

6. Section 25.1 is replaced by the following:

“**25.1.** An agency may, by by-law, prohibit or authorize a recreational activity on the conditions determined by the agency in a sector it has established for recreational activities, provided that the activity is part of a development plan approved by the Minister in accordance with section 106.0.1 of the Act.

Regarding camping, an agency must reserve 25% of the sites situated outside a campground for three-week stays or shorter and it may not prohibit tent camping in its territory.”.

7. The following is inserted after section 25.2:

“**25.3.** A person authorized to camp in the territory of a ZEC must comply with the following conditions:

(1) use equipment that is mobile, transportable, temporary and not attached to the ground; and

(2) with the exception of campgrounds and storage sites set up by the agency, remove the person’s camping equipment from the territory of the ZEC from the later of the following dates, November 30 or 48 hours after the end of big game hunting in the territory of the ZEC, to the first of the following dates, April 15 or the third Saturday of April.

DIVISION IV.2

ASSIGNMENT FOR PROMOTIONAL PURPOSES

25.4. Despite Division III, an agency may assign a number of hunters and fishers to any sector of the ZEC for promotional purposes and according to the procedure it determines by by-law; however, that number may not exceed the maximum provided for in Division III and the annual value of that assignment must not exceed \$1,000.”.

8. Section 27 is replaced by the following:

“**27.** An agency may, by by-law, prohibit the recreational use of vehicles during the moose or white-tailed deer hunting season determined by the Regulation respecting hunting (c. C-61.1, r. 12), except where the vehicle is used to retrieve the carcass of such animal.”.

9. Section 29 is replaced by the following:

“**29.** Any person who contravenes any of sections 3, 4, 7, 9, 14, 17, 19, 19.1, 25.2, 25.3, 27.1, 27.2 and 28 or any section of a by-law made by an agency pursuant to sections 6, 25.1, 26 and 27, commits an offence.”.

10. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

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Draft Regulation

An Act respecting health services and social services (R.S.Q., c. S-4.2)

**Minister of Health and Social Services
— Information that institutions must provide
— Amendment**

**Transmission of information on users who are major trauma patients
— Revocation**

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), that the Regulation to amend the Regulation respecting the information that institutions must provide to the Minister of Health and Social Services and to revoke the Regulation respecting the transmission of information on users who are major trauma patients, appearing below, may be made by the Government on the expiry of 45 days following this publication.

The draft Regulation determines which information on users who are trauma patients and concerning needs for and utilization of services must be provided by certain institutions to the Minister of Health and Social Services in order for the Minister to exercise the functions provided in the Act respecting health services and social services (R.S.Q., c. S-4.2). The draft Regulation revokes the Regulation respecting the transmission of information on users who are major trauma patients, which was to the same effect, in order to incorporate the updated information of that Regulation into the new Regulation respecting the information that institutions must provide to the Minister of Health and Social Services, which provides for the transmission of information concerning needs for and utilization of services for many types of patients.

The draft Regulation will have no impact on the public and enterprises, including small and medium-sized businesses.

Further information may be obtained by contacting France Laverdière, assistant to the national director of emergencies, prehospital emergency services and trauma – Traumatology, 1075, chemin Sainte-Foy, Québec (Québec) G1S 2M1; telephone: 418 266-4530; fax: 418 266-4605; e-mail: france.laverdiere@msss.gouv.qc.ca

Any person wishing to comment on the draft Regulation is requested to submit written comments within the 45-day period to the Minister of Health and Social Services, 1075, chemin Sainte-Foy, 15^e étage, Québec (Québec) G1S 2M1.

YVES BOLDUC,
Minister of Health and Social Services

Regulation to amend the Regulation respecting the information that institutions must provide to the Minister of Health and Social Services* and revoke the Regulation respecting the transmission of information on users who are major trauma patients**

An Act respecting health services and social services (R.S.Q., c. S-4.2, s. 505, par. 26)

1. The Regulation respecting the information that institutions must provide to the Minister of Health and Social Services is amended by inserting the following after section 5:

“**5.1.** An institution operating a hospital of the general and specialized class of hospitals and a trauma centre must provide the Minister with the information in Schedule V in respect of a user who is a trauma patient and is admitted to or dies in the emergency department.”.

2. The following is added after Schedule IV:

“SCHEDULE V

1. An institution referred to in section 5.1 of the Regulation must provide the following information:

(1) concerning the user and the traumatic event:

(a) the name and number, on the institution’s permit, of the facility that provides the data;

(b) the sequence number assigned to the traumatic event;

(c) the code of the municipality where the user’s residence is located;

(d) the geographic code of the user’s residence;

(e) the reason for which the health insurance number cannot be provided, where applicable;

(f) the date and time of the trauma;

(g) the code of the municipality where the trauma occurred;

(h) the geographic code of the place where the trauma occurred;

(i) the cause of the trauma;

(j) the place where the trauma occurred;

(k) an indication that the trauma occurred when the user was at work;

(l) the external cause responsible for the trauma according to ICD-10-CA;

(m) the activity carried on by the user when the trauma occurred, according to ICD-10-CA;

(n) the type of medical insurance under which the user is compensated;

(o) the user’s role at the time of the trauma;

(p) the safety equipment used or worn by the user at the time of the trauma, where applicable;

(2) concerning the delivery of prehospital services to the user or prehospital services collected during delivery:

(a) the method of transportation to the first facility of the institution where the user was received;

(b) the date and time of arrival of the ambulance at the scene of the trauma;

(c) the date and time of departure of the ambulance from the scene of the trauma;

(d) an indication that the user had to be extricated from a vehicle that had been in an accident;

* The Regulation respecting the information that institutions must provide to the Minister of Health and Social Services, made by Order in Council 103-2009 dated 11 February 2009 (2009, G.O. 2, 194), has not been amended since its coming into force.

** The Regulation respecting the transmission of information on users who are major trauma patients, made by Order in Council 981-2000 dated 16 August 2000 (2000, G.O. 2, 4411), has not been amended since its coming into force.

- (e) the PHI (Prehospital Index) score;
- (f) an indication that there was a high-velocity impact during the traumatic event;
- (g) the user's level of consciousness at the scene of the trauma according to the AVPU (Alert, Verbal, Pain, Unresponsive) assessment tool;
- (h) the user's respiratory rate;
- (i) the user's pulse;
- (j) the user's systolic blood pressure;
- (k) an indication that oxygen was used;
- (l) the user's percentage of oxygen saturation;
- (m) the name and number, on the institution's permit, of the first facility where the user was received;
- (n) the date and time of arrival at that facility;
- (o) the number of the user's medical record at the first facility where the user was received;
- (3) concerning the user's visits to any emergency department and any consultation requested therein:
- (a) the method of transportation to the emergency department;
- (b) the user's origin upon arrival in the emergency department;
- (c) the name and number, on the institution's permit, of the facility of origin upon arrival in the emergency department, where applicable;
- (d) the name and number, on the institution's permit, of the facility where emergency care was provided to the user;
- (e) the date and time of the user's arrival in the emergency department;
- (f) an indication that the user was alive or dead upon arrival in the emergency department;
- (g) the sequence number assigned to the consultation;
- (h) the field of consultation;
- (i) the date and time of the request for consultation;
- (j) the date and time of the consultation;
- (k) the date and time of the user's departure from the emergency department;
- (l) the user's destination upon departure from the emergency department;
- (m) the name and number, on the institution's permit, of the facility that is the user's destination upon departure from the emergency department, where applicable;
- (4) concerning the user's admission to and departure from the institution that provides the data:
- (a) the method of transportation to the institution where the user was admitted;
- (b) the user's origin upon admission;
- (c) the name and number, on the institution's permit, of the user's facility of origin upon admission, where applicable;
- (d) the date and time of the user's admission;
- (e) an indication that the user was transferred to an institution in the user's region of origin for continuity of care;
- (f) the sequence number assigned to any service the user was registered for;
- (g) the code and description of any service the user was registered for;
- (h) the date and time of registration of the user for any service;
- (i) an indication that the user was brought directly to the surgical suite upon admission;
- (j) the sequence number assigned to any physical care unit in which the user stayed;
- (k) a description of the physical care unit in which the user stayed;
- (l) the date and time of the user's arrival at any physical care unit in which the user stayed;
- (m) the date and time of the user's departure from any physical care unit in which the user stayed;
- (n) the date of any application for the user's transfer to another institution operating a hospital of the general and specialized class of hospitals;

- (o) the date and time of the user's departure from the institution;
- (p) the user's destination upon departure from the institution;
- (q) the name and number, on the institution's permit, of the facility that is the user's destination upon departure from the institution, where applicable;
- (5) concerning any taking of the user's vital signs in any emergency department or during the user's stay in the institution:
- (a) the date and time the user's vital signs were taken;
- (b) the degree of eye opening;
- (c) the user's verbal response;
- (d) the user's motor response;
- (e) the score on the GCS (Glasgow Coma Scale);
- (f) an indication that the user's level of consciousness was artificially modified;
- (g) the type of modification of the user's level of consciousness;
- (h) the user's type of respiration;
- (i) the user's number of respiratory cycles per minute;
- (j) the user's pulse;
- (k) the user's systolic blood pressure;
- (l) the user's diastolic blood pressure;
- (m) an indication that oxygen was administered to the user;
- (n) the user's percentage of oxygen saturation;
- (o) the user's body temperature;
- (p) the score on the RTS (Revised Trauma Score) physiological scale;
- (q) the user's intracranial pressure;
- (6) concerning any examination requested for the user or any intervention carried out for the user in any emergency department or during the user's stay in the institution:
- (a) an indication that a radiographic assessment of the user was conducted;
- (b) an indication that alcohol intoxication was suspected;
- (c) the result of an alcohol intoxication test;
- (d) the result of a drug intoxication test;
- (e) the date and time a chest drain was inserted;
- (f) the date and time of a FAST (Focused Assessment with Sonography in Traumatology);
- (g) the date and time an intravenous line was inserted;
- (h) the date and time of an intubation;
- (i) the date and time of a gasometry;
- (j) the date and time of a lactate measurement;
- (k) the sequence number assigned to a medical imaging test;
- (l) the type of medical imaging test requested for the user;
- (m) the part of the user's body for which a medical imaging test was requested;
- (n) the date and time of the request for a medical imaging test;
- (o) the date and time a medical imaging test was conducted;
- (p) the sequence number assigned to an intervention;
- (q) the code and description of an intervention according to the CCI;
- (r) the codes of the status, location and extent attributes of an intervention according to the CCI;
- (s) the number of interventions carried out for the user;
- (t) the date and time of an intervention;
- (u) the place where an intervention was carried out;
- (v) the date and time of the user's departure from the operating room, where applicable;

- (w) the sequence number assigned to mechanical ventilation treatment;
- (x) the date and time of the start of mechanical ventilation treatment;
- (y) the date and time of the end of mechanical ventilation treatment;
- (z) the paramedical consultations conducted for the user;
- (aa) the date and time of the first paramedical consultation;
- (7) concerning any diagnosis established for the user, as well as the user's death, where applicable:
- (a) the sequence number assigned to the AIS (Abbreviated Injury Scale) code;
- (b) the AIS code identifying each injury that was diagnosed;
- (c) the diagnoses established according to ICD-10-CA;
- (d) an indication that there was penetrating trauma and the part of the body affected;
- (e) the result of the computation of the ISS (Injury Severity Score);
- (f) the result of the computation of the PS_ISS (Probability of Survival Injury Severity Score);
- (g) the result of the computation of the NISS (New Injury Severity Score);
- (h) the presence of craniocerebral trauma (CCT) and the severity of that trauma;
- (i) the presence, in the user, of a medullary injury and the type of medullary injury;
- (j) the sequence number assigned to the complications presented by the user;
- (k) the code and description of a complication according to ICD-10-CA;
- (l) the sequence number assigned when comorbidity was registered for the user;
- (m) the nature of the comorbidity;
- (n) an indication that an autopsy of the user was conducted;
- (o) an indication that it is a coroner's case where there is reason to notify the coroner under the Act respecting the determination of the causes and circumstances of death (R.S.Q., c. R-0.2);
- (p) an indication that organs were removed for donation;
- (8) concerning users who are serious burn victims:
- (a) the circumstances surrounding the user's burn or burns;
- (b) the type of burns and a description of the burns;
- (c) the user's race;
- (d) the user's occupation;
- (e) the user's weight upon arrival at the facility and upon departure from that facility;
- (f) an indication that the user has inhaled fumes that may be made of corrosive or toxic gases;
- (g) the user's carboxyhaemoglobin level;
- (h) an indication that the use of a cell culture was necessary;
- (i) an indication that the user had already suffered burns prior to the traumatic event;
- (j) an indication that the user underwent a skin graft during the user's stay at the facility;
- (k) an indication that the user was infected with MRSA (methicillin-resistant *Staphylococcus aureus*);
- (l) an indication that the user was infected with VRE (vancomycin-resistant *Enterococci*);
- (m) an indication that an agent was used to increase pressure in the user's blood vessels (vasopressor);
- (n) specific interventions carried out for the user."
- 3.** Section 4 is amended by striking out “, unless the user visits the emergency department for a diagnostic test or to receive outpatient services”.

- 4.** Section 6 is amended by replacing “5” by “5.1”.
- 5.** The Regulation respecting the transmission of information on users who are major trauma patients, made by Order in Council 981-2000 dated 16 August 2000, is revoked.
- 6.** This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.