Office of the
Saskatchewan Information
and Privacy Commissioner

REVIEW REPORT 268-2021

Saskatchewan Health Authority

December 13, 2022

Summary: As the Applicant was not satisfied with the response to an access to information request they sent to the Saskatchewan Health Authority (SHA), they requested a review by the Commissioner. The Commissioner found the SHA did not properly apply subsection 28(1) of LA FOIP to the facial images of the SHA employees, Emergency Medical Technicians and the police officers who appear in the videos. The Commissioner recommended that SHA contact the Applicant to inquire if they are interested in receiving the unblurred images of the professionals that appear in these videos, and if so, provide to the Applicant. The Commissioner found subsection 27(1) of *The Health Information Protection Act* (HIPA) applies to the facial images of the individuals who did not appear to be at the emergency room in their professional capacity and recommended the SHA continue to withhold this information. The Commissioner found that the SHA conducted a reasonable search for the records and recommended the SHA take no further action regarding search. The Commissioner found the SHA met its duty to assist openly and completely about why the video surveillance was not available at the time the Applicant made their written request. Finally, the Commissioner recommended that the SHA make its *Protective Services: Video Surveillance Retention* Work Standard available to the public pursuant to subsection 53.1(1) of LA FOIP.

I BACKGROUND

[1] The Applicant submitted a written request for information to a Patient Advocate with the Saskatchewan Health Authority, dated September 19, 2021:

> "911 Call Audio" and/or "Transcripts" for June 5th, 2021 @ 8:55am. (Video footage requested is for June 5th, 2021).

> "Ambulance Video Footage" [address removed] to Regina General Hospital on June 5th, 2021
>
> "Patient Admission Report" and "Patient Medical Record" from Regina General Hospital on June 5th, 2021
>
> "Video Footage" from Regina General Hospital. "Video Footage" from patient's "Arrival" until "Departure" by taxi
>
> "Garage/parking area 1st placed in, waiting room, triage station, exit doors, outside of building and [business name removed]."

[2] The Applicant was not satisfied with SHA's October 1, 2021 decision that a portion of the request did not exist. Therefore, by email dated October 11, 2021, the Applicant requested a review of the decision by my office.

[3] Through my office's early resolution process, the SHA issued a new section 7 decision to the Applicant dated November 3, 2021. The Applicant remained dissatisfied with SHA's response and advised my office they still wished to continue with a review of SHA's reliance on subsection 28(1) of LA FOIP, its claim that records do not exist, and its duty to assist.

[4] On November 17, 2021, my office advised the Applicant and the SHA of my office's intention to undertake a review and invited both parties to make a submission. My office received a submission from the SHA on January 13, 2022. My office did not receive a submission from the Applicant.

II RECORDS AT ISSUE

[5] The record at issue is five video files that the SHA has withheld in part pursuant to subsection 28(1) of LA FOIP.

III DISCUSSION OF THE ISSUES

1. Do I have jurisdiction?

[6] The SHA is a "local authority" pursuant to subsection 2(f)(xiii) of LA FOIP. The SHA is also a "trustee" pursuant to subsection 2(t)(ii) of HIPA. Therefore, I find I have jurisdiction to conduct this review.

2. Did the SHA properly apply subsection 28(1) of LA FOIP and does HIPA apply to the record?

[7] In its November 3, 2021 amended section 7 decision to the Applicant, the SHA advised that a portion of the record was redacted pursuant to subsection 28(1) of LA FOIP.

[8] The request was for video surveillance footage taken at a facility of the SHA, the Regina General Hospital (RGH) Emergency Department, including, in part, the triage desk at the Emergency Department. The SHA blurred the facial images of all individuals (except the Applicant) in the five videos pursuant to subsection 28(1) of LA FOIP.

[9] From a review of the five videos, the following is included in the videos:

- Video 1 includes an Emergency Medical Practitioner and a health care provider [appears to be a nurse] who appear to be discussing the Applicant's symptoms.
- The Applicant's symptoms and what medications have been provided are also being discussed in Video 2 starting around the 22 second mark and in Video 3.
- In Video 4, it appears that the Applicant is inquiring with a health care practitioner about how long their expected wait time will be. There are other discussions happening in Video 4, however, they are not related to an identifiable individual.
- Video 5 appears to be the Applicant waiting adjacent to the triage desk, and near the end of the video it shows the Applicant exiting the building. Video 5 has several individuals in it that appear to be people either seeking medical assistance or visiting the RGH Emergency Room.

[10] Subsection 28(1) provides:

> **28**(1) No local authority shall disclose personal information in its possession or under its control without the consent, given in the prescribed manner, of the individual to whom the information relates except in accordance with this section or section 29.

[11] In order for information to qualify as "personal information" under LA FOIP, the information must contain the following two elements: 1) it must be about an identifiable individual and 2) the information must be personal in nature.

[12] In my office's Review Report 244-2017 concerning the City of Saskatoon, I considered that a photograph (image) of an individual could be personally identifying if it leads to the ability to personally identify that individual. I also considered that a photograph (image) could reveal something personal in nature about the individual depending on the context or circumstances. I concluded the same in my office's Review Report 023-2019, 098-2019 concerning the Saskatoon Police Services, where I found at paragraph [78] that the image of a person, given in a certain context such as location or time, is personal information pursuant to subsection 28(1) of LA FOIP.

[13] I note that the videos contain images of the Applicant, which the SHA released to the Applicant, images of SHA employees, an image of a police officer, images of emergency medical technicians (EMTs) and images of other individuals attending at RGH. In its submission, the SHA advised, in part:

> The SHA determined to release the video recordings without any associated fees and directed a third part [sic] provider that all individuals not identified as the [Applicant] should be de-identified as required by LA FOIP subsection 28(1). This was a miscommunication as it should have included all SHA to remain in identifiable imaging.

[14] The SHA pointed out its mistake in blurring the facial images of SHA employees. In the past, I have stated that individuals working in their professional capacity would not constitute personal information. I agree with the SHA that it should not have blurred the facial images of SHA employees.

[15] However, as I noted, EMTs and the police officer who appear in these videos are also working in their professional capacities, and so their images also do not constitute personal information. I find, therefore, the SHA did not properly apply subsection 28(1) of LA FOIP to the facial images of the SHA employees, EMTs and the police officers who appear in the videos. I would normally recommend the SHA release this information to the Applicant,

but as this may be something the Applicant does not care to have, I recommend that SHA contact the Applicant to inquire if they are interested in receiving the unblurred images of the professionals who appear in these videos. If the Applicant does, then SHA should work with the Applicant in providing them with a copy of the video that includes images where subsection 28(1) of LA FOIP does not apply.

[16] I would like to add that the SHA provided my office with a copy of an invoice dated September 27, 2021 totaling $865.80. As noted above, it contracted with a third party to blur the facial images and advised it did so as the SHA did not have the technical capacity to blur the images. I commend the SHA for not charging the Applicant the costs associated with blurring the facial images. I also note that $865.80 is a considerable fee and to go back to the third party to restore the full images of some of the individuals could cost a considerable amount.

[17] Regarding other individuals who appear in the videos, SHA has claimed their images should also be withheld pursuant to subsection 28(1) of LA FOIP. SHA stated as follows:

> The SHA cannot definitively identify each private citizen in the video to make a correlation to their reason for attendance at the SHA as: registered inpatient, outpatient, patient support, or visitor. For this reason we cannot in good faith apply HIPA clause 38(1)(b) to the visual identification.
>
> We must however consider it possible and as we compound that with the standard set by the need-to-know disclosure principle related to the [Applicant]'s request at section 23.1 of LAFOIP. It was determined as best practice to remove all others' identifiers and still provide the [Applicant] with the video related to [Applicant] specific actions and interactions with SHA employees as recognized at section 8 of LAFOIP. The [Applicant] attended the RGH alone and therefore it was not a consideration that an identified support person with the [Applicant] and therefore party to the release.

[18] Subsection 23(1.1) of LA FOIP provides:

> **23**(1.1) On and after coming into force of subsection 4(3) and (6) of *The Health Information Protection Act*, with respect to a local authority that is a trustee as defined in that Act, **"personal information"** does not include information that constitutes personal health information as defined in that Act.

[19] In addition to being a "local authority" under LA FOIP, SHA is also a "trustee" under HIPA. HIPA is engaged when three elements are present: (1) personal health information, (2) a trustee, and (3) the personal health information is in the custody or control of the trustee.

[20] There are individuals in the video images who may be at the emergency room for various reasons. They could be there to seek medical attention, or could be accompanying someone who is seeking medical attention. Regardless the reason, it is something related to their health or a health service received. This is personal health information pursuant to subsection 2(m)(ii) of HIPA which provides:

> **2** In this Act:
>
> …
> (m) "personal health information" means, with respect to an individual, whether living or deceased:
>
> …
> (ii) information with respect to any health service provided to the individual;

[21] As outlined above, the SHA is a trustee pursuant to subsection 2(t)(ii) of HIPA. Furthermore, the RGH is a health care facility under the umbrella of the SHA that is a trustee. The video surveillance is from video surveillance cameras at the RGH. Therefore, the SHA has custody or control of the personal health information and so HIPA is engaged.

[22] Subsection 27(1) of HIPA provides:

> **27**(1) A trustee shall not disclose personal health information in the custody or control of the trustee except with the consent of the subject individual or in accordance with this section, section 28 or section 29.

[23] From a review of the videos, I agree that it is difficult for the SHA to identify the purpose that each additional individual was at the RGH Emergency Room. However, the likelihood of these individuals appearing in the videos because they are seeking medical attention is high. Therefore, it is more appropriate to apply subsection 27(1) of HIPA to the blurred facial images of these individuals. I find subsection 27(1) of HIPA applies to the facial

images of the individuals who do not appear to be at the emergency room in their professional capacity. I recommend that SHA continue to withhold these images pursuant to subsection 27(1) of HIPA.

3. Did the SHA conduct a reasonable search?

[24] Subsection 7(2)(e) of LA FOIP provides that a local authority can respond to an applicant's access to information request indicating that access is denied because records do not exist. Applicants must establish the existence of a reasonable suspicion that a local authority is withholding a record, or has not undertaken an adequate search for a record. Sometimes this can take the form of having possession of or having previously seen a document that was not included with other responsive records or media reports regarding the record. The applicant is expected to provide something more than a mere assertion that a document should exist. A review involving search efforts can occur in two situations:

- the local authority issued a section 7 decision indicating records do not exist; or
- the applicant believes there are more records than what the local authority provided.

(*Guide to LA FOIP*, Chapter 3, Access to Records", updated June 29, 2021 [*Guide to LA FOIP*, Ch. 3, p. 8])

[25] A "reasonable search" is one in which an employee who is experienced in the subject matter, expends a reasonable effort to locate records which are reasonably related to the request. A reasonable effort is the level of effort you would expect and fair, sensible person searching areas where records are likely to be stored. What is reasonable depends on the request and related circumstances (*Guide to LA FOIP*, Ch. 3, p. 35).

[26] In its October 1, 2021 decision, the SHA addressed the ambulance footage by advising the Applicant, "there is no video taken during EMS transportation." My office inquired with the SHA about how it concluded that no video footage available in the ambulance. The SHA advised that , "there are no cameras in any of the Regina EMS transports." As there are no cameras in the Regina EMS ambulances, it is reasonable to conclude that no records exist or ever existed for this portion of the Applicant's request.

[27] The SHA also addressed the other records that did not exist in the October 1, 2021 decision; however, SHA's amended decision of November 3, 2021, provided the Applicant with more of an explanation as to why the other videos did not exist as follows:

> Parts of your request are not available and could not be provided. Video footage for the "Garage/parking are 1st placed in" was not available at the time of the request. The Protective Services Unit found a camera malfunction had occurred and affected the feed.
>
> Unfortunately, because the video footage for "exit doors, outside of building and [business name removed]" was not requested at the time of the incident (June 5, 2021) and requested on August 26, 2021 in accordance with the retention schedule it is no longer available. Unless a request or concern is raised within 30 days of a recorded instance it is removed due to the storage capacity time of our system. Therefore video does not exist for the garage/parking area 1st placed in, exit doors, outside of building and [business name removed].
>
> Notice is formally given that the records do not exist at clause 7(2)(e) of [LA FOIP].

[28] In its explanation it advised the Applicant that the Protective Services Unit had discovered a camera malfunction with one of the cameras. Further, the Patient Advocate inquired with Protective Services Unit, the area that oversees the video surveillance, about the video surveillance records. Protection Services is the area of the SHA that would be experienced in the subject matter being requested by the Applicant.

[29] My office further inquired with the SHA about how it came to the conclusion that the video surveillance tapes were overwritten. By email on December 12, 2022, my office asked, in part:

> Did Protective Services review video tapes to conclude they were overwritten? Alternatively, can you advise how Protective Services concluded that the requested footage no longer existed/was overwritten.

[30] The SHA responded, advising:

> The tape storage rotation had occurred – they go in date order for over-write and are moved from top to bottom for storage to maintain sequence….

[31] To further clarify, my office emailed the SHA the following on December 12, 2022:

> What I am trying to determine is that an employee (likely in protective services) actually checked and verified that the tapes were overwritten at the time the Patient advocate requested them from protective services.

[32] In response, the SHA advised, “yes it is verified by Protective Services.”

[33] In its submission, the SHA also explained why certain video surveillance was retained:

> When the Risk Management Team was advised of the [Applicant]’s intent to bring legal proceeding they then contacted Protective Services to retained footage related to the request as:
>
> - video and audio of the conversation between EMS and the Triage nurse when the [Applicant] first arrived at the hospital, and
> - 2 different views of the video and audio of the conversation the [Applicant] had with the triage nurse prior to leaving the hospital.
>
> That conversation includes the [Applicant] asking the nurse to remove [Applicant] IV so [Applicant] could leave. It was identified at the initial request that the off load of the [Applicant] to the waiting room was not available at the time of request due to a camera malfunction.

[34] This is helpful in understanding why some of the video surveillance was retained, why others portions of video surveillance were overwritten, as the 30 day retention period for the latter had lapsed. I am therefore satisfied with the explanation by the SHA as to why some of the video surveillance was overwritten, why other portions were not.

[35] Based on this, I find that the SHA conducted a reasonable search for the records and recommend it take no further action regarding search.

[36] The SHA also detailed the camera malfunction and described how the other video was destroyed after 30 days as per its policy/work standard, which I will be considering later in this Report.

4. Did the SHA meet its duty to assist pursuant to subsections 5.1(1) of LA FOIP and 35(1) of HIPA?

[37] In their request for review, the Applicant asserted that they verbally requested the video surveillance footage from the SHA on June 15, 2021:

> I first spoke to [name removed] from the Patient's Advocate office on June 15th [2021], gave [Patient Advocate] verbal consent to proceed, and also asked [Patient Advocate] to obtain this crucial video footage for me….

[38] By the time the Applicant made their written request for access on September 19, 2021, some of the videos were overwritten and were no longer available.

[39] Subsections 5.1(1) of LA FOIP and 35(1) of HIPA outline a local authority and trustee's explicit duty to assist under each statute as follows:

> **LA FOIP**
>
> **5.1**(1) Subject to this Act and the regulations, a local authority shall respond to a written request for access openly, accurately and completely.
>
> **HIPA**
>
> **35**(1) Subject to sections 36 to 38, a trustee shall respond to a written request for access openly, accurately and completely.

[40] From a reading of each of these sections, they are nearly identical provisions. They require a local authority/trustee to respond to an applicant's written access to information request openly, accurately and completely. This means that local authorities/trustees should make reasonable efforts to not only identify and seek out records responsive to an applicant's access to information request, but to explain the steps in the process and seek any necessary clarification on the nature or scope of the request within the legislated timeframe (*Guide to LA FOIP*, Ch. 3, p. 15).

[41] Although LA FOIP requires the local authority to respond openly, accurately and completely, the duty to assist also involves making every reasonable effort to assist without

delay. This should occur pre and post receipt of any access to information request (*Guide to LA FOIP*, Ch. 3, p. 16).

[42] "Reasonable effort" is what a fair and rational person would expect to be done or would find acceptable and helpful in the circumstances (*Guide to LA FOIP*, Ch. 3, p. 16).

[43] "Open" means to be honest, forthcoming and transparent. Where a decision is made to not provide an applicant with all or part of a record, a local authority should provide reasons for the refusal in an upfront and informative manner. Being open would also include explaining to an applicant other things such as: how and why a decision was made, how responsive records were searched for, any additional information necessary to explain something found in the record that is believed to be confusing; how a fee is calculated; and creating a record when appropriate (*Guide to LA FOIP*, Ch. 3, p. 16).

[44] "Accurate" means careful; precise; lacking errors. It means the local authority must provide the applicant with sufficient and correct information about the access process and how decisions are made. (*Guide to LA FOIP*, Ch. 3, p. 16).

[45] "Complete" means having all its parts; entire; finished; including every item or element; without omissions or deficiencies; not lacking in any element or particular. Furthermore, it means the information from a local authority must be comprehensive and not leave any gaps in its response to an applicant's access to information request (*Guide to LA FOIP*, Ch. 3, p. 17).

[46] I would like to note that under LA FOIP and HIPA my office has the authority to review written requests for information and not oral requests for information. However, the following will provide additional background as to how the video surveillance ended up being deleted.

[47] In its submission, the SHA has provided the following background information:

> On Tuesday, June 15 2021, the Patient Advocate telephoned the [Applicant] and [Applicant] detailed [Applicant] health history, [Applicant] current state, and provided a verbal consent for the Patient Advocate to review [Applicant] medical file [PHI] and to obtain video footage on [Applicant] behalf. The Patient Advocate's primary concern was [Applicant] mental and physical health ensuring [Applicant] received attention to [Applicant] needs.
>
> On June 16 2021, the Patient Advocate emailed [Applicant] to provide written follow up and advised there was no timeline to address [Applicant] concern; [Applicant] could pause until [Applicant] felt [Applicant] was better prepared to proceed. [Patient Advocate] wrote that "once I receive you're [sic] your reply I can begin the concern handling process. The process involves preparing the concerns and sending them to the area leads in the Emergency Department for a response."
>
> The Patient Advocate began a leave at end of day Friday August 20 2021; [Patient Advocate] placed [Patient Advocate] Out of Office on [Patient Advocate] email and voice mail services. It was identified that [Patient Advocate] would return to the office on Tuesday, September 7 2021, and any urgent concerns should be referred to the Intake email or telephone line.
>
> [Applicant] emailed the Patient Advocate on Thursday August 26 2021 requesting the video footage from their visit to the [RGH Emergency Department]. [Applicant] made no further contact with the Patient Advocate unit other than that email.
>
> On Tuesday September 14 2021, the Patient Advocate inquired with Protective Services for availability of a video from Saturday June 5 2021. [Patient Advocate] was advised that footage was no longer available as it was passed the retention period. The Patient Advocate then advised the same to [Applicant].

[48] My office was provided email communications between the Applicant and Patient Advocate. On June 16, 2021, the Patient Advocate emailed the Applicant to follow-up on a telephone conversation they had the previous day. The email included the details of their telephone conversation, explained the Patient Advocate process and asked some additional questions of the Applicant if they wished to process their complaint. From a review of the June 16, 2021 email, it appears the only mention of records is the following:

> You provided me with verbal consent to review medical files as required to handle your concern.

[49] On August 26, 2021, the Applicant responded to the above email, which stated in part:

> I apologize for my late reply….

> As per our conversation, I first want to follow up on the video surveillance from the hospital that I requested from you to obtain for me.
>
> My request was for video surveillance from 9:00 am forward from the garage/parking are that I was taken to and sat, and also the outside of the building where I entered and then finally exited and laid down somewhere.

[50] I note that the Applicant did not respond to Patient Advocate's email for more than two months after it was sent to the Applicant.

[51] In its submission, the SHA advised my office of the following:

> The Patient Advocate began a leave at end of day Friday August 20 2021; [Patient Advocate] placed [Patient Advocate] Out of Office on [Patient Advocate] email and voice mail services. It was identified that [Patient Advocate] would return to the office on Tuesday, September 7 2021, and any urgent concerns should be referred to the Intake email or telephone line.
>
> The [Applicant] emailed the Patient Advocate on Thursday August 26 2021 requesting the video footage from their visit to the [RGH Emergency Department]. The [Applicant] made no further contact with the Patient Advocate unit other than that email.

[52] By email of September 14, 2021, the Patient Advocate responded to the Applicant's August 26, 2021 email, which in part stated:

> I'm writing this email to let you know that your request (August 26-21) regarding video of your June 5, 2021 visit to the Emergency Department at the Regina General Hospital has been received. Unfortunately Security Services keeps video records for 30 days. We are unable to provide you with the video as you requested.

[53] There were several back and forth email communications between the Applicant and the Patient Advocate. But the resulting outcome was that some of the video surveillance the Applicant had requested had been overwritten by the time Applicant sent their formal written request to the SHA on September 19, 2021.

[54] A key communication is the email sent to the Applicant from the Patient Advocate on June 16, 2021. As previously noted, part of this email recalled details of the telephone conversation between the Patient Advocate and the Applicant on June 15, 2021. The email

did not reference that the Applicant had requested access to video surveillance – only that they have given "…verbal consent [to the Patient Advocate] to review medical files as required to handle [Applicant] concern." As noted above, the Applicant did not respond to that email until August 26, 2021. As the SHA has advised that some of the video files are overwritten within 30 days, had the Applicant responded immediately to the Patient Advocate and clarified that they wanted access to all the video surveillance, the videos may have still been available.

[55] My office reached out to the SHA to inquire further about retention of the video surveillance files. On September 12, 2022, the SHA advised, in part:

> The SHA has security cameras in various areas across its facilities – internal and external to the public areas of facilities for security, theft, and safety issues. We have physical and verbal attacks, damages from disturbances in wait rooms, thefts from people in or visiting the wait room for example. Externally we have vandalism, thefts, smashed windows, assaults and harassment. The SHA employees [sic] more than 68,000 people and we as the employer work to keep them safe.
>
> There was footage for this instance stored and responsive to [Applicant] request because the [Applicant] had earlier made direct contact with Risk Management. When [Applicant] was speaking with the Risk Management team [Applicant] time [sic] made reference to legal action. When legal action is stated that team requests any relevant information from any responsive area. The concern raised was for the delayed treatment in [RGH Emergency Department]. In [Applicant] request to Patient Advocate [Applicant] expanded [Applicant] request to the exterior of the building and those had not been identified to Risk Management. In this instance the responsive area was Protective Services so the video snippet was retained.
>
> The Patient Advocate then learned of the earlier communications between the [Applicant] and the SHA RISK Management Office which caused the video to be copied and stored.
>
> The video films are not monitored and unless there is a concern or instance raised, they are not viewed. The tapes are scheduled to be overwritten approximately 30 days.
>
> We don't have storage capacity and the records are transitory unless a concern is identified and then the film is pulled for that time period. The entire day is not retained.

[56] This explanation from the SHA describes why the Emergency Department video surveillance was retained, but not the other portions of the video surveillance.

[57] The SHA also provided my office with a copy of a Work Standard titled, "Protective Services: Video Surveillance Retention". The Work Standard has an initial date prepared of March 28, 2022, which I note was prepared after SHA processed the Applicant's request and my office commenced its review. This Work Standard outlines that the video surveillance cameras only have approximately 30 days of storage capacity and that requests to retain and secure video footage must be made within 30 days of the date of recording.

[58] As the Work Standard has a date prepared of March 28, 2022, it was not available at the time of the Applicant's request; however, I do commend the SHA for creating this Work Standard.

[59] As outlined above, the SHA provided a detailed explanation of why the specific video surveillance was not available at the time the Applicant's written request was processed. Therefore, I find the SHA met its duty to assist openly and completely about why the video surveillance was not available at the time the Applicant made their written request.

[60] I recommend that the SHA make the *Protective Services: Video Surveillance Retention* Work Standard available to the public pursuant to subsection 53.1(1) of LA FOIP.

IV FINDINGS

[61] I find I have jurisdiction to conduct this review.

[62] I find the SHA did not properly apply subsection 28(1) of LA FOIP to the facial images of the SHA employees, EMTs and the police officers who appear in the videos.

[63] I find subsection 27(1) of HIPA applies to the facial images of the individuals who did not appear to be at the emergency room in their professional capacity.

[64] I find that the SHA conducted a reasonable search for the records.

[65] I find the SHA met its duty to assist openly and completely about why the video surveillance was not available at the time the Applicant made their written request.

V RECOMMENDATIONS

[66] I recommend, within 30 days, that the SHA contact the Applicant to inquire if they are interested in receiving the unblurred images of the professionals that appear in these videos, and if so, provide to the Applicant.

[67] I recommend that the SHA continue to withhold the facial images of individuals who do not appear to be at the emergency room in their professional capacity pursuant to subsection 27(1) of HIPA.

[68] I recommend the SHA take no further action regarding search.

[69] I recommend that the SHA make the *Protective Services: Video Surveillance Retention* Work Standard available to the public pursuant to subsection 53.1(1) of LA FOIP within 30 days of issuance of this Report.

Dated at Regina, in the Province of Saskatchewan, this 13th day of December, 2022.

Ronald J. Kruzeniski, K.C.
Saskatchewan Information and Privacy Commissioner