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PART II/PARTIE II

REVISED REGULATIONS OF SASKATCHEWAN/ RÈGLEMENTS RÉVISÉS DE LA SASKATCHEWAN

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REVISED REGULATIONS OF SASKATCHEWAN

CHAPTER P-37.1 REG 11*The Public Health Act, 1994*

Section 46

Order in Council 294/2003, dated April 15, 2003

(Filed April 17, 2003)

**PART I
Preliminary Matters****Title****1** These regulations may be cited as *The Disease Control Regulations*.**Interpretation****2(1)** In these regulations:

- (a) “**Act**” means *The Public Health Act, 1994*;
 - (b) “**affiliate**” means an affiliate as defined in *The Regional Health Services Act*;
 - (c) “**anonymous test site**” means a place where a person may have a specimen collected for the purpose of testing for human immunodeficiency virus infection without the person’s name being disclosed;
 - (d) “**co-ordinator**” means the co-ordinator of communicable disease control;
 - (e) “**health region**” means a health region as defined in *The Regional Health Services Act*;
 - (f) “**outbreak**” means an increase in the number of cases of a disease above the expected rate;
 - (g) “**regional health authority**” means a regional health authority as defined in *The Regional Health Services Act*;
 - (h) “**specified communicable disease**” means a communicable disease prescribed as a specified communicable disease pursuant to section 4;
 - (i) “**tuberculosis investigator**” means a person designated by the co-ordinator as being responsible for investigating cases of tuberculosis in Saskatchewan.
- (2) In the Act, a reference to the Canadian Red Cross Society is deemed to be a reference to the Canadian Blood Services.

(3) In Part IV of the Act and in these regulations, a reference to a designated public health officer is deemed to be a reference to a designated public health officer who:

(a) is a medical health officer within the meaning of *The Public Health Officers Regulations*; and

(b) with respect to a particular case or event, is the designated public health officer who primarily provides communicable disease control services at the place where:

(i) in a particular case, a diagnosis is made with respect to a communicable disease; or

(ii) the particular event occurs.

Categories I and II communicable diseases prescribed

3(1) For the purposes of clause 2(e) of the Act, the diseases set out in Table 1 of the Appendix are prescribed as category I communicable diseases.

(2) For the purposes of clause 2(f) of the Act, the diseases set out in Table 2 of the Appendix are prescribed as category II communicable diseases.

Specified communicable diseases prescribed

4 For the purposes of Part IV of these regulations, the diseases set out in Table 3 of the Appendix are prescribed as specified communicable diseases.

PART II

Reporting of Communicable Diseases

Anonymous test sites

5(1) No person shall establish or operate an anonymous test site without the approval of the minister.

(2) An operator of an anonymous test site shall provide a monthly report of information to the co-ordinator in the format approved by the department.

Infected person communicating with contacts

6(1) Subject to subsection (3) and section 11, a person who communicates with his or her contacts pursuant to subclause 33(4)(c)(i) of the Act shall do so within 72 hours after the diagnosis.

(2) A person who communicates with his or her contacts pursuant to subclause 33(4)(c)(i) of the Act shall:

(a) inform each contact of his or her exposure to the disease in question; and

(b) explain to each contact the contact's duty:

(i) to protect himself or herself by going to a physician or clinic nurse for testing and care; and

(ii) to take all reasonable measures to reduce significantly the risk of infecting others.

- (3) If it is not practicable to communicate with the contacts within the periods specified in subsection (1) or subsection 11(3), the person shall ask the physician or clinic nurse to communicate with the contacts.

Physician or clinic nurse communicating with contacts

7(1) A physician or clinic nurse who is asked to communicate with the contacts of a person who is infected with, or is a carrier of, a category II communicable disease:

- (a) shall do so as soon as possible within 14 days after receiving the request; and
 - (b) if it is not possible to complete the communication with the contacts within the 14 days mentioned in clause (a), shall immediately refer the list of contacts to a designated public health officer.
- (2) In communicating with a contact, a physician or clinic nurse shall:
- (a) inform each contact of his or her exposure to the disease in question;
 - (b) explain to each contact the contact's duty:
 - (i) to protect himself or herself by going to a physician or clinic nurse for testing and care; and
 - (ii) to take all reasonable measures to reduce significantly the risk of infecting others; and
 - (c) provide counselling.

Designated public health officer communicating with contacts

8 Where a designated public health officer receives a list of contacts, the designated public health officer shall:

- (a) inform each contact of his or her exposure to the disease in question;
- (b) explain to each contact the contact's duty:
 - (i) to protect himself or herself by going to a physician or clinic nurse for testing and care; and
 - (ii) to take all reasonable measures to reduce significantly the risk of infecting others; and
- (c) provide counselling.

Designated public health officer communicating with Occupational Health and Safety

9 Where a designated public health officer becomes aware that a worker, as defined in *The Occupational Health and Safety Act, 1993*, has contracted a category I or category II communicable disease as a result of an occupational exposure, the designated public health officer, within 14 days after becoming aware that the worker has contracted the disease, shall notify the director, as defined in that Act, of the following:

- (a) the name of the disease;
- (b) the name and address of the place of employment where the disease is believed to have been contracted.

Designated public health officer communicating with Canadian Blood Services

10(1) Where a designated public health officer becomes aware that a person infected with any communicable disease that is transmissible through blood or a blood product, or with Creutzfeldt-Jakob disease - classical or new variant, has donated blood or a blood product within a period in which that infection could have been transmitted, or has received blood or a blood product within a period in which that infection could have been acquired, the designated public health officer shall notify the medical head of the Canadian Blood Services in Saskatchewan of the following:

- (a) the name and date of birth of the infected person;
- (b) the name of the disease;
- (c) the date of donation or receipt of the blood or blood product;
- (d) the location of the facility where the blood or blood product was donated or received; and
- (e) if the designated public health officer becomes aware of the infection by means of a laboratory report, the information set out in the laboratory report.

(2) A person may disclose the name of an infected person mentioned in clause (1)(a) only:

- (a) in the circumstances set out in subsection 65(2) of the Act; or
- (b) to an employee of a medical laboratory who requires the information for the purposes of determining whether a person infected with a disease mentioned in subsection (1) has donated or received blood or a blood product.

Human immunodeficiency virus infection

11(1) Notwithstanding subsection 33(1) of the Act, a person who becomes aware or suspects that he or she is infected with human immunodeficiency virus or has been exposed to that virus shall consult a physician or clinic nurse with respect to that infection or exposure as soon as possible within 30 days after becoming aware of or suspecting that infection or exposure.

(2) Notwithstanding subsection 33(3) of the Act, from the time that a person becomes aware or suspects that he or she is infected with human immunodeficiency virus or has been exposed to that virus, the person shall immediately take all reasonable measures to reduce significantly the risk of infecting others, in addition to considering any advice provided by a physician or clinic nurse.

(3) A person who is diagnosed as being infected with human immunodeficiency virus and who communicates with his or her contacts pursuant to subclause 33(4)(c)(i) of the Act shall do so as soon as possible within 30 days after the diagnosis.

(4) Subsection 33(4) of the Act does not apply to a person who utilizes the services of an anonymous test site and is diagnosed as being infected with human immunodeficiency virus.

Tuberculosis

12(1) Notwithstanding subclause 33(4)(c)(i) of the Act, a person who is diagnosed as being infected with tuberculosis or as being a carrier of tuberculosis shall request a physician, a clinic nurse or the tuberculosis investigator to communicate with the person's contacts.

(2) A physician or clinic nurse who receives a request pursuant to subsection (1) shall refer the request to the tuberculosis investigator and forward to the tuberculosis investigator the information provided by the person pursuant to clause 33(4)(b) of the Act within 72 hours if possible, but not later than 128 hours after receiving the request.

(3) After receiving the information mentioned in subsection (2), the tuberculosis investigator shall, without undue delay:

- (a) inform each contact of his or her exposure to tuberculosis; and
- (b) provide counselling to each contact regarding measures to be taken to determine whether or not the contact is infected.

Reports to appropriate designated public health officer

13 If a designated public health officer receives a report pursuant to Part IV of the Act with respect to an individual whose place of residence is outside of the jurisdictional area of the local authority for which the designated public health officer primarily provides services, the designated public health officer shall, within 72 hours after receiving the report, provide a copy of the report to the designated public health officer who primarily provides communicable disease control services to the local authority in whose jurisdictional area the individual's place of residence is situated.

Reports from physicians, clinic nurses

14(1) A physician or clinic nurse who is required to report information to a designated public health officer with respect to a person who is infected with or is a carrier of a category II communicable disease shall report that information in accordance with this section.

(2) In the case of category II communicable diseases other than human immunodeficiency virus infection and acquired immune deficiency syndrome, the following information must be reported in the format approved by the department:

- (a) the name of the disease;
- (b) the name, telephone number, mailing address, current place of residence, date of birth and gender of the infected person;
- (c) the names, telephone numbers and addresses of contacts;
- (d) the risk factors known to be associated with the transmission of the infection to the infected person;
- (e) the laboratory test results;
- (f) any other information that the designated public health officer considers necessary to control the communicable disease in question.

(3) Subject to section 15, in the case of human immunodeficiency virus infection and acquired immune deficiency syndrome, the following information must be reported in the format approved by the department:

- (a) the name of the disease;
- (b) the name and telephone number of the infected person's physician or clinic nurse;
- (c) the initials of the first, middle and last names of the infected person;
- (d) the gender and date of birth of the infected person;
- (e) the mailing address and place of residence of the infected person;
- (f) the ethnocultural background of the infected person;
- (g) the names of other diseases that the infected person has or has had that are diseases indicative of acquired immune deficiency syndrome;
- (h) the risk factors known to be associated with the transmission of the infection to the infected person.

Reports from anonymous test sites

15(1) Subsection 14(3) does not apply to information received at an anonymous test site unless the person who has been tested agrees to the collection of the information set out in that subsection and the reporting of it to the designated public health officer.

(2) If a person who has been tested at an anonymous test site does not agree to the collection of the information set out in subsection 14(3), the operator of the anonymous test site shall report the following information in the format approved by the department:

- (a) the gender of the infected person;
- (b) the year of birth of the infected person;
- (c) the risk factors known to be associated with the transmission of the infection of the infected person.

Disclosure of name on request

16 If requested to do so by a designated public health officer, a physician or clinic nurse shall disclose orally to the designated public health officer the name of a person infected with human immunodeficiency virus unless the person was diagnosed at an anonymous test site.

Laboratory reports

17(1) For the purposes of subsection 36(2) of the Act, the manager of a medical laboratory owned and operated by the Canadian Blood Services shall send a copy of a laboratory report to a designated public health officer within seven days after confirmation of the results of an examination of specimens mentioned in that subsection.

(2) Subject to subsection (3), a laboratory report mentioned in subsection 36(1) or (2) of the Act must contain the following information:

- (a) the name, gender and date of birth of the infected person;
- (b) the name and address of the physician;
- (c) the date on which the specimen was taken;
- (d) the test results.

(3) Where a laboratory report deals with human immunodeficiency virus infection, a unique identifier must be used instead of the name of the infected person.

Reports to co-ordinator

18(1) Subject to subsection (2), reports by designated public health officers to the co-ordinator that are required by subsection 37(1) of the Act must be made every two weeks.

(2) The co-ordinator may require designated public health officers to submit reports with respect to a particular communicable disease sooner than would otherwise be required pursuant to subsection (1) if, in the opinion of the co-ordinator, it is necessary for the purpose of determining whether there has been an outbreak of that disease or for management of an outbreak of that disease.

Reporting outbreak in health care facility

19(1) In this section, “**reportable outbreak**” means an outbreak of a category I communicable disease, a category II communicable disease or a communicable disease designated by the minister.

(2) Within 24 hours after becoming aware of the occurrence of a reportable outbreak in a hospital approved pursuant to *The Hospital Standards Act*, a facility designated as a hospital or health centre pursuant to *The Regional Health Services Act*, a special-care home as defined in *The Housing and Special-care Homes Act* or a facility designated as a special-care home pursuant to *The Regional Health Services Act*, the regional health authority or affiliate that operates the hospital, health centre or special-care home shall report the outbreak to the designated public health officer who primarily provides communicable disease control services in the health region in which the facility is located.

PART III

Investigating and Controlling Outbreaks of Communicable Diseases

Investigation of outbreak

20(1) If a designated public health officer has reason to believe that there is an outbreak or an immediate threat of an outbreak of a category I communicable disease, a category II communicable disease or a communicable disease designated by the minister, the designated public health officer shall investigate the outbreak or the circumstances that give rise to an immediate threat of an outbreak.

(2) A designated public health officer shall:

- (a) immediately notify the co-ordinator of any suspected or confirmed outbreak of a communicable disease; and
- (b) provide the co-ordinator with a written report of each investigation carried out pursuant to this section within 30 days after completion of the investigation.

Further testing

21(1) If, in the opinion of the co-ordinator or a designated public health officer, further testing of specimens, or isolates from specimens, taken from a person infected or suspected of being infected with a communicable disease is necessary to assist in determining whether an outbreak of the communicable disease has occurred, the co-ordinator or the designated public health officer may request the manager of the medical laboratory that has possession of the specimens or isolates to submit those specimens or isolates for further testing to a laboratory approved by the minister.

(2) The manager of a laboratory to which specimens or isolates are sent for further testing pursuant to subsection (1) shall:

(a) on receiving the specimens or isolates, ensure that the tests required by the co-ordinator or the designated public health officer are carried out; and

(b) provide a written report of the test results to the co-ordinator or the designated public health officer within 48 hours after completion of the tests.

Disclosure of information

22(1) For the purposes of controlling or preventing the spread of communicable diseases, the co-ordinator or a designated public health officer may disclose to another designated public health officer or to a person mentioned in subsection (2) the name, telephone number, address, place of residence, date of birth, gender and disease of a person who:

(a) is infected with, or is suspected of being infected with, a communicable disease;

(b) is a carrier of, or is suspected of being a carrier of, a communicable disease; or

(c) is a contact of a person described in clause (a) or (b).

(2) Information may be disclosed pursuant to subsection (1) to a person responsible for collecting communicable disease information on behalf of any of the following agencies:

(a) a regional health authority;

(b) a department or agency of the government of another province or territory of Canada that has responsibility for public health within that province or territory;

(c) a department or agency of the Government of Canada that has responsibility for public health matters.

(3) For the purposes of providing public health services, including controlling or preventing the spread of a vaccine-preventable disease, a designated public health officer may disclose a person's immunization record:

(a) to another designated public health officer; or

(b) to a medical health officer or similar official of any jurisdiction outside of Saskatchewan.

Vaccine-associated adverse events

23(1) A person who provides immunization shall:

- (a) within 48 hours after becoming aware of the event, report to the designated public health officer each known event involving a serious adverse reaction to a vaccine; and
 - (b) within two weeks after becoming aware of the event, report to the designated public health officer each known event involving an adverse reaction to a vaccine that is not serious.
- (2) A designated public health officer shall, within the time limit specified by the co-ordinator, submit to the co-ordinator a report of each known event involving a serious adverse reaction to a vaccine.
- (3) A report pursuant to clause (1)(b) or subsection (2) must be in the form, and contain the information, specified by the co-ordinator.

Phenylketonuria and hypothyroidism

24 If a designated public health officer receives notice pursuant to subsection 53(4) of The Hospital Standards Regulations, 1980, being Saskatchewan Regulation 331/79, that a newborn has been discharged from a hospital less than 24 hours after birth without having been tested for phenylketonuria or hypothyroidism or with preliminary tests for phenylketonuria or hypothyroidism that are inconclusive, the designated public health officer shall ensure that a blood sample is taken from the newborn not later than 168 hours after birth.

Animal bites and risk of rabies

- 25(1)** Where a person is bitten by an animal and there is a possibility of transmission of rabies, a physician or nurse who attends to the person shall immediately notify the designated public health officer, a veterinarian employed by the Government of Canada or a peace officer, giving details of the biting incident.
- (2) A veterinarian employed by the Government of Canada or a peace officer who receives a report pursuant to subsection (1) shall notify the designated public health officer as soon as possible, giving the details of the incident.
- (3) A designated public health officer who receives a report pursuant to subsection (1) or (2) shall take all practicable steps to prevent the suspected rabid animal from posing a public health threat.
- (4) If the suspected rabid animal is not available for examination or if rabies in the animal is confirmed through examination, the designated public health officer shall contact all persons bitten by or exposed to the animal and advise them with respect to appropriate treatment.
- (5) Where an animal has bitten or attempted to bite a person and a designated public health officer has reason to believe that the animal is or may be infected with rabies, the designated public health officer may order a peace officer or other person to destroy the animal without injuring its head.
- (6) Where an animal dies that has bitten or attempted to bite a person, and there is reason to believe that the animal was or might have been infected with rabies, no person shall destroy or damage the head of the animal.

PART IV
Communicable Diseases and the Dead

Release of infected bodies for handling

26 No person shall release the body of a deceased person infected with a specified communicable disease to a funeral director or other person for handling without notifying the funeral director or other person that the body was infected with that disease.

Handling of infected bodies

27(1) A funeral director or other person who is requested to handle the body of a deceased person infected with a specified communicable disease shall:

- (a) immediately report the request to a designated public health officer; and
- (b) follow any instructions given by the designated public health officer with respect to the handling of the body.

(2) Subject to any instructions given by a designated public health officer pursuant to clause (1)(b), a funeral director or other person who is requested to handle the body of a deceased person infected with a specified communicable disease shall:

- (a) wrap and securely seal the body in a plastic bag before removing it from the room or other place in which the death occurred; and
- (b) place the body in a metal or metal-lined casket that is sealed against leakage and reopening by:
 - (i) welding or soldering; or
 - (ii) the use of gaskets and suitable screws.

Opening of caskets prohibited – infected bodies

28 Subject to *The Coroners Act, 1999*, no person shall open a casket containing the body of a deceased person infected with a specified communicable disease except as directed by a designated public health officer.

Removal or transport of bodies

29(1) Unless otherwise approved by a designated public health officer, no person shall accept the body of a deceased person for removal or transportation unless the body:

- (a) will reach its destination within 72 hours from the time of death;
- (b) is embalmed; or
- (c) is placed in a metal or metal-lined casket that is:
 - (i) permanently sealed in accordance with clause 27(2)(b) to prevent leakage or reopening; and
 - (ii) enclosed in a strong outside box.

(2) No person shall transport the body of a deceased person by common carrier without the written approval of the local authority.

Disinterment permit

30(1) Subject to subsection (2) and *The Coroners Act, 1999*, no person shall disinter the body of a deceased person without obtaining a disinterment permit from the minister.

(2) Subsection (1) does not apply:

- (a) if the body in question is to be disinterred from one location and re-interred in another location in the same cemetery or mausoleum; or
- (b) to cremated remains.

(3) If an application for a disinterment permit is being made with respect to a body that is interred in a cemetery that is being closed pursuant to *The Cemeteries Act, 1999* or has been closed pursuant to that Act or any former *Cemeteries Act* or in land that is being expropriated, or has been expropriated, pursuant to any Act, the application:

- (a) must include the following information:
 - (i) the reasons why:
 - (A) the cemetery is being closed or was closed; or
 - (B) the land is being expropriated or was expropriated;
 - (ii) the names of the persons who will be paying the costs of the disinterment;
 - (iii) any other information that the minister may require; and
- (b) must be accompanied by evidence that the registrar of cemeteries has been notified of the application for a disinterment permit.

(4) An application for a disinterment permit in any circumstances other than those described in subsection (3):

- (a) must include the following information:
 - (i) the name of the applicant and the relationship of the applicant to the deceased person;
 - (ii) the reasons for the proposed disinterment;
 - (iii) if the services of a funeral director have been engaged to carry out the disinterment, the name of the funeral director;
 - (iv) the location of the cemetery or mausoleum where the body is currently buried;
 - (v) the location of the cemetery, mausoleum or crematorium where the body is to be reburied or cremated;
 - (vi) any other information relevant to the application that the minister may request; and

- (b) must be accompanied by:
- (i) either:
- (A) a copy of the medical certificate of death that shows the cause of death, certified by the Director of Vital Statistics; or
- (B) if there is no medical certificate of death in the records of the Director of Vital Statistics, a certificate of the Director of Vital Statistics to that effect; and
- (ii) in the case of a body of a deceased person who is known to have been infected with a communicable disease, the written approval of a designated public health officer.

Order to open disinterred casket

31 No person shall open a disinterred casket containing the body of a deceased person without obtaining an order of the Attorney General authorizing the opening of the casket and, in the case of the body of a deceased person infected with a specified communicable disease, the directions of a designated public health officer pursuant to section 28.

PART V

Repeal and Coming into Force

R.R.S. c.P-37.1 Reg 4 repealed

32 *The Communicable Disease Control Regulations* are repealed.

Sask. Reg. 257/70 repealed

33 Saskatchewan Regulations 257/70 are repealed.

Coming into force

34 These regulations come into force on the day on which they are filed with the Registrar of Regulations.

Appendix

TABLE 1
[Subsection 3(1)]

Category I Communicable Diseases

acute flaccid paralysis	cholera
aeromonas	congenital rubella syndrome
amoebiasis	Creutzfeldt-Jakob disease, classical or new variant
anthrax	cryptosporidiosis
antibiotic resistant organisms (vancomycin-resistant enterococci, vancomycin-resistant Staphylococcus aureus, methicillin resistant Staphylococcus aureus, penicillin resistant pneumococcus)	cyclospora
botulism	diphtheria
brucellosis	encephalitis – vector borne
campylobacteriosis	food poisoning of animal, bacterial, viral or chemical origin, not including salmonellosis or shigellosis
chickenpox	giardiasis
Chlamydia pneumoniae	haemophilus influenza invasive disease – types a, b, c, d, e and f
	haemorrhagic fevers – viral

hantavirus	rubella
hepatitis A	salmonellosis, excluding typhoid and paratyphoid
influenza – lab confirmed	severe acute respiratory syndrome
legionellosis	shigellosis
leptospirosis	smallpox
leprosy	staphylococcal disease – invasive, toxigenic
listeriosis	streptococcal A – invasive
Lyme disease	streptococcal B – neonatal
malaria	tetanus
measles	toxoplasmosis
meningococcal invasive disease	transmissible spongiform encephalopathy (TSE)
mumps	trichinosis
paratyphoid	tularemia
parvovirus B 19	typhoid
pertussis	verotoxigenic Escherichia coli infections
plague	West Nile virus
pneumococcal invasive disease	yellow fever
poliomyelitis	Yersinia enterocolitica.
psittacosis	
rabies	
rickettsial disease	

TABLE 2
[Subsection 3(2)]

Category II Communicable Diseases

acquired immune deficiency syndrome	hepatitis – other viral
chancroid	human immunodeficiency virus infection
Chlamydia trachomatis	human T lymphotropic virus, Types I and II
gonococcal infections	lymphogranuloma venereum
granuloma inguinale	neonatal/congenital herpes
hepatitis B	syphilis
hepatitis C	tuberculosis.
hepatitis D	

TABLE 3
[Section 4]

Specified Communicable Diseases

anthrax
Creutzfeldt-Jakob disease, classical or new variant
haemorrhagic fevers – viral
plague
smallpox

SASKATCHEWAN REGULATIONS 27/2003

The Income Tax Act, 2000

Section 124

Order in Council 295/2003, dated April 15, 2003

(Filed April 17, 2003)

Title

1 These regulations may be cited as *The Child Benefit Amendment Regulations, 2003*.

R.R.S. 2000, c.I-2.01 Reg 1, new section 4

2 **Section 4 of *The Child Benefit Regulations, 2001* is repealed and the following substituted:**

“Calculation of SCB

4 The amount of the Saskatchewan Child Benefit of an eligible individual with respect to the qualified dependants of the eligible individual is the amount SCB, if it is positive, calculated in accordance with the following formula:

$$\text{SCB} = \frac{1}{12} \times [(A + B + C) - D]$$

where:

A is \$42 for the first qualified dependant;

B is \$255 for the second qualified dependant, if any;

C is the amount calculated in accordance with the following formula:

$$C = \$330 \times E$$

where E is the number of qualified dependants of the eligible individual in excess of two; and

D is the benefit reduction applicable to the eligible individual that is calculated in accordance with section 5”.

Coming into force

3(1) Subject to subsection (2), these regulations come into force on July 1, 2003.

(2) If these regulations are filed with the Registrar of Regulations after July 1, 2003, these regulations come into force on the day on which they are filed with the Registrar of Regulations but are retroactive and are deemed to have been in force on and from July 1, 2003.

SASKATCHEWAN REGULATIONS 28/2003*The Crop Insurance Act*

Section 22

Order in Council 298/2003, dated April 21, 2003

(Filed April 23, 2003)

Title

1 These regulations may be cited as *The Crop Insurance Amendment Regulations, 2003 (No. 2)*.

R.R.S. c.C-47.2 Reg 1 amended

2 *The Crop Insurance Regulations* are amended in the manner set forth in these regulations.

Section 2 amended

3 **Clause 2(g.2) is repealed and the following substituted:**

“(g.2) ‘**unit price option**’ means the insured’s election pursuant to section 10.1 of the base price or low price per kilogram or per tonne for a particular crop as determined by the corporation”.

Section 8 amended

4 **Clause 8(1)(c) is repealed and the following substituted:**

“(c) any election made pursuant to section 10.1, 11.3 or 11.6”.

New section 10.1

5 **The following section is added after section 10:**

“Unit Price Option Election

10.1 The insured must, in the form required by the corporation and within the period specified by the corporation, elect the base price or low price for each crop”.

Section 11 amended

6 **Clause 11(b) is amended by adding “option” after “the unit price”.**

Section 11.3 amended

7(1) **Subsection 11.3(1) is amended by adding “sweet clover,” after “alfalfa-grass mixtures,”.**

(2) **Subsection 11.3(2) is amended by adding “, sweet clover” after “alfalfa-grass mixtures”.**

Section 11.6 amended

8 **Subsection 11.6(7) is amended by striking out “20%” and substituting “30%”.**

Section 11.9 amended

9(1) **Subsection 11.9(1) is amended:**

(a) **in subclause (a)(ii) by striking out “annual crop rainfall insurance program” and substituting “annual crop weather based insurance program”;**

(b) by adding the following clause after clause (a):

“(a.1) ‘**calculated annual precipitation**’ means the calculated annual precipitation determined pursuant to subsection (15)”; **and**

(c) in clause (b) by striking out “annual crop rainfall insurance program” and substituting “annual crop weather based insurance program”.

(2) Subsection 11.9(2) is amended by striking out “annual crop rainfall insurance program” and substituting “annual crop weather based insurance program”.

(3) The following subsection is added after subsection 11.9(2):

“(2.1) If an applicant elects to participate in the annual crop weather based insurance program pursuant to subsection (2), the applicant must elect one of the following program options:

- (a) Top-up Coverage Option;
- (b) Stand-alone Coverage Option”.

(4) Subsection 11.9(3) is amended:

- (a) by striking out “and” after clause (b);**
- (b) by adding “and” after clause (c); and**
- (c) by adding the following clause after clause (c):**

“(d) make an election pursuant to subsection (2.1)”.

(5) Clause 11.9(5)(a) is repealed and the following substituted:

- “(a) a maximum:
 - (i) of 500 acres under the Top-up Coverage Option; or
 - (ii) of 1,000 acres under the Stand-alone Coverage Option”.

(6) Subsection 11.9(8) is repealed and the following substituted:

“(8) The coverage pursuant to the program is:

- (a) \$10 per acre under the Top-up Coverage Option; and
- (b) \$70 per acre under the Stand-alone Coverage Option”.

(7) Subsection 11.9(10) is amended:

- (a) by striking out “subsection (12)” and substituting “subsections (12) and (18)”;**
- (b) by striking out “cumulative precipitation” and substituting “calculated annual precipitation”;** **and**
- (c) by striking out “80%” and substituting “70%”.**

(8) Subsection 11.9(11) is amended:

(a) by striking out “cumulative precipitation” and substituting “calculated annual precipitation”; and

(b) by striking out “80%” and substituting “70%”.

(9) Subsection 11.9(12) is amended:

(a) by striking out “cumulative precipitation” and substituting “calculated annual precipitation”; and

(b) by striking out “cumulative total” and substituting “calculated annual total”.

(10) The following subsections are added after subsection 11.9(14):

“(15) Subject to subsection (12), the calculated annual precipitation for each weather station under the program must be determined by weighting the precipitation totals at each weather station as follows:

(a) for May 30%;

(b) for June 30%;

(c) for July 30%;

(d) for August 10%.

“(16) Subject to subsection (18), an indemnity is triggered on insured acres pursuant to the program when the daily minimum temperature is below 0 degrees Celsius on any day between the third day before the midpoint of the mean frost-free period and the third day before the mean first fall frost date, as determined by the corporation, for the weather station selected pursuant to clause (3)(b) or (9)(b), as the case may be.

“(17) If an indemnity is triggered pursuant to subsection (16), the indemnity is the amount I, which is to be paid on the insured acres in accordance with the following formula:

$$I = (D \times 2\%) \times L$$

where:

D is the number of days between the date of the first occurrence of a daily minimum temperature below 0 degrees Celsius and the third day before the mean first fall frost date, as determined by the corporation, for the weather station selected pursuant to clause (3)(b) or (9)(b), as the case may be; and

L is the liability determined pursuant to subsection (13).

“(18) The total indemnity payable to an applicant pursuant to the program is the greater of the amounts triggered pursuant to subsection (10) and (16).

“(19) Acres that are insured under the Stand-alone Coverage Option pursuant to clause (2.1)(b) are not eligible to be insured under any other program pursuant to a contract of crop insurance”.

Section 29 amended

10 Clause 29(b) is amended by adding “option” after “unit price”.

Appendix amended

11(1) The Appendix is amended in the manner set forth in this section.

(2) Clause (a) in the portion preceding section 1 is amended by adding “option” after “unit price”.

(3) Paragraph 1(2)(d)(i)(K) is amended by striking out “Canada” and substituting “C.W.”.

(4) Clause 1(2)(k.1) is repealed and the following substituted:

“(k.1) ‘**unit price option**’ means the insured’s election pursuant to section 10.1 of the regulations of the base price or low price per kilogram or per tonne for a particular crop as determined by the corporation”.

(5) Subsection 5(1) is repealed and the following substituted:

“5(1) Subject to subsections (2) and (3), changes must be made on or before March 31 of each year:

- (a) in the selection of crops insured;
- (b) in the selection of percentage of average yield;
- (c) in the election of the unit price option pursuant to section 10.1 of the regulations;
- (d) in an election to participate in the establishment benefit for sweet clover, pure perennial grasses, alfalfa or alfalfa-grass mixtures pursuant to section 11.3 of the regulations; or
- (e) in an election to participate in the diversification option pursuant to section 11.6 of the regulations”.

(6) Subsection 7(7.1) is amended by adding “sweet clover,” after “alfalfa-grass mixtures,”.

(7) Subsection 17(1) is amended by adding “option” after “unit price”.

Coming into force

12 These regulations come into force on the day on which they are filed with the Registrar of Regulations.