# Privacy Policy

| Department | Reference Number | Organizational Scope | ICES Site | IPC Scope |
|---|---|---|---|---|
| PLO | 001-00-00 | ICES Network | ICES Network | All Acts |
| **Original Date** (YYYY-MM-DD) | **Current Version** (YYYY-MM-DD) | **Review Frequency** | **Next Review** (Month YYYY) | **Supersedes** (if applicable) |
| 2014-01-01 | 2025-07-30 | Triennual | July 2028 | PO.005 |
| **Authority (Title)** | Chief Privacy and Legal Officer | | | |
| **Policy Owner (Title)** | Director, PLO | | | |
| **Required Reviewers (Titles)** | N/A | | | |
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Please refer to the **glossary** for terms and definitions.

Provisions highlighted in grey are not yet in effect and are subject to review and approval by the Information and Privacy Commissioner.

## 1.0 PURPOSE

1.1 This policy provides the general principles that form the lawful basis for ICES' collection, use, disclosure, and handling practices of **Personal Health Information (PHI)** and **Personal Information (PI)**.

1.2 This policy supports a clear mandate for ICES' robust compliance regime in relation to **PHI/PI**.

1.3 This policy identifies the primary roles and responsibilities for ICES' privacy program.

1.4 This policy sets out ICES' approach to protection of **PHI/PI**.

## 2.0 SCOPE

2.1 This policy applies to all activities of ICES involving **ICES Data** collected, used, disclosed or otherwise handled by ICES, and any derivatives of that **ICES Data**.

## 3.0 ROLES AND RESPONSIBILITIES

3.1 Chief Executive Officer ("CEO")

3.1.1 Ultimate responsibility for ensuring that ICES defines and implements the policies, standards, and procedures necessary for compliance with:

(a) This policy;

(b) Applicable laws and other legal requirements, including ICES' obligations as a **Prescribed Entity** under:

(i) *Personal Health Information Protection Act* ("*PHIPA*") and its applicable regulations;

(ii) *Coroners Act* and its applicable regulations*;* and

(iii) *Child, Youth and Family Services Act* ("CYFSA").

3.1.2 At a minimum, the CEO's responsibilities must include:

(a) Seeking and implementing the policies, standards, and procedures necessary to maintain ICES' **Prescribed Entity** designation under *PHIPA*, the *Coroners Act* and the *CYFSA*, and complying with such statutes and their applicable regulations, as amended from time to time.

(b) Appointing and overseeing an Chief Privacy and Legal Officer ("CPLO").

(c) Ensuring the necessary budgets and agreements are in place to maintain a team of Privacy **Subject Matter Experts ("SMEs"),** reporting to the CPLO or their delegate, and located across the ICES Network.

(d) Taking the steps necessary to ensure reporting of **Privacy Breaches** and **Privacy Complaints**.

(e) Final signing-off approval on **Privacy Audits**.

(f) Ensuring there are written updates on the status of ICES' privacy program to the Finance, Audit & Risk Committee ("FAR") of the Board of Directors**,** which may include information regarding:

(i) Privacy training;

(ii) The development and implementation of privacy policies, standards, and procedures;

(iii) **Privacy Audits**, including recommendations and the implementation status of the recommendations, in accordance with the *Privacy and Security Audit Policy*; and

(iv) **Privacy Impact Assessments ("PIAs")** including recommendations and the implementation status of the recommendations, in accordance with the *Privacy Impact Assessment Policy*.

(g) Fostering a privacy-minded culture and promoting awareness of and compliance with policies, standards, and procedures.

3.2 Chief Privacy and Legal Officer

3.2.1 Reports directly to the CEO and is delegated day-to-day authority to manage ICES' privacy and information security programs, including:

(a) The design and oversight of ICES' **Key Control** environment, with consideration of ICES' obligations as a **Prescribed Entity**, and including responsibility for the development, revision, approval, communication and implementation of required policies, standards, and procedure for the effective prevention, detection, and response

to **Privacy Breaches** and **Information Security Incidents**;

(b) The oversight of a team of Privacy **SMEs**, distributed across the **ICES Network**, responsible for ensuring compliance with policies, standards, and procedures, and delivering a range of privacy services, including but not limited to:

(i) Privacy awareness;

(ii) Privacy training;

(iii) Conducting **PIAs**;

(iv) Supporting the development of **Data Sharing Agreements ("DSAs")**;

(v) Addressing **Compliance Breaches** and **Privacy Breaches**;

(vi) Performing or supporting **Privacy Audits**; and

(vii) Responding to a variety of privacy-related consultations.

(c) This includes oversight of the PLO in accordance with the *Privacy and Security Governance and Accountability Policy*; and

(d) Ensuring all ICES committees involving discussion, decision, or actions in relation to **PHI/PI** include representation of Privacy **SMEs**.

(i) The current list of all ICES committees that include Privacy **SME** representation is set out in the *Privacy and Security Governance and Accountability Policy*.

## 4.0 DETAILS

### 4.1 Legal Authorities

4.1.1 ICES is a **Prescribed Entity** under s.18(1) of O. Reg. 329/04 under Ontario's *Personal Health Information Protection* Act ("PHIPA") for the purposes of s.45 of *PHIPA* and, as such, ICES has the legal authority to collect, use, and disclose **PHI** for the purpose of analysis or compiling statistical information with respect to the management of, evaluation or monitoring of, or the allocation of resources to or planning for all or part of the health system, including the delivery of services. ICES is committed to complying with the provisions of *PHIPA* and its regulations applicable to **Prescribed Entities**.

4.1.2 ICES is designated a **Prescribed Entity** under s.2 of O. Reg. 523/18 to the *Coroners Act,* for the purposes of s.52.1 of the *Coroners Act* and, as such, ICES has legal authority to collect, use, and disclose **PI** as defined under the *Coroners Act* for the purpose of analysis or compiling statistical information related to the health or safety of the public, or any segment of the public. ICES is committed to complying with the provisions of the *Coroners Act* and its regulations applicable to **Prescribed Entities**.

4.1.3 ICES is designated as a **Prescribed Entity** under O. Reg 191/18 to the *CYFSA* for the purposes of s. 293 of the *CYFSA* and as such, ICES has legal authority to collect, use, and disclose **PI** as defined under the *CYFSA* for the purpose of analysis or compiling statistical information with respect to the management of, evaluation or monitoring of services, the allocation of resources to or planning for those services, including their delivery. ICES is committed to complying with the provisions of *CYFSA* and its regulations applicable to **Prescribed Entities**.

4.1.4 ICES is a not-for-profit corporation incorporated in 1992 under the laws of Ontario and has legal authority to collect and use **PHI/PI** pursuant to its **Corporate Objects**, but only if ICES' **Corporate Objects** align with the intended purposes for the collection and use of **PHI/PI** set out in *PHIPA*, the *Coroners Act*, the *CYFSA*, and their applicable regulations.

4.1.5 ICES respects the principle of **Indigenous Data Sovereignty** and aims to incorporate the principle in ICES' approach to data governance, including the collection, use, and disclosure of **Indigenous Data**. The First Nations principles of OCAP® (Ownership, Control, Access, and Possession) also form part of ICES' approach to data handling practices.

4.1.6 ICES enters into **DSAs** with respect to the collection, use, and disclosure of **PHI/PI** and such **DSAs** outline the terms and conditions for ICES lawfully collecting, using, and/or disclosing the **PHI/PI** governed by the **DSAs**.

4.1.7 To rely on a **Research** legal authority for the collection, use, and disclosure of **PHI/PI,** ICES must be specifically named in a written research plan approved by a **Research Ethics Board ("REB")**, and such research plan must clearly articulate ICES' role in the planned **Research**.

4.1.8 In instances where ICES is not a designated **Prescribed Entity** in legislation or regulation relied on by the **Data Provider** for lawful disclosure of **PHI/PI** to ICES then ICES must ensure that it has lawful authority to collect and use the **PHI/PI** being disclosed.

4.1.9 From time to time, ICES may collect **Non-PHI/PI**. Such **Non-PHI/PI** also may be subject to the requirements and obligations set out in this policy and *the Collection of ICES Data Policy*.

4.2 Compliance

4.2.1 ICES implements privacy and security policies, standards, and procedures required to protect the privacy of individuals whose **PHI/PI** it receives and to maintain the confidentiality of that **PHI/PI**.

4.2.2 ICES is committed to complying with the provisions of *PHIPA*, the *Coroners Act,* the *CYFSA*, and their regulations applicable to **Prescribed Entities**.

4.2.3 ICES' policies, standards, and procedures are prepared in accordance with:

(a) The **IPC Manual**;

(b) The **Coroners Addendum**; and

(c) The **CYFSA Addendum**.

4.2.4 ICES' policies, standards, and procedures are subject to review by the Information and Privacy Commissioner of Ontario ("IPC") every three years.

4.2.5 ICES is responsible for the **PHI/PI** collected, used, and disclosed by **ICES Agents**.

4.2.6 ICES is responsible for **ICES Agents'** compliance with ICES' policies, standards, and procedures.

4.2.7 ICES ensures compliance by **ICES Agents** with *PHIPA*, the *Coroners Act* and *CYFSA* through ICES' policies, standards, procedures, privacy awareness, training, and agreements.

4.3 Information collected and used by ICES

4.3.1 Most of ICES' scientific programs and services involve the collection and use of **PHI/PI** that is subject to privacy law, including **PHI** as defined under *PHIPA*, **PI** received from the Chief Coroner under the *Coroners Act*, and **PI** received from service providers under the CYFSA.

4.3.2 ICES collects and uses **PHI/PI** such that **ICES Agents** may conduct:

(a) Health system analysis and evaluation for ICES Purposes (called **Statistical Analysis** or **Analytics** interchangeably); and/or

(b) Health-related **Research**.

4.3.3 ICES may only collect and use **PHI/PI** that is permitted by law and aligns with its **Corporate Objects**.

4.3.4 The types of **PHI/PI** collected by ICES, and from whom, includes:

(a) **PHI** originally collected by **Health Information Custodians ("HIC")** and **Prescribed Entities** or **Prescribed Persons**;

(b) **PHI** and other personal information, as defined under the relevant legislative regime, collected as part of a **Third Party Research**;

(c) Identifying information about individuals that was originally collected by other organizations in the public and private sectors;

(d) **PI** collected from the Chief Coroner under the *Coroners Act*;

(e) **PI** collected from service providers under the *CYFSA*; and

(f) Other information ICES collects to manage its relationships with **ICES Employees**, other **ICES Agents**, affiliated individuals, and others who interact with ICES.

4.3.5 ICES recognizes that **PHI/PI** is inherently sensitive and ICES is responsible for ensuring that **PHI/PI** is processed in accordance with:

(a) ICES' policies, standards, and procedures as a **Prescribed Entity** under *PHIPA*, the *Coroners Act*, and the *CYFSA*, and their applicable regulations;

(b) Other applicable law, contractual obligations, and **REB** approvals.

4.3.6 ICES has therefore adopted the following key principles, which guide its processing of **PHI/PI**:

(a) ICES must only collect and use **PHI/PI** permitted by *PHIPA*, the *Coroners Act* and/or the *CYFSA*, and their applicable regulations, and only in accordance with applicable law and, when necessary, **REB** approvals;

(b) ICES must not collect or use **PHI/PI** if other information will serve the purpose;

(c) ICES must not collect or use more **PHI/PI** than is reasonably necessary to meet the purposes identified;

(d) ICES must implement policies, standards, and procedures to ensure that both the amount and the type of **PHI/PI** collected and used is limited to that which is reasonably necessary for its purposes.

(i) The policies, standards, and procedures must also address role-based access privileges, **PIAs**, **DSAs**, data retention requirements, de-identification and aggregation of **PHI/PI**;

(e) ICES must ensure that upon collection of **PHI/PI**, ICES assigns a confidential **ICES Key Number ("IKN")** to individual-level **PHI/PI** and removes the **Direct Personal Identifiers ("DPI")** before making available for use by **ICES Agents**;

(f) ICES must maintain a list of the **ICES Data Holdings** containing **PHI/PI** that ICES maintains; and

(g) The **Data Dictionary** sets out the purposes, data elements, and data sources for each **ICES Data Holding** containing **PHI/PI**.

4.3.7 ICES must distinguish in each **PIA** if the purpose for the use of the **PHI/PI** is for **Statistical Analysis** or **Research**, in accordance with the following:

(a) With respect to **PHI** that was collected by ICES as a **Prescribed Entity** under *PHIPA*, ICES must distinguish between uses for **Statistical Analysis** purposes in accordance with s.45 of *PHIPA*, and uses for **Research**.

(b) With respect to **PI** that was collected by ICES as a **Prescribed Entity** under the *Coroners Act*, ICES must distinguish between uses for **Statistical Analysis** in accordance with s.52 of the *Coroners Act*, or uses for **Research** in accordance with s.52.1(1) and/or s.4 of Ontario Regulation 523/18.

(c) With respect to **PI** that was collected by ICES as a **Prescribed Entity** under *CYFSA,* ICES must distinguish between uses for **Statistical Analysis** in accordance with s.293 of *CYFSA* and uses for **Research** in accordance with s.4 of Ontario Regulation 191/18.

4.3.8 All requests to conduct **Statistical Analysis** or **Research** require a **PIA** by ICES to ascertain legal authority and compliance with ICES' policies, standards, and procedures, **Corporate Objects**, applicable legal agreements, and **REB** approvals.

(a) **PIAs** must set out risks and recommendations, if applicable, associated with the requests outlined in the **PIAs**.

(b) **PIAs** must be conducted by an appropriate Privacy SME.

(c) **PIAs** must clearly distinguish between the use of **PHI/PI** and the use of **De-Identified Data,** either in the form of **Aggregate Data (Summary Output)** or of **Publishable Data**.

(d) **PIAs** must ensure that each use of **PHI/PI** is consistent with the uses of **PHI/PI** permitted by applicable statute governing it, including but not limited *PHIPA,* the *Coroners Act*, and/or the *CYSFA*, and their regulations, when ICES collects **PHI/PI** as a **Prescribed Entity**.

(e) All **PIAs** must articulate a commitment that the use of **PHI/PI** by **ICES Agents** is only in support of and in alignment with **ICES Purposes**.

4.3.9 ICES remains responsible for the **PHI/PI** used by any **ICES Agents**, as set out in the **ICES Agent and Confidentiality Agreement ("ICES Agent CA")**.

4.3.10 **ICES Agents** must only collect, use, disclose, retain, and dispose of **PHI/PI** in accordance with:

(a) ICES policies, standards, and procedures;

(b) The **ICES Agent CA** and the *ICES Agent Policy*; and

(c) Applicable statute that may govern the **PHI/PI**, including but not limited to **PHI/PI** collected by ICES as a **Prescribed Entity** under *PHIPA*, *Coroners Act*, or *CYFSA*.

4.4 Information disclosed by ICES

4.4.1 For **PHI** that was initially collected by ICES as a **Prescribed Entity** under *PHIPA*, ICES may only disclose **PHI** for one of the following purposes set out below. Otherwise ICES must not disclose this **PHI**.

(a) Disclosure of **PHI** to **Prescribed Entities** and **Prescribed Persons** for their prescribed purposes, as permitted by s.18(4) of Ontario Regulation 329/04 to *PHIPA,* with respect to s.39 (1)(c) and s.45 of *PHIPA***,** and verified through a **PIA** conducted by ICES;

(b) Disclosure of **PHI** for **Third Party Research Projects ("TPR Projects")**, in the form of **Risk Reduced Coded Data ("RRCD")** on **ICE Data Environments**, for the purposes of publicly or privately funded research, as permitted by s.18(4) of Ontario Regulation 329/04 to *PHIPA*, with respect to s.44 of *PHIPA***,** and verified through a **PIA** conducted by ICES; and

(c) Disclosure of **PHI** for **TPR Projects** in the form of a **Cohort List**, for the purposes of publicly funded research that cannot be reasonably conducted within ICES, as permitted by s.44 of *PHIPA* and verified through a **PIA** conducted by ICES; and

(d) Disclosure of **PI** as otherwise permitted under *PHIPA*.

4.4.2 For **PI** that was initially collected by ICES as a **Prescribed Entity** under the *Coroners* Act, ICES may only disclose this **PI** for one of the following purposes set out below. Otherwise ICES must not disclose this **PI**.

(a) Disclosure of **PI** for **TPR Projects** in accordance with s.5 of Ontario Regulation 523/18 to the *Coroners Act* and verified through a **PIA** conducted by ICES;

(b) Disclosure of **PI** to the Chief Coroner in accordance with s.6 of Ontario Regulation 523/18 to the *Coroners Act*, and verified through a **PIA** conducted by ICES; and

(c) Disclosure of **PI** as otherwise permitted under the *Coroners Act*.

4.4.3 For **PI** that was initially collected by ICES as a Prescribed Entity under the *CYFSA,* ICES may only disclose this **PI** for one of the following purposes set out below. Otherwise ICES mustnot disclose the **PI**.

(a) In Disclosure of **PI** to another **Prescribed Entity**, in accordance with s.6 of Ontario Regulation 191/18 to the *CYFSA,* and verified through a **PIA** conducted by ICES; and

(b) Disclosure of **PI** as otherwise permitted under the *CYFSA*.

4.4.4 ICES must adhere to **Data Minimization** principles when disclosing **PHI/PI**, including:

(a) ICES must not disclose **PHI/PI** if other information, such as **De-Identified Data,** will serve the purpose; and

(b) ICES must not disclose more **PHI/PI** than is reasonably necessary to meet the purpose.

4.4.5 ICES must implement policies, standards, and procedures to ensure that both the amount and the type of **PHI/PI** disclosed is limited to that which is reasonably necessary for its purposes.

4.4.6 Excluding disclosure of **Cohort Lists**, **Third Party Researchers** conducting **TPR Projects** are only permitted to access **RRCD** on **ICES Data Environments**.

4.4.7 Only **De-identified Data** may be released from **ICES Data Environments** to **Third Party Researchers** or **Knowledge Users**.

4.4.8 ICES prohibits the disclosure of **PHI/PI** to any **Knowledge User**.

4.4.9 Prior to the disclosure of **De-Identified Data**, a **Re-Identification Risk Assessment ("RIRA")** must be conducted first, in accordance with the *De-Identification and Aggregation Policy,* to ensure that it is not reasonably foreseeable in the circumstances that any **De-identified Data** could be used, either alone or with other information, to identify an individual.

4.5 Secure Transfer of PHI/PI

4.5.1 ICES must takes steps to transfer **PHI/PI** securely as set out in the *Secure Collection, Disclosure, and Transfer of PHI/PI Procedure* and the *Information Handling Standard*.

4.5.2 ICES prohibits the transfer of paper records that include **PHI/PI**.

4.6 Secure retention and destruction of **PHI/PI**

4.6.1 **PHI/PI** is retained in accordance with the *ICES Data Retention Schedule Standard* and the *Information Handling Standard.*

4.6.2 **PHI/PI** is disposed of in accordance with the *Secure Disposal Standard* and the *Destruction of ICES Data Procedure*.

4.7 Implementation of administrative, technical, and physical safeguards

4.7.1 ICES must implement a range of administrative, technical, and physical safeguards to protect **PHI/PI**.

(a) More specifically, these safeguards protect the privacy of individuals whose PHI/PI that ICES receives and to maintain the confidentiality of that PHI/PI.

4.7.2 ICES assesses the range of administrative, technical, and physical safeguards in **PIAs** and **Threat Risk Assessments** ("**TRAs**").

4.7.3 The administrative, technical, and physical safeguards implemented by ICES are set out in ICES' privacy and security policies, standards, and procedures, including but not limited to the steps ICES takes to protect **PHI/PI** against theft, loss, and unauthorized collection, use, or disclosure, and to protect **PHI/PI** against unauthorized copying, modification, or disposal.

4.8 Privacy Inquiries and Privacy Complaints

4.8.1 ICES ensures individuals are able to make **Privacy Inquiries** and **Privacy Complaints** regarding:

(a) ICES' privacy policies, standards, and procedures; and/or

(b) ICES' compliance with *PHIPA*, the *Coroners Act*, and/or the *CYFSA* as a **Prescribed Entity**.

4.8.2 Individuals may direct **Privacy Inquiries** and **Privacy Complaints** to the CPLO at ICES, either verbally or in writing to:

Institute for Clinical Evaluative Sciences
Attn: Chief Privacy and Legal Officer
G-106 - 2075 Bayview Avenue
Toronto, Ontario M4N 3M5
Telephone: 416-480-4055
Fax: 416-480-6048
Email: privacy@ices.on.ca

4.8.3 Individuals may also direct **Privacy Complaints** about ICES compliance as a **Prescribed Entity** under *PHIPA*, the *Coroners Act*, and/or the *CYFSA* to the Information and Privacy Commissioner:

Office of the Information and Privacy Commissioner of Ontario
1400 – 2 Bloor Street East
Toronto, Ontario M4W 1A8
Telephone: 1-800-387-0073
Fax: 416-325-9195
Email: info@ipc.on.ca
Website : www.ipc.on.ca/en/contact-us

## 5.0 RELATED DOCUMENTATION

5.1 Policies

5.1.1 *Privacy and Security Governance and Accountability Policy*

5.1.2 *Privacy and Security Audit Policy*

5.1.3 *Privacy Impact Assessment Policy*

5.1.4 *Collection of ICES Data Policy*

5.1.5 *De-Identification and Aggregation Policy*

5.2 Standard

5.2.1 *Information Handling Standard*

5.2.2 *ICES Data Retention Schedule Standard*

5.2.3 *Secure Disposal Standard*

5.3 Procedures

5.3.1 *Secure Collection, Disclosure, and Transfer of PHI/PI Procedure*

5.3.2 *Destructoin of ICES Data Procedure*

5.4 Tools

5.5 Guidelines

## 6.0 TRAINING AND COMMUNICATION

6.1 Policies, standards, and procedures are available on the **ICES Intranet**.

6.2 This policy and any related standards and/or administrative procedures are communicated to all **ICES Agents** across the **ICES Network** during onboarding and on a yearly basis. Policy awareness is also supported and promoted by the policy's **Owner**.

6.3 Once new policies, standards, and procedures are published to the **ICES Intranet**, they are communicated to **ICES Agents** on the **ICES Intranet** and through ICES' weekly email with the organization's internal updates.

## 7.0 COMPLIANCE AND ENFORCEMENT

7.1 **ICES Agents** must comply with all applicable policies, standards, and procedures.

7.2 **ICES Agents** must notify a Privacy and/or Security **Subject Matter Expert ("SME")** at the first reasonable opportunity if they breach or believe there has been a breach of ICES' privacy and security policies, standards, or procedures in accordance with applicable policies and standards, including:

7.2.1 *Privacy Breach Management Policy*

7.2.2 *Security Incident Management Standard*

7.3 Enforcement of compliance with this policy is the responsibility of the the **ICES Agent** identified as the Authority of this policy.

7.4 All violations of policies, standards, and procedures may be subject to a range of **Disciplinary Actions** in accordance with applicable policies, including:

7.4.1 *Discipline and Corrective Action Policy*

7.4.2 *Termination of Employment Policy*

7.4.3 *Discipline and Corrective Action in Relation to ICES Data Policy*

7.4.4 *Termination or Cessation of Employment or Contractual Relationship in Relation to ICES Data Policy*

7.5 Compliance is subject to audit in accordance with applicable policies, including:

7.5.1 *Privacy and Security Audit Policy*

## 8.0 EXCEPTIONS

8.1 Any exceptions requested pursuant to this policy must be in accordance with applicable policies, including:

8.1.1 *Ongoing Review of ICES' Policy Suite Policy*

8.1.2 *Change Management and Exceptions Policy*

8.2 Exceptions cannot relieve ICES of its legal requirements, including but not limited to those established under:

8.2.1 *Personal Health Information Protection Act, 2004 ("PHIPA")* and its regulation;

8.2.2 *Coroners Act* and its applicable regulations;

8.2.3 *Child, Youth and Family Services Act, 2017 ("CYFSA")* and its applicable regulations; and

8.2.4 The **IPC Manual, Coroners Addendum,** and **CYFSA Addendum**.

## 9.0 CHANGE TABLE

| **Change Date** (YYYY-MM-DD) | **Change Notes** |
|---|---|
| 2025-07-30 | ■ Reviewed for compliance with ICES' obligations as a **Prescribed Entity**:<br>○ **IPC Manual:** Privacy Policy in Respect of its Status as a Prescribed Person or Prescribed Entity<br>○ **Coroners Addendum:** Privacy Policy in Respect of its Status as a Prescribed Entity<br>○ **CYFSA Addendum:** Privacy Policy in Respect of its Status as a Prescribed Entity<br>■ Added content regarding ICES' role as a *Prescribed Entity* under *CYFSA*<br>■ Revised to reflect updated template and standardized language in Sections 6.0 to 9.0<br>■ Revised to reflect updated glossary terms and titles of ICES policies, standards, and procedures<br>■ Removed content where it is already more suitably addressed in other ICES policies, standards, and procedures. |
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