



The Regional Municipality of Durham

COUNCIL INFORMATION PACKAGE

January 18, 2019

Information Reports

[2019-INFO-2](#) Commissioner and Medical Officer of Health – re: Program Reports

Early Release Reports

There are no Early Release Reports

Staff Correspondence

1. [Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health](#) – re: Health Information Update – January 11, 2019

Durham Municipalities Correspondence

1. [Township of Brock](#) – re: Resolution passed at their Council meeting held on January 7, 2019, in support for the Municipality of Clarington's resolution regarding Affordable Accessible Housing Needs in Ontario
2. [Township of Brock](#) – re: Resolution passed at the Council meeting held on January 7, 2019, in support of the City of Oshawa recommendation on the Importance of Keeping General Motors Oshawa Assembly Plant Open
3. [City of Pickering](#) – re: Resolution passed at their Council meeting held on December 10, 2018, regarding Cannabis Regulation

Other Municipalities Correspondence/Resolutions

1. [Town of Whitchurch – Stouffville](#) – re: Resolution passed at their Council meeting held on December 11, 2018, regarding Employment Growth Along Highway 404

Miscellaneous Correspondence

1. [Lake Simcoe Region Conservation Authority](#) – re: Invitation to Mayors and members of Council to a Stormwater Management Workshop on Friday, March 1, 2019, at Cardinal Golf Course from 10:00 a.m. to 2:00 p.m.

2. [Canadian Heritage](#) – re: Poster: Celebrate National Flag of Canada Day, February 15, 2019

Advisory Committee Minutes

1. Durham Nuclear Health Committee (DNHC) minutes – [January 11, 2019](#)

Members of Council – Please advise the Regional Clerk at clerks@durham.ca, if you wish to pull an item from this CIP and include on the next regular agenda of the appropriate Standing Committee. Items will be added to the agenda if the Regional Clerk is advised by Wednesday noon the week prior to the meeting, otherwise the item will be included on the agenda for the next regularly scheduled meeting of the applicable Committee.

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The Regional Municipality of Durham Information Report

From: Commissioner & Medical Officer of
Report: Health #2019-INFO-2
Date: January 18, 2019

Subject:

Program Reports

Recommendation:

Receive for information

Report:

1. Purpose

- 1.1 To provide an update on Durham Region Health Department (DRHD) programs and services.

2. Highlights

- 2.1 DRHD reports for September – December 2018 include the following key highlights:
- a. Health Analytics, Policy & Research – Health Analytics Information Products;
 - b. Health Protection – Check&Go! and Hedgehog 5, Food Safety, Healthy Environments, Part 8 Ontario Building Code (Sewage Systems) and Safe Water updates;
 - c. Healthy Families – Healthy Babies Healthy Children and Healthy Families updates;
 - d. Healthy Living – Food Insecurity, Mental Health, School Health, Substance Misuse and Tobacco Enforcement updates;
 - e. Infectious Diseases – Immunization; Infectious Diseases Prevention and Control updates; and
 - f. Paramedic Services – Administration, Logistics, Operations and Quality Development updates.
- 2.2 Boards of health are required to “superintend, provide or ensure the provision of the health programs and services required by the [Health Protection and Promotion] Act and the regulations to the persons who reside in the health unit

served by the board” (section 4, clause a, HPPA). In addition, medical officers of health are required to “[report] directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act” (sub-section 67.(1), HPPA). Accordingly, the Health Information Update is a component of the Health Department’s ‘Accountability Framework’, which also may include program and other reports, Health Plans, Quality Enhancement Plans, Durham Health Check-Ups, Performance Reports, business plans and budgets; provincial performance indicators and targets, monitoring, compliance audits and assessments; RDPS certification; and accreditation by Accreditation Canada.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

ABBREVIATIONS

- AGCO – Alcohol and Gaming Commission of Ontario
- APECDC – Ajax Pickering Early Childhood Development Coalition
- ASL – American Sign Language
- AWQI – Adverse Water Quality Incident
- BCA – *Building Code Act, 1992*
- BHV – Blended Home Visiting
- BOH – Board of Health
- CAMH – Centre for Addiction and Mental Health
- CCC – Child Care Centre
- CCEYA – *Child Care and Early Years Act, 2014*
- CCHC – Carea Community Health Centre
- CELHIN – Central East Local Health Integration Network
- CFH – Certified Food Handler
- CHN – Child Health Network
- CHS – Canadian Hearing Society
- CMHA – Canadian Mental Health Association
- CPE – Carbapenamase-producing Enterobacteriaceae
- CPHA – Canadian Public Health Association
- CWIS – Cold Warning Information System
- DC – Durham College
- DCDSB – Durham Catholic District School Board
- DCNP – Durham’s Child Nutrition Project
- DDSB – Durham District School Board
- DHCL – Durham Health Connection Line
- DHF – Durham Healthy Families
- DRHD – Durham Region Health Department
- DRPS – Durham Regional Police Service
- DRSSD – Durham Region Social Services Department
- DWA – Drinking Water Advisory

- DYDAC – Durham Youth Drug Awareness Committee
- ED – Emergency Department
- EDI – Early Development Instrument
- ERC – Ethics Review Committee
- ESL – English as a Second Language
- FHT – Food Handler Training
- FND – Feed the Need in Durham
- FV – Family Visitor
- HARP – Health Analytics, Research & Policy Team
- HBHC – Healthy Babies Healthy Children
- HCP – Healthcare Provider
- HMCA – *Healthy Menu Choices Act, 2015*
- HN – Health Neighbourhoods
- HP – Health Protection Division
- HPPA – *Health Protection and Promotion Act*
- HWIS – Heat Warning Information System
- IDA – In-Depth Assessment
- IPAC – Infection Prevention and Control
- LD – Lyme Disease
- LDGP – Locally Driven Collaborative Project
- LHO – Lakeridge Health Oshawa
- LHW – Lakeridge Health Whitby
- LS – Legal Services Division
- LTCH – Long-Term Care Home
- MOECP – Ontario Ministry of Environment, Conservation and Parks
- MPAC – Municipal Property Assessment Corporation
- NFB – Nutritious Food Basket
- OBC – Ontario Building Code
- OCLIF – Ontario Cannabis Legalization Implementation Fund
- OCRC – Ontario Cannabis Retail Corporation
- OCS – Ontario Cannabis Store
- OE – Oshawa Express

- OHIP – Ontario Health Insurance Plan
- OPHS – *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability*
- OSDUHS – Ontario Student Drug Use and Mental Health Survey
- PAS – Pinewood Addiction Services
- PFC – Psychology Foundation of Canada
- PHI – Public Health Inspector
- PHN – Public Health Nurse
- PHNt – Public Health Nutritionist
- PHO – Public Health Ontario
- PHU – Public Health Unit
- PHWB – Physical Health and Well-Being
- PM – Preventive Maintenance
- PSS – Personal Services Settings
- PVNCCDSB – Peterborough Victoria Northumberland and Clarington Catholic District School Board
- RDPS – Region of Durham Paramedic Services
- RKES – Research and Knowledge Exchange Symposium
- SDWS – Small Drinking Water System
- SFOA – *Smoke-Free Ontario Act, 2017*
- SOGC – Society of Obstetricians and Gynaecologists
- SSM – Sewage System Maintenance
- TB – Tuberculosis
- TST – Tuberculin Skin Testing
- VBD – Vector-Borne Disease
- VLOG – Video Log
- WCWC – Walkerton Clean Water Centre
- WFD – World Food Day
- WHO – World Health Organization
- WPCP – Water Pollution Control Plant
- WNV – West Nile Virus



Health Analytics, Research & Policy

Report for September – December 2018

Health Analytics Information Products

[Gonorrhea in Durham Region Infographic](#)

Between 2013 and 2017, an average of **239** cases of gonorrhea were reported each year with two times more cases in 2017 (310) than in 2013 (157). In 2017, 73 per cent of cases were treated with first-line therapy, which includes ceftriaxone and azithromycin, a two-fold increase since 2013.

[Hepatitis C in Durham Region Infographic](#)

Between 2013 and 2017, an average of **162** cases of hepatitis C were reported each year with 53 per cent of these cases diagnosed among Baby Boomers born between 1945 and 1965. Injection drug use was the most common risk factor reported in 58 per cent of cases.

[Invasive Group A Streptococcal Infections \(iGAS\) in Durham Region Infographic](#)

Between 2013 and 2017, an average of **24** cases of iGAS were reported each year and 14 per cent of these cases were fatal. Fever was the most common symptom reported by 72 per cent of cases.

Mental Health and Well-Being in Durham Region Students

Seventeen Quick Facts reports and three Trends In reports were updated reflecting data on mental health and well-being. Many risk and protective factors, including individual, family, community and societal factors, influence students' mental health and well-being. Reports are available on durham.ca.

In Durham Region, **22 per cent** of students rated their mental health as fair to poor and the long-term trends show that rates have increased since 2009. Recent trends in suicide ideation and attempts have been stable in students. One in 10 students (**10 per cent**) reported their mental health affected their grades "a great deal".

Sixteen per cent of students reported being bullied at school at least once in the past year. This rate has declined since 2009 in the region and across Ontario.

While most secondary school students use social media, one in five (**22 per cent**) students used social media five hours or more a day. Almost half (**48 per cent**) of female secondary school students reported staying on their devices longer than intended compared to **30 per cent** in males.

Most students feel safe at school, feel close to people at school and feel that they are part of their school.

Almost one in five students live with a single parent or no birth/step/adoptive parent.

[Population at a Glance](#)

The estimated population in Durham Region in 2017 was **682,000**. Ajax had the largest population growth between 2007 and 2017, with an increase of 24 per cent, followed by Whitby, Clarington and Uxbridge, all with increases between 14 per cent and 15 per cent. Seniors 90 years and older had the highest population growth in Durham Region with an overall increase of 125 per cent.

[Summary of the 2017/18 Influenza Season](#)

This report provides an overview of the influenza activity in Durham Region for the past season. There were **455** lab confirmed cases of influenza in the 2017/18 influenza season, which was similar to the previous two seasons (418 cases in 2016/17 and 422 cases in 2015/16). Influenza rates were higher among older adults and children compared to other age groups, but lower than Ontario for most age groups. There were significantly more hospitalizations among lab confirmed cases (286 hospitalizations) compared to the previous two seasons. This increase in hospitalizations may be due to a change in lab testing at a hospital within the region. A slightly higher proportion (48 per cent) of adults reported getting a flu shot in the 2017/18 season compared to the 2016/17 season (42 per cent) and previous seasons. Influenza immunization rates were higher among adults 65 years and older (70 per cent) than among adults aged 18 to 64 years (37 per cent).

[Syphilis in Durham Region Infographic](#)

Between 2013 and 2017 an average of **56** cases of syphilis were reported each year with almost four times more cases in 2017 (105) than in 2014 (29). Two-thirds of cases (76 per cent) were male and 50 per cent of male cases aged 50 to 59 reported anonymous sex as a risk factor.

Tuberculosis in Durham Region Infographic

Between 2013 and 2017, an average of **13** cases of active TB were reported each year with 86 per cent of these cases born outside of North America. Almost all active TB cases (98 per cent) started treatment and 86 per cent completed treatment successfully.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health



Health Protection

Report for September – December 2018

Check&Go! and Hedgehog 5: Health Protection Disclosure and Information System

The new OPHS has identified “transparency” as an integral component of Effective Public Health Practice, one of the OPHS’ four foundational standards. HP has made it easier for local residents to access health inspection results through the new Check&GO! disclosure program. This program is an expansion of the previous public posting of food establishments and PSS inspections. Check&GO! consists of both on-site and online postings of health inspection results, confirmed IPAC lapses, complaints and legal activities, to help residents make informed decisions and protect their health. In November 2018, CCC inspection results were posted online and beginning in January 2019 the program will include recreational water facilities (public swimming pools, spas and splashpads), SDWS, followed by recreational camp facilities in the spring.

Check&GO! has been developed from HP’s new inspection system software called Hedgehog 5. The system was launched in 2018 and has modernized HP’s ability to collect, analyze and report on electronic health inspection information. Through cloud technology, PHIs can enter inspections results in real time and inspection results are posted online within five minutes of being completed.

Food Safety

On July 1, 2018, the new Food Premises Regulation (493/71) came into effect. There were several significant changes including a new requirement for food premises to have a minimum of one certified food handler present during all hours of operation. This resulted in an increase of approximately **55 per cent** from 2017 to 2018 in the number of food handlers being trained and certified.

Aligning with the new requirements of the OPHS, there was a focus on greater accessibility to our services for priority populations and those with barriers to learning.

Approximately 50 per cent of FHT courses were taught in priority neighbourhoods utilizing the Health Neighbourhoods resource and with support from HARP to assess need. The Food Safety program continues to partner with DC to teach a monthly FHT course in Brock Township at the Nourish Community Hub at no cost.

In November 2018, the first full day FHT course in Cantonese was offered through HP's Cantonese-speaking PHI. The FHT exam bank has been expanded to now include **18** languages and a **10**-language study guide for ESL participants. Staff facilitated an English FHT course utilizing two ASL interpreters and taught a course at CHS Durham to local residents that are deaf or hard of hearing (training was simulcast to Ottawa and Toronto CHS offices).

A condensed FHT course was developed for educators and volunteers in school nutrition programs. HP partnered with DCNP to provide FHT at no cost and certified **78** participants. DRHD also supported the FHT exam proctoring process for schools in PVNCCDSB and now **90 per cent** of approximately **150** schools in Durham Region have at least one CFH onsite.

In 2018, a dedicated food safety email account was created to enhance HP's communications directly with local food premises operators to communicate time sensitive information and updates. The email account has been used to notify operators of changes to the Food Premises Regulation and food handler training courses, and public health notices regarding romaine lettuce.

HP continues to expand its reach on social media and has created several VLOGs to educate the public about various food safety issues. VLOGs include Breaded Chicken: are you cooking it properly, Breastmilk Storage Safety, Food Safety Hacks, Picnic Food Safety and A Recipe for Success: Ontario 493 and you. The VLOGs have been viewed an estimated **28,500** times.

All required routine food premises inspections were completed including the HMCA inspections. PHIs conducted over **6,460** food premises inspections and **831** HMCA inspections in 2018.

Healthy Environments

Pilot Launch of a Cold Warning Information System for Community Partners

In November, DRHD invited community partners to attend an engagement session to discuss the development of a regional CWIS. Information regarding various cold warning systems across Ontario was presented as well as the health impacts of cold weather. Community partners including front-line agencies that provide services to Durham Region's most vulnerable homeless population provided feedback regarding the concerns that impact their clients. A scoping exercise was conducted to establish criteria and thresholds for issuing cold warnings in the region.

The goal of the CWIS is to protect local residents from cold-related morbidity and mortality associated with extreme cold events. Cold temperatures pose a significant health risk. A CWIS can reduce excess cold-related morbidity and mortality by alerting community partners about the risks of being exposed to extreme cold, directing community response to help vulnerable populations, and providing individuals with information and resources to help them take protective actions before and during an extreme cold event.

The CWIS will be implemented in two phases. The first phase began in December 2018 and focuses on issuing cold alert notifications to community partners who have subscribed to receive cold alert emails. Cold alerts are issued when the weather forecast reaches the criteria of -15°C or -20°C with wind chill or colder. Alerts are also issued for extreme winter weather events such as blizzards and ice storms. Information is posted on durham.ca where community partners can access a link to subscribe to receive cold alerts.

An evaluation will be conducted in the spring to identify gaps and areas for improvements. The results will be used to inform program decisions and potential enhancements to the CWIS prior to the public launch.

The second phase of the project will expand the CWIS to the general public and will be launched in December 2019. This public notification aligns with the HWIS that was launched in 2018. The second phase will include a public campaign, news releases, social media messaging and updates on durham.ca.

The heat and cold warning systems meet the requirements of the Healthy Environments and Climate Change Guideline, 2018 of the OPHS.

Playground Inspections

DRHD began inspecting playgrounds in municipal parks, school yards and CCCs in 1999, due to several serious injuries on public playgrounds. Over the last 20 years, municipalities have certified their own staff in playground inspections and school boards and CCC operators are now retaining the services of certified third-party agencies to conduct inspections of their playgrounds.

In 2019, DRHD will discontinue all inspections of outdoor play spaces located on municipal, school board or CCC property. The OPHS, which mandate public health programs and services, do not include requirements pertaining to the inspection of playgrounds. A review was conducted by LS, which concluded that there is no legislative requirement and no obligation on the Region to continue to offer this service. DRHD will continue to provide subject matter expertise to local municipalities, school boards and CCCs if required. Complaints related to outdoor playgrounds received by DRHD will continue to be assessed and investigated as per existing processes.

A communication strategy will be developed and provided to stakeholders in early 2019.

Part 8 OBC (Sewage Systems)

The BCA allows municipalities to enter into an agreement with a BOH having jurisdiction in the municipality for the enforcement of provisions of the BCA and the building code related to sewage systems. As a result, DRHD has agreements with seven of eight local municipalities for the administration of Part 8 (Sewage Systems) of the OBC. SSM agreements are in place with the Towns of Ajax and Whitby, the Townships of Brock, Scugog and Uxbridge, the Municipality of Clarington and the City of Pickering.

The services provided under the SSM agreements include, but are not limited to: conducting inspections of any land which is to be divided by severance (where municipal services are not proposed) to ensure compliance with the Region of Durham “Drilled Well and Lot Sizing Policies”; reviewing building permit applications for sewage systems for compliance with the OBC; issuing building permits for sewage systems; inspecting sewage systems to determine compliance with issued building permits; investigating complaints and malfunctioning sewage systems; and where necessary, issuing orders and conducting inspections of land to determine the acceptability of applications as they relate to the existing and proposed sewage systems.

During 2018 DRHD issued **222** building permits for sewage systems, inspected **29** properties prior to the issuance of permits for building additions, and reviewed **120** planning applications.

In 2018, **620** inspections related to sewage system building permits and installations and inspections related to planning applications and activities were conducted. DRHD staff also attended **99** pre-consultation meetings regarding planning applications. Staff also respond to questions from the public and sewage system installers regarding sewage systems and planning applications. In 2018, **340** requests for service were responded to.

The current SSM Agreements will expire on March 31, 2019. Work is in progress to renew the agreements prior to the end of March.

Safe Water

Small Drinking Water Systems

The OPHS and related protocols together with Regulation 319/08 govern SDWS in Ontario. SDWS include public facilities with a non-municipal water supply such as; food service establishments, marinas, places of worship, recreational camps, trailer parks/ campgrounds and any place where the public has access to a washroom. Within Durham Region there are approximately **240** SDWS. All SDWS have been inspected as required; high-risk SDWS are inspected every 2 years while medium and low risk SDWS are inspected every 4 years. Compliance with the directive is monitored on a quarterly basis

During 2018, DRHD issued **21** warning notices to SDWS owners that were not in compliance with the directive. In 2017, nine warning notices were issued which resulted

in three convictions. When compliance is not achieved following the issuance of a warning notice, legal action is taken, and owners are charged under Regulation 319 (Small Drinking Water Systems). In 2018, **two** offence notices and **two** summonses were issued to **four** SDWS owners resulting in **two** convictions.

Every owner of a SDWS shall ensure that every operator of the system is trained in drinking water system operation and maintenance and all relevant safety and emergency procedures. In 2018, DRHD collaborated with the WCWC in Walkerton to offer the “Basics for 391 Systems” to local SDWS owners and operators.

The OPHS and the *Safe Drinking Water and Fluoride Monitoring Protocol* also require BOHs to receive reports and respond to adverse events such as reports of AWQIs on drinking water systems governed under the HPPA.

In 2018, DRHD received and responded to **98** AWQI reports resulting in the issuing of **18** Boil Water Advisories/Boil Water Orders and DWAs.

The goal of this requirement under the OPHS is to enhance the level of awareness and knowledge of drinking water safety with owners/operators of drinking water systems and to address reports of AWQIs by acting to ensure a safe and healthy environment for the users of these drinking water systems. This information is available as part of DRHD’s disclosure program.

Bathing Beach Monitoring Program

As per the *Operational Approaches for Recreational Water Guideline*, HP collects bacteriological water samples from local public beaches to determine if they are safe for swimming. The beach water results are posted on a weekly basis throughout the season on durham.ca.

On August 7, 2018, there was a large wastewater treatment by-pass in Toronto. There were no wastewater treatment plant by-passes at any Durham Region WPCPs along Lake Ontario during the 2018 beach water sampling program.

In 2018, by-passes in Toronto wastewater treatment plants coincided with local beach postings for the week following 6 out of 11 by-pass events.

While there was a local beach posting following the largest volume release in Toronto there is insufficient information to also rule out local sources of contamination.

The presence of waterfowl was the most significant factor that was associated with beach postings during the 2018 beach water sampling program. The presence of either geese or seagulls was observed during sampling days that resulted in postings 14 out of 17 times.

In addition to the requirement to routinely monitor and sample public beaches for bacteriological water quality, the *Recreational Water Protocol* of the OPHS requires BOHs to respond to complaints or reports of adverse events related to recreational water at public beaches. Potential adverse events at public beaches include reports of blue green algae. During the 2018 season, DRHD responded to **six** reports of blue green algae, four at public beaches and two at other areas and as a result, postings for the presence of blue green algae were issued at four public beaches. Two other areas of surface water were posted for the presence of blue green algae, however; these areas were not public beaches. The presence of a blue green algae bloom was identified in October 2018 at one of the locations that is not a public beach. Blue green algae blooms were not identified at any public beaches in 2018. Information on reports of blue green algae and locations where its presence has been identified is posted on durham.ca.

During the coming months DRHD staff will meet with representatives from the MOECP, the Regional Works Department, local municipalities, conservation authorities and other stakeholders to develop a local blue green algae response strategy.

Recreational Water Facilities

On July 1, 2018, the Public Pools Regulation (O. Reg. 565) came into effect. This regulation governs the operation, maintenance, safety and supervision requirements for public pools, spas (hot tubs, whirlpools), wading pools and splash pads. To assist local recreational water facility owners and operators, DRHD provided an information session in June 2018 and provided an overview of the changes and new items in Regulation 565. A similar session was provided to DRHD staff members to assist them with the application of the revised regulation. Inspection results for these premises are also publicly available as part of DRHD's disclosure program.

Respectfully submitted,

Original signed by

Lisa Fortuna
Director, Health Protection Division



DURHAM
REGION
HEALTH
DEPARTMENT



Healthy Families

Report for September – December 2018

Healthy Babies Healthy Children

The HBHC program is a voluntary program administered by public health units across Ontario and consists of universal screening with targeted assessments and interventions for families and children from the prenatal period until their transition to school. As part of the HBHC program, PHNs and lay FVs provide supportive intervention to families identified with risk through a blended model of home visiting. PHNs and FVs work in partnership with identified families to develop and address goals related to healthy child development and effective parenting.

There are several factors that may put families at risk and present challenges for children to achieve their potential, including, family violence, housing instability, low educational status, mental health concerns, poverty, single parenthood, social isolation and substance misuse. Screening is the first step in identifying families that may be at risk and who would benefit from a more in-depth assessment. The screen consists of a series of 36 questions designed to identify a family's supports and challenges. Screening can be completed prenatally, postpartum and/or any time in early childhood up to the child's transition to school. Families can be referred to the HBHC program by a HCP or can self-refer by calling DHCL. Once a family is referred, it is screened by a PHN. Screening is also completed by hospital nurses for consenting families who give birth at the hospital and by midwives. In 2018, **5,107** HBHC screens were completed and of those **2,573 (50 per cent)** were identified "with risk".

Once a family is identified with risk through the HBHC screen it is referred for an IDA with a PHN. In 2018, PHNs were able to reach **1,573** families on the telephone that screened with risk and of those, **628** agreed to a home visit and **589** had a completed IDA during the home visit. The IDA consists of 23 standard questions. The aim of the IDA is to confirm risk and identify vulnerable families that would benefit from additional support through the BHV program. There were **394** families confirmed with risk on the IDA and **289** agreed to referral to the BHV program. If a family declines the BHV program or is not confirmed with risk following the IDA it is offered health education and referrals as

appropriate. There are currently **325** families participating in the BHV program. A total of **6,446** home visits were completed with families by PHNs and/or FVs in 2018.

Healthy Families

Cannabis and Pregnancy - Legal doesn't mean safe

The SOGC recommends avoiding the use of cannabis if pregnant, thinking about becoming pregnant or breastfeeding. Pregnancy is a critical time for a baby's brain development and the adverse effects caused by cannabis exposure can be life-long. In Durham Region, **22 per cent** of residents reported there is no risk of cannabis use or are unsure of the risk during pregnancy. There is concern that legalization of cannabis will reinforce the reputation of cannabis being a harmless drug and result in increased use among pregnant women.

PHNs facilitated a Prenatal Network meeting on October 11, 2018 with **11** community partners, including the Chief of Obstetrics & Gynecology and Chief of Pediatrics at LHO to discuss and review substance use data among pregnant women in the region, SOGC cannabis messaging and local resources and supports. Additionally, PHNs developed social media messages highlighting the risks of cannabis use during pregnancy. These messages were posted on the DHF social media platform on October 17, 2018, the same day as legalization. The post received the highest engagement in the history of the social media platform. Over **1,200** people shared the Facebook post, there were over **6,000** engagements and over **116,000** people reached. The social media post was one element of a broader communication campaign that launched in October. Additionally, an article was published in CHN targeting health and social services providers, an infographic was developed and distributed to community partners, and an advertising campaign promoting the SOGC messaging launched in December with a focus on priority neighbourhoods.

Enhancing Physical Health and Well-Being among Preschoolers in Durham Region

The EDI is a teacher-completed questionnaire that measures a child's ability to meet age-appropriate developmental expectations. Since 2006, the EDI has been used locally to measure a child's readiness to learn prior to grade one. The EDI classifies children in three ways: on track, at risk, or vulnerable in their development. Without additional support and care, children who score below the vulnerability cut-off on the EDI scale may experience future challenges in school and society. There are five EDI domains: communication skills and general knowledge, emotional maturity, language and cognitive development, PHWB and social competence. The PHWB domain includes gross and fine motor skills (e.g., holding a pencil, running on the playground, motor coordination), adequate energy levels for classroom activities, independence in looking after own needs and daily living skills.

Between 2012 and 2015, there was a significant increase in the percentage of children vulnerable in the PHWB domain in Ontario. While the percentage of vulnerability did not change significantly in Durham Region, it remains much higher than the provincial

average. Within the PHWB domain, children are most vulnerable in the gross and fine motor sub-domain. A PHN developed a comprehensive report outlining best practices to improve vulnerabilities in this domain.

The report identifies a multi-level approach to address vulnerabilities in the PHWB domain in preschool children. For example, at the individual level, having the same bedtime routine every night can help create healthy sleep habits. Preschoolers should have 10 to 13 hours of good quality sleep, which may include a nap with consistent bedtimes and wake-up times. As well, sedentary screen time should be no more than one hour a day - less is better. At a family level, parental support and role modelling are important with parents being encouraged to be physically active with their child and to increase the amount of time their child spends in active play. Other strategies include enrollment in structured activity programs (e.g., gymnastics, sports), as they offer children the opportunity to improve their fundamental movement skills. At a community level, evidence shows a strong association between preschool attendance and reduced odds of developmental vulnerability at school entry. However, this work also highlights that even with a potential protective effect, preschool children from disadvantaged communities still have substantially higher odds of vulnerability at school entry.

The information will be used in collaborating with community partners in the development of a regional approach to EDI.

Healthy Me, Healthy Us Family Health Information Day

The second annual HMHU event took place October 20, 2018 at the Pickering Public Library. This free family health information day focused on making connections with local residents in Ajax and Pickering who have children 0 to 6 years of age. The goals of this event were to provide information regarding local programs and services and strengthen a sense of belonging to the community. HMHU evolved out of community consultations done by the APECDC. The APECDC formed in 2015 as a collaborative community planning table to address vulnerabilities in early child development in Ajax and Pickering. The Ajax and Pickering communities were chosen based on lower scores on the EDI, lower rates of well-baby visits, higher number of births and an increasingly diverse population.

A total of **20** non-profit community partners participated in this event, offering interactive educational displays and free health information and resources. There were **251** attendees, with the following evaluation feedback:

- **90 per cent** thought it was very good or excellent
- **90 per cent** would recommend the event to a friend or family member
- **97 per cent** are more aware of community programs, agencies and resources available in Ajax and Pickering because of this event
- **Nine per cent** have lived in Canada for less than one year

At the event this year the APECDC launched the BYYB campaign. Artwork from a grade 10 student in Ajax inspired the development of a special logo to promote BYYB. The logo has been reported as being “very inclusive”, “a powerful image”, and “celebrates diversity

and being unique” by people attending the HMHU event. The goal of the campaign is to increase attendance at community programs and services for families with children 0 to 6 years of age.

Respectfully submitted,

Original signed by

Jean Nesbitt
Director, Population Health Division
Chief Nursing Officer



Healthy Living

Report for September – December 2018

Food Insecurity

In 2018, **12 per cent** of Durham households, approximately **78,000** residents, were food insecure, meaning they either worried about running out of food, settled for lower quality food options or missed meals altogether. Food insecurity poses serious health risks including higher rates of depression, diabetes and high blood pressure and disproportionately higher healthcare use with the increasing severity of food insecurity.

Nutritious Food Basket

The NFB measures the cost of a basic healthy diet for a family of four. In 2018, the cost was **\$853** per month or **\$197** per week. This represents a **15 per cent** increase in food costs over the past 5 years.

To address the issue of food insecurity, DRHD implemented a NFB awareness campaign. Accomplishments included:

- Revising DRHD's food poverty tools and resources to reflect 2018 NFB costs.
- Implementing a NFB promotion campaign from October 15 to November 29, which included advertising, social media, YouTube videos, and a media release which resulted in interviews with Durham Radio News and OE.

DRHD organized and hosted two events for community partners to provide information on food insecurity, Health Neighbourhoods data and to share food poverty tools and resources. A total of **13** community partners attended on June 22, 2018 and **17** community partners attended on September 20, 2018. The collaboration among community partners resulted in the following accomplishments:

- A recommendation for a 'one-stop-shop' information webpage designed for residents who are having difficulty meeting their basic needs.
- Collaboration between DRSSD and DRHD to coordinate a Community Food Advisor Service on WFD (October 16) at the Region of Durham Ontario Works Employment Resource Centre. The service featured a presentation on food insecurity and a cooking class that focused on healthy eating on a budget.

- Attendance at Durham's Children and Youth Planning Network fall community meeting on October 24, 2018 to share food poverty resources and food budget kits with attendees.
- An opinion piece by FND's Executive Director, Ben Earle, entitled 'Food Insecurity in Durham Region' appearing in the OE on November 15, 2018 featuring information from the NFB report. FND also distributed food poverty resources to affiliate food banks.
- The City of Oshawa held a food donation drive for WFD. Donation boxes were put out across the city at five facilities from October 14 to 21. The food collected was donated to FND. Oshawa secured funding from a banking institution to support the South Oshawa Cooking Club which assists South Oshawa youth learn cooking and life skills.
- Community Development Council of Durham displayed food poverty resources in welcome centres to raise awareness.
- A PHNt collaborated with the DC Food Insecurity team. The team used the NFB report to begin developing the DC Food Poverty infographic.

Mental Health

Stress can be beneficial for healthy functioning in small amounts, but it is well documented that too much stress and the inability to cope with stress can harm young people's well-being (Day et al.,2016). In response to educator requests for more support around stress and anxiety in their classrooms, and to support student mental health, DRHD adopted the [Stress Lessons and Kids Have Stress Too!](#) series developed by the PFC. The aim of this series is to support integration of social-emotional learning opportunities for students in classrooms.

DRHD completed a research project to evaluate the workshops provided by PHNs to teachers as well as the implementation of resources. Ethics approval for the project was received by DRHD's ERC and four school boards. The evaluation report was completed and disseminated to school boards and the PFC in November 2018.

- **24** workshops were provided to educators.
- **179** educators from **14** elementary schools participated in these workshops.
- **140** educators completed the pre and post workshop evaluations.
- Following the workshop, results indicated an increase in awareness, familiarity and confidence about stress management and coping strategies.
- **97 per cent** of participants planned to use the resource in their classroom.

To support knowledge translation, staff presented research findings at DRHD's RKES and the October 2018 CMHA conference held in Montreal.

School Health

Youth Hubs

PHNs planned and implemented youth targeted health programs and services in **6** DDSB youth hubs in collaboration with community partners. The DDSB “Voice of Youth” surveys were promoted by school PHNs and completed online by secondary school students and grade 7 and 8 elementary school students. Feedback was received from approximately **1,018** youth in two surveys. The surveys indicated that 40 per cent and 26 per cent of youth would like to access to healthcare services. Based on these results DRHD engaged with youth to determine what healthcare services meant to students, what was their priority and how they would like to be involved in the planning and implementation of their youth hubs.

Approximately **433** youth engaged with PHNs at **four** youth hubs. PHNs have collaborated with **32** community partners in the planning for the youth hubs and attended **35** meetings to date. PHN roles have included: being active school community council participants; co-facilitating community partners’ meetings; collaborating with team members; and presenting to educators and partners on topics such as HN maps and youth engagement principles.

Presentations at School Board Workshops / Conferences

PHNs participated in **three** school board workshops/conferences to create awareness and educate participants about the comprehensive school health model. PHNs utilized multiple strategies including educational displays and presentations to explain the healthy school model, how the school community can support and embrace the healthy school model and how they can work closely with their assigned PHNs. Participants at these events included superintendents, principals, educators and secretaries.

The three events attended included:

- DCDSB Secretary Workshop (August 24, 2018) with **70** secretaries participating.
- DCDSB Community Carousel (September 19, 2018) with **60** principals and superintendents participating.
- Four DDSB Safe and Accepting Schools Team training sessions (September 10 and 11, 2018) with approximately **200** educators and principals participating.

Additionally, PHNs provided health education on the topics of healthy eating, mental health, physical literacy and substance use at the DDSB Professional Development Day on October 22, 2018 with **110** educators participating.

Substance Misuse

Cannabis

According to the WHO, Canada has one of the highest rates of cannabis use in the world, with youth currently having the highest rates of use.

Cannabis use among local students:

- **Five per cent** of students have tried cannabis before grade nine (OSDUHS, 2016 to 2017).
- **28 per cent** of secondary school students reported using cannabis in the past year (OSDUHS, 2016 to 2017).
- **10 per cent** secondary school students reported they have used cannabis once a week or more in the last 12 months (OSDUHS, 2016 to 2017).
- **60 per cent** of secondary school students were not intending to use cannabis once legalized.

Evidence indicates that cannabis is not a benign substance. Cannabis use carries significant health risks, especially if used frequently and/or if use begins at an early age (CAMH, 2014). When used frequently, cannabis is associated with an increased risk of cognitive and psychomotor functioning, respiratory problems, cancer, dependence, and mental health problems including anxiety, depression and schizophrenia.

Youth are particularly vulnerable to the negative long-term effects of cannabis use because their brains are still developing up until the age of 25. Use of cannabis before age 25 can cause long-term problems with attention span, emotional control, memory, and problem-solving (CCSA, 2015).

In October 2014, CAMH released an evidence-informed Cannabis Policy Framework which recommended that cannabis legalization combined with a public health approach of strict regulations provides an opportunity to reduce harms associated with cannabis.

On October 17, 2018, cannabis was legalized in Canada and Ontario passed [Bill 36](#), which privatized the cannabis retail model. The [Cannabis Statute Law Amendment Act, 2018](#) identifies the AGCO as the regulator of cannabis retail outlets and the OCRC as the wholesaler and online retailer of cannabis in Ontario. Currently, people 19 years of age and older can purchase cannabis legally, online only, through the OCS. Retail cannabis stores are currently scheduled to open on April 1, 2019.

Municipalities will be able to pass a council resolution, no later than January 22, 2019, to opt-out of privatized retail cannabis stores. Opting-out is a one-time option for municipalities, however, those that choose to opt-out may opt-in and allow cannabis stores in the future.

The OCLIF will provide \$40 million in funding over two years to municipalities across Ontario to help with the implementation costs of recreational cannabis legalization. As a

first payment, the Province will distribution \$15 million of the fund between municipalities based on the following:

- 2018 MPAC household numbers
- 50/50 split in household numbers between lower and upper tier municipalities
- Adjustments to provide at least \$5000 to each municipality

For the second payment, the Province will distribute \$15 million of the Fund between all municipalities based on the following:

- If a municipality has not opted-out of hosting private retail stores, it will receive funding based on the 2018 MPAC household numbers, adjusted so that at least \$5,000 is provided to each municipality.
- If a municipality has opted-out of hosting private retail stores, it will receive a maximum amount of \$5,000. If a municipality opts out by January 22, 2019 and opts back in at a later date, that municipality will not be eligible for additional funding.

Municipalities must use the money they receive from OCLIF solely for the purpose of paying for implementation costs directly related to the legalization of cannabis. Examples of permitted costs include:

- Increased enforcement (e.g., police, public health and by-law enforcement, court administrators, litigation)
- Increased response to public inquiries (e.g., correspondence)
- Increased paramedic services
- Increased fire services
- By-law/policy development (e.g., police, public health, workplace safety policy)

Municipalities must not use the money they receive from the Fund to pay for:

- Costs that have been, or will be, funded or reimbursed by any other government body, or third party.
- Costs not related to cannabis legalization.

The Province has communicated that proposed store locations will be subject to a 15-day public notice process that provides municipalities and residents the opportunity to comment on store locations.

As per the Ontario regulations, storefronts must be stand-alone and have a minimum distance of 150 meters between retailer and school and operate between 9 a.m. and 11 p.m. The Province has indicated that municipalities are prohibited from using land use by-laws to control the placement and or number of cannabis retail outlets.

A multidisciplinary Regional workgroup, chaired by DRHD, continues to collaborate to address cannabis legalization at a Regional level as well as to coordinate information and support for local municipalities. This workgroup includes members from CAO's Office, DRHD, DRPS, DRSSD, Finance, LS, and Planning. In September, the workgroup held one in person meeting and maintained ongoing communication throughout the fall.

DRHD continues to provide consultation and information to local stakeholders including: community agencies; community residents; HCPs; school boards; and staff from area

municipalities. From September to December 2018, DRHD worked with **12** stakeholder organizations and municipalities regarding cannabis legalization. Additionally, in December, PHNs participated in a cannabis public consultation session held in Ajax.

DRHD is mandated to increase awareness of harmful health effects of cannabis, work to prevent and/or delay cannabis use among youth, promote healthy decision-making, and support educators through curriculum support. To meet this mandate, PHNs offer a variety of strategies targeted to the community at large as well as to school educators, students and parents.

To increase awareness of the harmful health effects associated with cannabis use, public health nurses implemented a communication plan. Between September and December, **two** social media posts were featured on the DHF social media platforms, as well as **two** media interviews were conducted with Global News Durham and Durham Parent magazine. Social media evaluation metrics note a **six per cent** engagement rate and a total of **369** comments, post clicks, reactions and shares, as well as **231** likes on Instagram.

To support educators, students and parents, DRHD developed and/or revised **seven** health information products and curriculum support resources. Between September and December, PHNs responded to over **90** school requests for consultation, resources and support related to substance use. Additionally, DRHD received **three** requests from other PHUs, to adapt DRHD materials for use in their respective communities. DRHD continues to be an active member on the Durham Region School Board Cannabis Committee. Throughout the fall, staff consulted with **four** school boards to identify and address their needs related to cannabis legalization and youth use.

Evidence strongly supports the use of peer-based strategies to prevent, delay and/or reduce substance use by youth. DRHD, in partnership with DDSB and **seven** other community agencies, piloted a peer mentorship strategy whereby grade 7 and 8 students met with grade 5 students to discuss how substances can affect the human body, how to cope with peer pressure, and how media can influence choices around substance use. PHNs worked with **210** grade 7 and 8 peer leaders to train them on these topic areas and offer guidance on facilitation techniques for engaging the grade 5 students. A total of **1,640** grade 5 students, from **27** schools, participated in the events. Highlights of the pilot evaluation results indicate:

- **73 per cent** of students retained the key messages from the event, up to 4 weeks post event.
- **71 per cent** of educators engaged the students in further discussions about health-related topics as a result of the event.
- **78 per cent** of educators connected the event to lessons they delivered in class.
- Students learned new and relevant information and appreciated the opportunity to work with senior students.

The DYDAC consists of members from CCHC, DRHD, DRPS, local school boards and PAS. On an annual basis this committee hosts a youth engagement conference for students. Using a peer leadership model, the conference aims to increase student

awareness of substance use and mental health issues and to support youth to develop leadership skills by implementing youth led activities within their respective schools.

During the 2017-2018 school year, students from **10** schools implemented youth-led activities to address substance use. Approximately **10,000** students, staff and parents were engaged as part of the 2017-2018 youth-led plans. In the fall of 2018, the annual conference was held with **20** schools in attendance. To date, **11** schools have developed youth-led action plans for the 2018-2019 school year.

Additionally, DRHD is a co-applicant for a LDCP, funded by PHO. The purpose of this research project is to identify effective public health approaches to decrease non-medical cannabis use among young adults. The LDCP team consists of **16** PHUs, Brock University, and key partner agencies including the CAMH, CPHA and PHO.

Opioids

There are many factors that have led to the significant increase in opioid-related overdoses including, but not limited to, high rates of opioid prescribing and the emergence of strong synthetic opioids in the illegal drug supply – such as fentanyl.

Statistics show that:

- Since 2003, the number of ED visits due to an opioid overdose in Durham Region residents increased from **138** to **389** in 2017.
- From January to June 2018 there were **205** ED visits due to opioid overdoses.
- The number of hospitalizations from an opioid overdose increased from **59** in 2003 to **86** in 2017.
- The number of opioid related deaths increased from **18** in 2013 (rate of 2.8 per 100,000) to **58** (rate of 8.3 per 100,000) deaths by 2017 (Ontario Agency for Health Protection and Promotion [Public Health Ontario], 2018).

Naloxone Distribution and Training:

Naloxone distribution requirements for PHUs includes serving as regional naloxone distribution hubs for eligible community organizations that work with at risk clients/families or friends. Responsibilities also include providing agency training on: recognizing the signs of overdose; reducing the risk of overdose; and administering naloxone in cases of opioid overdose. PHUs are also required to collate naloxone data from community organizations, support agencies with policy development and increase awareness of community organizations' naloxone availability.

Organizations that are eligible to receive naloxone from PHUs include:

- AIDS service organizations
- Community Health Centres (including Aboriginal Health Access Centres)
- Emergency Departments
- Police and Fire Services
- Shelters
- Outreach programs

- Withdrawal management programs

DRHD has partnered with **19** community agencies/organizations, to provide opioid overdose prevention and response training, assistance with policy development as well as access to naloxone. As of December 2018, approximately **1,042** naloxone kits and **146** naloxone refills have been ordered and distributed to eligible community agencies.

Local Opioid Response Plan

The Province's local opioid response requirements include building on and leveraging existing programs and services to increase patient access. It is expected that PHUs will engage stakeholders and identify partners to support development and implementation of a local overdose response plan, informed by population health and a situational assessment of local needs, gaps, community challenges and issues.

The Durham Region Opioid Task Force, formed in fall 2017, includes the following members:

- Aids Committee of Durham Region
- Bawaajigewin Aboriginal Community Circle
- Brock Township Fire Services
- CMHA Durham
- Clarington Fire Services
- DCDSB
- Durham District School Board
- Durham Mental Health Services
- DRPS
- Founder of Inspire by Example
- John Howard Society Durham
- Oshawa Fire Services
- PAS

The [Opioid Response Plan](#), which aligns with the pillars of Health Canada's [Canadian Drug and Substance Strategy](#), contains three priority areas for action:

1. Coordinate surveillance activities and data indicators and develop a real time response plan.
2. Develop a harm reduction strategy that fosters service coordination, access to treatment and harm reduction supplies for priority populations in Durham Region.
3. Address stigma by increasing awareness about the connection between mental health, trauma and substance use among the general population as well as health care providers.

From September to December 2018, **14** meetings were held with stakeholders to carry forward the work of the opioid strategy. Additionally, to ensure coordination of services locally, DRHD is also a member of the CELHIN Opioid Task Force. From September to December, DRHD staff participated in a total of **eight** meetings related to the [CELHIN Opioid Strategy](#) and related action plan.

Tobacco Enforcement

Effective, October 17, 2018, the *Smoke-Free Ontario Act, 2006* and the *Electronic Cigarettes Act, 2015* were repealed and replaced with a single statute, the [SFOA, 2017](#). SFOA, 2017 regulates the use, sale, supply, display and promotion of tobacco products and vapour products including medical cannabis. New smoking and vaping protocols and guidelines under the OPHS also came into effect in October 2018, which require the disclosure of tobacco sales convictions under the SFOA, 2017. These will be posted on [durham.ca](#).

With the enactment of SFOA, 2017 and the legalization of cannabis in the last quarter of 2018, the tobacco enforcement program has been very active. The Province provided training for tobacco enforcement staff in PHUs on the new SFOA, 2017. The tobacco enforcement staff will be using a progressive enforcement strategy which involves providing education and training to the operators, followed by warnings and then, if required, the laying charges for issues of ongoing non-compliance with the new requirements in the SFOA, 2017. DRHD is also developing and sharing information to stakeholders throughout the region on the health risks associated with smoking, vaping, and the use of cannabis.

DRHD is also continuing to work towards the repeal and replacement of the current Regional Smoke-Free by-law to replace the regional by-law that was first passed in 2002. The new regional smoke-free by-law will remove the outdated sections in the former by-law and will include cannabis and new requirements to strengthen smoking and vaping restrictions in workplaces and public places throughout the region. Following consultations with key stakeholders, including local municipalities, the draft by-law will be presented to Regional Council for approval.

Respectfully submitted,

Original signed by

Jean Nesbitt
Director, Population Health Division
Chief Nursing Officer

Original signed by

Lisa Fortuna
Director, Health Protection Division



DURHAM
REGION
HEALTH
DEPARTMENT



Infectious Diseases

Report for September – December 2018

Immunization

In accordance with the CCEYA, operators of licensed CCC are required to ensure that up-to-date immunization records are available for each child enrolled in their centre. Immunization records must be provided to DRHD, where they are assessed in accordance with the Publicly Funded Immunization Schedules for Ontario – December 2016.

Vaccination compliance rates are maintained in CCCs through DRHD's annual assessment of each child's immunization status. In addition, staff conducts annual meetings with CCC operators to review immunization recommendations and to provide relevant strategies and resources. Each CCC has an assigned PHN to support immunization assessment and maintenance throughout the year.

CCC operators are required to provide enrolment and immunization records monthly which supports DRHD to accurately maintain records on the immunization status for children in CCCs throughout the region. This information is used in the event of a communicable disease outbreak to identify those who are at risk for vaccine preventable disease and limit the spread of disease. The monthly collection of information also supports the annual assessment of the immunization status of children.

The immunization status of children in licensed CCCs is maintained through the annual immunization notice process. This past year there were a total of **7,745** children enrolled in licensed CCCs. Notices were sent through CCCs to parents of children missing immunizations. PHNs met with CCC operators as needed to review the process and status of children enrolled in their centre.

A total of **2,601** immunization notices were generated for children missing immunizations. PHNs assessed and resolved **1,238** of these notices resulting in **1,363** second notices being issued. The immunization compliance rate of these children in December 2016 prior to sending immunization notices was **66.8 per cent**. This value represents the number of children that have each of the required vaccine antigens up-to-date or a valid conscience or medical exemption on file. This is an increase of **two per cent** from the

previous year which was **64.9 per cent** prior to sending notices. Of the **1,363** children sent an immunization notice, **11** remained overdue for at least one vaccination upon the June 2018 deadline. PHNs continued to follow up with CCC operators, and parents of children that were missing required vaccines to resolve their immunization non-compliance status.

Priority HN were identified for various health factors. The immunization status of children in CCCs in the priority HN is being explored to determine if additional immunization support is needed. During the immunization notice process, **31** of the **165** licensed CCCs were located within priority neighbourhoods. An average of **15.8** immunization notices were sent to each CCC compared to an average of **17.3** immunization notices sent to each CCC in priority neighbourhoods. PHNs are working to identify strategies to support immunization in priority neighborhoods. Some of these strategies include direct follow up with parents/guardians and additional in-person visits with CCC staff to provide support.

Other strategies to increase vaccination rates included providing **seven** clinics for priority populations including locations such as Welcome Centres. Other clinics offered through included catch-up clinics and school clinics for grade 7 and 8 students. Residents without OHIP or access to a healthcare provider were offered publicly funded immunizations through DRHD clinics. The Health Department also distributed vaccines to all healthcare providers to maintain immunization access for residents throughout the Durham Region.

The importance of immunization in children is promoted routinely through social media posts and through durham.ca. The ongoing annual assessment and maintenance of immunization status for children supports higher immunization rates in Durham Region. The combination of sending immunization notices and collaborating with CCC operators and families in the child care setting help build a foundation of immunization through the lifespan.

Infectious Diseases Prevention and Control

Annual Flu Event

The 20th Annual Flu Event was hosted by DRHD on October 23, 2018. There was representation from 41 healthcare facilities including acute care facilities, LTCHs and retirement homes. Also in attendance were partners from CELHIN, DRPS and RDPS. Flu vaccine was distributed to the facilities as is every year during this event. Dr. Bryna Warshawsky, the keynote speaker from PHO, discussed the 2017-2018 flu season and predictions for the upcoming flu season. New this year, there was a panel discussion to review successes of staff and resident's immunization programs in three different facilities. The panel was an engaging way to share experiences and increase awareness with stakeholders on different ways to promote flu vaccine to their residents and staff.

Top Shots awards were given out as follows:

- Highest increase in staff influenza immunization rates from last season: Chartwell Bon Air Residences, Fairview Lodge, Hillsdale Estates, Hillsdale Terraces, LHW.

- Highest staff influenza immunization rates: Extendicare Oshawa, Fosterbrooke LTC Facility, LHW, Port Perry Place.
- Increase of 10 to 20 per cent in staff immunization rates from last season: Glenhill Strathaven, Lakeview Manor, Ontario Shores Whitby, Sunnycrest.

Diseases of Public Health Significance and Zoonotic Diseases

In May 2018, the Province released the revised regulations for reportable diseases under the revised HPPA. In the HPPA, there was a terminology change from “reportable diseases” to “diseases of public health significance”. The revised regulation made changes to current diseases, removed two diseases and added four new diseases. The changes are highlighted below:

- Haemophilus *influenzae* b disease, invasive to Haemophilus *influenzae* disease, all types, invasive.
- Transmissible Spongiform Encephalopathy including Creutzfeld-Jakob Disease, all types to Creutzfeld-Jakob disease, all types.
- Diseases removed from the list: malaria and yellow fever.
- New diseases added: blastomycosis, CPE, infection or colonization and *Echinococcus multilocularis*.

There were **247** diseases of public health significance investigated between September to December. The total number of diseases of public health significance investigated by HP in 2018 was **1,005** compared to 904 in 2017. These include in descending order influenza (**485**), campylobacter enteritis (**148**), salmonellosis (**126**), giardiasis (**68**), LD (**37**), legionellosis (**28**), cryptosporidiosis (**18**), amebiasis (**15**), cyclosporiasis (**15**), yersiniosis (**15**), VTEC including HUS (**nine**), food poisoning all causes (**five**), West Nile virus (**five**), CPE colonization (**five**), CPE infection (**three**), hepatitis A (**four**), malaria (**four**), shigellosis (**four**), blastomycosis (**three**), typhoid fever (**three**), brucellosis (**two**), **one** each of Creutzfeldt-Jakob disease all types and paratyphoid fever. There were no reports of *Echinococcus multilocularis* in 2018.

There were no confirmed cases of the three new diseases that veterinarians are required to report to public health. Two suspect cases followed up and none were positive. The three new animal diseases to be reported by veterinarians include avian chlamydiosis, avian influenza, novel influenza in mammals (defined as any influenza not already known to be endemically circulating in Ontario’s animal species) and *Echinococcus multilocularis* infection.

Infection Prevention and Control

Between September to December, there were no complaints regarding health clinics, however, **seven** IPAC lapse complaints in PSS establishments were received and investigated which required **five** postings on durham.ca, including four nail salons and one barber shop.

Confirmed IPAC lapses are required to be disclosed/posted on durham.ca. Nail salons continue to get the most postings. Of the **19** postings in 2018, 16 were of nail salons and

the most cited issues include improper cleaning and disinfection and reuse of single-use items.

In 2018, there were significant changes to the PSS program including a new regulation and the release of PHO's *Guide to Infection Prevention and Control in Personal Service Settings*, 3rd edition. In addition, The Know Before You Go program was publicly launched on the durham.ca. The focus during the latter part of 2018 and into 2019 will be to ensure operators understand the new provincial requirements.

In addition to completing the required inspections, the focus of the CCC inspection program in the fall was to communicate the changes in the OPHS and the new requirement that CCC inspection results must be publicly disclosed on durham.ca. DineSafe disclosure signs (green/yellow/red) will no longer be posted for CCC kitchens, as the kitchen and the centre are now included in the new Check&Go! disclosure by-law. There are signs posted at each CCC directing the public to view the disclosure website.

Outbreak Summary

Between September and December, **16** outbreaks (**11** respiratory and **five** enteric) in CCCs, hospitals, LTCHs and retirement homes were investigated. The causative agents include: **one** Influenza A, **one** enterovirus, **two** norovirus, and **12** no agent identified.

In 2018, there were **166** outbreaks, **70** enteric and **96** respiratory compared to **134** in 2017. In 2018 there was a focus on increasing communications to community partners, providing more education on outbreak management and reporting. In 2018 CCCs had the highest number with **69** outbreaks declared (27 in 2017), followed by **57** in LTCHs (57 in 2017), **17** in retirement homes (30 in 2017), **11** in community settings (seven in 2017), **seven** in hospitals (12 in 2017) and **five** in schools (one in 2017).

In 2019, DRHD's focus is to continue to strengthen the relationships with community partners by reporting outbreak and infection prevention and control updates through communication channels such as the Wee Care Newsletter and institutional outbreak summaries posted on durham.ca. The goal is to ensure that community partners have the necessary resources available to mitigate and reduce the impact of outbreaks.

Rabies Prevention and Control

During 2018 DRHD collaborated with local veterinarians on **14** low-cost rabies vaccination clinics for pet owners in the region. Clinics were held in Whitby (**five**), Pickering (**three**), Clarington (**three**), Oshawa (**two**) and Ajax (**one**). DRHD focuses on locations to target HN priority populations. In 2018, there were **538** animals vaccinated at the clinics. Various communication strategies were used throughout the year, including social media and advertisements to provide information about rabies vaccination for pets, precautions to follow to avoid animal bites, and the requirement to report animal bites to DRHD. Updates were also made to DRHD's rabies prevention and control webpage.

DRHD investigated **1,320** animal bite reports in 2018 which is a **five per cent** increase from the total investigated in 2017 (1,260) and an overall **11 per cent** increase from

reported investigations in 2015 (1,180). DRHD also issued **107** anti-rabies treatments during the year to victims which is a **12 per cent** decrease from the **135** treatments issued in 2017.

A total of **36** animals were submitted for rabies testing in 2018 compared to **46** submissions in 2017. Only one specimen (bat) submitted in 2018 tested positive for the rabies virus which is also the number of specimens testing positive for the rabies virus the previous year.

Plans for 2018 include an increased focus on ensuring that animal exposure incidents are reported to DRHD by those identified in the legislation, including physicians, registered nurses, veterinarians, police officers, as well as the public.

Tuberculosis Investigations

TB is a disease which is preventable and curable but remains an epidemic in much of the world. TB is responsible for the death of 1.5 million people each year, mostly in developing countries endemic with TB and disproportionately affects those facing social inequities and lack of access to health services. TB is a contagious disease caused by bacteria and usually attacks the lungs but can affect any part of the body. It is spread from person to person through close, prolonged contact and breathing the same air which contains the TB germ.

Public Health is responsible to reduce the burden of TB through prevention and control. This includes the management of people who are on immigration medical surveillance, cases of latent TB infection, cases of active TB disease and follow up with anyone who may have been exposed to TB or has been identified as a contact of a person with active TB disease.

Between January and November 2018, DRHD managed **323** cases of latent TB infection, **89** people on medical surveillance and investigated **35** potential cases of TB of which **15** were confirmed active TB disease of the lung.

DRHD conducted two large TB investigations with exposure settings including a school and two workplaces. Public Health interventions to manage these investigations included:

- Identification of high priority contacts who required follow-up.
- A coordinated communication plan to notify contacts of their potential exposure to TB.
- Health education for students, parents and employees using written resources, in-person health education sessions, durham.ca and DHCL.
- TST clinics and referrals to TB specialists as necessary.

The first investigation resulted in identification of **238** contacts who may have been exposed to TB and of those **198** contacts completed the recommended follow-up. The success and learnings from this investigation were presented at the Lung Association's Tuberculosis Conference in November 2018.

The second investigation identified **166** contacts who may have been exposed to TB. PHNs provided information sessions to **400** workplace employees to ensure consistent

and accurate sharing of information across the workplace. PHNs conducted TST clinics at the workplace resulting in **122** contacts completing the recommended follow-up.

Vector-Borne Diseases

The WNV prevention and control program was once again very active during 2018. The program included: weekly surveillance of potential breeding sites for WNV vector mosquitoes which resulted in **4,402** site visits resulting in **1,044** larvicide treatments compared to 3,999 sites visited and 966 treatments the previous year. The scheduled three rounds of regional roadside catch basins was completed on August 1, 2018 which also included the treatment of private backyard catch basins. The adult mosquito trapping activity resulted in a total of **357** batches of mosquitos tested resulting in the identification of **seven** positive mosquito pools. In 2017 there were 455 batches of mosquitoes tested resulting in 10 WNV positive mosquito pools. There has been a total of **five** human cases of WNV reported in Durham Region this season compared to three human cases of WNV reported in 2017.

Our LD activities for this past season resulted in a total of **126** ticks submitted for identification and testing, **77** of which were confirmed as the black-legged tick and **15** of those ticks tested positive for the bacteria that causes LD. A total of **23** confirmed and **seven** probable human cases of LD have been reported involving local residents. A total of **40** human cases of LD were reported in Durham Region in 2018. A significant amount of communication was sent out to stakeholders throughout the season, including regular media releases, a variety of social media platforms, as well as a weekly summary report on VBD activities in the region.

Plans for 2019 include the development of educational materials on LD to be included as part of the curriculum for elementary school students within the DDSB. The long-term goal is to approach all school boards within the region offering the LD educational materials with the hope that the materials be included in the elementary school curriculum.

Respectfully submitted,

Original signed by

Jean Nesbitt
Director, Population Health Division
Chief Nursing Officer

Original signed by

Lisa Fortuna
Director, Health Protection Division



Paramedic Services

Report for September – December 2018

Administration

Dave Mokedanz, Superintendent Operational Support and Shaun Fitzsimmons, Sr. Accounting Clerk assisted in the testing phase of the Enterprise Workforce Scheduling platform that should be operational for RDPS in the late spring of 2019.

Logistics

Changes were implemented to the PM scheduling on RDPS' vehicles. Moving from PM performed every four weeks to every five weeks will lead to cost savings and will assist in streamlining vehicle movements.

The last of five cyclical vehicle and equipment inspections for 2018 were completed in the last quarter. Over **800** pieces of equipment are tested, repaired and accounted for during each inspection.

Operations

Call volumes continue to increase. There is an estimated seven per cent increase in emergency requests for service over 2017. Recent changes to RDPS' deployment plan have helped to ease some of the added pressures. Continued throughput issues at local area hospitals have a direct negative effect on RDPS' abilities to get crews cleared and back to readiness status. Both increasing call volumes and off-load delays at hospitals continue to be the greatest challenges.

Quality Development

The Quality Development group implemented a mentorship program for new recruits. Each recruit is assigned a facilitator as a point of contact to act as a support for any

training or performance challenges. Feedback on the new program has been very positive.

Respectfully submitted,

Original signed by

Troy Cheseboro
Chief/ Director



Interoffice Memorandum

Date: January 18, 2019

To: Health & Social Services Committee

From: Dr. Robert Kyle

Subject: Health Information Update – January 11, 2019

Health
Department

Please find attached the latest links to health information from the Health Department and other key sources that you may find of interest. Links may need to be copied and pasted directly in your web browser to open, including the link below.

You may also wish to browse the online Health Department Reference Manual available at [Board of Health Manual](#), which is continually updated.

Boards of health are required to “superintend, provide or ensure the provision of the health programs and services required by the [Health Protection and Promotion] Act and the regulations to the persons who reside in the health unit served by the board” (section 4, clause a, HPPA). In addition, medical officers of health are required to “[report] directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act” (sub-section 67.(1), HPPA).

Accordingly, the Health Information Update is a component of the Health Department’s ‘Accountability Framework’, which also may include program and other reports, Health Plans, Quality Enhancement Plans, Durham Health Check-Ups, Performance Reports, business plans and budgets; provincial performance indicators and targets, monitoring, compliance audits and assessments; RDPS certification; and accreditation by Accreditation Canada.

Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

*“Service Excellence
for our Communities*

A stylized graphic of a hand or a flame in shades of blue, positioned behind the text.

UPDATES FOR HEALTH & SOCIAL SERVICES COMMITTEE
January 11, 2019

Health Department Media Releases/Publications

<https://goo.gl/mWpyJi>

- Annual Report on Vaccine Safety in Ontario (Dec 13)

<https://goo.gl/zwnz8D>

- Health Department encourages residents to take care of their mental health this holiday season (Dec 20)

<https://goo.gl/YrZRj>

- Health Department encourages residents to protect themselves this flu season (Dec 28)

<https://goo.gl/6nSKG3>

- Vision Screening of Senior Kindergarten Children (Jan 2)

GOVERNMENT OF CANADA

Department of Finance Canada

<https://goo.gl/e8JT67>

- Middle Class Jobs a Shared Priority at Finance Ministers Meeting (Dec 10)

Department of Justice Canada

<https://goo.gl/qSJqk5>

- Minister Jody Wilson-Raybould and Minister Ginette Petitpas Taylor Table in Parliament the Independent Reviews Related to Medical Assistance in Dying (Dec 12)

Employment and Social Development Canada

<https://goo.gl/TcFS3H>

- Minister of Families, Children and Social Development launches call for applications for the National Advisory Council on Poverty (Dec 18)

<https://goo.gl/dWgzfm>

- Government of Canada on track to deliver on the creation of up to 40,000 more affordable child care spaces (Jan 9)

<https://goo.gl/3g3Pi5>

- New benefits are providing more support to the middle class and those working hard to join it (Jan 10)

Environment and Climate Change Canada

<https://goo.gl/3Lv6mX>

- Canada's coal power phase-out reaches another milestone (Dec 12)

<https://goo.gl/jm46pg>

- Statement by the Minister of Environment and Climate Change, Catherine McKenna, on the conclusion of negotiations of the Paris Agreement rulebook: Canada supports momentum on Paris Agreement rules (Dec 15)

<https://goo.gl/PJ53Sh>

- Government of Canada signs environmental cooperation agreement with the United States and Mexico (Dec 18)

<https://goo.gl/rUqfCv>

- Government of Canada supporting Canadian ingenuity through the Low Carbon Economy Challenge (Dec 20)

<https://goo.gl/9jMGiF>

- Year in review: Canada's climate plan delivering results (Dec 20)

Health Canada

<https://goo.gl/kGhvX5>

- Health Canada proposes action to restrict the amount of alcohol in single-serve flavoured purified alcohol beverages (Dec 18)

<https://goo.gl/vxm69D>

- Health Canada Releases Action Plan on Medical Devices (Dec 20)

<https://goo.gl/RP1VWi>

- Health Canada launches public consultations on the strict regulation of additional cannabis products (Dec 20)

<https://goo.gl/oA9vap>

- Statement from Health Canada on Glyphosate (Jan 11)

Indigenous Services Canada

<https://goo.gl/s7w1Gi>

- Inuit Tuberculosis Elimination Framework Released (Dec 10)

Infrastructure Canada

<https://goo.gl/BZ2xqu>

- Building strong communities and creating lasting economic, environmental and social benefits for Canadians (Dec 18)

Public Health Agency of Canada

<https://goo.gl/PQcZ1N>

- Latest data on the opioid crisis (Dec 12)

Transport Canada

<https://goo.gl/j7rFRE>

- Minister Garneau introduces new fatigue regulations to make air travel safer for all Canadians (Dec 12)

<https://goo.gl/T81dMs>

- Minister of Transport moves to improve fatigues management for railway employees (Dec 21)

<https://goo.gl/cG3wzf>

- Minister Garneau unveils Canada's new drone safety regulations (Jan 9)

GOVERNMENT OF ONTARIO

Office of the Premier

<https://goo.gl/Eewpob>

- Ontario Leads Growing Opposition to the Federal Carbon Tax (Dec 21)

Ontario Ministry of Education

<https://goo.gl/vZXbLg>

- Ontario Government Concludes Largest Consultation on Education in Province's History (Dec 31)

Ontario Ministry of the Environment, Conservation and Parks

<https://goo.gl/BAo5ey>

- Preserving and Protecting Ontario's Drinking Water for Future Generations (Dec 18)

<https://goo.gl/zCzXga>

- Ontario's Plan to Regulate Large Emitters (Dec 18)

Ontario Ministry of Finance

<https://goo.gl/VrSYo8>

- Ontario Renews Call to Scrap the Federal Carbon Tax (Dec 10)

<https://goo.gl/WmiZEw>

- Ontario Takes Phased Approach to Cannabis Retail Licensing Due to National Supply Shortages (Dec 13)

<https://goo.gl/7vdd5L>

- Ontario Launches Consultations on Alcohol Choice and Convenience (Dec 13)

Ontario Ministry of Health and Long-Term Care

<https://goo.gl/VscV7V>

- Ontario's Government for the People Supporting Compassionate End-Of-Life Care (Dec 10)

<https://goo.gl/VjTsGC>

- Ontario's Government for the People is Reducing Wait Times for Mental Health and Addiction Care (Dec 19)

Treasury Board Secretariat

<https://goo.gl/hNEfC7>

- Ontario's Government for the People Announces New Accountability Measure on Government Spending (Dec 11)

OTHER ORGANIZATIONS

Canada Health Infoway

<https://goo.gl/6ozxSm>

- Access to Digital Health Services Transforming Physicians' Approach to Patient Care in Canada (Dec 10)

Canadian Institute for Health Information

<https://goo.gl/SFnpgN>

- Latest data on the opioid crisis (Dec 12)

<https://goo.gl/tDdowS>

- Transplants provide better outcomes than dialysis for end-stage kidney disease (Dec 18)

Canadian Institutes of Health Research

<https://goo.gl/9NeuSv>

- Promoting a healthy, productive, and inclusive workforce (Dec 20)

Council of Canadian Academies

<https://goo.gl/BnZCsm>

- Independent Expert Panel on Medical Assistance in Dying Releases Three Reports (Dec 12)

Financial Accountability Office of Ontario

<https://goo.gl/UDgPpX>

- FAO projects significant budget deficits without government action (Dec 10)

Institute of Clinical Evaluative Sciences

<https://goo.gl/mKHaNM>

- The rate of cirrhosis is rising in the general population, more so in young adults and women (Dec 14)

<https://goo.gl/uBMzD7>

- Women with complications after pelvic mesh implants at increased risk of depression and suicide (Jan 9)

<https://goo.gl/vUrcuy>

- New research shows that women with inflammatory bowel disease are at greater risk of mental illness postpartum (Jan 10)

Whereas the Town of Whitchurch-Stouffville is in desperate need for employment growth.

Therefore be it resolved, that the Province of Ontario be requested to consider designating appropriate lands abutting a 400-series highway in the GTHA "Provincially Significant Employment Areas"; and

That the Province of Ontario be requested to amend all its applicable land use plans to permit and encourage clean industrial development on the lands designated "countryside area" or "protected countryside" generally abutting a 400-series highway, and

That the Province of Ontario be further requested to direct all affected municipalities to give high priority to servicing these lands; and

That staff be directed to report back with a detailed proposal for the Gormley lands along Highway 404 within the Town of Whitchurch-Stouffville for Council consideration and Provincial approval.

Carried



Samantha Blakeley

Council Coordinator | Corporate Services

Town of Whitchurch-Stouffville

111 Sandiford Dr., Stouffville ON | L4A 0Z8

905-640-1910 Ext. 2222 | Fax: 905-640-7957 | townofws.ca

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The Corporation of
The Township of Brock
1 Cameron St. E., P.O. Box 10
Cannington, ON L0E 1E0
705-432-2355

January 10, 2019

Mr. Andrew Brouwer, City Clerk
The Corporation of the City of Oshawa
50 Centre Street South
Oshawa, Ontario
L1H 3Z7

Dear Sir:

Re: The Importance of Keeping General Motors Oshawa Assembly Plant Open

Please be advised that the Council of the Township of Brock, at their meeting held on January 7, 2019, adopted a resolution in support of the recommendation by Oshawa City Council as noted above.

Should you have any questions please do not hesitate to contact the undersigned.

Yours truly,

THE TOWNSHIP OF BROCK

A handwritten signature in black ink that reads "Becky Jamieson". The signature is written in a cursive, flowing style.

Becky Jamieson
Deputy Clerk

BJ:dh

cc. Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock
Honourable Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Area municipalities



Corporate Services Department
City Clerk Services

File: A-2100

December 5, 2018

President of General Motors of Canada
1908 Colonel Sam Drive
Oshawa, Ontario
L1H 8P7, Canada

President of General Motors Company
P.O. Box 33170
Detroit, MI 48232-5170

Re: The Importance of Keeping General Motors Oshawa Assembly Plant Open

Oshawa City Council considered the above matter at its meeting of December 3, 2018 and adopted the following recommendation:

"Whereas General Motors, its employees and the City of Oshawa have experienced an historic 100 year successful partnership in this community; and,

Whereas on November 26, 2018 General Motors announced its need to accelerate its transformation for the future by building upon world-class engineering in advanced technologies and increasing investment in electric and autonomous vehicle programs and linked this to its rationale for closing the Oshawa assembly plant at the end of 2019; and,

Whereas there are numerous employees of General Motors and associated industries, services and businesses in Oshawa and Durham Region that depend on the operation of the Oshawa assembly plant and the well-being of those families that are affected by General Motors decision is a priority of the City; and,

Whereas good jobs for Oshawa and Durham workers is a key priority and the closure of the Oshawa assembly plant will have a negative impact on the lives of those affected families as well as on the local, regional, provincial and national economies; and,

Whereas the local General Motors workforce has consistently demonstrated its flexibility and ability to embrace innovation to continue to transform the automotive sector for the benefit of the company and North American economy; and,

Whereas General Motors has acknowledged that the local talented workforce has a proven record of accomplishment for setting high quality standards and winning international productivity awards; and,

Whereas there is an opportunity to build on our rich automotive history, utilizing the skills and abilities of Oshawa's professional autoworkers that have established a proven foundation for innovative and the capacity to tackle economic challenges. All of which

The Corporation of the City of Oshawa, 50 Centre Street South, Oshawa, Ontario L1H 3Z7
Phone 905-436-3311 1-800-667-4292 Fax 905-436-5697
www.oshawa.ca

*Res 2-3 Co. Jan 7/19
R-F*

makes Oshawa the ideal location from which to drive General Motors new focus on electric and autonomous vehicle programs; and,

Whereas Oshawa has already realized substantial investments in cutting-edge automotive technologies that support and advance the development of electric and autonomous vehicles here in our community including the University of Ontario Institute of Technology's Automotive Centre of Excellence (ACE) and its world-class facility that produces cutting-edge automotive technologies; and,

Whereas in August 2018, the Federal Government announced up to \$9.46 million in funding to support the integration of a Moving Ground Plane allowing the U.O.I.T. to increase the number of full-time jobs at ACE, generate new training opportunities, promote research and development and encourage the advancement of cleaner and safer automotive technologies; and,

Whereas Oshawa has been selected to be a Technology Development Site that is fully integrated with Province's Autonomous Vehicle Innovation Network (AVIN) program; and,

Whereas through unique market-driven programs Durham College and U.O.I.T. are creating the next generation of engineering and technical leaders to support the growth of the advanced automotive industry; and,

Whereas we believe that our mutually beneficial relationship with General Motors can continue long into the future by developing alternatives to closing the assembly plant in Oshawa; and,

Whereas the City is committed to building upon our strong partnerships with General Motors, the federal and provincial governments, the post-secondary institutions and the local business community to support the General Motors employees and their families and other local businesses affected by the decision by General Motors;

Therefore be it resolved:

1. That the City of Oshawa is committed to work with General Motors and Unifor in order to keep the Oshawa Assembly Plant open beyond 2019 and that a copy of this resolution be forwarded to General Motors and Unifor with a request that the President of General Motors, the President of General Motors Canada and the President of Unifor meet with the Mayor.
2. That the Mayor send a letter together with a copy of this resolution to Prime Minister Justin Trudeau, Premier Doug Ford and all MP's and MPP's in Durham Region, Peterborough County, Kawartha Lakes, Northumberland County and the City of Toronto requesting them to initiate actions to convince General Motors to keep the Oshawa Assembly Plant open and requesting that they meet with the Mayor.
3. That a copy of this resolution be forwarded to the Region of Durham, all Durham municipalities, the City of Toronto, municipalities in Peterborough County, Kawartha Lakes and Northumberland County, the Association of Municipalities of Ontario, the Chamber of Commerces/Boards of Trade in the Durham Region, the Durham Region Labour Council, the Federation of Canadian Municipalities, Ontario

Federation of Labour and the Mayors Auto Caucus, and any other organization deemed appropriate by the Mayor, requesting their support to keep the Oshawa Assembly Plant open.

4. That the Mayor continue to lead the efforts on this matter."

By copy of this letter, I am forwarding this resolution to Unifor, Region of Durham, all Durham municipalities, the City of Toronto, municipalities in Peterborough County, Kawartha Lakes and Northumberland County, the Association of Municipalities of Ontario, the Chamber of Commerces/Boards of Trade in the Durham Region, the Durham Region Labour Council, the Federation of Canadian Municipalities, Ontario Federation of Labour and the Mayors Auto Caucus, and any other organization deemed appropriate by the Mayor, requesting their support to keep the Oshawa Assembly Plant open.

If you need further assistance concerning the above matter, please contact Paul Ralph, Commissioner, Development Services Department at the address listed below or by telephone at 905-436-3311.



Andrew Brouwer
City Clerk



/fb

- c. Development Services Department
Mayor Carter
Unifor
City of Pickering
Town of Ajax
Town of Whitby
Municipality of Clarington
Township of Scugog
Township of Brock
Region of Durham
Association of Municipalities of Ontario
Chamber of Commerces/Boards of Trade in Durham Region
Durham Region Labour Council
Federation of Canadian Municipalities
Mayors Auto Caucus
Ontario Federation of Labour

User: Mdrake
Date: 05/12/2018
Refer to: Council
Meeting Date: 07/01/2019
Action: Rec & File
Notes:
Copies to:

Yours truly



Susan Cassel
City Clerk
SC/lr

Copy: Ralph Walton, Regional Clerk/Director of Legislative Services
Region of Durham
605 Rossland Road East, Box 623
Whitby, ON L1N 6A3

Director, Corporate Services & City Solicitor



Resolution # 19/18
December 10, 2018

Report to Council

Report Number: LEG 08-18
Date: December 10, 2018

From: Paul Bigioni
Director, Corporate Services & City Solicitor

C.S. - LEGISLATIVE SERVICES

Original
To:
Copy
To:
C.C. S.C.C. File

Subject: Cannabis Regulation
- File: L-2000-003-18

Recommendation:

1. That the City of Pickering hereby opts out of having cannabis retail stores located within Pickering;
2. That City staff be directed to continue working with the Region of Durham on revisions to the Region's Smoking in Public Places and in the Workplace By-law for the purpose of expanding the list of municipal facilities and properties in which smoking of any kind is prohibited;
3. That a copy of these recommendations be forwarded to the Region of Durham and to the Alcohol and Gaming Commission of Ontario ("AGCO"), and that the Director, Corporate Services & City Solicitor be directed to notify the AGCO, prior to January 22, 2019, that Pickering wishes to opt out of having cannabis retail stores located within Pickering;
4. Given that the City can opt in to allow retail cannabis sales at any future date, that City staff be directed to solicit input from residents and stakeholders regarding retail cannabis sales; and
5. That the appropriate City of Pickering officials be authorized to take the necessary actions as indicated in this report.

Executive Summary: The Provincial regulations and policies relating to the legalization of cannabis have created a need for municipalities to review the potential impact on their communities and make a decision regarding opting in or out of allowing retail cannabis storefronts in the municipality. This report identifies the issues raised by both the consumption of and the possible retail sale of cannabis in Pickering.

Factors in favour of opting out include uncertainty about how the retail sale of a newly legalized substance will impact the community, the lack of any municipal power to regulate retail sales and the inadequacy of the Provincial public consultation on new retail locations. Factors in favour of opting in and allowing retail sales include Federal and Provincial laws which specifically prohibit sales and marketing to minors and which limit retail sales to commercial and industrial zones, and a significant reduction in available Provincial funding to cover costs associated with the legalization of cannabis.

Taking all these factors into account, it is recommended that Pickering opt out of allowing the retail sale of cannabis at this time. It is always possible to opt in and allow retail sales at a later date, although some Provincial funding will be unavailable if Pickering decides to opt in after January 22, 2019. It must be noted that there are reasonable grounds for deciding either to opt in or to opt out.

Consumption of cannabis in public places is regulated by the *Smoke Free Ontario Act* and by the Region of Durham's Smoking in Public Places and in the Workplace By-law. The Region's by-law is currently being repealed and replaced, and City staff continue to provide input to the Region so that the amended Regional by-law will prohibit smoking of any substance not only inside municipal buildings, but also outside of them.

Based upon the recommendations of Council further to this report, City staff will ensure that information about cannabis sales and consumption is added to the City's website, and that residents are informed about applicable Federal and Provincial regulations.

Financial Implications:

The City of Pickering may experience increased service demands in relation to public consumption of cannabis in parks and other prohibited areas, coordinating enforcement of illegal storefronts with Durham Regional Police, responding to public inquiries about cannabis regulations, and training front line staff, security and by-law enforcement officers in responding to illegal cannabis use on City property.

Before deciding whether or not to opt in to allow retail cannabis sales in Pickering, City Council must be aware of the financial incentive made available by the Province. The Province has announced that it will provide \$40 million in funding to lower and upper tier municipalities over the next two years for the purpose of helping municipalities deal with cannabis legalization. The Province has allocated \$15 million to make a first payment to all municipalities on a per household basis, adjusted so that at least \$5,000.00 is provided to each municipality. On November 26, the Ministry of Finance confirmed that Pickering's share of the first payment will be \$40,427.00. This first payment will be made in January, 2019.

A second fund of \$15 million will then be distributed following the January 22, 2019 deadline for opting out. This second fund will only be made available to municipalities that have opted in to allow retail cannabis sales. Funding will be calculated on a per household basis, again adjusted so that at least \$5,000.00 is provided to each municipality. This funding would support initial costs relating to hosting retail storefronts. If Pickering opts in, it will receive another \$40,427.00 out of this second fund, with the Region of Durham receiving the same amount. If Pickering opts out, it and the Region will each receive only \$5,000.

The Province is setting aside an additional \$10 million fund for municipalities for unforeseen circumstances related to the legalization of recreational cannabis. Priority for this funding will be given to municipalities that have opted in to allow retail sales.

In addition to the above funding, the Province has announced that it may share with municipalities some of the Provincial portion of Federal excise duty revenues from cannabis sales. If Ontario's portion of the federal excise duty on recreational cannabis over the first two years of legalization exceeds \$100 million, the Province will provide 50% of the surplus only to municipalities that have opted in to allow retail sales as of January 22, 2019. It is impossible to calculate how much (if any) revenue this might generate for the City of Pickering, but Pickering will not have any access to this fund unless it opts in before January 22, 2019.

With respect to all of the funding facilities described above, the Province will not allow the funds to be put into a municipality's general revenues. The funding is to be specifically applied toward costs directly related to the legalization of cannabis, such as increased enforcement, response to public inquiries, increased paramedic and fire services and by-law/policy development.

It must also be noted that the 50/50 share of funding between the City and the Region can be adjusted on mutual agreement. Given that the regulation of smoking generally lies within Provincial and Regional jurisdiction, an adjustment of funding shares in favour of the Region might be fair, and the City's share could be reduced accordingly.

Most of the responsibility for addressing cannabis issues will fall upon the Region through the role of Durham Regional Police, the Region's Tobacco Enforcement Unit, Public Health Education initiatives, Emergency Medical Response, and the Provincial Offences Courts. In this regard, it must also be noted that if the City opts out, the reduction in Provincial funding will impact not only the City but the Region as well.

Discussion: Following the legalization of cannabis sales and use, Ontario municipalities must consider a variety of health and enforcement issues. Public concerns are expected in relation to retail sales (both legal and illegal), public consumption, odours, and home cultivation.

Retail Sale of Cannabis:

The key decision now facing City Council is whether or not to allow the retail sale of cannabis in Pickering. Pursuant to the *Cannabis Licensing Act (Ontario)*, the Province has given the City the option to opt out of allowing the retail sale of cannabis in Pickering. The City must notify the AGCO by January 22, 2019 as to whether it will opt in or opt out. If no notification is received by the AGCO by January 22, Pickering will be deemed to have opted-in, and the retail sale of cannabis will be allowed in Pickering.

If allowed in Pickering, retail cannabis sales would be governed by the Criminal Code, the *Cannabis Act (Canada)*, the *Cannabis Licensing Act (Ontario)* and Provincial regulation O. Reg. 468/18. Under the *Cannabis Licensing Act (Ontario)*, municipalities cannot impose additional regulations on retail cannabis sales. This means that Pickering cannot enact official plan policies, zoning by-laws or licensing restrictions on cannabis sales. If Pickering experiences problems of any kind with retail cannabis sales locations, it has no legal authority to change the rules by which retail vendors operate.

Dr. Robert Kyle, Commissioner and Medical Officer of Health at the Region of Durham has expressed concern with retail cannabis storefronts being located near child care centers, beer and LCBO stores, tobacco and vaping product retailers, gaming facilities, healthcare facilities, long term care homes, recreation centers, arcades, amusement parks, and high priority neighbourhoods. The information provided by the Province indicates that although no new zoning by-laws will be permitted in relation to cannabis, retail cannabis storefronts will be required to be located on properties with commercial or industrial designations. If this is the case, there should be no concern about storefronts adjacent to recreation centers, long-term care and child care centers, as these uses are not permitted in the City's commercial or industrial zones. Furthermore, there should be no concerns about proximity to arcades, amusement parks, or high priority neighbourhoods, as Pickering does not currently have any such uses. Dr. Kyle's concerns about proximity to tobacco and vaping retailers, beer and LCBO stores and gaming sites (such as Durham Live) can be answered by the fact that such uses are accessible only by adults. The primary goal of protecting youth should therefore still be achieved.

If Pickering were to opt-in to permit retail cannabis sales, the Province's public notification process for proposed retail locations may be inadequate. The AGCO has confirmed that there will be no direct notification to municipalities of proposed retail cannabis stores in their municipality. The only notification will be a placard posting and a notice on the AGCO website for 15 days. This will be the only opportunity for public and municipal comments. While concerns were raised to the Province regarding this extremely limited timeframe for comment, the Province chose not to change or extend it. The tight timeframe for comments makes it very difficult for municipalities to prepare a report to Council and seek Council direction regarding any new retail location. If the municipality chooses to opt-in, it is recommended that Council delegate the authority to comment to staff. It must be noted also that, even if a municipality has site-specific concerns about a proposed retail location, the AGCO registrar has no authority to exceed the standards set out in the legislation. This means that concerns expressed by the City will be of limited relevance, regardless of how long the notification period is.

Before deciding whether or not to opt in to allow retail cannabis sales in Pickering, City Council must be aware of the financial incentive made available by the Province. The Province has announced that it will provide \$40 million in funding to lower and upper tier municipalities over the next two years for the purpose of helping municipalities deal with cannabis legalization. The Province has allocated \$15 million to make a first payment to all municipalities on a per household basis, adjusted so that at least \$5,000.00 is provided to each municipality. On November 26, the Ministry of Finance confirmed that Pickering's share of the first payment will be \$40,427.00. This first payment will be made in January, 2019.

A second fund of \$15 million will then be distributed following the January 22, 2019 deadline for opting out. This second fund will only be made available to municipalities that have opted in to allow retail cannabis sales. Funding will be calculated on a per household basis, again adjusted so that at least \$5,000.00 is provided to each municipality. This funding would support initial costs relating to hosting retail storefronts. If Pickering opts in, it will receive another \$40,427.00 out of this second fund, with the Region of Durham receiving the same amount. If Pickering opts out, it and the Region will each receive only \$5,000.

The Province is setting aside an additional \$10 million fund for municipalities for unforeseen circumstances related to the legalization of recreational cannabis. Priority for this funding will be given to municipalities that have opted in to allow retail sales.

In addition to the above funding, the Province has announced that it may share with municipalities some of the Provincial portion of Federal excise duty revenues from cannabis sales. If Ontario's portion of the federal excise duty on recreational cannabis over the first two years of legalization exceeds \$100 million, the Province will provide 50% of the surplus only to municipalities that have opted in to allow retail sales as of January 22, 2019. It is impossible to calculate how much (if any) revenue this might generate for the City of Pickering, but Pickering will not have any access to this fund unless it opts in before January 22, 2019.

With respect to all of the funding described above, the Province will not allow the funds to be put into a municipality's general revenues. The funding is to be specifically applied toward costs directly related to the legalization of cannabis, such as increased enforcement, response to public inquiries, increased paramedic and fire services and by-law/policy development.

It must also be noted that the 50/50 share of funding between the City and the Region can be adjusted on mutual agreement. Given that the regulation of smoking generally lies within Provincial and Regional jurisdiction, an adjustment of funding shares in favour of the Region might be fair, and the City's share could be reduced accordingly.

Most of the responsibility for addressing cannabis issues will fall upon the Region through the role of Durham Regional Police, the Region's Tobacco Enforcement Unit, Public Health Education initiatives, Emergency Medical Response, and the Provincial Offences Courts. In this regard, it must also be noted that if the City opts out, the reduction in Provincial funding will impact not only the City but the Region as well.

Other issues to consider include:

- (a) concerns that opting out may encourage the illegal cannabis trade, which does not restrict access to minors or ensure product quality and safety.
- (b) public perceptions of the municipality.
- (c) loss of some economic development opportunities.

The primary concerns relating to retail cannabis storefronts in the community include unauthorized access by minors, advertising that promotes use to minors, public consumption or loitering on the exterior of the property. Provincial legislation addresses these issues, but municipalities wanting additional restrictions have been deprived of the zoning and other legal powers required to impose them.

The Province's regulations establish rules relating to the sale, distribution, purchase, possession, cultivation and consumption of cannabis. Sales are prohibited to anyone under the age of 19, and youth are prohibited from possessing, cultivating, consuming or sharing cannabis. Sales are also prohibited within 150 m of any school. The ACGO has established a zero-tolerance policy for any retailer who provides cannabis to anyone under the age of 19. Licensed or illegal cannabis stores will be subject to seizure, removal of people from premises and closure orders for premises that are suspected of being used for the illegal sale of cannabis. All private retail cannabis storefronts

will be required to be stand-alone stores only, and the operator, location and manager will all be Provincially licensed.

Federal cannabis advertising rules are strict, and similar to those in place for tobacco and alcohol. Promotional restrictions in the Federal *Cannabis Act* will apply to all media, including newspapers and magazines, digital content, signage, broadcast media, and communications sent by mail. They also include cannabis accessories and cannabis-related services. The law prohibits promoting cannabis in any way that "could be appealing to young persons," or by using testimonials or celebrity endorsements. Presenting a cannabis product — or even cannabis "brand elements" like brand names, logos, or slogans — cannot be done in any way that "evokes a positive or negative emotion about or image of, a way of life such as one that includes glamour, recreation, excitement, vitality, risk or daring." City staff will review whether the City's Sign By-law 6999/09 will require revisions to further address this issue, however, based on the existing federal restrictions, this is probably unnecessary.

Public Consumption of Cannabis

Public Consumption of Cannabis, at this point in time, includes smoking and vaping. By the end of 2019, it is anticipated that edible products will also be legally available to the public. Regardless of whether or not Pickering allows retail sales of cannabis, cannabis will be legally available online, and it will be consumed within Pickering.

To address issues arising from the public consumption of cannabis, the Province has introduced regulations under the amended *Smoke Free Ontario Act*, that prohibit the smoking or vaping of cannabis in the following locations:

- At schools, on school grounds, and all public areas within 20 m of these grounds
- On Children's Playgrounds and public areas within 20 m of playgrounds
- On grounds of community recreational facilities, and public areas within 20 m of those grounds
- On publicly-owned sports fields (not including golf courses), nearby spectator areas and public areas within 20 m of these areas
- Indoor common areas in condos, apartment buildings and college/university residences
- Enclosed public places and enclosed work places
- In restaurants and on bar patios, and public areas within 9 m of a patio
- Non-designated guest rooms in hotels, motels and inns,
- In child care centres, or where an early years program is provided
- In places where home child care is provided – even if children are not present
- Within 9 m from the entrance/exit of hospitals, psychiatric facilities, long-term care homes, and independent health facilities
- On outdoor grounds of hospitals and psychiatric facilities
- In non-controlled areas in long-term care homes, certain retirement homes, provincially funded supportive housing, designated psychiatric or veterans' facilities
- In reserved seating areas at outdoor sports and entertainment locations.
- In sheltered outdoor areas with a roof and more than two walls, which the public or employees frequent, or are invited to (e.g. a bus shelter)
- In a vehicle or boat that is being driven, or is at risk of being put into motion

In addition to the *Smoke Free Ontario Act*, the Region of Durham will be introducing amendments to its Smoking in Public Places and in the Workplace By-law. City staff have met with representatives from the Region of Durham Health Department, Tobacco Enforcement Unit and Legal Services Division to coordinate a Region-wide by-law to address the needs of the local municipalities. The Region has welcomed input from Pickering and the other lower tier municipalities. The new Regional by-law will prohibit smoking on all properties where there is a municipally-owned building, including libraries, community centres, recreational facilities, museums and outdoor community events. This is an expansion of the existing prohibition which only bans smoking inside municipal buildings. The amended Regional by-law will also prohibit smoking on public streets where a special event permit has been issued (e.g. for a parade).

Region of Durham staff will be outlining this new by-law in a Health and Social Services Report scheduled for the committee's December 11, 2018 meeting.

Region of Durham Tobacco Enforcement Officers will be tasked with enforcing both the *Smoke Free Ontario Act* and the Regional Smoking in Public Places and the Workplace By-law. While formal enforcement will be done by the Region, lower tier municipalities may utilize both the Act and the Regional by-law to request that any person in contravention cease smoking/vaping or leave the City's property. Failure to comply may be dealt with by calling the police and/or issuing notices under the *Trespass to Property Act*.

Odours

While it is anticipated that the municipality may receive complaints regarding odours from the use of cannabis, no enforcement action is possible in relation to the use of a legal substance.

Home Cultivation

Complaints relating to the cultivation of cannabis exceeding the four plants permitted to each residence will be directed to Durham Regional Police Service. However, for internal cultivation, there may be some investigation or enforcement undertaken by Municipal Law Enforcement Services or Building Services in relation to mold, and by Fire Services in relation to Fire Code and electrical concerns.

Public Information

Once the City has decided whether or not to opt in to allow retail cannabis sales, City staff will develop information for the City's website providing public awareness messaging regarding where cannabis can and cannot be consumed, who to contact regarding cannabis related issues or concerns, how to report illegal cannabis sales/distribution/growing, how to report smoking or vaping of cannabis, where it is not permitted, etc. The information will include links to the Region of Durham's cannabis information page, as well as Federal and Provincial links.

Evolving Cannabis Policy

The impact of the legalization of cannabis will continue to be monitored by staff at all three levels of government. The regulations adopted at the early stages of legalization will need to be

reviewed and revised as information continues to become available. Staff will continue to coordinate with Region of Durham staff, and participate in opportunities to provide feedback to both the Federal and Provincial government.

Attachments:

1. Not applicable.

Information Compiled By:



Kimberly Thompson
Manager, By-law Enforcement Services

Prepared/Approved/Endorsed By:



Paul Bigioni
Director, Corporate Services & City Solicitor

KT:ks

Recommended for the consideration
of Pickering City Council



Dec. 3, 2018

Tony Prevedel, P.Eng.
Chief Administrative Officer

Whereas the Town of Whitchurch-Stouffville is in desperate need for employment growth.

Therefore be it resolved, that the Province of Ontario be requested to consider designating appropriate lands abutting a 400-series highway in the GTHA "Provincially Significant Employment Areas"; and

That the Province of Ontario be requested to amend all its applicable land use plans to permit and encourage clean industrial development on the lands designated "countryside area" or "protected countryside" generally abutting a 400-series highway, and

That the Province of Ontario be further requested to direct all affected municipalities to give high priority to servicing these lands; and

That staff be directed to report back with a detailed proposal for the Gormley lands along Highway 404 within the Town of Whitchurch-Stouffville for Council consideration and Provincial approval.

Carried



Samantha Blakeley

Council Coordinator | Corporate Services

Town of Whitchurch-Stouffville

111 Sandiford Dr., Stouffville ON | L4A 0Z8

905-640-1910 Ext. 2222 | Fax: 905-640-7957 | townofws.ca

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Afreen Raza

From: Mike Walters <M.Walters@lsrca.on.ca>
Sent: January-14-19 10:29 AM
To: Aurora Clerks Department; Cathie Ritchie (Kawartha Lakes); Christopher Raynor (York Region); Cindy Maher (New Tecumseth); Debbie Leroux; Fernando Lamanna; Gillian Angus-Trail; Jennifer Connor (Ramara); John Daly (Simcoe); John Espinosa; JP Newman (jnewman@scugog.ca); Karen Shea (kshea@innisfil.ca); Karen Way (Oro-Medonte); Kathryn Smyth (King); Kiran Saini (Newmarket); Lisa Lyons (Newmarket); Megan Williams; Mike Derond (Aurora); Patty Thoma; Clerks; Rebecca Murphy (Clerk, Bradford/West Gwillimbury); Thomas Gettinby; Wendy Cooke (Barrie)
Subject: Please join us - Stormwater Management Workshop - March 1, 2019
Attachments: LSRCA - Municipal SWM Workshop Flyer 2019.pdf

Good morning Regional and Municipal Clerks:

I would appreciate it if you would please share the following invitation with your Mayor and members of Council.

LSRCA is hosting a FREE workshop on the topic of Stormwater Management (SWM).

The workshop aims to inform participants on many aspects of SWM management including new policies and guidelines, liability, funding opportunities, climate change and Low Impact Development (LID) approaches. The workshop will include informative presentations and a discussion panel.

To ensure well-rounded representation and discussion, senior staff from our watershed municipalities, neighbouring conservation authorities, provincial staff, developers and consultants are also being invited to attend.

The workshop takes place on **Friday, March 1st 2019** at Cardinal Golf Course from 10:00am to 2:00pm and includes lunch.

Please see the attached flyer for additional details. We hope you are able to join us.

Please RSVP to Trish Barnett t.barnett@lsrca.on.ca by February 8th.

Regards,
Mike

Michael Walters
 Chief Administrative Officer
Lake Simcoe Region Conservation Authority
 120 Bayview Parkway,
 Newmarket, Ontario L3Y 3W3
 905-895-1281, ext. 234 | 1-800-465-0437 | Mobile 905-955-3056
m.walters@LSRCA.on.ca | www.LSRCA.on.ca

Twitter: @LSRCA
 Facebook: LakeSimcoeConservation

C.S. - LEGISLATIVE SERVICES

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Take Appr. Action

The information in this message (including attachments) is directed in confidence solely to the person(s) named above and may not be otherwise distributed, copied or disclosed. The message may contain information that is privileged, confidential and exempt from disclosure under the Municipal Freedom of Information and Protection of Privacy Act and by the Personal Information Protection Electronic Documents Act. If you have received this message in error, please notify the sender immediately and delete the message without making a copy. Thank you.

Stormwater Concerned about flooding, climate change, liability and escalating costs?

You won't want to miss out on this **FREE** workshop

Learn about new stormwater and Low Impact Development (LID) policies, funding, restoration initiatives and research within the Lake Simcoe watershed.

Become more informed about stormwater/LID best management practices, innovative solutions and approaches being taken in other jurisdictions. Attend this workshop and help us help you improve the health of Lake Simcoe and the safety of watershed residents and property.

You will learn from industry specialists and an international delegate

- ▶ Information on new policies
- ▶ Adaptation to climate change
- ▶ Flood prevention
- ▶ Funding opportunities

All while networking with your colleagues



Lake Simcoe Region
conservation authority

Who

Municipal Councils,
Senior Municipal Staff,
Industry Representatives,
Provincial Representatives

When

Friday, March 1, 2019
From 10:00am to 2:00pm
FREE lunch included

Where

Cardinal Golf Club
2740 Davis Drive West
King City, ON

RSVP to Trish Barnett at
t.barnett@LSCRA.on.ca
by Feb 8, 2019



NATIONAL FLAG OF CANADA DAY

February 15, 2019

JOUR DU DRAPEAU NATIONAL DU CANADA

15 février 2019

WE are the **flag!**



Le **drapeau**, c'est **NOUS!**

Let's honour our iconic flag!
Celebrate the **#CanadianFlag**
across the country!

Take a selfie with the Flag!

Post a photo with the flag and tag
your friends on Instagram,
Facebook and Twitter.

Be part of the celebrations:

- Organize a flag-raising ceremony
- Share a picture with the profile filter
- Share the video
- Create a human Canadian flag

**Don't forget to post your pic with
the hashtag **#CanadianFlag****

Visit Canada.ca/FlagDay and order
educational and promotional material.

Profitions de cette occasion pour
honorer notre drapeau emblématique.
Célébrons le **#Drapeaucanadien** dans
nos communautés partout au pays!

Prenez un « selfie » avec le drapeau!

Publiez une photo avec le drapeau et
partagez vos photos avec vos amis
sur Instagram, Facebook et Twitter.

Prenez part aux célébrations :

- Organisez une cérémonie de lever
du drapeau
- Partagez votre photo de profil avec
le filtre
- Partagez la vidéo
- Recréez un drapeau canadien humain

**Affichez votre photo avec le
mot-clic **#Drapeaucanadien****

Visitez Canada.ca/Jourdudrapeau
et commandez du matériel éducatif
et promotionnel.



Canadian
Heritage

Patrimoine
canadien

Canada

DURHAM NUCLEAR HEALTH COMMITTEE (DNHC) MINUTES

Location

Durham Regional Headquarters
605 Rossland Road East, Whitby
Meeting Room LL-C

Date

January 11, 2019

Time

1:00 PM

Host

Durham Region Health Department (DRHD)

Members

Dr. Robert Kyle, DRHD (Chair)
Ms. Mary-Anne Pietrusiak, DRHD
Ms. Lisa Fortuna, DRHD
Dr. Tony Waker, University of Ontario Institute of Technology (UOIT)
Mr. Raphael McCalla, Ontario Power Generation (OPG)
Mr. Loc Nguyen, OPG
Mr. Phil Dunn, Ministry of the Environment, Conservation and Parks
Mr. Hardev Bains, Public Member
Mr. Marc Landry, Public Member
Ms. Susan Ebata, Public Member
Ms. Jane Snyder, Public Member
Dr. Barry Neil, Public Member
Dr. David Gorman, Public Member
Mr. Matthew Cochrane, Alternate Public Member
Mr. Alan Shaddick, Alternate Public Member

Presenters/Observers

Mr. Brian Devitt (Secretary)
Mr. Dave Nodwell, Office of the Fire Marshal and Emergency Management (OFMEM) (Presenter)
Mr. Warren Leonard, Durham Emergency Management Office (DEMO) (Presenter)
Mr. Scott Preston, OPG, (Presenter)
Ms. Analiese St. Aubin, OPG (Presenter)
Ms. Rebecca Kelly, OPG
Ms. Kerrie Blaise, Canadian Environmental Law Association (CELA)
Mr. Kirk Atkinson, UOIT
Ms. Joanne Dies, Durham Regional Councillor, Town of Ajax

Ms. Lynn Jacklin, Durham Nuclear Awareness (DNA)
Ms. Janet McNeill, DNA
Ms. Renee Cotton, DNA
Ms. Linda Gasser, Whitby Resident
Dr. Robert Dixon, Ajax Resident
Ms. Lydia Skirko, Whitby Resident
Ms. Sherry Brown, Pickering Resident
Mr. Alan Birks, Pickering Resident
Ms. Libby Racansky, Clarington Resident
Mr. A.J. Kehoe, Durham Region Resident

Regrets

Ms. Veena Lalman, Public Member
Ms. Janice Dusek, Public Member
Dr. Lubna Nazneen, Alternate Public Member
Dr. John Hick, Public Member

Robert Kyle opened the meeting and welcomed everyone.

1. Approval of Agenda

The Revised Agenda was adopted.

2. Approval of Minutes

The Minutes of November 16, 2018 version 2 were adopted as written.

3. Correspondence

3.1 Robert Kyle's office received the Minutes of the Pickering Nuclear Generating Station (NGS) Community Advisory Council meeting held on October 16, 2018.

3.2 Robert Kyle's office received a detailed report prepared by Dr. Frank Greening, Intervenor at the November 8th Canadian Nuclear Safety Commission (CNSC) public meeting in Ottawa, concerning the exposure of Darlington NGS refurbishment workers to an airborne alpha hazard in February 2018, and Dr. Greening's report was dated October 30, 2018.

3.3 Robert Kyle's office received the Third Quarter Darlington Refurbishment Project Newsletter, *Happening Now*, dated November 27, 2018.

3.4 Robert Kyle received approval from Regional Council confirming the DNHC appointments of 2 new Public Members for Oshawa/Whitby, Susan Ebata and Jane Snyder; and 2 new Alternate Public Member for

Oshawa/Whitby, Matthew Cochrane and Alan Shaddick, dated December 19, 2018.

3.5 Robert Kyle's office received an invitation from Cheryl Johnston, Manager, Corporate Relations and Communications, Darlington Nuclear, dated December 19, 2018 inviting DNHC Members to participate in a tour of the Darlington Nuclear Waste Management Facility on April 5, 2019 from 9:00 am to 12:00 pm before the start of the DNHC meeting that will be held at the Darlington Energy Complex.

4. Presentations

4.1 Progress report by the OFMEM concerning Compliance with the updated Provincial Nuclear Emergency Response Plan (PNERP)

Dave Nodwell, Deputy Chief, Planning and Program Development, OFMEM, Ontario Ministry of Community Safety and Correctional Services, provided a detailed presentation on the updated PNERP Master Plan including the public consultation process, results and next steps.

Dave explained the development of the PNERP Master Plan that included:

- The PNERP Master Plan was updated and approved in December 2017 after the first ever PNERP public consultation and input from nuclear emergency response organizations.
- The Province conducted a public consultation and created an Advisory Group, comprised of national and international experts to assess comments received and provide recommendations to the Minister, MCSCS.
- Feedback and recommendations were incorporated into the new plan. These updates made the plan more transparent, accountable, increased alignment with national and international standards and enhanced emergency planning.

Dave provided an overview of the PNERP Public Consultation documents posted from May 15 to July 28, 2017 and the results were:

- A total of 1568 submissions were received from:
 - 9 municipal and federal government stakeholders
 - 33 organizations
 - 1,526 individuals
- The PNERP Advisory Group was appointed by the Minister to review all comments and provide recommendations on the incorporation of public feedback in the updated Master Plan.
- The PNERP Advisory Group met in Toronto during the week of August 21 to 25, 2017 to conduct in-person consultations and deliberations.

The PNERP Advisory Group's Report contained 4 general themes:

- Providing more robust justification/clarification of the rationale, principles and assumptions used to create or modify emergency plans.
- Conducting more detailed and definitive technical assessments on which to base future iterations of the PNERP.
- Implementing more formal procedures governing the regular review of the PNERP including guiding principles for transparency, and public and stakeholder engagement.
- Clearly communicating linkages between the PNERP and emergency preparedness plans the Province has in place including those not under the purview of MCSCS.

Dave provided the purpose of the PNERP Technical Study that included:

- A detailed and definitive assessment of potential radiation doses including an expanded sample of weather patterns and to use a well documented basis for the source term, assumptions and uncertainties.
- An assessment of the impacts of significant proposed changes to the Master Plan such as changes to planning zones on the Implementation Plans and municipal plans.
- A study of meteorological and topological effects around nuclear installations.
- An assessment of planning zone distances for Iodine Thyroid Blocking (KI pills).
- An assessment of water quality and drinking water impacts in case of a severe accident.

Dave provided the PNERP Master Plan highlights that included:

- Alignment throughout the Plan with Health Canada, Canadian Standards Association and international standards such as the International Atomic Energy Agency (IAEA).
- Updated descriptions of planning basis and accident scenarios including severe accidents.
- New Generic Criteria and Operational Intervention Levels to support protective action decision making.
- New Emergency Planning Zones that define the areas beyond boundary of a reactor facility.
- New concept of operations sections describing key emergency response activities for various accident scenarios
- Improved ease of use and terminology.
- The OFMEM revised the Master Plan to include a commitment requiring future public consultation on any review of protective action strategies or modifications to hazard descriptions that involve Designated Municipalities and Impacted Municipalities as they are among the stakeholders referenced in clause 1.3.5.

Dave explained the New Emergency Planning Zones in the Master Plan:

- Automatic Action Zone of 3 km: The zone immediately surrounding installation reactor facility within which an increased level of planning and preparedness is undertaken, and priority protective actions would be implemented if necessary.
- Detailed Planning Zone of 10km: The zone around the reactor facility within which detailed planning and preparedness shall be carried out for measures against an exposure to a radioactive plume.
- Contingency Planning Zone of 20km: The zone around a reactor facility, beyond the Detailed Planning Zone, where contingency planning and arrangements are made in advance, so that during a nuclear emergency, protective actions can be extended beyond the Detailed Planning Zone as required to reduce the potential for exposure.
- Ingestion Planning Zone of 50km: A larger zone within which it is necessary to plan and to prepare to prevent ingestion of radioactive material.

Dave explained the intention of the New Contingency Planning Zone:

- It is intended to be used as necessary in the event of severe accident situations where the affected area could be beyond the Detailed Planning Zone.
- It does not require the same level or type of detailed arrangements as the Automatic Action Zone or Detailed Planning Zone in so far as there are no default or pre-planned protective measures required.
- It may require response activities in the event of a limited and localized radiological release and is based on the results received from the environmental radiation monitoring activities.
- It will require greater clarity as set out in Annex C of the PNERP Implementing Plans for Pickering, Bruce and Darlington NGSs.

Dave provided a list of OFMEM's Next Steps to the PNERP:

- Implementation Plans: The Draft Implementing Plan for Darlington NGS is complete and in the approval process, the Pickering Implementing Plan is being updated and should be approved in March 2019 and the Implementing Plan for FEMI 2 will include Transborder Emergencies and Other Radiological Emergencies is underway.
- Supporting Plans: Plans authored by the MCSCS, such as the Radiation Health Response Plan and Unified Transportation Management Plans and Municipal Plans, are being updated to align with the 2017 PNERP. Municipal plans will be updated in accordance with the Implementing Plans when published. In the interim, existing supporting plans will be utilized in alignment with the 2017 PNERP as much as possible.

Dave mentioned the CNSC has developed a Potassium Iodide Pill Working Group focused on the Pickering NGS. To fulfill its mandate the Working Group will:

- Include participants from CNSC, OPG, OFMEM, MOHLTC, Durham Region and the City of Toronto.
- Include the requirements of the current federal and provincial governments for the distribution of KI pills.
- Consider the public education needed concerning KI pill emergency distribution in the Ingestion Planning Zone.
- Consider the means of distribution of KI pills in relation to other factors associated with a nuclear emergency.
- Consider the availability and scope of public emergency preparedness information.
- The Term of Reference are available on the CNSC website at cnscconsultation.ccsn@canada.ca and the public comment period ends January 31, 2019.

Dave mentioned the IAEA Communication Course that will be hosted by OFMEM and Health Canada entitled *Communicating with the Public in a Nuclear or Radiological Emergency*. It will be a 4-day course from February 25-28, 2019, will target spokespeople and Emergency Information Officers (EIO) and the Region of Durham has confirmed the Regional and Alternate EIO will be attending.

Dave mentioned several other related initiatives:

- Canada is hosting an Emergency Preparedness Review that is a peer review program of the IAEA scheduled for June 2019. The public review will assess nuclear management in Canada compared to international standards and best practices and the focus will be NGSs in Ontario and New Brunswick.
- Nuclear drills and exercises will be ongoing, and the next full-scale exercise is scheduled for October 2019 at the Bruce NGS.
- There will be ongoing review and alignment with the 2017 PNERP for all Provincial and Emergency Operations Centres with updated nuclear procedures including emergency bulletins.

Dave Nodwell or his associates will update the DNHC next year concerning nuclear emergency preparedness. More information is available at <https://www.emergencymanagementontario.ca/english/beprepared/ontariohazards/nuclear/nuclear.html>.

4.2 Progress Report by OPG concerning its Nuclear Emergency Preparedness Activities in 2018 and Plans for 2019

Scott Preston, Senior Manager, Emergency Preparedness Department (EPD), OPG, provided a progress report on nuclear emergency preparedness at its Pickering and Darlington NGSs.

Scott provided an overview of the responsibilities of the EPD that includes:

- Implement and maintain emergency response capabilities within OPG Nuclear.
- Maintain OPG's Nuclear Emergency Response Organization facilities as well as equipment at off-site facilities.
- Conduct drills and exercises to confirm effectiveness of its nuclear emergency plans at Pickering and Darlington NGSs.
- Oversee the Emergency Response Organization's qualification program.
- Liaise with off-site authorities and key stakeholders such as CNSC, OFMEM, DEMO, City of Toronto etc.
- Conduct assessments to demonstrate the emergency response program is performing as designed and is continuing to improve with self assessments and bench marking involving the CNSC, World Association of Nuclear Operators (WANO), Operational Safety Review Team (OSART), etc.

Scott reviewed the 2018 EPD work program and the highlights were:

- Conducted 14 evaluated drills and 25 emergency exercise practices.
- Followed-up on the OSART mission at Pickering NGS.
- Supported the Pickering NGS 10-year operating licence application and Public Hearing held in June 2018.
- Reviewed Evacuation Time Estimates for Pickering completed in December 2018 and Darlington is underway.
- Revised the Pickering Implementation Plan to comply with the updated PNERP requirements.
- Participated in the Darlington NGS WANO Peer Evaluation.
- Commissioned the Emergency Mitigation Equipment Phase II for both Pickering and Darlington NGSs.
- Participated in development of the Lessons Learned from the December 2017 Exercise Unified Control (ExUC) nuclear emergency exercise conducted at the Pickering NGS.
- Participated in the Durham College Offsite Centre Exercise that involved over 200 participants.
- Participated in the Emergency Recovery Exercise for Business Continuity.

Scott provided an overview of the ExUC held in December 2017 at the Pickering NGS and the highlights were:

- The Objective was to test key elements of OPG emergency response plans and inter-operability between organizations.
- The Scenario was a Severe Accident at Pickering NGS leading to a significant off-site radiation release.
- The Participants included more than 30 agencies that involved approximately 800 individuals at local, municipal, provincial and federal levels of government.

Scott reported that the ExUC successfully exercised the following:

- Accident mitigation and notifications to authorities.

- Automated data transfer from OPG to authorities.
- Testing updated dose projection software.
- Consultations around radioactive release decisions.
- Decision making for public protective actions.
- Deployment of EME equipment.
- Testing the P-25 radio system with municipal emergency responders.
- Testing public communication and social media responses.
- Testing medical care and transportation for a contaminated casualty taken to the Lakeridge Health Ajax/Pickering Hospital.

Scott provided the highlights of the Lessons Learned from ExUC.

- After-Action Reports were conducted such that:
 - The Joint Exercise Planning Team report produced key interoperability findings and recommendations is posted on opg.com
 - Each external organization reviewed their learnings
 - OPG produced an After-Action Report
- The OPG Lessons Learned were centered around:
 - Common understanding of technical communications
 - Station announcement enhancements for staff
 - Emergency organization briefing efficiency
 - Social media capacity
 - Efficient use of emergency support personnel
 - Drill management
- The Industry Lessons Learned were centered around:
 - Public/media communications
 - Notification enhancements
 - Data analysis and validation

Scott reviewed the planned EPD work program highlights for 2019 that will include:

- Receipt of the approved PNERP Darlington Implementing Plan expected by approximately March 2019.
- Participating in the IAEA Emergency Preparedness Review planned for June 2019.
- Participating in the WANO Emergency Preparedness Evaluation at Pickering NGS planned for fall 2019.
- Participating in the Pre-WANO evaluation.
- Refreshing the KI pill inventory held with Durham/Toronto/OPG in preparation for further distribution by other agencies.
- Participating in the KI Working Group led by the CNSC.
- Upgrades to the emergency response software WEBEOC.
- Conducting Severe Accident Management drills.
- Conducting Emergency Mitigation Equipment Phase II and Emergency Telecommunication drills.
- Conducting a Hostile Action drill.

Scott Preston or his associates will provide the DNHC with an update next year concerning the nuclear emergency preparedness at the Pickering and Darlington NGSs. More information is available by accessing the OPG website at opg.com.

4.3 Progress Report by the DEMO concerning Nuclear Emergency Preparedness Activities in 2018 and Plans for 2019

Warren Leonard, Director, DEMO, Regional Municipality of Durham, provided a progress report concerning its nuclear emergency preparedness activities in 2018 and plans for 2019.

Warren provided some basic information about DEMO that included:

- DEMO is responsible for effective mitigation, preparedness, response and recovery of an emergency in Durham Region.
- Nuclear emergency planning is a part of DEMO's overall emergency preparedness responsibilities.
- DEMO's activities include developing plans, training staff, conducting exercises, testing public alerting systems and providing public education.
- Local municipalities in Durham Region have their own emergency plans but are coordinated and conform to the Durham Nuclear Emergency Response Plan (DNERP).

Warren reviewed DEMO's Plans and Operations for 2018 and the highlights were:

- Revise the DNERP to comply with the updated PNERP.
- Review the Durham Emergency Plan.
- Review hazard identification and risk assessment.
- Review the critical infrastructure list.
- Develop an information management tool for use in the Regional Emergency Operations Centre.
- Conduct the annual review and audit of DEMO's program for compliance with the Emergency Management and Civil Protection Act.

Warren listed detailed information on activities in 2018 that DEMO was involved in that included:

- Provided Emergency management training for 125 regional and local municipal staff.
- Developed and distributed a training package specific to provincial guidance and shared with 8 municipalities.
- Conducted a Nuclear Reception Centre exercise at Durham College involving 18 participating organizations with approximately 250 players, evaluators and controllers.
- Conducted 8 municipal exercises and provided DEMO training courses.

- Tested the Regional Public Alerting Systems in the spring and fall with use of telephones and sirens.
- Participated in the provincial launch in May of the wireless cell broadcast that is part of the provincial and federal alert system for notification of an emergency and the test reached approximately 70% of cell phone users with testing ongoing.
- Conducted extensive communications and public engagements involving:
 - 15 newsletter stories
 - 12 marketing materials
 - 133+ social posts
 - 8 media releases
 - 8,678 website visits
 - 18 social responses
 - 60 earned media stories
 - 4.4 million total impressions
 - 24 media stories related to the public alerting system tests
- The significant nuclear activities were:
 - Pickering NGS released its Implementation Plan to comply with the updated PNERP in May 2018
 - Darlington NGS is still working on its Implementation Plan to be completed by mid 2019
 - DEMO is revising its DNERP to also comply with the revised PNERP to be completed in 2019
 - CNSC Hearing for the 10-year re-licensing application of the Pickering NGS in June 2018
 - Ontario Ministry of Transportation evacuation planning project ongoing

Warren provided a list of activities planned for 2019 that will include:

- Plans and operations for the ongoing revisions to the DNERP to comply with the updated 2017 PNERP and Implementing Plans for Pickering and Darlington NGSs.
- Review and assessment of potential centres in Durham Region beyond the 20km Contingency Planning Zones.
- Review all nuclear emergency support functions.
- Continue to deliver training courses for basic emergency management, incident management system 1MS200 and for the Emergency Operation Centre (EOC).
- Look to expand training to include more exercise components and basic radiation awareness.
- Explore the training needs for EOC information management dashboard involving Corporate Services-Information Technology.
- The Regional Corporate Communications staff have developed a plan for 2019 to incorporate both traditional and digital (social and web) outreach to improve public education and engagement.

Warren Leonard or his associates will update the DNHC on the progress of nuclear emergency preparedness plans and activities in Durham Region next year. More information is available at the DEMO website at durham.ca/demo.

5. Communications

5.1 Community Issues at Pickering Nuclear

Analièse St. Aubin, Manager, Corporate Relations and Communications, Pickering Nuclear, OPG, provided an update on Community Issues at Pickering and the highlights were:

- Pickering Units 1, 4, 5, 6, 7 and 8 are operating at or close to full power.
- Pickering welcomed Richard Geofroy to the position of Director of Operations and Maintenance replacing Stephanie Smith who is moving to Atlanta to take a position with WANO. Richard has worked for OPG for 28 years and most recently was the Operations Manager at Pickering Nuclear for Units 1 to 4.

Analièse St. Aubin can be reached at (905) 839-1151 extension 7919 or by email at analièse.staubin@opg.com for more information.

5.2 Community Issues at Darlington Nuclear

Analièse St. Aubin, Manager, Corporate Relations and Communications, Pickering Nuclear, OPG, provided an update on the Community Issues at Darlington and the highlights were:

- Darlington Units 1, 3 and 4 are operating at close to full power.
- Darlington Unit 2 is undergoing refurbishment.
- Darlington received an excellent evaluation from WANO following its visit in the fall 2018. This is the fourth consecutive Peer Review by WANO and Darlington has been able to maintain this excellent evaluation demonstrating a strong safety culture and commitment to excellence in performance and reliability.

Cheryl Johnston, Corporate Relations and Communications, Darlington Nuclear, OPG, can be reached at (905) 697-7443 or by email at cheryl.johnston@opg.com for more information.

5.3 Corporate Community Issues for OPG

Analièse St. Aubin provided an update on corporate community issues and the highlights were:

- The Winter edition of the Pickering and Darlington Nuclear *Neighbours* newsletter will be delivered to homes in March 2019 concerning several community issues.

6.1 Topics Inventory Update

Robert Kyle indicated the Topics Inventory will be revised to include the presentations made today.

6.2 Future Topics for the DNHC to Consider

Robert Kyle indicated the theme of the next DNHC meeting scheduled for April 5, 2019 will be *Progress Reports concerning Management of Nuclear Waste* that may include:

- Progress report by the Nuclear Waste Management Organization (NWMO) concerning its long term-management plans for used nuclear fuel in Canada.
- Progress report by OPG concerning its Nuclear Waste Management Program at Pickering and Darlington NGSs.
- Progress report by OPG concerning the Darlington Refurbishment Project and its management of refurbishment waste.

6.3 DNHC Meeting change from November 15th to November 22, 2019

Robert Kyle mentioned the DNHC meeting that was scheduled for November 15th has been changed to November 22, 2019.

6.4 Details of the Optional Tour for DNHC Members on April 5th

Brian Devitt mentioned that Darlington Nuclear has invited DNHC Members to participate in a tour of its Darlington Dry Nuclear Waste Management Facility on April 5th from 9:00 am to 12:00 pm before the next DNHC meeting to be held at the Darlington Energy Complex on April 5th.

Next week, Brian will email all DNHC members information about the tour and request each member to respond to him by March 1, 2019 if they want to be included in the optional tour. Darlington staff will follow-up by providing information about its security clearance requirements for those planning to participate in the tour.

7. Next Meeting

Location

Darlington Energy Complex

Date

April 5, 2019

Time

9:00 AM optional tour for DNHC Members of the Dry Nuclear Waste Management Facilities at Darlington NGS

12:00 PM Lunch served
1:00 PM Meeting begins

Host
Darlington Nuclear

8. Adjournment 4:40 PM