenses as are occasioned by the willful neglect or illegal activities of such person.
- 6.2 Where the NSHA defends a director, the NSHA will be in control of the case.

7 Officers

7.1 Chair

7.1.1 The Chair of the Board shall be appointed by the Minister pursuant to the Act and shall:

7.1.1.1 preside at all meetings;

7.1.1.2 report to each annual meeting of the Board concerning the operations of the NSHA and at such other times as the Chair deems fit or is requested by the Board;

7.1.1.3 sit as an *ex officio* voting member of all committees of the Board;

7.1.1.4 provide such other roles as may be outlined in Board policies or by-laws from time to time including but not limited to policies which provide for mechanisms for reviewing and managing the performance of directors in fulfilling their obligations to the Board and the NSHA; and

7.1.1.5 perform such other duties as may from time to time be determined by the Board.

7.2 Vice-chair

7.2.1 The Vice-chair shall be elected or re-elected annually by the Board from among the voting members of the Board and shall have all the powers and perform all the duties of the Chair in the absence or disability of the Chair, together with such other duties as may from time to time be assigned by the Board.

7.3 Secretary

7.3.1 The CEO shall, unless the Board decides by resolution to the contrary, be appointed as Secretary of the Board.

7.3.2 The Secretary shall be responsible for:

7.3.2.1 ensuring that minutes of all Board meetings, including but not necessarily limited to attendance at and decisions reached, are recorded, maintained and circulated to all members of the Board;

7.3.2.2 all correspondence to, or from, the Board;

7.3.2.3 the custody of all minutes, records, and documents of the Board;

7.3.2.4 the seal of the NSHA;

7.3.2.5 such notice as is required in these bylaws of all meetings of the Board and committees; and

7.3.2.6 all attendance records of those attending the meeting of the Board.

7.4 Treasurer

7.4.1 The Treasurer shall be elected by the Board from among the voting members of the Board and shall:

- 7.4.1.1 act as the Chair of the Finance and Risk Committee; and
- 7.4.1.2 perform such other duties as may from time to time be determined by the Board.

8 CEO

8.1 The Board shall retain a CEO who shall:

- 8.1.1 be accountable for the overall management of all aspects of the NSHA's operation, in accordance with the policies established by the Board under the terms of the Act;
- 8.1.2 assist the Board in establishing and monitoring the overall strategic direction of the NSHA, including leading the development and implementation of the NSHA's business plan and other objects and goals of the NSHA as established by the Board from time to time in the NSHA's strategic plan;
- 8.1.3 assist the Board in development of the NSHA's health services plan and lead the implementation of that plan;
- 8.1.4 ensure all NSHA staff and medical staff comply with the bylaws and policies of the Board;
- 8.1.5 ensure the effective and efficient use of financial, human, and physical resources in the NSHA's day-to-day operations;
- 8.1.6 establish and maintain an overall communications plan for the NSHA, its services, staff, patients, service recipients, and the public;
- 8.1.7 maintain relationships with the Department of Health & [and] Wellness, health associations, applicable municipal and federal bodies, ancillary organizations of the NSHA and community health boards;
- 8.1.8 normally, at the discretion of the CEO, attend all meetings of the Board and of its committees, and may attend any meeting of an ancillary organization, community health board or an organization which is funded either in whole or in part by the NSHA;
- 8.1.9 hire, discharge, manage, and direct all employees of the NSHA, including the senior staff;
- 8.1.10 be responsible for all business activities of the NSHA;
- 8.1.11 ensure that processes are in place for the clinical supervision of care/services in any health care facility or service operated by the NSHA, and in carrying out this responsibility, the CEO shall have the power to delegate this responsibility to staff, in accordance with policies or delegation framework established by the Board; and
- 8.1.12 carry out such other duties as assigned by the Board from time to time.
- 8.1.13 The Board may from time to time appoint a person to act in the place of the CEO as it sees fit. [sic]

9 Meetings of the board

9.1 Regular meetings

- 9.1.1 Regular meetings of the Board shall be held at least eight times per year and otherwise on

the call of the Chair as may be required to meet the operational needs of the NSHA including but not limited to the time sensitive requirement to appoint members of the medical staff. Such meetings will be held at a time and place as determined by the Board and at the sole discretion of the Board may or may not, be open to the public.

- 9.1.2 At the discretion of the Board, attendance of directors at meetings of the Board or any Committee of the Board may occur by means of teleconferencing, video-conferencing or other electronic medium which, in the discretion of the Board, appropriately provides for input from and interaction between directors attending such meeting. Directors attending the Board or Committee meetings by tele- or video-conferencing or other such electronic medium shall be deemed to be present at the Board or Committee meeting for all purposes under these bylaws.
- 9.1.3 Notice of regular meetings of the Board shall be given, in writing, not less than forty-eight hours prior to the meeting. Such writing may be provided through electronic means, for example through email.
- 9.1.4 The Chair shall determine the order of business to be followed and otherwise regulate the meetings.
- 9.2 ***In camera meetings***
- 9.2.1 The meetings of the Board of Directors of the NSHA are attended by directors and persons invited by the Board to attend a meeting or a part thereof, however, as a matter of general practice, the Board of Directors will:
- 9.2.1.1 convene an *in camera* meeting before each normal meeting of the Board, with the CEO in attendance, for purposes of receiving an executive briefing meeting (the executive briefing meeting); and
- 9.2.1.2 Convene an *in camera* [meeting] at the conclusion of most regular meetings.
- 9.2.2 With the exception of the CEO's attendance as outlined in section 9.2.1.1, all *ex officio* members of the Board, guests, any directors who are employees of or hold medical staff privileges with the NSHA and the CEO will be excused from meetings of the Board held pursuant to sections 9.2.1.1 and 9.2.1.2.
- 9.2.3 The key points of any discussion during an *in camera* meeting of the Board of Directors will be recorded in summary form by a Board member selected by the Board Chair, and shall then be shared, without attribution, with any Board members absent from the meeting and with the CEO for information and possible action.
- 9.2.4 Recorded minutes of *in camera* meetings will be brief and will record all decisions made.
- 9.2.5 Minutes of *in camera* meeting[s] will be housed in the office of the Board Development Officer, and at any time board members may request to view these minutes.
- 9.2.6 For clarity, in addition to *in camera* sessions at the end of each regular board meeting, the Board shall move *in camera* to consider all matters relating to the salary or conditions of employment of the CEO. In exceptional circumstances where the interests of the NSHA require it and on resolution of the Board passed by a majority of the Board, an *in camera* meeting of the Board may be held at any time and a regular meeting may move to *in camera*.

9.3 Special meetings

- 9.3.1 Special meetings of the Board may be called by the Chair on his or her initiative or pursuant to section 9.3.2 by giving notice (in writing or by telephone) to all directors at least forty-eight hours in advance of the meeting, except where the Chair is of the opinion that a matter(s) is of an urgent nature and requires the immediate attention of the Board, notice may be given by telephone to all directors at least 8 hours in advance of the meeting.
- 9.3.2 The Secretary shall call a special meeting of the Board as per s. 9.3.1 when the Chair has received notice in writing from at least four (4) of the directors requesting a special meeting.
- 9.3.3 Notice of a special meeting shall specify the purpose of the meeting. Business other than that for which the special meeting was called shall not be transacted.
- 9.3.4 Notwithstanding clause 9.3.3, where all directors are present at a special meeting and unanimously agree, business other than the special business included in the agenda for such meeting may be discussed and transacted.
- 9.3.5 If a quorum is not present for a special meeting, the meeting shall stand adjourned, and the Secretary shall notify all members of the new date, time, and place for this special meeting.

9.4 Annual meetings

- 9.4.1 The annual meeting of the Board shall be public and shall be held each year within six months of the end of the fiscal year and at such date, time and place as the Board shall determine.
- 9.4.2 Business conducted at the annual meeting shall include:
- 9.4.2.1 adoption of minutes of last annual meeting;
 - 9.4.2.2 unfinished business from the prior annual general meeting;
 - 9.4.2.3 receipt of reports;
 - 9.4.2.4 election of officers;
 - 9.4.2.5 appointment of chairs of Board committees;
 - 9.4.2.6 appointment of members of Board committees;
 - 9.4.2.7 appointment of auditors; and
 - 9.4.2.8 adjournment.

10 Procedure for Board and Board committee meetings

- 10.1 A quorum for a Board meeting means a majority of the voting members appointed to the Board.
- 10.2 A quorum for a committee meeting shall be a majority of the membership of the committee unless otherwise specified by the Board.
- 10.3 The notice period for a committee meeting shall be seven days except where the Chair of the

committee deems otherwise.

- 10.4 No meeting of the Board or a Board committee shall be valid where notice has not been given according to the bylaws, except where all the persons not receiving such notice and in the form required by the bylaws waive the necessity of such notice.
- 10.5 Questions arising at any meeting of the Board or Board committees shall be decided by a majority of votes.
- 10.6 The Chair shall be entitled to vote and in the situation of equality of votes, the motion shall be considered defeated.
- 10.7 All votes at any such meeting shall be taken by ballot if so demanded by any member present, but if no demand is made, the vote shall be taken by oral assent or dissent.
- 10.8 Each member shall have only one vote and there shall be no voting by proxy.
- 10.9 The Secretary shall be entitled to vote at the Board Governance & Human Resources Committee meetings unless the Secretary is a non-Board member.
- 10.10 Notwithstanding subsection 10.9, committee members who are not members of the Board shall be entitled to vote at Board committee meetings.
- 10.11 Minutes shall be kept of all meetings of the Board and of all meetings of all Board committees. All such minutes of the Board and such committees shall be distributed to all members of the Board following such meetings.
- 10.12 Any question of procedure at or for any meeting of the Board or Board committee which has not been provided for in these bylaws shall be determined by the Chair of the meeting in accordance with "Bourinot's Rules of Order".

11 Committees of the Board

- 11.1 The Board shall appoint such committees as it may deem necessary for the proper governance of the NSHA and shall set their terms of reference and appoint chairs of such committees and the members, including directors and non-directors.
- 11.2 The members of a committee shall choose from among their membership another director who shall fill the role of vice-chair of the committee.
- 11.3 Board committees shall have the authority to make recommendations to the Board for decision by the Board and shall have the authority to make independent decisions only if such authority is expressly delegated to the committee by the Board in the ~~committees'~~ [committee's] terms of reference or otherwise by resolution of the Board.
- 11.4 [The] chair of a committee may designate the responsibility of secretary to a member of the committee who may not be a director.
- 11.5 A committee secretary shall be responsible for:
 - 11.5.1 the minutes of all committee meetings and circulating the minutes to all committee members; and
 - 11.5.2 all attendance records of those attending committee meetings.

11.6 Standing committees

11.6.1 Standing committees shall include, but are not limited to:

11.6.1.1 Governance and Human Resources Committee

11.6.1.2 Finance and Risk Committee

11.6.1.3 Audit Committee

11.6.1.4 Quality Improvement & Safety Committee

12 Ad hoc committees

12.1 The Board may from time to time appoint such *ad hoc* committees as it may deem advisable, and the composition, duties, and tenure of such committees shall be solely at the discretion of the Board.

12.2 Any *ad hoc* committee constituted hereunder shall be deemed to be dissolved when it has fulfilled its terms of reference and has reported to the Board.

13 Delegation

13.1 Except as provided in these bylaws, in the contract retaining the CEO or as specifically authorized by resolution of the Board of Directors or in the Board's delegation framework, the powers and functions of the Board shall not be exercised through or delegated to any person or persons other than officers of the Board, committees of the Board, the CEO and those persons appointed as senior staff of the NSHA.

14 Banking

14.1 All monies received by or on behalf of the NSHA shall be deposited or invested in such a manner as designated by the Board.

14.2 Two of the following: the Chair, Treasurer, CEO, the Chief Financial Officer or such others as designated by the Board are hereby authorized for and in the name of the NSHA:

14.2.1 to draw, accept, sign and make all or any bills of exchange, promissory notes, cheques and orders for payment of money;

14.2.2 to receive all monies and to give acquittance for the same;

14.2.3 subject to the approval of the Board and any restrictions pursuant to the Act, to borrow money from a bank or other lending institution, by incurring an overdraft or otherwise;

14.2.4 subject to the approval of the Board, to assign and transfer to the bank, trust company or other financial institution, all or any stocks, bonds or other securities;

14.2.5 to sign on behalf of the NSHA all contracts, agreements, conveyances, mortgages or other documents as may be required and as authorized by the Board; and

14.2.6 generally, for and in the name and on behalf of the NSHA, to transact with the bank, trust company or other financial institution, any business they may think fit.

15 Crime insurance/bonding

15.1 NSHA shall secure in respect of such directors, officers and employees of the NSHA as the Board may from time to time designate, without limitation, comprehensive crime insurance coverage on a commercial blanket basis for the limit of liability designated by the Board and in addition to this coverage, the Board may from time to time direct the CEO to obtain an alternative form of employee fidelity bond in respect to any such directors, officers and employees.

16 Insurance

16.1 The Board shall purchase and maintain such insurance for the benefit of its directors and staff as may be considered necessary and advisable.

17 Auditors

17.1 An auditor shall be appointed and have such rights and responsibilities as prescribed by the Act.

18 Fiscal year

18.1 The fiscal year of the NSHA begins on April 1st and ends on March 31st in the following year.

19 Ancillary organizations

19.1 The Board may approve the establishment of and as applicable the dissolution of ancillary organizations as it deems advisable and the use of the NSHA's name for the purpose of assisting and promoting the work of the NSHA.

19.2 Each organization shall elect its own officers and may establish bylaws for its operation.

19.3 The board of an ancillary organization may include a representative of the Board.

19.4 The mission and vision of an ancillary organization shall be consistent with the mission and vision of the NSHA.

19.5 An ancillary organization shall, upon the request of the Board, submit a copy of their annual audited statements.

19.6 Notwithstanding subsection 19.5, a foundation shall submit a copy of its annual audited financial statement, as required by the Act.

20 Amendment of bylaws

20.1 The Board will at least biennially and otherwise as may be required consider whether it would be beneficial to recommend to the Minister that he/she approve amendments to these bylaws.

20.2 Subject to section 21.1 of these bylaws and notwithstanding any other provision of these bylaws, no notice of motion concerning a bylaw or an amendment of these bylaws under section 20.1 or otherwise shall be made at a Board meeting without circulation of such notice at least fourteen days prior to the Board meeting.

21 Adoption of bylaws

21.1 A bylaw or amendment passed at a properly constituted meeting of the Board has no force or effect in law until it is approved by the Minister of Health [and Wellness] pursuant to Section 24 of the Act.

N.S. Reg. 187/2015

Made: April 1, 2015

Filed: April 1, 2015

Nova Scotia Health Authority Medical Staff By-laws, Part A

Order dated April 1, 2015
Regulations made by the Minister of Health and Wellness
pursuant to Section 21 of the *Health Authorities Act*

**In the matter of Section 21
of Chapter 32 of the Acts of 2014,
the *Health Authorities Act***

- and -

**In the matter of the making by the Minister of Health and Wellness of
bylaws respecting the purpose and application of the medical staff bylaws of
the Nova Scotia Health Authority**

Order

I, Leo A. Glavine, Minister of Health and Wellness for the Province of Nova Scotia, pursuant to Section 21 of Chapter 32 of the Acts of 2014, the *Health Authorities Act*, hereby make bylaws respecting the purpose and application of the medical staff bylaws of the Nova Scotia Health Authority, referred to as the Nova Scotia Health Authority Medical Staff By-laws, Part A, in the form set out in Schedule "A", effective on and after April 1, 2015.

Dated and made at Halifax, Nova Scotia, April 1, 2015.

sgd: *Leo Glavine*
Honourable Leo A. Glavine
Minister of Health and Wellness

Part A

Provisions of General Application

(made by the Minister of Health and Wellness under Section 21 of the *Health Authorities Act*, 2014)

1 Title

1.1 These are the *Nova Scotia Health Authority Medical Staff By-laws*.

1A Transition

1A.1 These by-laws become effective when recommended by the Board and approved by the Minister of Health.

1A.1.1 "Former by-laws" means the by-laws in effect at or for the nine district health authorities which existed until March 31, 2015, and under the *Health Authorities Act*, S.N.S. 2000, c. 6.

1A.1.2 Where there is an inconsistency between the former by-laws and these by-laws, these by-laws shall prevail.

1A.1.3 Medical staff who, as of the effective date of these by-laws, hold medical staff privileges under the former by-laws will be advised in writing by the Office of the VP Medicine of the category and location of their privileges under these by-laws and of the mechanism through

which any errors of assignment may be brought to the attention of the VP Medicine for resolution.

- 1A.1.4 Medical practitioners who, as of the effective date of these by-laws, are ~~practicing~~ [practising] medicine in this Province and who do not hold privileges under the former by-laws but require privileges under Part B, Section 1.2 of these by-laws shall be granted active without admitting medical staff (community) privileges as long as they continually hold and show evidence, on an annual basis, of a ~~license~~ [licence] in good standing with the College of Physicians and Surgeons of Nova Scotia and show evidence in writing of membership in the Canadian Medical Protective Association or in the discretion of the VP Medicine evidence of equivalent medical malpractice liability protection.
- 1A.1.5 Subject to compliance with the requirements of ~~the~~ Sections 3.2.4.1, 3.2.4.2 and 3.2.4.4 of Part C of these by-laws, members of the active without admitting medical staff (community) and such other medical staff members who, in the discretion of the VP Medicine, ~~practice~~ [practise] primarily in the community will not become subject to Section 13 of Part B of these by-laws for the first year following their effective date and this one-year period may, on the initiative of the VP Medicine, be further extended for a maximum of one further year.
- 1A.1.6 Unless specifically determined to the contrary in the HA by-laws, rules, regulations or policies, the authority to admit and discharge patients from the HA's services, programs or facilities is limited to only those medical practitioners and dental staff members who are granted admitting privileges and those to whom such authority is granted under the HA's rules, regulations, or policies. For clarity, nothing in these by-laws shall be deemed to limit the authority to discharge patients which is granted under subsection 12(1) of the *Hospitals Regulations* under the *Hospitals Act*, ~~made pursuant to the *Hospitals Act*~~, unless such limit is outlined in HA policy, rules or regulations.
- 1A.1.7 For further clarity, a medical practitioner may authorize registered nurses to discharge patients pursuant to subsection 12(1) of the *Hospitals Regulations* under the *Hospitals Act*, if done in compliance with HA policy, rules or regulations outlining the conditions under which such authorization can occur.

2 Definitions

- 2.1 Appendix 1 of these by-laws contains the definitions which apply to the words commonly used in Parts A, B and C of these by-laws. The contents of Appendix 1 have the same force and effect as if included within the body of these by-laws.

3 Purpose and application

- 3.1 The by-laws are developed and enacted in order to:
- ! outline the medical staff structure, including the categories of privileges, the medical staff committees and the duties and functions of senior medical leaders appointed by the NSHA and the IWK Health Centre;
 - ! define the rules governing the medical staff including the key elements of appointment, reappointment, privileging and the orderly resolution of issues while at all times ensuring the principles of due process/procedural fairness are maintained;
 - ! establish clinical criteria and standards to oversee and manage quality assurance, utilization review, performance evaluation and other medical staff activities; and

- ! address processes through which issues respecting the medical staff relationship with the ~~with the~~ NSHA may be considered and resolved.
- 3.2 These by-laws apply to all health care facilities, services, resources and programs in the NSHA.
- 3.3 Any medical practitioner or dentist whose relationship with the health authority is established solely through granting of privileges shall be subject to these by-laws,
- 3.3.1 NSHA may enter into contracts for services with persons who are subject to these by-laws including but not limited to, medical practitioners, dentists or members of the affiliated staff.
- 3.3.2 Any person who is subject to these by-laws and has a relationship with the Board established by means of a contract or a contract and privileges, whereby the person is provided compensation for services, either as an independent contractor or as an employee, must have the renewal, extension and termination of that contract and, if applicable, the variation, suspension, non-renewal or revocation of privileges under that contract determined in accordance with the terms of that contract. Without restricting the generality of the foregoing and for greater clarity:
- 3.3.2.1 clinical associates, clinical trainees, residents, and members of the affiliated staff are not members of the medical staff and must have the renewal, extension, and termination of their contract and, if applicable the variation suspension, non-renewal or revocation of privileges determined in accordance with their contract and must not be entitled to access the provisions in the Part C of these by-laws;
- 3.3.2.2 if a medical practitioner or dentist has been granted membership in the medical staff by virtue of a contract and has not had his/her relationship with the NSHA granted solely through privileges under Part C of these by-laws and Section 21 of the *Health Authorities Act*, nothing in these by-laws is intended to entitle such a person to access the provisions of Part C of these by-laws; and
- 3.3.2.3 if the only contract governing the medical practitioner or dentist's relationship with the Health Authority is an agreement under the *Health Services and Insurance Act*, 1989, R.S.N.S. [1989,] c. 197 as amended (or any successor legislation), for alternative funding arrangements to which the Province of Nova Scotia and the Medical Society of Nova Scotia are included as parties, or agreements with medical practitioners made to confirm their agreement with such alternative funding, then such a contract must not be interpreted as being a contract for purposes of this Section.

4 Amendment

- 4.1 Amendments to these by-laws, subject to Sections 21 and 22 of the Act, may be recommended by the Board to the Minister of Health and Wellness after consultation with or on a recommendation from HA-MAC.
- 4.2 Amendments shall become effective when recommended by the Board and approved by the Minister of Health and Wellness.

5 Application to Part B

- 5.1 Part A of these by-laws applies to Part B of these by-laws once Part B is made by the Board and approved the Minister of Health and Wellness under subsection 22(1) of the *Health Authorities Act*, 2014.

[Note: Appendix 1–Definitions is published after Part C of the Nova Scotia Health Authority Medical Staff By-laws, Part C, N.S. Reg. 189/2015.]

N.S. Reg. 188/2015

Made: April 1, 2015

Filed: April 1, 2015

Nova Scotia Health Authority Medical Staff By-laws, Part B

Order dated April 1, 2015

Regulations made by the Nova Scotia Health Authority
pursuant to subsection 22(1) of the *Health Authorities Act*

Certificate of Approval
By-laws Respecting Medical Staff
made by the Nova Scotia Health Authority pursuant to subsection 22(1) of
Chapter 32 of the Acts of 2014, the *Health Authorities Act*

I, Leo A. Glavine, Minister of Health and Wellness for the Province of Nova Scotia, hereby approve the Medical Staff By-laws, Part B, made by the Nova Scotia Health Authority pursuant subsection 22(1) of Chapter 32 of the Acts of 2014, the *Health Authorities Act*, in the form set out in Schedule “A”, effective on and after April 1, 2015.

Dated and signed at Halifax, Nova Scotia, April 1, 2015.

sgd: *Leo Glavine*
Honourable Leo A. Glavine
Minister of Health and Wellness

Schedule “A”

Medical Staff By-laws, Part B
made by the Nova Scotia Health Authority

I, Steve Parker, Chair of the Board of Directors of the Nova Scotia Health Authority, certify that on April 1, 2015, pursuant to subsection 22(1) of Chapter 32 of the Acts of 2014, the *Health Authorities Act*, the Nova Scotia Health Authority made the Medical Staff By-laws, Part B, in the form attached.

sgd: *Steve Parker*
Steve Parker
Chair, Board of Directors
Nova Scotia Health Authority

Part B
NSHA–Medical Staff (General) By-laws
(made by the Board [Nova Scotia Health Authority] and approved by the Minister
of Health and Wellness under subsection 22(1) of the *Health Authorities Act*, 2014)

1 Organizational structure

- 1.1 The medical staff shall be organized as provided in these by-laws.
- 1.2 No medical practitioner, dentist or other health professional, not employed by the Health Authority, is authorized to admit, provide any service to a patient, conduct research in or access any service provided by the NSHA or the IWK unless such medical practitioner, dentist or health professional holds an appointment to the medical staff of that Health Authority which includes the privileges to do so, or has been otherwise authorized by the Board to do so. For clarity, appointment to the

medical staff of any of the health care facilities, departments or services of any one HA shall constitute sufficient authority to access diagnostic services of the HAs subject to any additional requirements for accessing such services as may be stipulated by the Province of Nova Scotia or in the rules, regulations or policies of the HAs.

- 1.3 Where a member has been appointed to a category of the medical staff which has been materially amended or deleted by the Board, the Board may assign that member to another category of the medical staff appropriate for the qualifications of the individual and the Board must inform the member of such reassignment.

2 Medical staff categories

- 2.1 Members shall be appointed to appropriate medical staff category as determined by the Board.

- 2.2 The medical staff of the NSHA shall consist of the categories of members listed below:

probationary
active with admitting
active without admitting (facility)
active without admitting (community)
locum tenens-absence
locum tenens-temporary
assistant staff
affiliated staff
temporary-time limited
temporary-visiting

- 2.3 Documentation granting medical staff appointments to the NSHA must stipulate the zone, health care facility, program or service which shall serve as the primary site for the member's privileges and also outline any other services, programs or health care to which the member may hold any category of privileges. No member may hold an appointment in more than one category at any one health care facility, service or program at the same time. Where the Board grants privileges to a member at more than one health care facility, service, or program in one or more zones, the privileges granted to the member must not conflict. For greater clarity the obligations and responsibilities of members shall be applicable to and determined with reference to only their primary category of appointment as outlined in the letter granting privileges.

- 2.4 Duties, responsibilities and activities and any limitations pertaining to privileges granted to any member of the medical staff must be further defined by the Board decision which grants the privileges and are subject to the provisions of these by-laws, the rules & [and] regulations and the NSHA's policies and procedures, all as may be amended from time to time.

- 2.5 Duties, responsibilities, activities and any conditions or limitation pertaining to any category of medical staff privileges as outlined in these by-laws may, in the Board's discretion, be clarified in the NSHA's rules, regulations and policies, all as they may be amended from time to time

- 2.6 Members must abide by these medical staff by-laws, the rules & [and] regulations and policies and procedures of the NSHA, all as they are amended from time to time.

2.7 Probationary

- 2.7.1 Unless, in exceptional circumstances where the Board may, in writing, grant an exemption from the requirement under Section 2.7.2, all applicants for active with or without admitting (facility) privileges or assistant privileges who are granted such privileges on or after the

effective date of these by-laws, must complete a period of probationary privileges as outlined in these by-laws. Persons fulfilling such probationary period shall constitute the NSHA's probationary medical staff.

- 2.7.2 The Board may, in its discretion, exempt applicants for active with or without admitting (facility) medical staff privileges or assistant medical staff privileges from the requirement to complete a period of probationary membership, in exceptional circumstances where both the VP Medicine and the President & CEO request such an exemption and where the Board decides that the quality of care, patient and staff safety and fulfilment of the NSHA's mission, vision, values and strategy priorities will not be negatively impacted by the exemption.
- 2.7.3 The Board shall provide that the grant of probationary privileges is for a period of no less than one year and that during the term of the probationary privileges, one formal evaluation of the member's clinical competence and compliance with NSHA's mission, vision, values, policies and procedures, by-laws and rules and regulations, must be conducted pursuant to Section 13.3 of Part B of these by-laws by the relevant Zone Department Head within the first 6- to 8-month period following the grant of probationary medical staff membership and submitted to the HA-Credentials Committee and the VP Medicine. The HA Credentials Committee, with input from the VP Medicine, may then recommend appointment to the active with admitting or active without admitting or assistant medical staff categories to the HA-MAC or may recommend a further period of probationary membership of up to one year.
- 2.7.4 Members of the probationary medical staff, shall, unless otherwise provided by the Board, have all the rights, privileges and responsibilities associated with the medical staff category for which they have applied but are not eligible to be a member of or chair any ZMAC or the HA-MAC including but not limited to any ZMAC or HA-MAC committee;

2.8 Active with admitting medical staff and active without admitting medical staff (facility)

- 2.8.1 The active with admitting medical staff shall consist of medical practitioners and dentists who, unless exempted from such requirement under Section 2.7.2, have completed the required period of probationary privileges, have been appointed or assigned by contract by the Board to this category and who are actively engaged in the practice of medicine or dentistry within the zones, facilities, programs or services of the NSHA, have committed to the terms and conditions of the appointment including but not limited to the commitment to participate fully in achieving the NSHA's mission, vision, values and strategic priorities and to comply with the terms and conditions of these by-laws, the rules and regulations and the NSHA's policies and procedures.
- 2.8.1.2 The active without admitting (facility) medical staff shall consist of medical practitioners and dentists who, unless exempted from such requirement under Section 2.7.2, have completed the required period of probationary privileges, have been appointed or assigned by contract by the Board to this category and who are actively engaged in the practice of medicine or dentistry within the zones, facilities, programs or services of the NSHA, who have privileges to treat but not admit patients to the NSHA's facilities and have committed to the terms and conditions of the appointment including but not limited to the commitment to participate fully in achieving the NSHA's mission, vision, values and strategic priorities and to comply with the terms and conditions of these by-laws, the rules and regulations and the NSHA's policies and procedures.

2.8.2 Active with admitting members:

- 2.8.2.1 May admit and treat patients as provided for and within the limits approved by the Board and as specifically interpreted by the Zone Department Head and communicated to the member.

2.8.3 Active with admitting and active without admitting (facility) medical staff:

- 2.8.3.1 must participate equitably in the on-call requirements of their division/department, program or service as set by their Zone Department Head unless in exceptional circumstances where they are exempted from doing so based on their Zone Department Head's finding that it is appropriate to allow such an exemption and that the quality, patient safety and care needs of patients of the department are otherwise satisfied;
- 2.8.3.2 must attend, participate in the general business of their division/department, program or service and the NSHA and be entitled to vote at the ZMSA meetings and meetings of the division and department to which they are appointed;
- 2.8.3.3 must participate in administrative matters including but not limited to membership on such committees as [the] Zone Department Head, the Zone Division Head or the VP Medicine or their designate may request in their discretion reasonably exercised;
- 2.8.3.4 must participate in educational and clinical activities of the department members; the medical staff, other NSHA personnel, medical learners and clinical trainees in the discretion of their Zone Department Head, reasonably exercised;
- 2.8.3.5 must supervise members of the probationary staff as requested by their Zone Department Head;
- 2.8.3.6 must maintain a satisfactory, in the discretion of their Zone Department Head, standard of professional medical, dental or oral and maxillofacial surgery knowledge and ability in the fields of their practice;
- 2.8.3.7 may teach students and conduct research as may be requested by their Zone Department Head or if holding an university appointment as may be directed by the applicable university department head;
- 2.8.3.8 must perform such other duties as the their Zone Department Head, the VP Medicine or their Zone Division Head may, in their discretion reasonably exercised, assign to them from time to time and as may be required by these by-laws, the rules and regulations and by NSHA policies and procedures; and
- 2.8.3.9 The patient service responsibilities of each active with admitting privileges and active without admitting privileges (facility) medical staff members shall be under the supervision of the Zone Department Head, and any applicable university-based academic activities of active with admitting privileges and active without admitting privileges (facility) medical staff members shall be under the supervision of the applicable university department head.

2.9 Active without admitting medical staff (community)

- 2.9.1 The active without admitting privileges medical staff (community) shall consist of medical

practitioners and dentists who have been appointed or assigned by contract by the Board to this category and who are actively engaged in the practice of medicine or dentistry within the programs, services, zones and geographic location of the NSHA, who access the services provided through the NSHA but who do not have privileges to treat in or admit patients to the NSHA's facilities and who have committed to the terms and conditions of the appointment including but not limited to the commitment to participate fully in achieving the NSHA's mission, vision, values and strategic priorities and to comply with the terms and conditions of these by-laws, the rules and regulations and the NSHA's policies and procedures.

2.9.2 Active without admitting medical staff (community) members:

- 2.9.2.1 may consult on, but not admit to health care facilities, patients as provided for and within the limits approved by the Board and as specifically interpreted by the Zone Department Head and communicated to the member;
- 2.9.2.2 may, on request of the applicable Zone Department Head, participate in the on-call requirements of their division/department; may attend, participate in the general business of their department, division, program or service and the NSHA and be entitled to vote at the ZMSA meetings and meetings of the division and department to which they are appointed;
- 2.9.2.3 may participate in administrative matters including but not limited to membership on such committees as, the division head, the VP Medicine or designate, or the Zone Department Head may request;
- 2.9.2.4 may participate in educational and clinical activities of the department; the medical staff, other NSHA personnel, medical learners and clinical trainees as determined by their Zone Department Head;
- 2.9.2.5 must maintain a satisfactory, in the Zone Department Head's discretion reasonably exercised, standard of professional medical, dental or oral and maxillofacial surgery knowledge and ability in the fields of their practice;
- 2.9.2.6 may teach students and conduct research as may be requested by the applicable Zone Department Head or if holding a university appointment as may be directed by any applicable university department head; and
- 2.9.2.7 may perform such other duties as the their Zone Department Head; Zone Division Head or the HA-VP Medicine may request from time to time, in their discretion reasonably exercised and as may be required by these by-laws, the rules and regulations and by HA policies and procedures.

2.9.3 The patient service responsibilities of each active without admitting privileges (community) staff members shall be under the supervision of the Zone Department Head, and any applicable university led academic activities of active without admitting privileges staff member must be under the supervision of the applicable university department head.

2.10 Locum tenens

- 2.10.1 The locum tenens staff shall consist of medical practitioners and dentists appointed by the Board to this category who have been granted privileges or retained to:
 - 2.10.1.1 populate a qualified pool of locum tenens medical staff who are assigned by the

- VP Medicine, a Zone [Medical] Executive ~~Medical~~ Director or a Zone Department Head to address short term absences of members of the active with or without admitting privileges or assistant medical staff; or
- 2.10.1.2 address a temporary vacancy in an approved position in the active with or without admitting privileges or assistant medical staff until such time as a qualified person can be recruited and appointed to the vacant position but in any event not for a period of more than one year.
- 2.10.2 A medical practitioner's or dentist's appointment as a locum tenens under Section 2.10.1.1 shall be for a period of not less than 30 days and not more than 3 years unless re-appointed pursuant to Part C of these by-laws.
- 2.10.3 A medical practitioner or dentist appointed under Section 2.10.1.1 must be zone-based and may be NSHA-based but in such instances a primary zone base for privileges will be defined in the locum tenens' letter of appointment and the locum tenens must have overall accountability for performance under these by-laws to the department head for that zone. Clinical accountability for services provided in any zone, other than the primary zone base for privileges must be to the applicable department head for the zone where services are provided.
- 2.10.4 The term of the locum tenens appointment under Section 2.10.1.2 may be extended for a further period not to exceed 1 year if the Board considers it necessary to do so to address the applicable medical staff resource needs and where the locum tenens continues to meet all qualifications and criteria for such appointment.
- 2.10.5 Locum tenens staff must follow the same process for obtaining privileges as any other potential member of the active medical staff with or without admitting privileges or the assistant medical staff and shall be subject to the same processes for professional development and ongoing oversight as the members of the active with or without admitting privileges or assistant medical staff.
- 2.10.6 Unless otherwise restricted by their privileges, locum tenens staff:
- 2.10.6.1 may admit and treat patients with the approval of the Zone Department Head for the locum tenens' primary zone and as approved by the Board unless such actions are specifically restricted by the department head where patient care services are being provided;
- 2.10.6.2 may teach students and conduct research as directed by the university department head and approved by the Zone Department Head for the locum tenens' primary zone; and
- 2.10.6.3 if appointed under Section 2.10.1.1 must act as a substitute for the absent practitioner in any of that practitioner's regularly scheduled on-call duties or if appointed under Section 2.10.1.2 must participate equitably in the call schedule for their applicable division or department call schedule as determined by the Zone Department Head.
- 2.10.7 Subject to Section 2.10.3, the patient service responsibilities of each locum tenens staff member shall be under the supervision of the Zone Department Head for the locum tenens' primary zone and any university academic activities of each locum tenens staff member shall be under the supervision of any applicable university department head as approved by their Zone Department Head.

2.10.8 Subject to Section 2.10.6.1, locum tenens staff must have the same requirements for attendance, voting and committee obligations, as the member for whom the locum tenens staff member is relieving.

2.10.8.1 Locum tenens staff are not eligible to hold office on the ZMAC or HA-MAC or on the ZMSA.

2.11 Assistant staff

2.11.1 Assistant medical staff consists of those members of the medical staff who unless exempted from such requirement under Section 2.7.2, have completed the required period of probationary privileges and who apply for and are granted specifically defined medical staff roles within a program, department or Section of a zone or the NSHA (for example as assists for surgical procedures) and who are approved for such privileges by the Board.

2.11.2 Members of the assistant medical staff shall not have admitting privileges.

2.11.3 Each member of the assistant medical staff must:

2.11.3.1 attend patients and undertake such medical and surgical treatments only as approved by the Board;

~~2.11.3.2~~ [2.11.3.2] attend any meetings of the medical staff as may be mandated by the NSHA's rules and regulations and policies and procedures; and

2.11.3.3 abide by applicable legislation, by-laws, rules and regulations, professional standards of practice, policies and procedures.

2.11.4 Members of the assistant medical staff may be a member of any committee of the medical staff relevant to their professional designation but shall not be entitled to hold any office or be a voting member on any such committee(s).

2.12 Affiliated staff

2.12.1 Affiliated staff are medical practitioners, dentists and other health care professionals who:

2.12.1.1 hold a PhD or an equivalent combination of education and expertise in a health care profession;

2.12.1.2 are not part of the complement of medical staff for the HA; and

2.12.1.3 perform clinical functions and/or research functions in collaboration with NSHA medical or health professional staff.

2.12.2 Persons meeting the requirements outlined in Section 2.12.1 may apply for and receive affiliated staff privileges under these by-laws.

2.12.3 Affiliated medical staff:

2.12.3.1 may not admit or treat patients but may advise on the care of patients;

2.12.3.2 must carry out such duties and functions as are described in their approved position description or as otherwise approved by the Board and must meet the terms of all NSHA employment or other applicable agreements, NSHA policies

and procedures and the standards associated with their profession in carrying out those duties and functions;

2.12.3.3 may, subject to NSHA research policies and procedures, act as principal investigators for research studies or projects;

2.12.3.4 may attend but not vote at ZMSA meetings or hold office in the in ZMSA;

2.12.3.5 may attend but not vote at zone department or zone division meetings or at the ZMAC or HA-MAC unless they are appointed to the role of division or department heads.

2.12.4 If the education and experience of affiliated staff as defined in Section 2.12.1 meet the requirements of the position profile or description for the role, affiliated staff may apply for and may be appointed to and serve in zone division or zone department head roles.

2.13 Temporary privileges

2.13.1 Under and subject to Section ~~2.5~~ [3.5] of Part C of these by-laws a CEO or the Zone Medical Executive Director or the HA VP Medicine, grant temporary privileges to a medical practitioner or dentist. [*sic*]

2.13.2 Temporary medical staff:

2.13.2.1 may admit and treat patients as recommended by the Zone Department Head;

2.13.2.2 may teach students and conduct research as directed and approved by the university department head and approved by the Zone Department Head as applicable; and

2.13.2.3 temporary medical staff may attend ZMSA meetings, but are not required to do so.

2.13.3 Temporary medical staff must, unless specifically exempted from doing so by the applicable Zone Department Head, participate in the on-call services of the NSHA as directed by the Zone Department Head.

2.14 Residents

2.14.1 Medical/dental students/residents shall not be members of the HA medical staff or of the ZMSA.

2.14.2 Medical/dental students and residents must be assigned to an appropriate zone department as defined in the rules and regulations and this zone will be their primary site however residents may under Section 2.14.4 and subject to the approval of the Zone Medical Executive Director and the program director undertake some of their clinical education in another zone.

2.14.3 Medical/dental students and residents must be registered and have an undergraduate/postgraduate appointment at the university Faculty of Medicine or Faculty of Dentistry and meet the pre-placement and ongoing requirements outlined in the NSHA's rules and regulations and in the NSHA policies and procedures. Elective students and residents who are not appointed to training programs at the university must be registered

with the Dean's office of the Dalhousie Faculty of Medicine or [Faculty of] Dentistry as applicable.

- 2.14.4 Each medical/dental student and resident must be accountable to the appropriate Zone Department Head or Zone Division Head for the clinical services provided to patients and to the post-graduate residency training program director (as applicable) for their educational requirements while in the clinical environments of the NSHA. In the event, there is no applicable post-graduate residency training program director then the resident's educational requirements shall be under the supervision of the Zone Department Head.
- 2.14.5 The nature, extent and number of responsibilities, including patient care responsibilities, assigned to a medical/dental student or resident at any given time must be commensurate with any applicable requirements in the NSHA's rules and regulations, Zone Division [Head]/[Zone] Department Head decisions as to such responsibilities and the medical/dental student's or resident's demonstrated level of skill.

3 HA Vice-president of Medicine and Integrated Health Services (HA VP Medicine)

- 3.1 The HA VP Medicine must be appointed by and accountable to the President & CEO for any medical staff matters arising from the operation of the NSHA and for those roles and responsibilities which are outlined in the position description for the VP Medicine.
- 3.2 Where the HA VP Medicine is absent or for any reason is unable to perform his or her duties, the CEO shall appoint an acting HA VP Medicine.
- 3.3 The HA VP Medicine is responsible for the effective functioning of the medical staff and for the implementation of policies established by the Board for medical staff affairs, those duties which are defined in the role description and contractual agreements applicable to the HA VP Medicine and such duties as may be assigned by the President & CEO and without limiting their generality, these duties include:
- 3.3.1 leading the development and implementation of measures to evaluate and enhance medical staff clinical performance;
- 3.3.2 leading the development and implementation of processes for provincial medical credentialing, both general and procedural specific privileging;
- 3.3.3 co-leading with the VP People the development and implementation of leadership development initiatives;
- 3.3.4 with other HA(s) and the Nova Scotia Department of Health & [and] Wellness, participating in and implementing initiatives for provincial human resource planning, recruitment and retention;
- 3.3.5 overseeing the development of appropriate measures to ensure that the quality of services offered by all members of the medical staff; and compliance with these by-laws, the rules and regulation[s] and the HA policies and procedures; is evaluated on a regular basis and that any required corrective actions are taken;
- 3.3.6 monitoring of the medical staff practices to ensure compliance with these by-laws, the rules & [and] regulations and policies established by the ZMAC and the HA;
- 3.3.7 ensuring mechanisms are in place to monitor and encourage medical staff involvement in continuing education;

- 3.3.8 monitoring the performance and effectiveness of the Zone Medical Executive Director(s) and through Zone Medical Executive Directors ensuring that the performance and effectiveness of Zone Medical Department [Heads]/[Zone] Division Heads and medical site leads is monitored and acted upon as required;
 - 3.3.9 participating on pertinent medical, administrative and Board committees including but not limited to chairing the HA-MAC; and
 - 3.3.10 leading, promoting and ensuring medical staff engagement in quality improvement and in the development and implementation of strategic priorities/plans.
- 3.4 The HA VP Medicine may delegate any of his/her day-to-day medical staff oversight responsibilities to the applicable Zone Medical Executive Director.

4 Zone Medical Executive Director(s)

- 4.1 A Zone Medical Executive Director(s) shall be appointed to each of the four HA zones by the CEO on the recommendation of the HA VP Medicine and shall be accountable to the HA VP Medicine for any medical staff practice-related matters arising from the operation of the NSHA within the applicable management zone and for those roles and responsibilities which are outlined in the position description for the zone medical executive director(s).
- 4.2 Where a Zone Medical Executive Director is absent or for any reason is unable to perform his or her duties, the CEO shall, in consultation with the HA-VP Medicine appoint an acting zone medical executive director.
- 4.3 Zone Medical Executive Directors are responsible for the effective functioning of the medical staff within their applicable zone and for the implementation of policies established by the Board for medical staff affairs in that zone and without limiting that generality, these duties include:
 - 4.3.1 with other Zone Medical Executive Directors, advising the HA VP Medicine on and participating in the development and implementation of strategic plans for the Nova Scotia health system including but not necessarily limited to strategic plans for the NSHA within their management zone;
 - 4.3.2 co-leading with their zone's executive operations director;
 - 4.3.3 participating on pertinent medical, administrative and Board committees including but not limited to chairing the ZMAC;
 - 4.3.4 addressing zone operational issues that require medical staff input;
 - 4.3.5 leading the collaboration and cooperation between zones which is required for effective, quality and safe patient care;
 - 4.3.6 coordinating medical and dental learner placement within the zone and educational experience residents pursuant to the needs identified and agreements reached with the university;
 - 4.3.7 coordinating and overseeing, with the zone executive operations director and Zone Department Heads, the implementation of initiatives related to programs of care at the NSHA level and the provision of medical services within the applicable zone;
 - 4.3.8 working in conjunction with Zone Department Heads, the HA VP Medicine and medical site

- leads for the recruitment and retention of medical staff required to provide medical services within the applicable zone;
- 4.3.9 overseeing the development of appropriate measures to ensure that: the quality of services offered by all members of the medical staff in the applicable zone; and compliance with these by-laws, the rules and regulation[s] and the NSHA policies and procedures; is evaluated on a regular basis and that any required corrective actions are taken;
- 4.3.10 ensuring mechanisms are in place to monitor and encourage zone-based medical staff involvement in continuing education;
- 4.3.11 monitoring the performance and effectiveness of the site medical leads and Zone Department Heads and acting on issues identified as may be required;
- 4.3.12 leading, promoting and ensuring medical staff engagement in quality improvement and in the development and implementation of strategic priorities/plans; and
- 4.3.13 carrying out such administrative functions as assigned by the HA VP Medicine.
- 4.4 The Zone Medical Executive Director may delegate any of his/her day-to-day medical staff oversight responsibilities to the Zone Department Head or the medical site lead.
- 4.5 Subject to any action as may be taken pursuant to the applicable terms of appointment and any contractual arrangement with a Zone Medical Executive Director, a Zone Medical Executive Director's appointment will normally be for a period of 5 years with a possible re-appointment for an additional 5-year appointment.

5 Medical site lead(s)

- 5.1 A medical site lead shall be appointed by the HA VP Medicine, following consultation with the Zone Medical Executive Director, and shall be accountable to the Zone Medical Executive Director for any medical staff practice-related matters arising from the operation of the NSHA within the applicable management zone and for those roles and responsibilities which are outlined in the position description for a medical site lead.
- 5.2 Where a Medical Site Lead is absent or for any reason is unable to perform his or her duties, the HA VP Medicine in consultation with the Zone Medical Executive Director shall appoint an acting medical site lead.
- 5.3 A medical site lead:
- 5.3.1 acts as the Zone Medical Executive Director's delegate at the applicable site with regard to the obligations outlined in Section 4.3 of these by-laws;
- 5.3.2 is responsible, with his/her administrative co-lead, for ensuring the Zone Medical Executive Director is aware of the perspectives of medical staff at the applicable site and for bringing information relevant to the site level forward for consideration during the development and implementation of strategic priorities/plans; and
- 5.3.3 participates in the development of and oversee[s], with his/her administrative co-lead, the implementation of the NSHA's strategic priorities/plan at the applicable site level.
- 5.4 Subject to any action as may be taken pursuant to the applicable terms of appointment and any contractual arrangement with a medical site lead, a medical site lead's appointment will normally be

for a period of 5 years with a possible re-appointment for an additional 5-year appointment.

6 Zone Department Heads and [Zone] Division Heads (as applicable)

6.1 Zone Department Heads must be members of the active medical staff and members of the departments concerned and must be appointed by the HA VP Medicine following consultation with the Zone Medical Executive Director and accountable to the applicable Zone Medical Executive Director for any medical staff practice-related matters arising from the operation of the NSHA within the applicable zone department and for those roles and responsibilities which are outlined in the position description for the Zone Department Head. Zone Department Heads shall ordinarily be required to have an academic appointment with the university unless specifically exempted from this requirement by the Board.

6.2 Zone Division Heads must be members of the active staff and members of the departments/divisions concerned and are appointed by the HA VP Medicine following consultation with the Zone Medical Executive Director and the applicable Zone Department Head and accountable to the applicable Zone Department Head for any medical staff practice-related matters arising from the operation of the HA within the applicable zone department and for those roles and responsibilities which are outlined in the position description for the Zone Division Head. Zone Division Heads shall ordinarily be required to have an academic appointment with the university unless specifically exempted from this requirement by the Board.

6.3 Subject to any action as may be taken pursuant to the applicable terms of appointment and any contractual arrangement with a Zone Department [Head] or [Zone] Division Head, zone department and division head appointments will normally be for a period of 5 years with a possible re-appointment for an additional 5-year appointment.

6.4 Zone Department Heads and to the extent applicable Zone Division Heads must act as both the clinical and academic heads for their zone departments/divisions and in some instances the Zone Department Head may also be appointed by the university as the university department head.

6.5 The Zone Medical Executive Director in consultation with the HA VP Medicine and the Zone Department Head may appoint an Assistant Zone Department Head:

6.5.1 Subject to any action as may be taken pursuant to the applicable terms of appointment and any contractual arrangement with an Assistant Zone Department Head or Division Head, an assistant zone department and division head appointment will normally be for a period of 5 years with a possible re-appointment for an additional 5-year appointment.

6.5.2 In addition to any duties prescribed by the Zone Department Head, the Assistant Zone Department Head must perform the functions of the Zone Department Head in the head's absence.

6.6 Duties and responsibilities of a Zone Department Head and [Zone] Division Head

6.6.1 A Zone Department Head must fulfill all obligations which are included in the Zone Department Head's role description forming part of the contract with the Zone Department Head and must without limiting the foregoing:

6.6.1.1 be accountable to the Zone Medical Executive Director and the HA VP Medicine and to the extent applicable to the Integrated Vice President of Research & Innovation as appropriate;

6.6.1.2 have the authority and responsibility for the clinical care of patients within the

- zone department;
 - 6.6.1.2.1 in the unlikely event of any conflict which cannot otherwise be effectively resolved, medical care issues must have priority over teaching and research;
 - 6.6.1.3 be responsible for the medical administration and functioning of the zone department;
 - 6.4.1.3.1 be accountable to work with appropriate representation of the geographic location of the health care facilities;
 - 6.6.1.4 be a member of the applicable ZMAC and as such:
 - 6.6.1.4.1 advise the ZMAC on the quality of care and treatment provided to the zone department's patients;
 - 6.6.1.4.2 advise the ZMAC on the fulfillment of teaching and research responsibilities within the zone department;
 - 6.6.1.4.3 participate in the development of and report on and oversee the zone department's objectives, planning, budgeting, resource allocation and utilization;
 - 6.6.1.4.4 make recommendations regarding medical manpower needs of the zone department, following consultation with the Zone Medical Executive Director, the HA VP Medicine, the medical site lead(s) and where applicable, Zone Division Heads;
 - 6.6.1.5 be responsible for the organization and implementation of clinical and academic activities and work with the university department head when the Zone Department Head and university department head are not the same person for the academic review within the department;
 - 6.6.1.6 implement the NSHA's process for continuing professional development and evaluation related to the zone department;
 - 6.6.1.7 ensure the development and where applicable implement the HA's programs to maintain and enforce professional standards in the zone department;
 - 6.6.1.8 at least annually review the performance of members of the zone department for the purpose of making recommendation for reappointments or contract renewal (in alignment with Section 13.3);
 - 6.6.1.9 hold regular meetings with members of the zone department, any Zone Division Heads within the department, and medical site leaders and ensure consultation on and compliance with current HA and departmental objectives, policies and rules and regulations;
 - 6.6.1.10 delegate appropriate responsibility to the Zone Division Heads, where they exist within the zone department;
- 6.7. The Zone Division Head must fulfill all obligations which are included in the Zone Department Head's position description forming part of the contract with the Zone Department Head and must:

- 6.7.1 be responsible to the Zone Department Head for:
 - 6.7.1.1 the clinical care of patients in the zone division;
 - 6.7.1.2 the medical administration and functioning of the zone division;
- 6.7.2 establish a process of continuing professional development or implement any applicable HA process related to the zone division;
- 6.7.3 ensure the development of programs to maintain and enforce professional standards in the zone division;
- 6.7.4 review the performance of members of the zone division for the purpose of making recommendation for reappointment or contract renewal;
- 6.7.5 hold regular meetings of the zone division and advise members regarding current HA and zone department/division policies, rules and regulations;
- 6.7.6 submit minutes of regular zone division meetings to the Zone Department Head; and
- 6.7.7 liaise with the university department head respecting academic activities within the zone division.

7 The HA-MAC

- 7.1 The HA-MAC is a committee of the NSHA which advises the Board and the President and CEO on matters concerning the provision of quality patient care and service, teaching and research as prescribed by the mandate of NSHA.
- 7.2 The HA-MAC must consist of the following:
 - 7.2.1 HA VP Medicine who must act as chair;
 - 7.2.2 any other members, as may be outlined in the rules and regulations, reflecting representation of the leadership of the ZMACs as determined by the CEO after consultation with the HA VP Medicine;
 - 7.2.3 the Zone Medical Executive Directors; and
 - 7.2.4 the CEO *ex officio* and other non-voting representatives from [the] NSHA executive leadership team.
- 7.3 The Chair of the HA-MAC shall be accountable to the Board through the President & CEO;
- 7.4 The HA-MAC must meet at regular intervals and not less than 10 times per year. Special meetings may be called by the Chair, and written or oral notice must be given to all members of the committee at least 48 hours prior to any meeting.
- 7.5 The quorum for a meeting of the HA-MAC or any of its committees must be 50% of the voting members.
- 7.6 The Chair shall be entitled to vote and in the situation of an equality of votes, the motion must be considered defeated.

- 7.7 HA-MAC must:
- 7.7.1 be responsible, through ZMAC(s), for oversight of the ethical conduct and professional practice of the members of the zone medical staff;
 - 7.7.2 be responsible, through ZMAC(s) for the supervision, quality, organization and delivery of all services provided by the Medical Staff including patient care, teaching and research;
 - 7.7.3 consider, coordinate, and recommend to the Board the rules & [and] regulations and policies as they apply to the medical staff as a whole or to individual departments or divisions;
 - 7.7.4 make recommendations to NSHA's Board concerning appointments, reappointments, discipline, and privileges of the medical staff;
 - 7.7.5 consider and take appropriate action on all matters and recommendations forwarded from standing and *ad hoc* committees or subcommittees;
 - 7.7.6 consider and make recommendations on such matters as may be referred to it by the Board; and
 - 7.7.7 advise the Board of such committees as it considers necessary for the proper governance of the HA-MAC and must set their terms of reference and appoint the members and chairs of such committees including but not limited to the Zone Credentials Committee as defined in Section 7.8 below.

7.8 **Zone Credentials Committee**

- 7.8.1 There shall be a Zone Credentials Committee formed for each of the four zones.
- 7.8.2 The Zone Credentials Committees are committees of the HA-MAC and consists of the following persons appointed by the HA-MAC on the recommendation of the applicable ZMAC:
 - 7.8.2.1 the Zone Medical Executive Director who will serve as chair (or his/her delegate); and
 - 7.8.2.2 four other members appointed by the HA-MAC from the medical staff applicable to the relevant zone and who broadly represent the geographic and medical staff specialty-based demographics of the zone.
- 7.8.3 A quorum of the Credentials Committee consists of three individuals, one of whom must be the Chair or his/her delegate.
- 7.8.4 Each Zone Credentials Committee shall:
 - 7.8.4.1 undertake detailed investigation and analysis of applications for appointments, privileges, and applications for reappointment for their zone and make recommendations as to such appointments and re-appointments to the HA-MAC;
 - 7.8.4.2 review mediated resolutions arising out of the mediation processes outlined in Part C of these by-laws and where required pursuant to these by-laws; and
 - 7.8.4.3 perform such other functions as set out in these by-laws or in the rules and

regulations.

7.8.5 The Chair of the Zone Credentials Committee is a voting member of the Zone Credentials Committee, and shall cast an additional vote in the event of a tie among the remaining members of the Zone Credentials Committee.

7.8.6 The HA-MAC retains the authority at any time to appoint new or replace members of the Zone Credentials Committee where no quorum is available, where a conflict of interest may exist, or for any other reason where a member of the Zone Credentials Committee is not available to act.

8 ZMAC(s)

8.1 There must be a ZMAC for each zone of the HA.

8.2 ZMAC(s) are committees of the HA-MAC established to advise HA-MACs on matters concerning the provision of quality patient care, teaching and research within the management zone as prescribed by the mandate of [the] HA.

8.3 The ZMAC(s) must consist of the following:

8.3.1 the Zone Medical Executive Director who must act as chair;

8.3.2 any other members, as may be outlined in the rules and regulations, reflecting representation of the leadership of the zone departments and programs of care as determined by the HA VP Medicine after consultation with the Zone Medical Executive Director and the Zone Executive Director and as documented in the rules and regulations;

8.3.3 the applicable medical site leads for the applicable zone;

8.3.4 a designated representative of the ZMSA;

8.3.5 the Zone Executive Operations Director(s); and

8.3.6 the HA VP Medicine *ex officio* and other non-voting representatives from the zone clinical directors/managers as may be provided for in the rules and regulations.

8.4 The chair of the ZMAC is accountable to the HA-MAC through the HA VP Medicine.

8.5 The ZMAC must meet at regular intervals and not less than 10 times per year. Special meetings may be called by the chair, and written or oral notice must be given to all members of the committee at least 48 hours prior to any meeting.

8.6 The quorum for a meeting of the ZMAC or any of its committees must be 50% of the voting members.

8.7 The Chair is entitled to vote and in the situation of an equality of votes, the motion must be considered defeated.

8.8 ZMAC must:

8.8.1 be responsible through the Zone Department [Heads]/[Zone] Division Heads and the medical site leads for oversight of the ethical conduct and professional practice of the members of the zone medical staff;

- 8.8.2 be responsible, through the Zone Department [Heads]/[Zone] Division Heads and the medical site leads for the supervision, quality, organization and delivery of all services provided by the medical staff including patient care, teaching and research for the applicable zone;
- 8.8.3 consider, coordinate, and recommend to the HA-MAC the rules & [and] regulations and policies as they apply to the medical staff as a whole or to individual departments, or divisions;
- 8.8.4 consider and take appropriate action on all matters and recommendations forwarded from standing and ad hoc committees or subcommittees;
- 8.8.5 consider and make recommendations on such matters as may be referred to it by the HA-MAC; and
- 8.8.6 advise the HA-MAC of such committees as it considers necessary for the proper governance of the ZMAC and must set their terms of reference and appoint the members and chairs of such committees.

9 Departmental organization

- 9.1 The medical staff must be divided into zone departments and, if appropriate, zone divisions and programs as recommended by the HA-MAC upon consultation with the ZMAC and approved by the Board.
- 9.2 Members must be assigned individually to an appropriate zone department by the Board and, if appropriate, also to a division.
- 9.3 Members must undertake their activities in accordance with the rules and regulations and HA policies and procedures.
- 9.4 The Board, after seeking advice from the CEO and the HA VP Medicine may change the status of a zone department or division. Any such change must be reflected in the rules and regulations in a timely fashion.
- 9.5 Each department must have a Zone Department Head appointed by the Zone Medical Executive Director and the terms of the appointment must be confirmed in writing.

10 Provincial programs of care

- 10.1 The Board may establish provincial programs of care on the recommendation of the HA's executive leadership team and the Board shall in its decision outline how such Provincial programs of care interact with the medical staff organization, HA-MAC and ZMACs under these by-laws.
- 10.2 A Provincial program of care medical program director must:
 - 10.2.1 be responsible for the administration and operation of the program in accordance with the terms and conditions approved by the Board; and
 - 10.2.2 be eligible to be a member of the HA-MAC.

11 ZMSA(s)

- 11.1 There must be 4 ZMSAs which must have terms of reference and policies and processes which are defined by such ZMSAs.

- 11.2 Members of the ZMSA must consist of members of the medical staff eligible for membership under these by-laws and who have such zone designated as the primary base for application of their privileges.
- 11.3 Membership in the ZMSA does not convey, confer or imply any benefits, rights or privileges of membership in the medical staff.
- 11.4 The purpose of the ZMSAs is to represent the interests of the medical staff to the NSHA's executive management team and on the ZMAC and the HA-MAC.
- 11.5 Dues to be paid to the ZMSA by the members of the medical staff must be determined from time to time by the ZMSA for the zone designated as the primary base for application of their privileges.

12 Leave of absence

- 12.1 A member who proposes to take a leave of absence exceeding 12 consecutive weeks shall, if they wish to return to their pre-leave membership status in the HA medical staff, apply for a leave in writing to the Zone Department Head stating the duration and purpose of the proposed absence.
 - 12.1.1 Subject to 12.2, a leave of absence must not exceed 12 months;
 - 12.1.2 The Zone Department Head must notify the ZMAC and the HA-MAC of his/her decision regarding the proposed absence; and
 - 12.1.3 The HA-MAC must notify the Board of the absence.
- 12.2 The member may, with reasonable notice, apply in writing to the Zone Department Head for an extension of a leave of absence granted under Section 12.1 for a period not to exceed 1 year and the total continuous amount of time to be granted through such leaves cannot exceed 2 years without the member being required to submit a new application for appointment to the medical staff.
- 12.3 During a leave of absence, the member must remain a member of the medical staff but is excused from clinical, teaching, research and committee duties and responsibilities.
 - 12.3.1 Upon return, the member may resume the status held prior to the leave provided all requirements for reappointment are met.
 - 12.3.2 Prior to the resumption the member must provide the Zone Department Head with an accounting of activities conducted during the leave of absence, including proof of good standing in all jurisdictions in which he/she practised medicine since the commencement of the leave of absence, if applicable.
- 12.4 The member on leave must be required to keep the member's file current during the leave by completing the reappointment application at the usual time.
- 12.5 Where a Zone Department Head or [Zone] Division head applies for and receives a leave of absence, the Zone Medical Executive Director must appoint an acting head for that department or division on the recommendation of the Zone Department Head and with the approval of the HA VP Medicine.

13 Continuing professional review and development

- 13.1 Each member must have and agree to a review for purposes of evaluating his/her performance and their ongoing appointment to the HA Medical Staff on an annual basis and otherwise as may be

determined by the HA VP Medicine or the Zone Medical Executive Director in consultation with applicable Zone Department Head. Members who hold appointments with the university may also be subject to the university's professional review and development processes.

- 13.2 The applicable Zone Department Head shall conduct an annual review of a member. The annual review will include documentation from the Zone Department Head to the HA-VP Medicine confirming:
- 13.2.1 evidence of compliance with any continuing medical education requirements as may be required by the applicable Zone Department Head;
 - 13.2.2 evidence of current active licensure or registration status with the member's professional licensing/regulatory body;
 - 13.2.3 a determination as to compliance with Code of Ethics and workplace behaviour requirements as outlined in these by-laws, the rules and regulations and in the HA's policies and procedures;
 - 13.2.4 information on any physical or health condition that affects or may affect the proper exercise by the member of the necessary skill, ability and judgment to deliver appropriate patient care and service;
 - 13.2.5 information on any discipline actions taken by the member's professional regulatory college or by the HA;
 - 13.2.6 evidence of current membership in the CMPA or other professional liability protection approved by the Board and in the category appropriate to the member's practice;
 - 13.2.7 a list of the current privileges/areas of practice held or performed by the member and any additional areas of practice or privileges requested;
 - 13.2.8 information on any legal action arising out of the member's professional activity; and
 - 13.2.9 a finding by the applicable Zone Department Head that the member continues to meet the requirements for continuing appointment to the category and level of privileges granted to the member by the Board. Such finding must be based on the evaluation of the information required under this Section of the by-laws and any other information known by or received by the department head in connection with the member's privileges.
- 13.3 In at least one year of the period for which any member is granted privileges and within the first 6- to 8-month period following a grant of probationary medical staff members, the member's annual performance review must be a comprehensive performance and development review which must be developed by the HA VP Medicine with input from the HA-MAC and which must include, as a minimum, those items to be included in the annual review required under Section 13.2 and the additional requirements and considerations as are outlined in the medical staff rules and regulations.
- 13.4 The comprehensive performance review required under Section 13.3 must occur in the year in which the member staff member is seeking re-appointment and in the year in which a probationary member is being considered for appointment to active medical staff with or without admitting privileges or assistant medical privilege categories.
- 13.5 The applicable zone department must provide a copy of the reviews contemplated by this Section to the member and must receive in writing any input which the member wishes to provide and both the review and the input provided must be stored in the member's credentials files and such information

must be made available to any committee of the HA which is vested with assessing the credentials of the member or to the Board for purposes of making a decision as to the member's medical staff privileges.

- 13.6 In the event that the review requires consideration [of] a change to the member's privileges in advance of any scheduled or anticipated review of the member's privileges, the provisions of Part C of these by-laws must be invoked.

14 Ethics and ethical relationships

- 14.1 The NSHA Code of Ethics and these by-laws must govern the professional conduct of members. In the absence of a NSHA Code of Ethics, the codes of ethics adopted by the College of Physicians and Surgeons of Nova Scotia and the Provincial Dental Board of Nova Scotia must govern the professional conduct of the members.

15 Affiliation agreements

- 15.1 Upon the effective date of these by-laws, any existing affiliation agreements must remain in place until such time as there is a Board resolution to change those agreements. In the event of conflict between these by-laws, the rules and regulations and [an] affiliation agreement, precedence must be given to these by-laws and the rules and regulations.

16 Rules & [and] regulations

- 16.1 Subject to the approval of the Board, the HA-MAC may make such rules and regulations as it deems necessary with respect to:
- 16.1.1 the management of medical activities, programs of care, medical services provided through the HA, education and research; and
 - 16.1.2 the conduct of the medical staff.
- 16.2 Should there be any perception of or actual conflict between these by-laws and the rules & [and] regulations then the rules and regulations must to [the] extent reasonably possible be interpreted to reconcile any conflict and failing that these by-laws must take precedence.

[Note: Appendix 1–Definitions is published after Part C of the Nova Scotia Health Authority Medical Staff By-laws, Part C, N.S. Reg. 189/2015.]

N.S. Reg. 189/2015

Made: April 1, 2015

Filed: April 1, 2015

Nova Scotia Health Authority Medical Staff By-laws, Part C

Order dated April 1, 2015
Regulations made by the Minister of Health and Wellness
pursuant to Section 21 of the *Health Authorities Act*

**In the matter of Section 21
of Chapter 32 of the Acts of 2014,
the *Health Authorities Act***

- and -

**In the matter of the making by the Minister of Health and Wellness of
bylaws respecting the granting, variation, suspension, and revocation of
privileges for medical staff of the Nova Scotia Health Authority**

Order

I, Leo A. Glavine, Minister of Health and Wellness for the Province of Nova Scotia, pursuant to Section 21 of Chapter 32 of the Acts of 2014, the *Health Authorities Act*, hereby make bylaws respecting the granting, variation, suspension, and revocation of privileges for medical staff of the Nova Scotia Health Authority, referred to as the Nova Scotia Health Authority Medical Staff By-laws, Part C, in the form set out in Schedule "A", effective on and after April 1, 2015.

Dated and made at Halifax, Nova Scotia, April 1, 2015.

sgd: *Leo Glavine*
Honourable Leo A. Glavine
Minister of Health and Wellness

Part C

**NSHA Medical Staff Appt/Credentialing/Discipline By-laws
(made by the Minister of Health and Wellness under Section 21 of the *Health Authorities Act*, 2014)**

1 HA-MAC hearing pool and HA-MAC hearing committee

- 1.1 The HA-MAC hearing pool is composed of 8 members made up of:
 - 1.1.1 1 member representing each zone and who ~~are~~ [is] not [a] members of their ZMAC; and
 - 1.1.2 member from the ZMSA for each zone.
- 1.2 Where the HA-MAC receives notice regarding a hearing with respect to a member's privileges, the Chair of HA-MAC shall constitute a hearing committee to hold a hearing.
- 1.3 A hearing committee is a committee of the HA-MAC and consists of:
 - 1.3.1 two members of the HA-MAC appointed by the HA-MAC, who are not the chair of the HA-MAC, the member's Zone Medical Executive Director or the member's Zone Department Head, and one of whom shall act as chair of the hearing committee; and

- 1.3.2 two members of the HA-MAC hearing pool who do not represent the member's zone.
- 1.4 A quorum of a hearing committee consists of 3 individuals, one of whom must be the chair.
- 1.5 A hearing committee shall act as an independent adjudicative body during the hearing process in accordance with Section 7 [8].
- 1.6 Members of a hearing committee or the HA-MAC hearing pool shall excuse themselves from any discussions at the HA-MAC regarding the credentialing or discipline of individuals who may become a party before a hearing committee.
- 1.7 A member of a HA-MAC hearing pool shall not serve concurrently on the Credentials Committee.
- 1.8 In a proceeding before a hearing committee, the Chair of the hearing committee may retain independent counsel to advise the hearing committee regarding matters of law and procedure.
- 1.9 The HA representative may retain legal counsel to present or to assist in presenting the case on behalf of the HA before the hearing committee.
- 1.10 The member who is the subject of the hearing may retain counsel to represent the member at the member's expense.
- 1.11 The Chair of a hearing committee is a voting member of the hearing committee and shall cast an additional vote in the event of a tie among the remaining [*sic*] members of the hearing committee.
- 1.12 Subject to Section 1.13, the HA-MAC retains the authority to replace members of a hearing committee where no quorum is available, where a conflict of interest may exist or for any other reason where a member of a hearing committee is not available to act.
- 1.13 Where the HA-MAC replaces a member of the hearing committee under Section 1.12, it must appoint the new member from the original category under Section 1.1 where the original member was appointed from.
- 1.14 Notwithstanding Section 1.12, if a member of a hearing committee becomes unable, for any reason, to continue participation on the Hearing Committee, the remaining members may complete the work of the hearing committee and render a decision.

2 Composition of Board appeal panel

- 2.1 An appeal panel is a panel who is delegated by the Board to hear appeals from a hearing committee's decision.
- 2.2 Where the Board receives a Notice of Appeal regarding a member's privileges, an appeal panel shall be created and shall conduct an appeal with the following composition:
- 2.2.1 the Chair of the Board who shall sit as chair of the appeal panel; and
- 2.2.2 2 members of the Board selected by the Chair.
- 2.3 An appeal panel may retain independent legal counsel to advise the appeal panel regarding matters of law and procedure.
- 2.4 If a member of the appeal panel becomes unable, for any reason, to continue participation on the appeal panel, the remaining members may complete the work of the appeal panel and render a

decision.

3 Appointments & privileges—general

3.1 Appointment of medical staff—general

- 3.1.1 The Board may appoint medical practitioners, dentists and other health professionals in its sole and absolute discretion to the medical staff in the manner provided for in these by-laws.
- 3.1.2 Any medical staff whose relationship with the HA is established solely through granting of privileges shall be subject to these by-laws with respect to variation, suspension, revocation or other non-renewal of privileges.
- 3.1.3 All appointments to the medical staff shall be conditional on the member agreeing in writing to abide by:
- 3.1.3.1 all by-laws, policies and procedures;
 - 3.1.3.2 the rules and regulations;
 - 3.1.3.3 the limits of the appointment and privileges as specified in these by-laws and granted to the member; and
 - 3.1.3.4 the NSHA Code of Ethics and these by-laws must govern the professional conduct of members. In the absence of a NSHA code of ethics, the codes of ethics adopted by the College of Physicians and Surgeons of Nova Scotia and the Provincial Dental Board of Nova Scotia must govern the professional conduct of the members.

3.2 Privileges—general

- 3.2.1 A medical practitioner, dentist or other health professional who is appointed to the medical staff shall be granted privileges appropriate to his/her role and practice, as determined by the processes established under these by-laws. When privileges are granted under these by-laws, the decision granting such privileges shall specify the extent and limitation of the privileges, including the category of appointment under Section 2 of Part B, the departments, zones, and facilities in which the applicant may exercise privileges and the scope of privileges and procedures.
- 3.2.2 Privileges granted to members of the medical staff in accordance with these by-laws shall normally be for a period of 36 months. In the case of members of the medical staff who have privileges in effect at the time these by-laws are approved, the privileges granted to such members remain in effect until the expiration date of such privileges.
- 3.2.3 Notwithstanding Section 3.2.2, privileges granted to a member shall be for a term less than thirty-six (36) months, where:
- 3.2.3.1 it is a probationary appointment;
 - 3.2.3.2 specified in a decision made under these by-laws;
 - 3.2.3.3 granted as part of a temporary appointment under Section ~~2.5~~ [3.5];

- 3.2.3.4 specified in an initial grant or renewal of privileges;
 - 3.2.3.5 an employment contract or another contractual relationship with a member states otherwise;
 - 3.2.3.6 agreed to by the member and the HA VP Medicine; and
 - 3.2.3.7 the member has not participated in the annual performance review, the performance review has not been provided or the result has recommended a shorter term appointment in order to address performance concerns.
- 3.2.4 Members shall annually, on a date specified by the CEO, provide evidence as required by the CEO of:
- 3.2.4.1 appropriate insurance or coverage through a protective association or insurer;
 - 3.2.4.2 registration and current licensing with the relevant regulatory body;
 - 3.2.4.3 completed performance review; and
 - 3.2.4.4 such other items as may be required by the CEO.
- 3.2.5 A member may request a change in privileges or category if the member submits a request in writing to the CEO or designate.
- 3.2.6 Upon receipt of a request for a change in privileges or category under Section 3.2.5, the CEO or designate shall forward the request to the HA VP Medicine and relevant zone department chief, and the matter shall be processed as if it were an application from the member to the CEO for reappointment under Section 3.4.
- 3.2.7 If a member's privileges expire prior to completion of the credentials process outlined in these by-laws, such privileges shall be continued until the credentials process is completed, unless such privileges are suspended or varied under Sections 3.1, 3.4, or 3.5.

3.3 Applications for new appointments

- 3.3.1 The CEO or the CEO's designate, on receipt of an inquiry from a physician, dentist, or scientist seeking appointment to the medical staff, shall, following consultation with the relevant Zone Medical Executive Director, the relevant Zone Department Head, and the HA VP Medicine assess the inquiry from the perspective of need and availability of resources, not from the perspective of the individual merit of the applicant. Such assessment is to determine whether there is a position approved by the Board and, to the extent required, by the Department of Health and Wellness, and resources to support the position. Such assessment is to be completed within sixty (60) working days of the inquiry.
- 3.3.2 Upon completion of the assessment under Section 3.3.1, the CEO or the CEO's designate shall advise the applicant of the result of the assessment, and if the result of the assessment is negative, the application process shall end. This is a final decision by the CEO or the CEO's designate, from which there is no right of review or appeal under these by-laws.
- 3.3.3 If the result of the assessment under Section 3.3.1 is positive, the CEO or the CEO's designate shall provide the applicant with a copy of an application form, a copy of all by-laws, and copy of the rules and regulations.

- 3.3.4 Upon completion of the application form, the applicant shall submit the form and supply to the CEO or the CEO's designate such documentary proof as required by the CEO including:
- 3.3.4.1 registration with the College of Physicians and Surgeons of Nova Scotia in accordance with the *Medical Act* or registration in the Provincial Dental Board's Dentists' Register in accordance with the *Dental Act*, as applicable;
 - 3.3.4.2 in the case of a physician, membership in the Canadian Medical Protective Association or other equivalent liability protection, in the case of a dentist, such malpractice insurance as required under the regulations under the *Dental Act* and in the case of a scientist or other independent contractor, proof of liability protection;
 - 3.3.4.3 the results of a vulnerable sector search and the results of a criminal record inquiry; and
 - 3.3.4.4 such other information or evidence as required by the CEO or the CEO's designate.
- 3.3.5 The CEO or designate shall, within five (5) working days of the receipt of a completed application form with the required accompanying documentation, forward the application to the Zone Medical Executive Director to administer and coordinate the credentials process.
- 3.3.6 The Zone Medical Executive Director, upon receipt of the material under Section 3.3.5 shall forward the material to the Credentials Committee within five (5) working days. The Credentials Committee, upon receipt of the material under this Section, shall consider the application by:
- 3.3.6.1 consulting with the appropriate Zone Department Head to assess the application on its merit;
 - 3.3.6.2 verifying the accuracy of information provided by the applicant;
 - 3.3.6.3 conducting such other inquiries as it deems appropriate;
 - 3.3.6.4 interviewing such persons as it deems appropriate; and
 - 3.3.6.5 engaging in any other form of investigation it deems necessary.
- 3.3.7 Upon completion of its review, the Credentials Committee, within sixty (60) working days of receiving the application from the HA VP Medicine, shall:
- 3.3.7.1 recommend to the HA-MAC an appointment and specific privileges for the applicant;
 - 3.3.7.2 recommend to the HA-MAC a rejection of the application; or
 - 3.3.7.3 recommend a variance, which shall be reviewed with the applicant, and the recommendation and the applicant's response to the recommendation shall be provided to the HA-MAC; and
- inform the appropriate Zone Medical Executive Director of its recommendation.

- 3.3.8 Upon receipt of the recommendation from the Credentials Committee, the HA-MAC shall review the Credentials Committee's recommendations and any response, and shall, within thirty (30) working days of receipt of the application from the Credentials Committee:
- 3.3.8.1 accept the Credentials Committee's recommendations;
 - 3.3.8.2 reject the Credentials Committee's recommendations; or
 - 3.3.8.3 suggest a variance to the Credentials Committee's recommendations;
- and shall inform the appropriate Zone Medical Executive Director, CEO and applicant of its disposition.
- 3.3.9 Where a variance is recommended by the HA-MAC, the HA-MAC shall review the suggested variance with the applicant, and determine the applicant's position on the variance.
- 3.3.10 The Chair of the HA-MAC shall forward its recommendations to the Board, including the applicant's position on any suggested variance, within five (5) working days of making its recommendation under Section 2.8.
- 3.3.11 The Board shall review all recommendations from the Credentials Committee and HA-MAC.
- 3.3.12 If the Board determines it does not have sufficient information to make a final decision on the application to the Board may make inquiries of the HA-MAC Chair, it deems necessary to make a decision. [*sic*]
- 3.3.13 The Board shall make the final decision on the application within forty-five (45) working days of receipt of the HA-MAC's recommendations.
- 3.3.14 The Board Chair shall immediately forward the Board's written decision to the CEO or designate and the appropriate Zone Medical Executive Director for information.
- 3.3.15 After the Board Chair has informed the CEO and the appropriate Zone Medical Executive Director of its decision, the CEO or designate shall inform the applicant of the decision.
- 3.3.16 The decision of the Board under Section 3.3.13 shall be a final decision, and there shall be no right of review or appeal by the applicant under these by-laws.

3.4 Applications for reappointment

- 3.4.1 The CEO or designate shall forward an application form for reappointment to a member at least one hundred (100) working days before the completion of the member's current term of appointment.
- 3.4.2 If the member desires reappointment, the member shall forward the completed reappointment application at least eighty-five (85) working days before the completion of his/her current term of appointment to the CEO or his/her designate.
- 3.4.3 The CEO or designate shall immediately forward the application to the Zone Medical Executive Director, whose office shall administer the reappointment process.
- 3.4.4 The Zone Medical Executive Director shall, within five (5) working days of receipt of the

application, forward the application and all accompanying documentation to the applicant's Zone Department Head.

- 3.4.5 The Zone Department Head shall assess the application and shall:
- 3.4.5.1 recommend the appointment, and forward such recommendation to the Credentials Committee within ten (10) working days of receiving the application from the Zone Medical Executive Director;
 - 3.4.5.2 recommend a variance which is acceptable to the applicant, in which event the accepted recommendation is forwarded to the Credentials Committee within ten (10) working days of receiving the application from the Zone Medical Executive Director; or
 - 3.4.5.3 not recommend the reappointment, or suggest a variance that is not acceptable to the applicant, in which case the matter shall be referred within (10) working days of receiving the application from the Zone Medical Executive Director to the CEO in order to commence the facilitated mediation process.
- 3.4.6 Where a facilitated mediated resolution is reached, the application for reappointment shall be revised to reflect the facilitated ~~mediation~~ [mediated] resolution and presented as a recommendation to the Credentials Committee.
- 3.4.7 Where no facilitated mediated resolution is reached, the application for reappointment, the Zone Department Head's recommendation and the applicant's response shall be provided to the Credentials Committee.
- 3.4.8 Where a recommendation is made in accordance with Sections 3.4.5.1, 3.4.5.2, 3.4.6 or 3.4.7 the recommendation shall be reviewed by the Credentials Committee.
- 3.4.9 In its review under Section 3.4.8, the Credentials Committee shall consider the matter by:
- 3.4.9.1 consulting with the CEO and the appropriate Zone Medical Executive Director (and/or the Vice-President of Research and Innovation for Scientists);
 - 3.4.9.2 verifying the accuracy of information provided by the applicant;
 - 3.4.9.3 conducting such other inquiries as it deems appropriate;
 - 3.4.9.4 interviewing such persons as it deems appropriate; and
 - 3.4.9.5 engaging in any other form of investigation it deems necessary.
- 3.4.10 The Credentials Committee, upon completion of its review shall:
- 3.4.10.1 approve the recommendation forwarded under Section 3.4.5.1., 3.4.5.2, 3.4.6, 3.4.7 or 3.4.14.3;
 - 3.4.10.2 recommend a variance to the recommendation under Section 3.4.5.1, 3.4.5.2 or 3.4.7 which is acceptable to the applicant, or recommend a variance to the recommendation under Section 3.4.6 which is acceptable to the signatories to the facilitated mediated resolution;
 - 3.4.10.3 reject the recommendation under Section 3.4.6. or suggest a variance that is not

acceptable to the signatories of the facilitated mediated resolution; or

3.4.10.4 reject the recommendation made under Section 3.4.5.1, 3.4.5.2, 3.4.7 or 3.4.14.3, or suggest a variance that is not acceptable to the applicant; ~~and~~

[and] inform the Zone Medical Executive Director and the applicant of its decision.

3.4.11 If the Credentials Committee makes a decision under Section 3.4.10.1 or 3.4.10.2, the decision shall be forwarded to the HA-MAC within thirty (30) working days of the Credentials Committee's receipt of the matter.

3.4.12 If the Credentials Committee makes a decision under Section 3.4.10.3 or 3.4.10.4, the matter shall be referred to the Hearing Committee, in accordance with Section 8, at the request of the applicant who has fifteen (15) working days from the date of receiving the Credentials Committee's decision to tell the Credentials Committee they want the matter referred to the hearing committee.

3.4.13 Where the matter is referred to the HA-MAC in accordance with Section 3.4.11, the HA-MAC shall conduct any inquiries it deems necessary and shall consider:

3.4.13.1 the application;

3.4.13.2 the recommendation of the Credentials Committee;

3.4.13.3 the recommendations forwarded to the Credentials Committee by the CEO, the Zone Medical Executive Director, and the Zone Department Head; and

3.4.13.4 any information that it gains from its inquiries.

3.4.14 Upon completion of its review under Section 3.4.13, the HA-MAC shall:

3.4.14.1 approve the application as recommended by the Credentials Committee and forward such approval within twenty (20) working days of the referral of the matter to the HA-MAC from the Credentials Committee, to the Board for a final decision;

3.4.14.2 recommend a variance acceptable to the applicant and forward such recommendation within twenty (20) working days of receipt of the application from the Credentials Committee, to the Board for a final decision;

3.4.14.3 reject the Credentials Committee's recommendation or recommend a variance that is not acceptable to the applicant within twenty (20) working days of the recommendation being forward to the HA-MAC, in which event the matter shall be referred to the Credentials Committee for review and consideration of the HA-MAC recommendation. Should the Credentials Committee reject the HA-MAC recommendation or the recommendation is not acceptable to the applicant, the matter shall be referred to the Hearing Committee under 3.4.12 within twenty (20) working days of referral to the Credentials Committee;

and shall inform the Zone Medical Executive Director and the applicant of its decision.

3.4.15 Where a recommendation is made under Section 3.4.14.1 or 3.4.14.2, the Board shall conduct such inquiries it deems necessary and shall consider:

- 3.4.15.1 the application;
 - 3.4.15.2 the recommendation of the Credentials Committee;
 - 3.4.15.3 the recommendation of the HA-MAC; and
 - 3.4.15.4 any information that it gains from its inquiries.
- 3.4.16 Where the Board has considered the matter, the Board shall, within twenty (20) working days of receipt of the recommendation from the HA-MAC make a final determination with respect to the matter shall immediately notify the CEO of such decision.
- 3.4.17 After the CEO has been notified of the Board's decision, the CEO shall notify the applicant, the HA-MAC, the Credentials Committee, the HA VP Medicine and the Zone Medical Executive Director of such decision.

3.5 Temporary appointments to the medical staff

- 3.5.1 Notwithstanding any other provisions in these by-laws, the CEO or designate, or the HA VP Medicine or designate, after gathering such information as they deem appropriate in the circumstances, may grant temporary privileges to an applicant where:
- 3.5.1.1 a member requests a replacement for a short period of time and an application for active medical staff with or without admitting or assistant staff privileges cannot be processed within the time frames associated with the appointment or re-appointment process outlined in Part C of these by-laws, or it is necessary to approve a temporary appointment to the medical staff until such time as a permanent appointment to the active medical staff can be recruited and appointed; or
 - 3.5.1.2 a medical practitioner or dentist who does not have privileges within the applicable zone department is required to consult on or treat a particular patient for a specific purpose.
- 3.5.2 Temporary privileges granted to a person under Section 3.5.1 must be for a period not to exceed 45 days and may be renewed provided that the person may not be granted temporary privileges for more than a total of 135 days in a calendar year. The VP Medicine or CEO may in exceptional circumstances extend the period of temporary privileges to a maximum total of 180 days with written approval of the Board.
- 3.5.3 The CEO must report any appointment(s) made under this Section to the Board at the Board meeting following the appointment.
- 3.5.4 The granting of a temporary appointment shall be conditional on the applicant providing proof of:
- 3.5.4.1 Canadian Medical Protective Association coverage or its equivalent liability protection (or malpractice insurance in accordance with the *Dental Act*, if the applicant is a dentist); and
 - 3.5.4.2 a licence in good standing granted to the applicant by the College of Physicians and Surgeons of Nova Scotia (or a licence granted by the Provincial Dental Board, if the Applicant is a dentist).

- 3.5.5 The Credentials Committee shall review and approve any requests for extension of temporary privileges beyond the initial period of forty-five (45) days.
- 3.5.6 Temporary privileges may be revoked by the CEO or designate at any time, in which event the CEO shall immediately notify the holder of the temporary privileges and any relevant Zone Department Head at the earliest opportunity of such revocation privileges.
- 3.5.7 Decisions to grant, refuse or revoke temporary privileges are final decisions and there shall be no right of review or appeal from such decisions.

4 Miscellaneous

4.1 Automatic suspensions

- 4.1.1 The privileges of a member shall be immediately and automatically suspended by the CEO or designate when:
- 4.1.1.1 a member fails to complete a patient's record within the rules and regulations and has failed to comply within a ten (10) working day notice period for completion which is provided by the CEO or designate;
 - 4.1.1.2 a member has ceased to be a member of the Canadian Medical Protective Association or to carry and have in force equivalent liability protection, and in the case of a dentist, has ceased to carry and have in force such malpractice insurance as required under the regulations under the *Dental Act* or other malpractice insurance as is deemed appropriate by the Board; or
 - 4.1.1.3 A member's licence has been suspended or revoked by the College of Physicians and Surgeons or in the case of a dentist, their licence has been suspended or revoked by the Provincial Dental Board.
- 4.2 An automatic suspension under 4.1.1.1 or 4.1.1.2 shall continue until the violation has been corrected, at which time the CEO or designate shall automatically reinstate the member.
- 4.3 An automatic suspension under 4.1.1.3 shall continue until such time as the ~~license~~ [licence] has been reinstated and the CEO or designate has determined the circumstances of suspension/revocation pose no concern to continued practice at the HA under the grant of privileges. The CEO or designate may determine a review of the member's privileges is required under Section 4 or 5.

4.4 Affiliation agreements with Dalhousie University

- 4.4.1 Where a member is subject to an affiliation agreement with Dalhousie University, an appointment to the medical staff shall take into account the provisions of such an affiliation agreement.
- 4.4.2 Where there is a conflict between these by-laws and an affiliation agreement with Dalhousie University, these by-laws shall prevail.

4.5 Notices

- 4.5.1 All notices in these by-laws shall be deemed duly given to a party:
- 4.5.1.1 upon delivery if delivered by hand;

- 4.5.1.2 three (3) working days after posting if sent by registered mail with receipt requested; or
- 4.5.1.3 upon two (2) working days after the date of the transmission, if by email or facsimile transmission.

4.6 Delegation by CEO

- 4.6.1 In the carrying out of any functions assigned to the CEO in these by-laws, the CEO may designate a person to act in the place of the CEO.

4.7 Transition

- 4.7.1 Applications for appointments or reappointments initiated prior to or after the effective date of these by-laws shall be governed by these by-laws.
- 4.7.2 Subject to Section 1.1.3, any matter where a reappointment process, or a special review process or an immediate suspension/variance process has been initiated prior to the implementation of these by-laws shall be completed in accordance with the provisions of these by-laws and any deviation from the process set out in the former by-laws on account of this transition shall not be considered material.
- 4.7.3 Where a reappointment process, or a special review process or an immediate suspension/variation process has been initiated prior to the effective date of these by-laws and a recommendation has been made by the DMAC ISC under the former by-laws, but no hearing has yet been held under those bylaws by the Board by the effective date of these by-laws, unless the matter is otherwise resolved, a hearing will be held by the Board, or a subcommittee appointed by the Board for that purpose, pursuant to Section 11 and subsections 7.14.5, 8.9 or 9.5 of the former by-laws, as the case may be. In that event the decision of the Board, or subcommittee thereof, shall be final and binding and, for greater certainty, there shall be no appeal to a Provincial appeal board.

5 Revocation/suspension/variation regarding medical staff privileges—complaint

- 5.1 The grounds for a complaint under Section 5 may consist of, but are not limited to, issues of unprofessional or unethical conduct, issues of clinical care or competencies, behaviour otherwise contrary to the values, policies and procedures of the HA or failure to meet the requirements of any of the by-laws or the rules and regulations.
- 5.2 The CEO, the HA VP Medicine, a Zone Medical Executive Director, referred to in this Section as “the person initiating the complaint” may file a complaint in writing to the Zone Department Head, with respect to the privileges of any member at any time and shall advise the member concerned within 24 hours of such action and provide the member with a copy of the complaint.
- 5.3 A Zone Department Head may initiate a complaint in writing to the Zone Medical Executive Director with respect to the privileges of any member at any time and shall advise the member concerned within 24 hours of such action and provide the member with a copy of the complaint.
- 5.4 In filing a complaint, the person initiating the complaint shall indicate, in writing the grounds giving rise to such a complaint and the remedy being sought.
- 5.5 The Zone Department Head (or the Zone Medical Executive Director, as relevant), upon receipt of the complaint, shall make an initial determination as to whether the complaint moves forward to a formal process.

- 5.6 In the case where the Zone Department Head (or the Zone Medical Executive Director, as relevant) finds that the grounds for the complaint are unfounded, the Zone Department Head shall notify the person initiating the complaint, the member, and the ZMSA that the complaint is being dismissed.
- 5.7 In the case where the Zone Department Head (or the Zone Medical Executive Director, as relevant) finds
- 5.7.1 that the grounds for the complaint are founded;
- 5.7.2 that the matter is appropriate to be dealt with by informal mediation; and
- 5.7.3 there is reasonable likelihood of success of coming to an agreement between the parties, the Zone Department Head (or the Zone Medical Executive Director, as relevant) shall attempt to resolve the issues through informal mediation as detailed in the HA's Code of Conduct Policy.
- 5.8 Where the parties agree to a recommended course of action as the result of the informal mediation, the Zone Department Head shall document the result in the member's file.
- 5.9 In the case where the Zone Department Head is unable fulfill the requirements of Section 5.7 or where the parties cannot agree to a recommended course of action from the informal mediation, the Zone Department Head shall initiate the facilitated mediation process.
- 5.10 Where the person initiating the complaint is not the CEO, the CEO shall be notified of the complaint by the Zone Department Head within 24 hours of initiating the facilitated mediation process.
- 5.11 If a facilitated mediated resolution is not achieved through the facilitated mediation process, the parties shall proceed immediately to the hearing committee for a hearing to address the grounds of the complaint, in accordance with Section 8.
- 5.12 If a facilitated mediated resolution is achieved under Section 7, the facilitated mediated resolution shall be forwarded to the HA-MAC.
- 5.13 Where the HA-MAC agrees with the facilitated mediated resolution, the Chair of the HA-MAC shall forward the facilitated mediated resolution and its recommendation to the Board within five (5) working days of the receipt of the facilitated mediated resolution by the HA-MAC and the Board shall proceed under Section 5.15.
- 5.14 Where the HA-MAC does not agree with the facilitated mediated resolution, the HA-MAC shall refer the matter to a hearing committee under Section 8.
- 5.15 The Board shall review the facilitated mediated resolution received under Section 5.13 and shall, within fifteen (15) working days of receipt from the Chair of the HA-MAC:
- 5.15.1 approve the facilitated mediated resolution;
- 5.15.2 recommend a change to the facilitated mediated resolution that is acceptable to the signatories to the facilitated mediated resolution, and approve such change; or
- 5.15.3 reject the facilitated mediated resolution with reasons and refer the matter to a hearing committee under Section 8.
- 5.16 Upon receipt of the decision from the Board, the CEO shall inform the member, the person

initiating the complaint, the appropriate Zone Department Head and the HA-MAC of the decision.

6 Immediate action regarding privileges

- 6.1 The CEO or designate, or a Zone Department Head or designate (referred to in this Section as “the person initiating the immediate action”) may suspend or vary the privileges of any member at any time where the person initiating the immediate action reasonably believes that the member has engaged in conduct which:
- 6.1.1 is reasonably likely to expose patients or any other persons to harm or injury at a HA or by services provided through the HA;
 - 6.1.2 is reasonably likely to be detrimental to safety or to the delivery of care in the HA or by services provided through the HA; or
 - 6.1.3 is reasonably likely to be detrimental to the member, the patient, or the public.
- 6.2 If someone other than the CEO immediately suspends or varies a member’s privileges, the CEO must be informed within twenty-four (24) hours of the suspension or variance.
- 6.3 The person initiating the immediate action shall inform the Chair of the HA-MAC within twenty-four (24) hours of the suspension or variation under Section 6.1.
- 6.4 When the CEO initiates the immediate action, the CEO shall advise the Zone Medical Executive Director and the Zone Department Head of the suspension or variance, and at such time, or when the CEO becomes aware of the initiation of immediate action by the Zone Department Head, whichever is the later, the CEO shall, within 48 hours appoint a HA Representative to commence the facilitated mediated process.
- 6.5 If no facilitated mediated resolution is achieved under the facilitated mediated process, the parties shall proceed immediately to the hearing committee for a hearing to address the issues giving rise to the immediate suspension/variance, in accordance with Section 8.
- 6.6 If a facilitated mediated resolution is achieved, the facilitated mediated resolution shall be forwarded to the HA-MAC.
- 6.7 Where the HA-MAC agrees with the facilitated mediated resolution, the Chair of the HA-MAC shall forward the facilitated mediated resolution and its recommendation to the Board within five (5) working days of the review of the facilitated mediated resolution by the HA-MAC.
- 6.8 Where the HA-MAC does not agree with the facilitated mediated resolution, the HA-MAC shall refer the matter to a hearing committee under Section 8.
- 6.9 The Board shall review the facilitated mediated resolution received under Section 6.7 and shall within fifteen (15) working days of receipt from the Chair of the HA-MAC:
- 6.9.1 approve the facilitated mediated resolution;
 - 6.9.2 recommended a change to the facilitated mediated resolution that is acceptable to the signatories to the facilitated mediated resolution, and approve such change; or
 - 6.9.3 reject the facilitated mediated resolution and refer the matter to a hearing committee under Section 8.

- 6.10 Upon receipt of the decision of the Board, the CEO shall advise the member, the relevant Zone Department Head, the relevant Zone Division Head, if applicable, and the HA-MAC of the decision.

7 Facilitated mediation process

- 7.1 When the facilitated mediation process is engaged, the CEO or designate shall within 48 hours appoint a HA representative to act for purposes of the facilitated mediation process.
- 7.2 The parties involved in the facilitated mediation process shall be:
- 7.2.1 the member who is the subject of the facilitated mediation process;
 - 7.2.2 the HA representative selected by the CEO or designate (who must not be the Zone Department Head of the member who is the subject of the facilitated mediation process, and who is not the person named in Section 7.2.4);
 - 7.2.3 a ZMSA member of the zone that the member works in and appointed by the ZMSA Executive; and
 - 7.2.4 the member's Zone Department Head in the case of a reappointment application; the person initiating a complaint in the case of the Section 5; or the person initiating the immediate action in the case of Section 6.
- 7.3 The HA representative shall facilitate the facilitated mediation process unless the HA representative determines that a third party mediator shall be used to facilitate the facilitated mediation process.
- 7.4 The parties to the facilitated mediation process shall seek to develop a mediated resolution of the matter that addresses the outstanding issues to the satisfaction of the signatories to the facilitated mediated resolution.
- 7.5 The signatories to a facilitated mediated resolution are the parties to the facilitated mediation process under Section 7.2, and the CEO.
- 7.6 The parties to the facilitated mediation process shall either reach a facilitated mediated resolution or determine that it is not possible to reach a facilitated mediated resolution:
- 7.6.1 in the case of a facilitated mediation process to consider a reappointment under Section 3.4, within thirty (30) working days from the initiation of the facilitated mediation process;
 - 7.6.2 in the case of a facilitated mediation process arising from a complaint under Section 5, within thirty (30) working days from the commencement of the facilitated mediation process; and
 - 7.6.3 in the case of a facilitated mediation process arising from an immediate action regarding privileges under Section 6, within fifteen (15) working days from the commencement of the facilitated mediation process,
- unless parties to the facilitated mediation process agree in writing to extend these timelines which are not to exceed a further fifteen (15) working days.
- 7.7 Where a facilitated mediated resolution has been reached, the mediated resolution shall be forwarded by the HA representative to the relevant committee under these by-laws, and processed in accordance with the relevant Section.

- 7.8 Where a facilitated mediated resolution has not been reached, the matter shall be processed in accordance with the relevant provisions of these by-laws.
- 7.9 Where the facilitated mediation process is not successful and a matter is referred to a hearing committee under these by-laws, no reference to discussions held during the facilitated mediation process, or to a proposed facilitated mediated resolutions shall be allowed in evidence before a hearing committee.

8 Hearing process

- 8.1 The hearing process is engaged when a matter is referred to a hearing committee.
- 8.2 The parties to a hearing shall be the member and the HA representative appointed for the particular hearing.
- 8.3 In a proceeding before a hearing committee, the HA representative shall present the matter to the hearing committee, and the member who is the subject of the hearing process shall respond to the case presented by the HA representative.
- 8.4 In holding a hearing, the Chair of the hearing committee shall give written notice of the hearing to the member and the HA representative, and the notice shall include:
- 8.4.1 the place and time of the hearing;
 - 8.4.2 the purpose and particulars of the hearing; copies of any relevant documents; and
 - 8.4.3 a copy of these by-laws.
- 8.5 In any stage of the hearing process, any document required to be served on either party shall be deemed to be served or provided where:
- 8.5.1 the intended recipient or their legal counsel acknowledges receipt of the document;
 - 8.5.2 ~~where~~ a registered mail receipt is provided from Canada Post at the intended recipient's last known address;
 - 8.5.3 ~~where~~ an affidavit of service is provided; or
 - 8.5.4 ~~where~~ evidence satisfactory to the hearing committee is provided that all reasonable efforts to effect service have been exhausted.
- 8.6 If a party does not attend a hearing, the hearing committee, upon proof of service of the notice of hearing or proof of substituted service in accordance with Section 8.5, may proceed with the hearing in the party's absence and, without further notice to the party, take such action as it is authorized to take under these by-laws.
- 8.7 The hearing committee, at any time before or during a hearing, on its own motion or on receipt of a motion from a party to the hearing, may amend or alter any notice of hearing to correct an alleged defect in substance or form, or to make the notice conform to the evidence where there appears to be a variance between the evidence and the notice, or where the evidence discloses issues not alleged in the notice.
- 8.8 If an amendment or alteration is made by the hearing committee under Section 8.7, the parties shall be provided sufficient opportunity to prepare an answer to the amendment or alteration.

- 8.9 A hearing committee may determine rules or procedures for hearings not covered by these by-laws or the rules and regulations.
- 8.10 In a proceeding before a hearing committee the parties have the right to:
- 8.10.1 the opportunity to present evidence and make submissions, including the right to cross-examine witnesses; and
 - 8.10.2 receive written reasons for a decision within thirty (30) working days of the completion of evidence and submissions before a hearing committee.
- 8.11 Evidence is not admissible before a hearing committee unless the opposing party has been given at least ten (10) working days before a hearing:
- 8.11.1 in the case of written or documentary evidence, an opportunity to examine the evidence;
 - 8.11.2 in the case of evidence of an expert, a copy of the expert's written report or if there is no written report, a written summary of the evidence; or
 - 8.11.3 in the case of evidence of a witness, the identity of the witness.
- 8.12 Notwithstanding Section 8:7 [8.11], the hearing committee may, in its discretion, allow the introduction of evidence that would be otherwise inadmissible under Section 8:7 [8.11] and may make directions it considers necessary to ensure that the opposing party has an appropriate opportunity to respond.
- 8.13 The testimony of witnesses at a hearing shall be taken under oath or affirmation, and all evidence submitted to the hearing committee shall be reduced to writing, or mechanically or electronically recorded by a person authorized by the hearing committee.
- 8.14 Any oath or affirmation required under these by-laws may be administered by any member of the hearing committee or other person in attendance authorized by law to administer oaths or affirmations.
- 8.15 Evidence may be given before the hearing committee in any manner that the hearing committee considers appropriate, and the committee is not bound by the rules of law respecting evidence applicable in judicial proceedings.
- 8.16 Notwithstanding Section 8.11, the hearing committee shall ensure that hearings are conducted in accordance with the principles of natural justice and procedural fairness.
- 8.17 At any time before or during a hearing, after providing the opportunity for each party to make submissions, the hearing committee acting in good faith and on reasonable grounds may require the member to:
- 8.17.1 submit to physical and mental examinations by a qualified person or persons designated by the hearing committee and to provide a copy of the report from such examination to the hearing committee and to the HA representative;
 - 8.17.2 submit to a review of the practice of the member by a qualified person or persons designated by the hearing committee and to provide a copy of such review to the hearing committee and to the HA representative;
 - 8.17.3 submit to a competence assessment or other assessment or examination to determine whether the member is competent to engage in practice and to provide a copy the

assessment or the report of the examination to the hearing committee and to the HA representative; and

- 8.17.4 produce records kept with respect to the member's practice.
- 8.18 If a member fails to comply with Section 8.17, the hearing committee may order that the member be suspended until the member complies.
- 8.19 The costs of complying with the requirements outlined in Section 8.17 shall be borne by the HA.
- 8.20 Upon completion of the evidence, and upon giving both parties the opportunity to present submissions, the hearing committee shall, within thirty (30) working days, or such later date as the parties may agree (such later date cannot extend beyond an additional thirty (30) working days), issue recommendations to the Board, the member, the CEO and the HA representative in writing with reasons, with respect to the matters raised in the notice of hearing. Such recommended dispositions may include, but are not limited to:
- 8.20.1 for purposes of the credentialing process:
- 8.20.1.1 approval, rejection or variation of the privileges requested by the applicant;
 - 8.20.1.2 the imposition of certain conditions or restrictions on the member's privileges; or
 - 8.20.1.3 such other disposition as the hearing committee deems appropriate;
- 8.20.2 for disciplinary purposes:
- 8.20.2.1 termination of the member's appointment and/or privileges;
 - 8.20.2.2 suspension of the member's appointment and/or privileges;
 - 8.20.2.3 a variation of the member's appointment and/or privileges;
 - 8.20.2.4 conditions or restrictions on the member;
 - 8.20.3.5 a reprimand;
 - 8.20.2.6 placement of the member on probation with respect to his/her medical staff membership and/or privileges, with such conditions or restrictions as deemed appropriate;
 - 8.20.2.7 such other disposition as deemed appropriate; or
 - 8.20.2.8 any combination of the above.
- 8.21 At the time the Chair of the hearing committee provides a copy of the written recommendations to the Chair of the Board, the Chair of the hearing committee shall order a transcript of the proceedings before the hearing committee and upon receipt of such transcript shall provide it together with copies of all exhibits introduced at the hearing to the Board.
- 8.22 The recommendations issued under Section 8.20 shall be provided by the Chair of the hearing committee to the HA-MAC for information, and to the member and the HA representative.
- 8.23 In the event that the member does not file a notice of appeal under Section 9.1, the Chair of the

hearing committee shall forward the committee's recommendations to the Board and the Board shall review the hearing committee's recommendations and issue a final determination either:

8.23.1 accepting the hearing committee's recommendations;

8.23.2 rejecting the hearing committee's recommendations; or

8.23.3 issuing a variance to the hearing committee's recommendations.

9 Appeal panel

- 9.1 When a hearing committee has rendered recommendations under Section 8.20, the member may appeal the hearing committee's decision regarding the recommendations to the Board by filing a notice of appeal with the hearing committee and the Board within ten (10) working days of receipt of the hearing committee's written decision of recommendations.
- 9.2 The member's notice of appeal shall state the specific grounds of appeal in accordance with Section 9.3.
- 9.3 The grounds for an appeal are errors of law.
- 9.4 Where a notice of appeal to the Board has been filed under Section 9.1, the member must include a copy of the transcript of the proceedings before the hearing committee and a copy of all exhibits introduced at the hearing.
- 9.5 Upon receipt of the notice of appeal, the Chair of the Board shall create an appeal panel in accordance with Section 2.
- 9.6 An appeal panel will only consider written submissions and not oral submissions by the parties.
- 9.7 Upon receipt of a notice of appeal, the Chair of the appeal panel shall meet with the parties within ten (10) working days and set a deadline for written submissions by the parties regarding the grounds of appeal and the remedy sought.
- 9.8 An appeal panel may determine rules or procedures for the conduct of the appeal panel not covered by these by-laws.
- 9.9 No new evidence is admissible before the appeal panel unless the appeal panel directs otherwise.
- 9.10 An appeal panel shall within thirty (30) working days of the receipt of the written submissions before it issue a decision in writing, with reasons, and shall provide a copy of the decision to the parties, the Board, the CEO, and the College of Physicians and Surgeons or the Provincial Dental Board as relevant.
- 9.11 An appeal panel may impose any disposition available to the hearing committee under Section 8.20.
- 9.12 The decision of an appeal panel shall be the final decision concerning the member's appointment and privileges.

Appendix 1–Definitions

- 1.1 **Act** means the *Health Authorities Act*, S.N.S. 2014, c. 32;
- 1.2 **affiliation agreements** mean Board-authorized written agreements describing the relationship

- between the Nova Scotia Health Authority with academic institutions;
- 1.3 **appeal panel** means an appeal panel of the Board established in Section 2 of Part C of these by-laws;
- 1.4 **Board** means the Board of Directors of a health authority;
- 1.5 **CEO** means the person appointed by the Board to be the Chief Executive Officer of the HA;
- 1.6 **dentist** means a person who, under the *Dental Act*, is registered in the Dentist's Register and holds a licence to practise dentistry;
- 1.7 **ex officio** means membership by virtue of the office and does not include all rights, responsibilities, or the power to vote unless otherwise indicated;
- 1.8 **facilitated mediation process** means the mediation process as outlined in Section 6 of Part C;
- 1.9 **facilitated mediation [mediated] resolution** means an agreement entered into by the parties to a facilitated mediation process;
- 1.10 **former by-laws** means the by-laws in effect at or for the nine district health authorities which existed until March 31, 2015, and under the *Health Authorities Act*, S.N.S. 2000, c.6;
- 1.11 **HA** means a health authority established under the Act and includes the Nova Scotia Health Authority;
- 1.12 **HA VP Medicine** means the NSHA's Vice-President Medicine & Integrated Health Services as defined in Part B Section 3.0 of these by-laws;
- 1.13 **HA-MAC** means the Health Authority Medical Advisory Committee for the HA as defined in Section 7 of Part B of these by-laws;
- 1.14 **health authority representative** means the CEO or a person appointed by the CEO to act as the representative of the health authority for purposes of a facilitated mediation process or a hearing process;
- 1.15 **hearing committee** means the committee of the HA-MAC acting as the hearing committee;
- 1.16 **hearing process** means the hearing process as outlined in Section 8, Part C;
- 1.17 **investigation** means an examination of materials and documentation provided by the parties and does not include the holding of a hearing;
- 1.18 **medical practitioner** means a person who holds a licence issued under the *Medical Act* or the regulations entitling such person to engage in the practice of medicine in Nova Scotia;
- 1.19 **medical site lead** means a person recommended for appointment to the role of medical site lead for a facility/community by the Zone Medical Executive Director and approved by the HA VP Medicine, who co-leads with the site administrative lead and who is accountable to the Zone [Medical] Executive ~~Medical~~ Director;
- 1.20 **medical staff** means those medical practitioners, dentists, and any other class of health professionals not employed by a health authority that are prescribed by the regulations to the Act to constitute the medical staff, who have privileges granted by the Board;

- 1.21 **member** means a member of the medical staff;
- 1.22 **party** means:
- 1.22.1 the HA and its representatives, or
- 1.22.2 the member;
- 1.23 **patient** means any person who receives care or services under the authority of the HA and includes but is not limited to patients, clients and residents receiving care in the place designated as their home;
- 1.24 **policy** means such guidance and directives approved by the health authority respecting the operation of health care facilities, services or programs within the health authority;
- 1.25 **programs of care** means a plan or system for health care services operated by a health authority;
- 1.26 **rules and regulations** mean the rules and regulations established pursuant to Part B Section 16 of these by-laws;
- 1.27 **university** means Dalhousie University or any other educational institution that has an affiliation agreement with a health authority;
- 1.28 **university department head** means a person who is appointed by Dalhousie University to be the senior medical or dental education and research administrator in the university faculties of medicine or dentistry, and with the approval of the Board has designated clinical education responsibilities under an affiliation agreement at one or more of a HA's care facilities, services or programs;
- 1.29 **working day** means those working days of the week excluding weekends and statutory holidays;
- 1.30 **zone** means a management zone for the Provincial health authority established under subsection 60(1) of the Act;
- 1.31 **zone department** means a clinical organizational unit established under Part B, Section 9 that is structured on a zone-wide or IWK wide basis consisting of members with related fields of practice;
- 1.32 **Zone Department Head** means a person appointed to that role by the Zone Medical Executive Director and approved by the Vice-President of Medicine to co-lead a management zone based medical department with an administrative co-lead and who is accountable to the Vice-president of Medicine for medical practitioner professional based issues and to Zone Medical Executive Director for care and operational issues at the zone level;
- 1.33 **zone division** means a sub-section or portion of a zone department;
- 1.34 **Zone Division Head** means a person recommended for that role by the Zone Department Head and approved by the Vice-president of Medicine to be the senior medical administrator of a division, and who is accountable to the Zone Department Head;
- 1.35 **Zone Medical Executive Director** means a person recommended for appointment by the HA VP Medicine and approved by the President & CEO to co-lead at the zone level, with the Zone Executive Director and is accountable to the HA VP Medicine;
- 1.36 **Zone Operations Executive Director** means a person employed by the NSHA who co-leads with the Zone Executive Medical Executive Director at the zone level and is accountable to an Integrated

Vice-president of the NSHA;

- 1.37 **ZMAC** means the medical advisory committee for a zone as defined in Part B, Section 8;
- 1.38 **ZMSA** means the medical staff association for a zone as defined in Part B, Section 11;
- 1.39 **Zone Credentials Committee** mean a committee of the HA-MAC for each of the zones known as the zone's Credentials Committee as further defined in Part B, Section 7.9.

N.S. Reg. 190/2015

Made: April 2, 2015

Filed: April 7, 2015

Petroleum Products Prices

Order dated April 2, 2015
made by the Nova Scotia Utility and Review Board
pursuant to Section 14 of the *Petroleum Products Pricing Act*
and Sections 16 to 19 of the *Petroleum Products Pricing Regulations*

Order

NSUARB-GAS-W-15-17

In the Matter of the *Petroleum Products Pricing Act*

- and -

**In the Matter of Prescribing Prices for Petroleum Products
pursuant to Section 14 of the *Petroleum Products Pricing Act* and
Sections 16 to 19 of the *Petroleum Products Pricing Regulations***

Before: Roberta J. Clarke, Q.C., member

Whereas the purpose of the *Petroleum Products Pricing Regulations* is to ensure just and reasonable prices for specified petroleum products taking into consideration the objectives of preserving the availability of such products in rural areas, stabilizing prices of such products and minimizing the variances in prices of such products across the Province;

And whereas the Nova Scotia Utility and Review Board ("Board") considered the manner in which it would proceed to set petroleum prices in its decision, 2006 NSUARB 108, issued on October 16, 2006;

And whereas the Board revised the retail margin and transportation allowance effective January 6, 2012, in its decision, 2011 NSUARB 181, issued on November 23, 2011;

And whereas the Board revised the wholesale margin effective January 4, 2013, in its decision, 2012 NSUARB 213, issued on December 12, 2012;

And whereas the average of the average of the daily high and low reported product prices (in Canadian cents) for the week ended April 1, 2015, are:

Grade 1 Regular gasoline	55.8¢ per litre
Ultra-low-sulfur diesel oil	57.4¢ per litre

Now therefore the Board prescribes the benchmark prices for petroleum products to be:

Gasoline:

Grade 1	55.8¢ per litre
Grade 2	58.8¢ per litre

Grade 3	61.8¢ per litre
Ultra-low-sulfur diesel oil	57.4¢ per litre

And now therefore the Board has determined, based on historical data regarding price changes and to achieve revenue neutrality, it is appropriate to apply, and the Board so orders, forward averaging corrections of:

Gasoline:	plus 0.7¢ per litre
Ultra-low-sulfur diesel oil:	minus 1.0¢ per litre

And whereas a winter blending adjustment of plus 3.5¢ per litre is required for ultra-low-sulfur diesel oil;

And now therefore the Board prescribes the prices for petroleum products as set forth in Schedule “A” effective on and after 12:01 a.m., April 3, 2015.

Dated at Halifax, Nova Scotia, this 2nd day of April, 2015.

sgd: *Elaine Wagner*
Clerk of the Board

Schedule “A”

**Prices Prescribed for Petroleum Products
under the *Petroleum Products Pricing Act* and the
Petroleum Products Pricing Regulations
effective on and after 12:01 a.m. on April 3, 2015**

Nova Scotia Petroleum Price Schedule								
Petroleum Prices in Cents/Litre					Self-Service Pump Prices		Full-Service Pump Prices	
					(Pump Prices includes 15% HST)			
	Base Wholesale Price	Fed. Excise Tax	Prov. Tax	Wholesale Selling Price	Min	Max	Min	Max
Zone 1								
Regular Unleaded	63.7	10.0	15.5	89.2	108.1	110.2	108.1	999.9
Mid-Grade Unleaded	66.7	10.0	15.5	92.2	111.6	113.6	111.6	999.9
Premium Unleaded	69.7	10.0	15.5	95.2	115.0	117.1	115.0	999.9
Ultra-Low-Sulfur Diesel	67.0	4.0	15.4	86.4	104.9	107.0	104.9	999.9
Zone 2								
Regular Unleaded	64.2	10.0	15.5	89.7	108.7	110.7	108.7	999.9
Mid-Grade Unleaded	67.2	10.0	15.5	92.7	112.1	114.2	112.1	999.9
Premium Unleaded	70.2	10.0	15.5	95.7	115.6	117.6	115.6	999.9
Ultra-Low-Sulfur Diesel	67.5	4.0	15.4	86.9	105.5	107.5	105.5	999.9
Zone 3								
Regular Unleaded	64.6	10.0	15.5	90.1	109.1	111.2	109.1	999.9
Mid-Grade Unleaded	67.6	10.0	15.5	93.1	112.6	114.7	112.6	999.9
Premium Unleaded	70.6	10.0	15.5	96.1	116.0	118.1	116.0	999.9
Ultra-Low-Sulfur Diesel	67.9	4.0	15.4	87.3	105.9	108.0	105.9	999.9
Zone 4								
Regular Unleaded	64.7	10.0	15.5	90.2	109.2	111.3	109.2	999.9
Mid-Grade Unleaded	67.7	10.0	15.5	93.2	112.7	114.8	112.7	999.9
Premium Unleaded	70.7	10.0	15.5	96.2	116.2	118.2	116.2	999.9
Ultra-Low-Sulfur Diesel	68.0	4.0	15.4	87.4	106.0	108.1	106.0	999.9

Zone 5								
Regular Unleaded	64.7	10.0	15.5	90.2	109.2	111.3	109.2	999.9
Mid-Grade Unleaded	67.7	10.0	15.5	93.2	112.7	114.8	112.7	999.9
Premium Unleaded	70.7	10.0	15.5	96.2	116.2	118.2	116.2	999.9
Ultra-Low-Sulfur Diesel	68.0	4.0	15.4	87.4	106.0	108.1	106.0	999.9
Zone 6								
Regular Unleaded	65.4	10.0	15.5	90.9	110.1	112.1	110.1	999.9
Mid-Grade Unleaded	68.4	10.0	15.5	93.9	113.5	115.6	113.5	999.9
Premium Unleaded	71.4	10.0	15.5	96.9	117.0	119.0	117.0	999.9
Ultra-Low-Sulfur Diesel	68.7	4.0	15.4	88.1	106.8	108.9	106.8	999.9