



# The Regional Municipality of Durham COUNCIL INFORMATION PACKAGE

Friday, January 26, 2024

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2097.

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### 7. Miscellaneous Correspondence

There is no Miscellaneous Correspondence.

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There are no Advisory/Other Committee Minutes

Members of Council – Please advise the Regional Clerk at [clerks@durham.ca](mailto: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 not later than noon the day 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

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From: Commissioner & Medical Officer of Health  
Report: #2024-INFO-02  
Date: January 26, 2024

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**Subject:**

Program Reports

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**Recommendation:**

Receive for information

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**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 October – December 2023 include the following key highlights:

- a. Health Analytics, Research & Policy – Health Analytics Information Products update;
- b. Health Protection – Emergency Management, Food Safety, Healthy Environments, Part 8 *Ontario Building Code* (Sewage Systems) and Safe Water updates;
- c. Healthy Families – Durham Health Connection Line, Healthy Babies Healthy Children, Healthy Families (Breastfeeding Services Promotion in North Durham, New Breastfeeding Clinic Location and Perinatal Mental Health), and Infant & Child Development updates;
- d. Healthy Living – Healthy Living (Cannabis, Mental Health Promotion, Needle Syringe Program and Opioids), Oral Health and *Smoke-Free Ontario Act, 2017* updates;

- e. Infectious Diseases – Immunization (Adverse Events Following Immunization, COVID-19 Immunization and Vaccine Storage & Handling), Infectious Diseases Prevention & Control (Child Care Centres, Designated Officer Education Sessions, Diseases of Public Health Significance, Infection Prevention & Control Lapses, Outbreak Summary, Personal Services Settings, Rabies Prevention & Control, and Vector-Borne Diseases) updates; and
  - f. Paramedic Services – Administration, Community Paramedicine, Logistics, Operations, Primary Care Outreach Program 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 DRHD’s ‘Accountability Framework’, which also may include program and other reports, Health Plans, Quality Enhancement Plans, Durham Health Check-Ups, business plans and budgets; provincial performance indicators and targets, monitoring, compliance audits and assessments; RDPS certification; and accreditation by Accreditation Canada.

### **3. Relationship to Strategic Plan**

- 3.1 This report and the program updates included align with the following strategic goals and priorities in the Durham Region Strategic Plan:
- a. Goal 1 – Environmental Sustainability:
    - 1.4 Demonstrate leadership in sustainability and addressing climate change.
  - b. Goal 2 – Community Vitality:
    - 2.2 Enhance community safety and well-being.
    - 2.3 Influence the social determinants of health to improve outcomes for vulnerable populations.
    - 2.4 Support a high quality of life for all through human services delivery.
  - c. Goal 5 – Service Excellence:
    - 5.1 Optimize resources and partnerships to deliver exceptional quality services and value.

- 5.2 Collaborate for seamless service experience.
- 5.3 Demonstrate commitment to continuous quality improvement and communicating results.

#### **4. Conclusion**

4.1 Program Reports are provided to update Regional Council (DRHD's board of health) on public health programs and activities as a component of DRHD's Accountability Framework.

#### **5. Attachment**

Program Reports for the period October – December 2023

Respectfully submitted,

Original signed by

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

## **ABBREVIATIONS**

- A1C – Refers to a blood test that checks the average blood sugar levels over the past three months
- ACP – Advanced Care Paramedic
- ACR – Ambulance Call Report
- ADDS – Ambulance Dispatch Decision Support
- AEFI – Adverse Event Following Immunization
- AGCO – Alcohol & Gaming Commission of Ontario
- BBI – Blood-borne Infections
- CARD – Community & Resource Development
- CBT – Cognitive Behavioural Therapy
- CCC – Childcare Centre
- CCS – Canadian Cannabis Survey
- CE – Continuing Education
- COPD – Chronic Obstructive Pulmonary Disease
- CP – Community Paramedicine
- CPSO – College of Physicians & Surgeons of Ontario
- CSWB – Community Safety & Well-Being
- CWHC – Canadian Wildlife Health Cooperative
- DA – Dental Assisting
- DC – Durham College
- DEM – Durham Emergency Management
- DH – Dental Hygiene
- DHCL – Durham Health Connection Line
- DLIPC – Durham Local Immigration Partnership Council
- DNGS – Darlington Nuclear Generating Station
- DO – Designated Officer

- DOA – Dental Office Administration
- DPAC – Dental Program Advisory Committee
- DPHS – Diseases of Public Health Significance
- DRHD – Durham Region Health Department
- DROTF – Durham Region Opioid Task Force
- DRSSD – Durham Region Social Services Department
- DRWD – Durham Region Works Department
- ECCC – Environment & Climate Change Canada
- ECG – Electrocardiogram
- ESW – Emergency Services Worker
- FHT – Family Health Teams
- HART – Health Analytics & Research Team
- HBHC – Healthy Babies Healthy Children
- HCC – Home & Community Care
- HCP – Health Care Providers
- HCV – Hepatitis C Virus
- HIV – Human Immunodeficiency Virus
- HMCA – *Healthy Menu Choices Act, 2015*
- HPD – Health Protection Division
- HPPA – *Health Protection and Promotion Act*
- HSO – Healthy Smiles Ontario
- ICD – Infant & Child Development
- IPAC – Infection Prevention & Control
- IV – Intravenous
- JHS – John Howard Society of Durham Region
- LD – Lyme Disease
- LH – Lakeridge Health

- LTCH – Long-Term Care Homes
- MBTA – *Mandatory Blood Testing Act, 2006*
- MOH – Ontario Ministry of Health
- NDSDC – North Durham Social Development Council
- NSP – Needle Syringe Program
- OBC – Ontario *Building Code*
- OC – Oshawa Centre
- OCC – Office of the Chief Coroner
- OHD – Oral Health Division
- OHRDP – Ontario Harm Reduction Distribution Program
- ONP – Ontario Naloxone Program
- OPG – Ontario Power Generation
- OPHS – *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability*
- OSDCP – Ontario Seniors Dental Care Program
- OW – Ontario Works
- PCOP – Primary Care Outreach Program
- PCP – Primary Care Paramedic
- PHI – Public Health Inspectors
- PHN – Public Health Nurses
- PHU – Public Health Units
- POA – *Provincial Offences Act*
- PSRN – Public Safety Radio Network
- PSS – Personal Services Settings
- RH – Retirement Homes
- RSV – Respiratory Syncytial Virus
- RTP – Return to Practice
- SFOA – *Smoke-Free Ontario Act, 2017*



- STI – Sexually Transmitted Infections
- TEO – Tobacco Enforcement Officers
- UTI – Urinary Tract Infection
- WCIS – Welcome Centre Immigrant Services
- WHO – World Health Organization
- WNV – West Nile Virus



# Health Analytics, Research & Policy

Report for October – December 2023

## Health Analytics Information Products

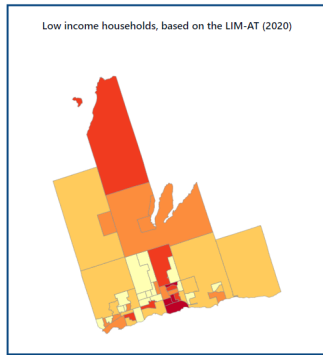
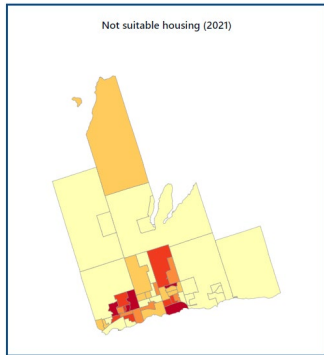
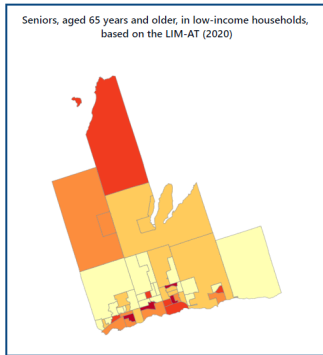
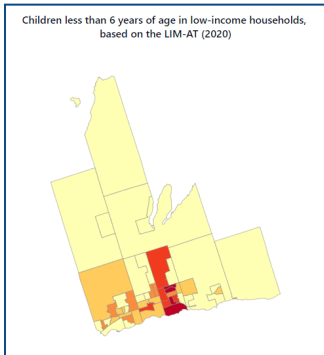
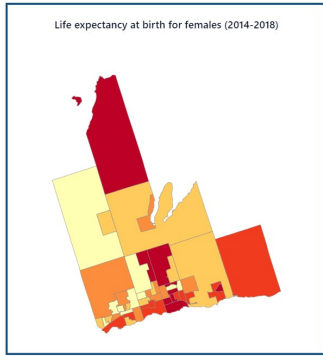
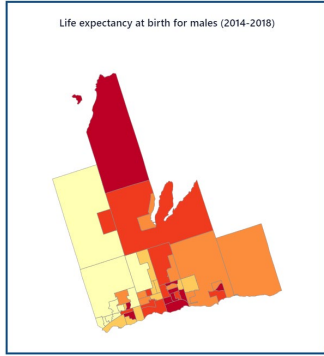
HART launched the [Durham Region Respiratory Virus Data Tracker](#) in October, integrating COVID-19 into the epidemiologists' monitoring of influenza and other respiratory viruses. The data tracker is available at [durham.ca/resptracker](https://durham.ca/resptracker).

This interactive dashboard brings together many data sources to monitor respiratory virus activity in the community, with historical data available to understand long-term trends. The dashboard includes data on cases, test positivity, hospitalizations, mortality, institutional outbreaks, wastewater, and school/childcare absences due to illness.

A highlight is the **Current Summary** front page, which displays the most recent week of key COVID-19 and influenza statistics with a trend comparison to the previous week. This visual provides an overall synthesis of the current respiratory virus situation. Each data source provides different insight; outbreaks, for example, represent increased risk for those living in LTCH and RH, while monitoring wastewater data is a unique method to monitor community transmission among the general population without confirmatory testing. When monitoring the respiratory season, the epidemiologists particularly watch for increasing trends, which signals an overall increase in transmission.

All [Health Neighbourhoods](#) resources have been updated with the most recent census data, which refreshes **32** of the total **96** indicators included in this project. The Health Neighbourhoods interactive [maps](#), [indicator summaries](#), and [neighbourhood profiles](#) help to show geographic patterns in health outcomes, behaviours and demographic factors.

The census update is of particular importance in highlighting the social determinants of health. A key finding is that both health outcome and census maps highlight many of the same neighbourhoods, showing how residents' health experiences are related to their demographic and socioeconomic situations.



**BETTER FOR HEALTH**



**WORSE FOR HEALTH**

Respectfully submitted,

Original signed by

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



# Health Protection

Report for October – December 2023

## Emergency Management

On November 29, DRHD, in collaboration with DEM and DRWD, participated in a drill and tabletop exercise with OPG - DNGS. The goal of the exercise was to test inter-agency communication pathways as well as confirm processes currently in place within the Region's plans and supporting documents. Recommendations resulting from the exercise will be reviewed and implemented to improve processes and communications. Conducting regular exercises is a requirement in the [Emergency Management Guideline](#) under the OPHS.

## Food Safety

Staff was successful in completing all required inspections of food premises and met all criteria by year-end, as per the [Food Safety Protocol](#). Staff completed **585** high-risk inspections, **764** moderate-risk inspections, **390** low-risk inspections, and **311** re-inspections between October 1 and December 31.

Due to the pandemic, [HMCA](#) inspections of new food premise chains of 20 and more locations in the province were put on hold. Staff resumed these inspections between October 1 and December 31, completing **88** HMCA compliance inspections. By year-end, the MOH moved to a complaint-based inspection process, which will be fully adopted in 2024.

Between October 1 and December 31, staff processed **360** special event applications and reviewed **57** special events. Using the risk assessment tool and updated special event procedure, staff inspected **three** special events during this quarter that were deemed higher risk.

In the final quarter of the food handler training program, staff collaborated with community partners such as secondary schools and community centres to provide

exams and issue certificates until the end of the year. Staff marked **40** food handler exams between October 1 and December 31 and issued **28** certificates to successful candidates.

## Healthy Environments

### Cold Warning & Information System

Cold weather alerts are issued by DRHD when ECCC forecasts a temperature of -15°C or colder, and/or a wind chill of -20°C or colder. Cold warnings are issued between November 15 to March 31.

Advanced notices of cold alerts are shared with community partners such as shelters, municipalities, school boards and agencies serving at-risk populations to allow them to activate their cold response plans and minimize exposure for their clients during a cold warning.

Notifications of cold weather alerts are shared with the public through the [durham.ca](http://durham.ca) and social media platforms. Members of the public can subscribe to receive updates to the cold weather webpage which includes issuance of cold alerts and other valuable information such as health impacts of cold, tips on how to be prepared in the cold, as well as links DRSSD [Homeless Supports](#) webpage that provides shelter information for those experiencing homelessness and marginally housed residents.

Durham's cold warning notification system meets the requirements of the [Healthy Environments and Climate Change Guideline](#) under the OPHS.

### Part 8 OBC (Sewage Systems)

From October 1 to December 31, HPD conducted the following activities related to Part 8 of the OBC: received **51** building permit applications for sewage systems, processed **10** building addition applications and reviewed **18** planning applications. In addition, PHI investigated **five** complaints related to private sewage systems.

Staff conducted **195** inspections related to sewage system building permits and installations, and planning applications and activities. HPD staff members also attend pre-consultation meetings in each municipality regarding planning applications. From October 1 to December 31, staff attended or provided comments for **eight** pre-consultation meetings. Staff also responds to questions from the public and sewage system installers regarding sewage systems and planning applications.

During the last quarter of 2023, the Part 8 program planned for the transition to electronic records beginning January 1, 2024. This included updating relevant policies and procedures and establishing new processes in collaboration with other divisions.

The Part 8 program continues efforts to build on staffing capacity with the specialized inspector skill sets and qualifications needed to undertake work under the OBC. To date, HPD has **three** staff members that have been identified for training and have begun steps forward to achieve the required competencies.

## Safe Water

### Recreational Water

In 2023, HPD prioritized the completion of all mandatory recreational water inspection targets in accordance with the [Recreational Water Protocol](#). Between October 1 to December 31, HPD conducted **109** routine recreational water inspections as required by the MOH and issued **14** Section 13 Orders under the HPPA to close the facility due to the presence of health hazards. HPD concluded the year by meeting mandatory MOH annual targets, completing **548** routine inspections, responding to **23** complaints, and issuing **63** Section 13 Orders under the HPPA due to the presence of health hazards.

Staff collaborated with the CARD team to develop the pool and spa operator course, a free online training module for the public. This course is an educational resource for public pool and spa owners and operators to improve their understanding of the requirements under [Ontario Regulation 565 – Public Pools](#). This course is expected to be released during the first quarter of 2024.

### Drinking Water

The Safe Water program continues to build drinking water staffing capacity. This program is highly specialized, and education and experience are key components of conducting risk assessments and inspections along with offering support to other field inspectors who inspect private wells and water treatment systems as part of their duties. **Two** staff members have been identified for additional training and to act as backup resources when operationally required.

Going into 2024, a need has been identified to further enhance drinking water processes for adverse water quality reports in the Hedgehog 5 database by creating a more robust and new electronic file system to allow for better centralized communications and enhanced security.

Original signed by

Lisa Fortuna

Director, Health Protection Division



# Healthy Families

Report for October – December 2023

## Durham Health Connection Line

DHCL provides access to public health information to the community. PHN provide assessment, health education, counselling and referrals to community services for residents or those looking for local services. Inquiries are addressed on the telephone or through email. From October 1 to December 31, DHCL staff responded to **3,979** inquiries.

## Healthy Babies Healthy Children

The HBHC program is a voluntary home visiting program to support families from the prenatal period up until school entry. PHN and family visitors work in partnership with at risk families to provide supportive intervention, and to identify and address goals to promote optimal child development and positive parenting.

There are currently **293** families actively participating in the HBHC home visiting program. Between October 1 to December 31, **1,136** home visits took place with families. During the same period, **1,058** new clients were screened and of those, **573 (54 per cent)** screened with risk for compromised parenting and/or child development. PHN were able to reach **369 (64 per cent)** of the with-risk clients by telephone to offer an in-depth assessment. Those not reached by telephone were sent a mailout inviting them to call back. Of those clients reached by phone, **152 (41 per cent)** accepted this offer. In depth assessments were completed with **125 (82 per cent)** clients who accepted the offer and of those, **95 (76 per cent)** were confirmed with risk and offered referral to the blended home visiting program.

# Healthy Families

## Breastfeeding Services Promotion in North Durham

WHO and UNICEF recommend that children begin breastfeeding within the first hour of birth and exclusively breastfeed for the first six months of life with continued breastfeeding for up to two years of age and beyond. There are several benefits to breastfed children including performing better on intelligence tests, less likely to be overweight or obese, and less prone to diabetes later in life. Women who breastfeed also have a lower risk of breast and ovarian cancers.

DRHD offers a variety of breastfeeding resources to support families choosing to breastfeed. A breastfeeding survey of North Durham residents (2019) who delivered outside of Durham Region indicated that **70 per cent** of respondents were not aware of DRHD's breastfeeding supports in the home. Increasing awareness of local breastfeeding services in North Durham was identified as a need following the survey.

In 2023, a communication plan was implemented to increase awareness of breastfeeding services to North Durham residents. A DRHD breastfeeding resource postcard was included in post-partum discharge packages for Durham Region residents in partnership with **four** hospitals bordering Durham Region: Southlake, Ross Memorial (Lindsay), Orillia Soldiers Memorial, and Markham Stouffville. The resource postcard was also promoted at several community venues in North Durham including Early ON Centres, libraries, food banks, grocery stores, schools, daycares, Port Perry Arena, the NDSDC December meeting and the Cannington laundromat.

Social media posts were promoted weekly to North Durham audiences across **three** social media platforms over a one-month period. This resulted in over **1,000** clicks, "likes" and shares of the social media posts. In October, **one** advertisement was created on Brock Voice (online newspaper) to increase awareness of breastfeeding services.

In addition, PHN collaborated with **two** FHT in North Durham to promote breastfeeding resources with their patients.

The strategies implemented resulted in an increase in services with **37** breastfeeding home visits provided to clients residing in North Durham between January and December which is a **32 per cent** increase from the **28** breastfeeding home visits provided in 2022. In addition, the DRHD Breastfeeding Clinic at LH Port Perry provided **250** appointments to North Durham clients throughout 2023.

## New Breastfeeding Clinic Location

DRHD offers breastfeeding clinics for residents with complex breastfeeding needs. In 2023, PHN provided service to **1,576 clients** through their two clinic sites located in Whitby/Oshawa and Port Perry.



On November 17, the Whitby Breastfeeding Clinic was relocated from the Whitby Mall to the OC's Office Galleria. This new clinic location is shared, with the site providing both breastfeeding and immunization clinic services. The new clinic location is centralized within the southern part of Durham Region and is a hub for transit services, reducing transportation barriers for clients. The OC is accessible and has reserved parking for families with children.

## **Perinatal Mental Health**

Postpartum mental illness affects as many as **one in four** mothers nationwide. Of Durham Region residents who gave birth in 2021, **22 per cent** reported **at least one** mental health concern during pregnancy. Over the last few years, there has been an increase in the overall percentage of local residents reporting maternal mental health concerns during pregnancy; there has been a **7.6 per cent** increase overall between **2013** and **2021**.

Maternal depression is considered an adverse childhood experience, with known impacts on childhood development. Untreated depression and anxiety in the postpartum period can have profound lifelong physical and mental health consequences for children, including poor social, cognitive, and behavioral outcomes. Access to perinatal mental health services for families can improve both parent and child outcomes. This supports the growth and development of children at an early stage by minimizing their experience of adversity.

In 2023, DRHD implemented multiple strategies to address perinatal mental health. In August through November, a new evidence-based program was offered to women experiencing perinatal mood disorder. Steps to Wellness: Before and After Baby is a nine-week CBT group led by trained PHN. CBT is evidence-based and a recommended treatment for anxiety and depression. The Steps to Wellness program was developed by a perinatal psychiatrist from McMaster University, along with his colleagues and the program been proven effective through numerous research trials.

PHN ran **two** nine-week cognitive behavioural therapy groups in 2023, with **24** registered participants. Of the clients evaluated post-group, **87.5 per cent** experienced a reduction in their depression scores compared to before participating in the group, measured using the Edinburgh Postnatal Depression Scale.

In addition, an online and interactive care pathway for the management of perinatal mental health was launched in December on [durham.ca](http://durham.ca). The pathway is designed to support local health professionals in identifying and managing individuals requiring intervention for mental health during the perinatal period. Screening tools and care options available to individuals living in Durham have been inventoried in a stepped treatment approach with hyper-linked access to service providers, resource websites, and referral forms. This ensures health professionals have timely assistance in guiding their clients to the most appropriate type of care, services, and resources. The pathway can be accessed at [durham.ca/CarePathPMD](http://durham.ca/CarePathPMD).

## Infant & Child Development

The ICD program is a voluntary home visiting program that partners with families to promote the healthy growth and development of children between the ages of birth to school entry and who have a developmental diagnosis or who are at risk of a developmental delay. Durham residents can self-refer to the program or be referred by a service provider. ICD Consultants partner with families to plan developmental goals and establish strategies to achieve these goals within their child's daily routines using a family-centered, strengths-based approach. Developmental intervention services can include: informal assessments and developmental screening, intervention strategies and family coaching, connecting families to community programs and services and family education. Occupational therapy services can include: assessment for feeding, motor ability, self-help skills, and sensory function, and recommendations and resources to support participation in daily activities.

Between October 1 to December 31, the ICD program offered service to **616** children with a developmental disability and/or who are at risk of a developmental delay through **990** consultation visits. Additionally, the ICD program supports these children and families with the transition to kindergarten. This support often includes sharing information with families, navigating special education options, attending school meetings, and providing resources and strategies to support the child's transition.

Respectfully submitted,

Original signed by

Kavine Thangaraj  
Director, Population Health Division  
Chief Nursing Officer



# Healthy Living

Report for October – December 2023

## Healthy Living

### Cannabis

In January 2020, the sale of cannabis edibles became legalized in Ontario. A study conducted by SickKids and the Ottawa Hospital found a **6-fold** increase in unintentional cannabis poisoning hospitalizations for children under the age of 10 since legalization. This increase was **two times** higher in provinces, like Ontario, that allowed the sale of cannabis edibles compared to provinces that prohibited the sale of edibles. A Health Canada public advisory issued in May, highlighted the rise of illegal copycat edible cannabis products that are increasing the incidence of accidental ingestion and causing serious harm to children.

Despite these findings, the CCS 2022 found that **64 per cent** of Canadians perceive edible cannabis as the least harmful method of regular cannabis use compared to vaping and smoking cannabis, as well as smoking tobacco or consuming alcohol. Although consuming edible cannabis eliminates the risk to the lungs associated with smoking or vaping cannabis, it is not without risks.

In October, DRHD launched a harm reduction campaign titled Mindful Consumption to increase the public's awareness of the potential risks when consuming cannabis edibles. Campaign metrics indicate that **759,200** people saw the message through Metrolinx, **25,360** people saw the messages at local movie theatres, and **447,489** people saw the campaign message through online ads and social media platforms. Over the course of the campaign, the web traffic for [durham.ca/cannabis](https://durham.ca/cannabis) increased by **165 per cent**.

DRHD issued a news release regarding the campaign on October 3, which resulted in **one** radio interview, **one** TV interview and **two** online published articles.

## Mental Health Promotion

DRHD promotes mental health using upstream approaches that promote positive mental health, resiliency, and well-being across the lifespan. Mental health is considered a positive concept and more than the absence of mental illness. Good mental health allows individuals to reach their goals, feel good about themselves, and cope with life's ups and downs.

Prior to the COVID-19 pandemic, evidence identified isolation and loneliness as a public health concern, which continues to have an impact on mental health today. Findings from a variety of disciplines reach the same conclusion: social connection is a significant predictor of longevity and better physical, cognitive, and mental health, while social isolation and loneliness are significant predictors of poor health outcomes.

In August, DRHD launched a campaign, which continued into the last quarter of 2023, highlighting the importance of creating and maintaining meaningful connections to support mental health. The campaign focused on promoting connection to self, connection to others and connection to the broader community. The campaign raised awareness of the importance of connections and provided local strategies that local residents can implement to improve connection in their lives. Highlights of the campaign included:

- **One** webpage [durham.ca/connection](https://durham.ca/connection) was developed to direct residents to explore the importance of connection as well as tools and strategies. The website had **2,103** views since the launch of the campaign.
- One media release launched with **1,005** impressions and **39** engagements.
- Resource materials were developed including **three** posters and **one** bookmark in both print and digital format with QR codes directing residents to the Connection webpage.
- **One** video was developed facilitating a discussion on social isolation, loneliness, and the importance of connections to support mental health.
- Social media posts ran on social media platforms for **seven** weeks yielding **190,698** impressions and **2,350** engagements.
- Digital promotion resulted in **425,403** impressions and **504** engagements.
- Print promotion yielded **256,666** impressions.
- Campaign materials were promoted digitally and through print by **16** community partners.
- DLIPC promoted the campaign as a valuable resource for newcomers. **One** promotional article was included in the mental health section of the [Durham Immigration Portal](#).

- Staff collaborated with WCIS Ajax to provide **one** overview of campaign materials to youth clients on the topic of connection.
- Staff provided Durham CSWB Plan steering committee **one** overview of the connection campaign.

## Needle Syringe Program

In accordance with the [OPHS](#), DRHD is mandated to fulfill requirements under the [Substance Use Prevention and Harm Reduction Guideline](#). The NSP is included within this mandate to prevent the spread of BBI like HIV and HCV. The distribution of needles/syringes and other drug use supplies has proven to be an effective method in reducing BBI associated with injection drug use.

The distribution of safer drug use supplies also provides a point of access to health and social services for clients who may not otherwise have access to such services, as well as opportunities for education on safer drug use practices. As per the MOH mandate, NSP services provide:

- Or ensure the availability of sterile needles and syringes, as well as safer drug use supplies currently funded and provided through the OHRDP to individuals who use drugs.
- Or ensure the availability of initiatives related to the disposal of used harm reduction supplies.
- Education to clients of the NSP (including fixed satellites and outreach locations) and individuals who use drugs on how to reduce harms associated with drug use.
- Referrals to addiction treatment, other harm reduction services, health and social services (including HIV, HCV, and STI testing, community support and treatment).

Locally, the NSP is administered by JHS. Routinely, JHS has achieved a return rate above the provincial average of **60 per cent** (2019). It is important to note, needle return numbers only reflect the number of needles that are returned to JHS for safe disposal. This does not reflect the number of needles that are safely disposed of in other locations (e.g., libraries, restaurants, pharmacies, shopping malls, etc.), nor does it consider the number of sterile unused syringes that service users have in their possession.

Over the past few years, there has been a notable shift in clients' preferred mode of delivery from injection to inhalation. While the NSP continues to service approximately the same number of contacts as in previous years, more clients are requesting inhalation equipment instead of syringes and reporting a change in their drug of choice to Crystal Meth, which is primarily smoked, not injected.

From 2019 to 2023, needle distribution and return metrics are as follows:

Year	Needles Distributed	Needles Returned	Return Rate (per cent)
2019	615,029	508,846	82.7 per cent
2020	493,680	397,053	80.4 per cent
2021	344,989	276,824	80.2 per cent
2022	281,472	222,520	79.1 per cent
2023	260,948	204,532	78.4 per cent

### Opioids

DRHD routinely monitors opioid-related data and information to understand the impact of opioid-related poisonings at the local level. Between January 1 and December 17, RDPS received **672** calls related to suspected opioid overdoses, similar to 2022 (**555** calls) for the same period. Preliminary local data on opioid related deaths indicate there were approximately **46** deaths in residents between January to August 2023 and **75** opioid-related deaths from January to December 2022. These death data are preliminary and subject to change based on updates received from the OCC for Ontario.

DRHD’s real-time early warning system alerts first responders and over **30** service agencies to statistically significant increases in suspected opioid overdose and/or suspected cluster overdoses/deaths. From October 1 to December 31, **two** alerts were issued, resulting in **eight** alerts for 2023.

Naloxone is a life-saving medication that can reverse the effects of an opioid overdose when given in a timely manner. Through the [ONP](#), PHU are mandated to provide eligible organizations with naloxone kits to distribute to their clients at risk of opioid overdose and their family and friends. DRHD continues to onboard eligible organizations and acts as a central distributor for naloxone in Durham Region. From October 1 to December 31, DRHD distributed **1,460** naloxone kits and **445** naloxone refills. In 2023, DRHD distributed **5,025** naloxone kits and **1,232** naloxone refills and onboarded **seven** new eligible organizations.

In November, DRHD, in collaboration with the DROTF, launched a communication campaign to increase awareness of the benefits of naloxone and how to access a free kit. Campaign metrics indicate that **326,194** people saw or heard the online portion of the campaign, and there were **4,041,182** impressions for the in-person portion of the campaign at various locations across the region. There were **942** clicks on [Ontario.ca](#), which provides information on how to access a free naloxone kit.

Recognizing that the path to wellness varies for people experiencing dependence or substance use disorder, DRHD produced **two** information resources to help the public understand the support options related to abstinence and harm reduction as well as recovery-oriented care.

## Oral Health

For 2023 OHD noted the following achievements, demonstrating a commitment to improving oral health outcomes and delivering exceptional services to the community. The following highlights provide an overview of key activities:

**Comprehensive Dental Services:** The DRHD Dental Clinic provided dental services to **774** HSO clients, **2,016** OSDCP clients through **7,421** appointments, and **123** clients from the OW program. Additionally, services were provided to **230** residents in the Region's LTCH. These services demonstrate OHD's commitment to supporting diverse client groups and delivering high-quality care.

**Dental Benefits Claims:** OHD processed **2,974** dental benefits claims, amounting to **\$418,879** in fees paid. These efforts facilitate the smooth provision of dental care and ensure financial support for those in need.

**Dental Care Needs:** Through screenings, staff identified **2,086** children in urgent need of dental care and **2,500** children with non-urgent dental needs. These data enable OHD to prioritize resources effectively and address dental care requirements promptly.

**Denture Lab:** In June 2023, OHD successfully equipped and initiated the use of its state-of-the-art denture lab. This facility enhances OHD's ability to provide comprehensive dental services, resulting in improved outcomes for patients.

**Education:** In addition to service-oriented activities, OHD actively contributed to education and knowledge-sharing initiatives. OHD provided one-day student placements for **118** DA and **52** DH students from DC, offering them valuable practical experience. OHD conducted **three** public health education sessions/lectures for students in DC's DA, DH, and DOA programs, and maintained representation on the DC DPAC, fostering collaboration and contributing to the program's continued excellence.

**HSO Facilitation:** OHD staff successfully navigated **225** clients through the HSO application process, ensuring they could access necessary dental care. This initiative plays a vital role in breaking down barriers to oral health services.

**Oral Health Education and Promotion:** Staff conducted oral health education sessions for **6,974** students at **38** high-risk schools, equipping them with the knowledge and tools necessary for maintaining good oral hygiene. Furthermore, staff provided oral health promotion to **4,344** children and families at **77** events, empowering them to make informed decisions about their oral health.

**Oral Health Screenings:** Staff conducted **45,315** oral health screenings for children and youth. This encompassed **44,878** screenings at schools and **437** screenings in DRHD's fixed dental clinic. These screenings serve as a vital tool in identifying potential oral health issues at an early stage.

**OW Program Support:** Staff provided oral health education and assessments to **40** recipients of OW in collaboration with DRSSD. This initiative ensures that individuals in need receive appropriate oral health care and support.

**Social Media Engagement:** To reach a wider audience, OHD effectively utilized social media platforms to promote oral health information and program updates. Through **154** posts, OHD achieved **64,786** impressions and **574** engagements on both X (formerly known as Twitter) and Facebook, and **92,529** impressions, **85,969** reach, and **1,086** engagements on Instagram.

These accomplishments reflect OHD's dedication to improving oral health outcomes and its commitment to education and collaboration. By leveraging resources effectively, DRHD continues to make a positive impact on the oral health of local residents.

## ***Smoke-Free Ontario Act, 2017***

TEO continued youth test shopper surveillance in 2023. All tobacco and vapour product vendors are test shopped during the year by a student under the age of 19 who attempts to purchase products. If the vendor sells tobacco or vapour products to the minor, the operator and owner of the store are subsequently charged with selling or supplying tobacco or vapour products to a person who is less than 19 years old. TEO respond to all complaints received with respect to smoking/vaping in all enclosed workplaces and other prohibited areas that are covered under the SFOA such as multi-unit dwellings, schools, hospitals, outdoor recreation playground areas and hookah lounges.

From October 1 to December 31, **nine** test shopper inspections for tobacco were conducted, resulting in a **94 per cent** compliance rate and TEO issued **one** warning for supplying tobacco to minors under the SFOA. TEO conducted **seven** compliance inspections for display and promotion for tobacco retailers and **six** display and promotion compliance inspections for vapour product retailers. TEO conducted **six** test shopper inspections for vapour products and issued **zero** charges and **one** warning letter.

By year-end, TEO conducted **391** inspections in enclosed workplaces and other prohibited areas, and **738** youth access tobacco inspections were completed with a compliance rate of **93 per cent**, with **47** charges served and **25** warning letters issued. TEO completed **398** youth access inspections for vapour products, resulting in a **93 per cent** compliance rate, and served **28** charges and issued **28** warning letters. TEO conducted **944** display and promotion inspections at all tobacco and vapour product retailers.

TEO have been responding to a significant number of complaints and concerns regarding vaping by students within schools and on school property. For 2023, TEO investigated **171** complaints, issued **123** warning letters and served **27** charges to



students vaping on school property. A total of **14** of the **27** tickets issued to students for vaping on school property were repeat offenders.

There continue to be incidences of egregious non-compliance at a few convenience stores selling flavoured vapour products to youth. Operators are using social media, such as Snapchat and Skip the Dishes to supply vapour products to youth and avoid detection by DRHD. Staff has been investigating these instances and collaborating with DRPS, AGCO and local municipalities to address these issues.

As a result of the egregious non-compliance at one facility, DRHD served a Section 13 Order under the HPPA to gain compliance. To date, over **\$156,500** in fines were issued to the corporation, director, and clerk by the POA court for non-compliance with the SFOA and the HPPA, including probation for both the directors and clerk who continue to sell flavoured vapour products.

The Smoking and Vaping By-law #28-2019 has been in effect since June 24, 2019. The by-law expands the number of public places and workplaces in the region where smoking or vaping of any substance, including cannabis, is prohibited. Prohibited places include hookah and vape lounges, any public park and 20 metres beyond the park, post-secondary campuses, and any municipal building and the property around it. TEO continue to enforce the Smoking and Vaping By-Law within prohibited facilities and issued **11** charges in 2023.

Specialty vape stores and tobacconist stores continue to operate in Durham Region. As of December 2023, there are now **67** registered specialty vape stores, and **four** tobacconist stores.

Respectfully submitted,

Original signed by

Kavine Thangaraj  
Director, Population Health Division  
Chief Nursing Officer

Original signed by

Lisa Fortuna  
Director, Health Protection Division

Original signed by

Maryam Pezeshki  
Director, Oral Health Division



# Infectious Diseases

Report for October – December 2023

## Immunization

### Adverse Events Following Immunization

An AEFI is defined as any untoward medical occurrence that follows immunization and does not necessarily have a causal relationship with the vaccine. DRHD is responsible to monitor, investigate and document all suspected cases of AEFIs that meet provincial reporting criteria, and to promote reporting by HCP throughout Durham Region. Through the investigation of AEFIs, individualized vaccine recommendations are provided to HCP and clients. These recommendations may help to reduce vaccine hesitancy and promote the continuation of immunization.

A total of **235** AEFIs were reported and investigated in 2023. HCP including physicians, nurses, and pharmacists reported **54** cases to DRHD.

### COVID-19 Immunization

On October 6, 2023, the MOH released new guidance for COVID-19 vaccination. This guidance provided recommendations for eligible individuals to receive a dose of the new XBB COVID-19 vaccine in the fall. It is strongly recommended that individuals at high-risk of contracting COVID-19, including those with a potential for greater impact from infection, receive a dose of the XBB formulation.

Initial doses of the COVID-19 vaccine were prioritized for high-risk groups in Durham Region including hospitals, LTCH, RH and elder care lodges. The COVID-19 vaccine was made available to all residents (aged six months and older) starting October 30, 2023.

Between October 1 and December 31, **9,382** COVID-19 vaccine doses were administered through DRHD led community immunization clinics and the homebound program which supports residents unable to leave home due to medical, physical,

cognitive, or psychosocial conditions. A total of **48** community clinics were held across Durham Region, which included **28** pop-up clinics in identified priority areas to support high-risk populations, low COVID-19 vaccine coverage rates, and decreased vaccine access.

In addition, DRHD collaborated with community partners to support priority populations including Indigenous Peoples, LTCH, and RH. Between October 1 and December 31, **85,327** COVID-19 vaccine doses were administered to Durham Region residents through DRHD community clinics, LTCH, RH, hospitals, pharmacies, and HCP.

## **Vaccine Storage & Handling**

DRHD manages the vaccine storage and handling for all publicly funded vaccine in Durham Region. PHN inspected **485** fridges storing publicly funded vaccine and ensured all sites upheld vaccine storage and handling requirements as per the MOH. During these inspections, PHN provide HCP with vaccine education, including waste and cold chain incident reduction strategies. To ensure vaccine provided to local residents remains safe and effective, PHN followed up on **80** cold chain incidents and responded to **27** after-hour fridge alarms for DRHD vaccine fridges. In 2023, DRHD distributed **261,659** doses of publicly funded vaccine (excluding COVID-19 vaccine) to HCP. In addition, DRHD distributed and supported inventory management of more than **31,711** doses of the COVID-19 vaccine, which included management of **four** new COVID-19 vaccine formulations.

In fall 2023, DRHD supported the distribution and vaccine storage and handling management of publicly funded influenza vaccines for individuals six months of age and older. Influenza vaccine administration occurs through a variety of channels including primary HCP, community health centres, hospitals, LTCH, RH, workplaces, and pharmacies. To increase knowledge about the influenza vaccine and promote vaccine uptake, PHN created a social media campaign that ran throughout the influenza season and reached **272,529** residents. Additionally, a news release was distributed to promote the influenza and COVID-19 vaccine. DRHD distributed **68,575** doses of influenza vaccine to primary HCP, hospitals, LTCH and RH.

New to Ontario this fall is the RSV vaccine. DRHD distributed **1,564** doses of RSV vaccine and collaborated with eligible community partners to support plans for vaccine administration.

## **Infectious Diseases Prevention & Control**

### **Child Care Centres**

Between October 1 to December 31, staff completed **330** inspections in CCCs. The childcare IPAC module was launched and shared with local CCCs. A total of **267** individuals signed up for the course and **214** successfully received a certificate.

## Designated Officer Education Sessions

The [Infectious Diseases Protocol](#) under the OPHS, requires PHN to notify ESWs, including fire, police and paramedics, if an exposure to an infectious disease has occurred.

Each emergency service site appoints DOs to receive and document reports of exposures from ESWs, conduct assessments to determine if an exposure has occurred, and contact DRHD if required. PHN are available for consultation, assessing risk of exposure, providing education and counselling to the DO or ESW, including testing and treatment recommendations. PHN are also available to respond to possible exposures after hours.

Between October 1 and December 31, **six** in person and virtual training sessions were provided for **42** DOs from Oshawa Fire Services, RDPS, Pickering Fire Services, and Whitby Fire and Emergency Services.

Areas of focus included a review of the DPHS, communication process with DRHD, risk assessment using the Infectious Diseases Quick Reference Guide for Designated Officers, the MBTA, and managing blood borne exposures.

## Diseases of Public Health Significance

Between October 1 and December 31, **444** DPHS were reported to HPD. These include, in descending order: influenza (**330**), salmonella (**31**), campylobacter (**28**), LD (**21**), giardia (**six**), legionella (**five**), cryptosporidiosis (**four**), amebiasis (**three**), listeriosis (**two**), typhoid fever (**two**), yersiniosis (**two**), and **one** each of cyclosporiasis, blastomycosis, babesiosis, shigella, and paratyphoid fever. **Five** reported DPHS (i.e., anaplasmosis, hepatitis A, Q fever, West Nile Virus (**two**)) were investigated and deemed to not meet definition.

## Infection Prevention & Control Lapses

There were **14** IPAC lapse investigations. **Seven** IPAC lapse investigations involved improper cleaning/disinfecting, reusing of single use items or potential product contamination in PSS that resulted in **three** IPAC lapse posted reports; all items were corrected. **One** CCC investigation did not result in a lapse. Regulated health facilities were part of **six** investigations. Upon investigation, **one** lapse was posted and referred to the CPSO. The posted lapse was a result of improper reprocessing and record keeping for the sterilization of medical equipment; all items were corrected.

## Outbreak Summary

Between October 1 to December 31, **167** outbreaks were reported to DRHD that were investigated and managed with the most relevant IPAC measures.

Of these, **109** were COVID-19 (**44** LTCH, **36** RH, **19** hospitals, **10** congregate living settings).

The other **58** outbreaks were other respiratory (**35**), and enteric (**23**). The number of outbreaks by type of facility is: **26** in LTCH, **16** enteric in CCCs, **10** in RH, **three** in congregate living settings, **two** community enteric outbreaks associated with private events and **one** in hospitals. Other confirmed causative agents identified included: coronavirus (non-COVID-19), influenza A, parainfluenza, rhinovirus, rotavirus, enterovirus, RSV, and food poisoning organisms.

## Personal Services Settings

Between October 1 to December 31, staff completed **344** inspections in PSS. For PSS, common infractions include improper hand hygiene, improper cleaning and disinfection, single use items not discarded after use, items not in good repair, or surfaces not maintained in good repair. DRHD issued **seven** charges for repeat violations of the PSS regulation.

## Rabies Prevention & Control

From October 1 to December 31, DRHD investigated **359** animal bite reports, which is a slight increase from **298** reports investigated for the same period in 2022. In total, DRHD investigated **1,543** animal bites in 2023 which is an increase of **194** investigations from 2022. In 2023, DRHD provided **163** residents with anti-rabies treatment.

A total of **36** animals involved in a human exposure were submitted for testing in 2023 and none were positive for rabies. **Four** animals, without human exposure, were submitted for testing as part of the CWHC rabies surveillance program.

In 2023, DRHD issued **17** legal charges to animal owners for failing to immunize or reimmunize their pets against rabies, pursuant to the [Rabies Immunization Regulation 567/90](#).

DRHD provided information to physicians related to reporting animal bites, conducting risk assessments and the administration of anti-rabies treatment.

## Vector-Borne Diseases

The WNV prevention and control program completed its seasonal activities in late September 2023. The program included weekly surveillance of potential breeding sites for WNV vector mosquitoes which resulted in **5,758** site visits. Regional roadside catch basins were larvicided **four** times over the summer which resulted in **255,619** treatments. In addition, **88** private back yard catch basins and **412** catch basins on Regionally owned properties were treated. Over the season, **7,700** adult mosquitoes were trapped and tested for WNV. Of the **595** pools collected, **16** positive pools were identified. The positive pools were identified in Ajax, Clarington, Oshawa, Pickering, and Uxbridge. There has been **one** human case of WNV reported in the region.

Durham Region residents can have ticks identified by submitting a photo to [eTick.ca](https://www.eTick.ca), which is a free online service where professionals identify ticks using photographs sent in by members of the public.

In 2023, **110** human cases of LD were confirmed involving local residents.

Communications were sent out to community partners throughout the season, including regular media releases, a variety of social media messaging on various platforms, as well as posting a weekly summary report of WNV mosquito testing results on [durham.ca](https://www.durham.ca).

DHRD has updated the signage for outdoor hiking trails and other greenspaces where ticks are likely to inhabit to include a QR code and a link to [durham.ca/ticks](https://www.durham.ca/ticks). These signs will be distributed to community partners in late winter to ensure they are posted when the warmer weather begins.

Respectfully submitted,

Original signed by

Lisa Fortuna  
Director, Health Protection Division

Original signed by

Kavine Thangaraj  
Director, Population Health Division  
Chief Nursing Officer



# Paramedic Services

Report for October – December 2023

## Administration

RDPS explored and implemented a robust and progressive RTW program, processed several accommodations and resolved all health and safety concerns brought forth by the scheduling department.

Between October and December RDPS implemented the following improvements: a 911 calling concern was actioned and resolved; a new television monitor was mounted in the scheduling department which displays all the security camera footage, the same as at the two reception desks; silent alarm buttons under each of the scheduler's desks were installed; cellphones were provided to each scheduler to ensure staff members who depart at 11:00 pm are able to contact a superintendent on the way to their vehicle; and security monitors were mounted in the schedulers zone.

RDPS completed its first electronic seniority draw with a union representative present in October and ran an unused vacation report, which resulted in the scheduling department assigning vacation days to decrease hours transferred into 2024. Staff completed the Attendance Support Program training in anticipation of the program being reinstated in 2024, and further training will occur in January and February 2024. RDPS took actions to track culpable sick time.

## Community Paramedicine

The following metrics were observed by the CP program between October 1 and December 31: **804** wellness checks, **686** phone calls with clients or caregivers, **147** new enrollments, **99** exacerbation visits, **27** A1C tests, **24** urinalyses, **14** blood work tests, **12** ECGs, **eight** antibiotics for UTI, **three** COPD medical directives (antibiotics and prednisone), and **four** IV Lasix.

## Logistics

PSRN upgrades to RDPS bases continued through 2023 and will continue into 2024. Some bases have already been completed and commissioning will begin for those sites in early 2024.

The balance of new ambulances from RDPS' 2022 order arrived in full as of the end of 2023. Logistics is working diligently to get them into service and plans to have this completed in early 2024.

RDPS is currently renewing several multiyear contracts, including all medical supplies, linen, biohazard pickup, and uniforms. Significant inflation-related price increases are expected which will impact all inventory items and services.

Proactive forecasting and planning by RDPS logistics mitigated any supply impacts of consumables during the 2023 holiday season. This has been a challenge in prior years due to supplier challenges and shutdowns during the holiday period. The processes put in place for 2023 and beyond will mitigate this issue moving forward.

A new non-assigned vehicle model was implemented for the RDPS ambulance fleet in December 2023. The goal of this model is to reduce the total number of vehicle switches required and hence reduce associated downtime for staff. This is consistent with many other surrounding Paramedic Services. RDPS logistics is currently working on implementing improvements to the new system based on feedback from staff.

## Operations

RDPS implemented the use of the new MOH ADDS dashboard designed for management to provide real-time access for tracking call volume, ambulance status at hospitals, offload duration, end of shift, and meal break planning.

RDPS implemented a new and dedicated phone line to improve communication with the Sunnybrook trauma team during field trauma transport.

**Two** Acting Superintendents were extended into June 2024 to allow for a full-time competition in early 2024. There is an agreement in place to enhance the Tactical Paramedic team by **three** members.

There are ongoing challenges with the Seaton station and the expected completion date is now in July 2024.

RDPS is participating in ongoing discussions with LH to address offload delay challenges at LH hospitals.



## Primary Care Outreach Program

The following metrics were observed by the PCOP team between October 1 and December 31: **234** wellness checks, **103** wound care using **83** specialized dressings (i.e., bactigras, inadine, and tegaderm), **41** new enrollments, **38** medical assists/prompts, **15** anti-psychotic injections, **11** urine drug screens, and onboarding of **three** new relief pool PCOP members to backfill when full-time staff are away.

## Quality & Development

RDPS completed a ACR review of over **500** calls, facilitated RTP education for **six** paramedics returning from extended leaves of absence and provided remedial education for **one** paramedic. Staff delivered fall CE content on **25** dates over **two** months to all staff, conducted N95 mask fit testing, and developed educational content for the spring 2024 CE session.

Staff attended **15** community outreach events, hosted **50** Grade 9 students for “Take Your Kids to Work” day, completed a train the trainer course for **12** instructors for the upcoming threat management course to be delivered at the fall 2024 CE session.

RDPS successfully filled **two** full-time and **four** part-time (ACP positions, coordinated field placement for **43** PCP students from **six** neighbouring community colleges, and rostered over **100** clients with HCC for the Palliative Treat and Refer program.

Respectfully submitted,

Original signed by

Troy Cheseboro  
Chief/Director



# Interoffice Memorandum

**Date:** January 26, 2024

**To:** Health & Social Services Committee

**From:** Dr. Robert Kyle

**Subject:** Health Information Update – January 21, 2024

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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, 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*

**UPDATES FOR HEALTH & SOCIAL SERVICES COMMITTEE**  
**January 21, 2024**

**Health Department Media Releases/Publications**

**[tinyurl.com/563r4ujv](https://tinyurl.com/563r4ujv)**

- ISPA Enforcement for the 2023-2024 School Year (Jan 15)

**[tinyurl.com/mrybamfn](https://tinyurl.com/mrybamfn)**

- What's Up Doc? Vol 16 No 4 (Jan 19)

**[tinyurl.com/mrxyr5hk](https://tinyurl.com/mrxyr5hk)**

- Health Department celebrates National Non-Smoking Week, January 21 to 27 (Jan 19)

**GOVERNMENT OF CANADA**

**Agriculture and Agri-Food Canada**

**[tinyurl.com/2hyvahf4](https://tinyurl.com/2hyvahf4)**

- Minister MacAulay announces nearly \$10 million in funding to strengthen local food security (Jan 17)

**Canadian Food Inspection Agency**

**[tinyurl.com/29wrs36e](https://tinyurl.com/29wrs36e)**

- Various parfait and yogurt bowls recalled due to Salmonella (Jan 13)

**Employment and Social Development Canada**

**[tinyurl.com/yeynhj5p](https://tinyurl.com/yeynhj5p)**

- Government helping 6600 internationally educated healthcare professionals work in Canada (Jan 15)

**Environment and Climate Change Canada**

**[tinyurl.com/w95tnjh5](https://tinyurl.com/w95tnjh5)**

- Eligible Canadian residents to receive their first pollution pricing rebate of the year (Jan 12)

**Health Canada**

**[tinyurl.com/48dh33t3](https://tinyurl.com/48dh33t3)**

- Statement from Health Canada on FDA decision on Florida bulk drug importation plan (Jan 8)

**[tinyurl.com/yc3x27dn](https://tinyurl.com/yc3x27dn)**

- Health Canada releases new data on cannabis use in Canada (Jan 12)

**[tinyurl.com/4pz29cz7](https://tinyurl.com/4pz29cz7)**

- Readout from Minister of Health's discussion with U.S. Officials on Bulk Importation of Drugs (Jan 16)

## **Infrastructure Canada**

[tinyurl.com/69jes5b2](https://tinyurl.com/69jes5b2)

- Federal government announces fund for climate resilience research to strengthen infrastructure (Jan 17)

## **Innovation, Science and Economic Development Canada**

[tinyurl.com/mu52rkjx](https://tinyurl.com/mu52rkjx)

- Statement from Minister Champagne, Minister Holland and Minister LeBlanc on new measures to protect Canadian research (Jan 16)

## **GOVERNMENT OF ONTARIO**

### **Ministry of Energy**

[tinyurl.com/f85utaxh](https://tinyurl.com/f85utaxh)

- Ontario Welcomes Report on Electrification and Energy Future (Jan 19)

### **Ministry of Health**

[tinyurl.com/33sb83wu](https://tinyurl.com/33sb83wu)

- Ontario Taking Next Steps in Plan to Further Reduce Wait Times for Surgeries and Diagnostic Procedures (Jan 17)

### **Ministry of Long-Term Care**

[tinyurl.com/4bn7yzdx](https://tinyurl.com/4bn7yzdx)

- Ontario Connecting Long-Term Care Residents with Specialized Care (Jan 8)

[tinyurl.com/nnmcjz4d](https://tinyurl.com/nnmcjz4d)

- Ontario Launching New Long-Term Care Home Investigations Unit (Jan 15)

## **OTHER ORGANIZATIONS**

### **Association of Local Public Health Agencies**

[tinyurl.com/3z7kfdab](https://tinyurl.com/3z7kfdab)

- 2023 Pre-Budget Submission and Deputation (Jan 18)

### **Association of Municipalities of Ontario**

[tinyurl.com/3vytb36z](https://tinyurl.com/3vytb36z)

- Access to Health Services Letter (Jan 15)

### **Canadian Alliance on Mental Illness and Mental Health**

[tinyurl.com/5jume489](https://tinyurl.com/5jume489)

- Canadians give governments an 'F' in meeting their mental health and substance use health needs: CAMIMH Poll (Jan 18)

### **Canadian Cancer Society**

[tinyurl.com/y64ynbwy](https://tinyurl.com/y64ynbwy)

- January 21 to 27, 2024 is National Non-Smoking Week in Canada (Jan 17)

### **Canadian Medical Association**

[tinyurl.com/ym9bs66k](https://tinyurl.com/ym9bs66k)

- Patients, providers suffer as ER are overwhelmed yet again: CMA (Jan 11)

### **Canadian Nuclear Safety Commission**

[tinyurl.com/39ucnm5b](https://tinyurl.com/39ucnm5b)

- Independent Commission authorizes Canadian Nuclear Laboratories to construct a near surface disposal facility (Jan 9)

### **Home Care Ontario**

[tinyurl.com/2p9tptnx](https://tinyurl.com/2p9tptnx)

- Patient care at risk – Home care sector Issues Warning over Growing System Pressures (Jan 16)

### **Ontario Brain Institute**

[tinyurl.com/bddzjen4](https://tinyurl.com/bddzjen4)

- \$65M for the Ontario Brain Institute to Accelerate Solutions that Improve Brain Health (Jan 18)

### **World Health Organization**

[tinyurl.com/29f5sx9a](https://tinyurl.com/29f5sx9a)

- Tobacco use declines despite tobacco industry efforts to jeopardize progress (Jan 16)

Please see the resolutions below passed by Gore Bay Council on January 8<sup>th</sup>, 2024.

15692

Moved by Dan Osborne

Seconded by Aaron Wright

WHEREAS, our municipality does not currently exclusively operate a cemetery, but does so in partnership with our neighboring municipality Gordon Barrie Island; AND WHEREAS, a letter has been received containing recommendations for support by Ontario municipalities; AND WHEREAS Gore Bay Council acknowledges the operation of a cemetery poses additional burdens; THEREFORE BE IT RESOLVED THAT Gore Bay supports the recommendations outlined in the received letter from Clearview Township pertaining to the operation of a cemetery in a municipality's jurisdiction and this resolution be circulated to Todd McCarthy, Ministry of Public and Business Service Delivery, Jim Cassimatis, BAO Interim CEO/Registrar, MPP Mike Mantha and all Ontario municipalities.

Carried

*Stasia Carr*

Clerk

Town of Gore Bay


15 Water Street

Gore Bay, Ontario

P0P 1H0

(705)282-2420 x.2

*NOTICE: This e-mail message (including all attachments) and any printed, copied, saved or other renditions of it or of any part of its contents is confidential and is intended only for the use of the recipient(s) named above, and may be legally privileged. If the reader of this message is not the intended recipient, you are hereby notified that any review, printing, dissemination, distribution, disclosure, or copying of this communication, or any of its contents, is strictly prohibited. If you have received this communication in error please 'Reply to Sender' immediately and erase and delete this entire e-mail.*

 Corporate Services Department <b>Legislative Services Division</b>	
Date & Time Received:	January 19, 2024 9:26 am
Original To:	CIP
Copies To:	
Take Appropriate Action	<input type="checkbox"/> File <input type="checkbox"/>
Notes/Comments:	



**MISSISSAUGA**

RESOLUTION 0001-2024  
 adopted by the Council of  
 The Corporation of the City of Mississauga  
 at its meeting on January 17, 2024

0001-2024

Moved by: D. Damerla

Seconded by: M. Reid

WHEREAS the administration of residential tenancies in Ontario is generally the prerogative of the Provincial Government;

AND WHEREAS Mississauga has over 71,000 tenant households and 27% of its population are tenants;

AND WHEREAS the Landlord and Tenant Board (LTB) is an adjudicative tribunal created by the Provincial Government to resolve disputes between landlords and tenants through mediation or adjudication, resolve eviction applications from co-ops, and provide information to landlords and tenants about their rights and responsibilities;

AND WHEREAS the LTB offered in-person services at its regional location at 3 Robert Speck Parkway in Mississauga, offering daily on-site mediation, tenant duty counsel services, counter staff services for Mississauga residents, and hearings were scheduled for addresses located in Mississauga and Brampton five days per week;

AND WHEREAS the LTB moved to a remote service model in September 2020 and two months later decided to permanently remove all in-person services post pandemic;

AND WHEREAS this decision has created a digital divide for people living in rural and remote areas, people living with poverty who do not have sufficient broadband or devices to participate, people who do not speak French or English, survivors of intimate partner violence where home is not a safe space to conduct a hearing, and individuals with disability, literacy, or numeracy challenges, with the Advocacy Centre of Tenants Ontario finding in 2021 that 55.6% of tenants participated by phone compared to only 26% of landlords;

AND WHEREAS the LTB in 2018 allowed the terms of experienced adjudicators to elapse which created an adjudicator shortage creating delays that drew the Ombudsman of Ontario to investigate the Board such that in January 2020, landlords were waiting 7 weeks and tenants 8 weeks for their hearings;

AND WHEREAS the backlog was 22,803 cases when the investigation was announced in January 2020, the removal of in-person services and other operational decisions increased the backlog to 53,057 cases by March 2023. Some of those operational decisions included;

- 1) Removing regional scheduling and having disputes from across the province heard at every hearing block which precluded adjudicators from understanding the local

housing conditions and becoming familiar with the parties in order to issue just decisions;

- 2) Toronto and Ottawa matters are heard most often at the LTB with Mississauga applications given less priority, and homelessness prevention programs could no longer efficiently help residents without a hearing block dedicated to them;
- 3) The permanent closure of the regional office in Mississauga and elsewhere has slowed the LTB's ability to address urgent matters, parties cannot easily access documents without overcoming several digital barriers, and residents can not ask questions from knowledgeable and experienced staff to ensure that simple mistakes are caught prior to the day of their hearing;
- 4) Only select virtual hearing blocks are assigned mediators and moderators (virtual concierge helps participants on the day of their hearing to navigate the process) leaving adjudicators by themselves to manage the virtual waiting area, move people to breakout rooms and adjudicate the complex matters before them;
- 5) Where there are multiple applications regarding the same address they are heard in separate hearing blocks and assigned to different adjudicators which is both inefficient and creates a situation where unfair and inconsistent outcomes may arise;
- 6) Hallway conversations that used to resolve a large number of applications before proceeding to adjudication are no longer possible with virtual hearings with most matters proceeding directly for adjudication and increasing the Board's backlog;

AND WHEREAS the Ombudsman released its report in May 2023 and found that

- 1) "A significant number of tenants, in contrast to landlords, do not have access to video technology and must participate in hearings by phone," while the landlord and the adjudicators are in a video hearing room. Some tenants lack access to phones, rendering their participation in virtual hearings impossible without accommodation (Ombudsman's report, para. 198);
- 2) Virtual hearings are "chaotic," with participants struggling and sometimes failing to join their hearing, or "losing audio connection part way through." Adjudicators reported being unable to find and share documents on screen during a hearing. People are inappropriately placed on mute. Tenants cannot review documents when the landlord presents them and cannot share their screen if they have relevant evidence to rebut the landlord's evidence (Ombudsman's report, para. 215-220);
- 3) Delays in issuing Orders. The former Associate Chair admitted, "this is not ideal – let me be clear. We used to do 4 [days to issue orders], now we're at 30. We have a serious problem." (Ombudsman's report, para. 238);
- 4) Landlord applications took an average of 6 to 9 months to be heard but tenant applications about maintenance and tenants' rights issues took up to 2 years with some applications from 2017 yet to be resolved. (Ombudsman's Report, para. 6);
- 5) It was unconscionable to permit tenant applications to lie dormant for up to six years. "The official said the Board generally prioritized scheduling of landlord applications to reduce the backlog, because it could hear more applications in the available time. While tenant applications may be more time intensive, this does not justify shelving them in order to process landlord matters that can be more expeditiously disposed of. The Board should immediately triage the outstanding tenant matters"; (Ombudsman's report, para. 148);



AND WHEREAS the Ombudsman concluded that “[d]espite the dozens of specific recommendations I have already made, addressed at improving efficiencies ... at virtually every stage, I believe that more is required...Over the past few years, the Board has proven itself unequipped for the task of reducing its extraordinary backlog of applications..[the] Board is fundamentally failing in its role of providing swift justice to those seeking resolution of residential landlord and tenant issues.” (para. 306)

AND WHEREAS delivering computers or flip phones to parties and introducing an IT support line this year is insufficient to overcome the digital divide experienced by self-represented tenants when in-person services were taken away from their communities;

AND WHEREAS we have a housing crisis that is evidenced by the following:

- 1) In Canada, more than 235,000 people experience homelessness in any given year, and 25,000 to 35,000 people may be experiencing homelessness on any given night;
- 2) From 2022 to 2023, “Asking Rents” have increased across Ontario by from 10% to 35%, with 31.4% of Ontario’s renters being in core housing need;
- 3) In Mississauga, 39% (compared to 38% in Ontario) of renters spend more than 30% of their household income on rent, 17% (compared to 15% in Ontario) spend more than 50% of their household income on rent;
- 4) There has been an increase in all notices of eviction because of rapidly escalating rental prices, vacancy decontrol, and the impact of financialized housing;
- 5) Hearing delays at the LTB create larger arrears, which results in tenants being ineligible for accessing rent banks and other programs for support. Larger rental arrears also increase operating debts for social housing providers placing their rent-geared-to-income program in jeopardy;
- 6) With the LTB in disarray, and our housing and preventing homelessness supports restricted due to the LTB’s dysfunction, sustainable tenancies are lost. If a tenant is evicted from an affordable unit, that affordable unit is lost forever from the community because of vacancy decontrol;

AND WHEREAS homelessness and the housing crisis is felt most at the level of local government and the residents that they serve;

AND WHEREAS the LTB has failed and continues to fail in its stated role and process which has had an impact on residents across the province and on municipal human services which cannot compensate for the services and gaps created by the tribunal;

AND WHEREAS the Ministries of the Attorney General and of Municipal Affairs and Housing, the Premier of Ontario, and all Members of Provincial Parliament are mandated to provide a fair and efficient landlord and tenant adjudicative process that does not contribute to increased homelessness, but supports all tenants and in particular low-income residents, vulnerable people, and other equity-seeking individuals escape poverty, precarious housing, and systemic disadvantage;

AND WHEREAS in 2019 the Provincial government cut Legal Aid Ontario funding in the amount of \$130 million;

NOW THEREFORE IT BE RESOLVED


- 1) Council send a letter to Mississauga MPPs, the Attorney General, the Minister of Municipal Affairs and Housing, the Premier of Ontario (and all municipalities in Ontario), Tribunals Ontario, and the Landlord and Tenant Board highlighting the impact that the LTB's decision to remove all in-person services has had on Mississauga residents and the current housing crisis;
- 2) Request that the Government of Ontario immediately move forward on all 61 recommendations of the Ombudsman's Report;
- 3) Request that Tribunals Ontario bring back in-person hearings to ensure effective access to justice for all participants, at the same time permitting digital access where both parties are agreeable;
- 4) Request that the LTB bring back regional scheduling to improve access to housing and homelessness supports, to provide better service for people living with poverty who do not have sufficient broadband or devices to participate in virtual hearings, people who do not speak French or English, survivors of intimate partner violence where home is not a safe space to conduct a hearing, and individuals with disability, literacy, or numeracy challenges, and so that Adjudicators will have increased familiarity with the community;
- 5) Request that the LTB reopen counter service at 3 Robert Speck Parkway and all LTB regional offices so that LTB staff can provide parties with documents on the day of the hearing, can provide immediate support to parties for emergency matters, can minimize delays as documents can be reviewed for minor errors when they are filed, and can provide support for applicants and respondents in-person and can refer parties to appropriate resources;
- 6) Request that LTB operations are improved by revising LTB Forms and Notices to ensure they are written in plain language, by mailing correspondence to parties in a timely manner as an alternative to logging on to the portal, by improving website navigation, by reinstating the essential participation of mediators at every LTB session, and by improving back-office processes to ensure relevant documents are included in the LTB Portal promptly;
- 7) Request that the LTB create a Navigator Program to assess remote hearing suitability, to inform tenants of Tenant Duty Counsel and other community supports (such as interpreters and homelessness prevention programs), and to offer mediation services prior to the LTB hearing, and;
- 8) Request that the LTB conduct an annual review of all of its processes to ensure that is providing fair and accessible services, and to publicly post the findings in a transparent manner.
- 9) That the Provincial government re-instate funding to Ontario Legal Aid services in the amount of \$130 million.

<b>Recorded Vote</b>	YES	NO	ABSENT	ABSTAIN
Councillor S. Dasko	X			
Councillor A. Tedjo	X			
Councillor C. Fonseca	X			
Councillor J. Kovac	X			
Councillor C. Parrish	X			
Councillor J. Horneck	X			
Councillor D. Damerla	X			
Councillor M. Mahoney	X			
Councillor M. Reid	X			
Councillor S. McFadden			X	
Councillor B. Butt	X			

Carried (10, 0, 1 Absent)

January 22, 2024

Cheryl Gallant  
House of Commons  
Ottawa, ON K0J 1H0

 Corporate Services Department Legislative Services Division	
Date & Time Received:	January 22, 2024 3:44 pm
Original To:	CIP
Copies To:	
Take Appropriate Action	<input type="checkbox"/> File <input type="checkbox"/>
Notes/Comments:	

Sent via email: [cheryl.gallant@parl.gc.ca](mailto:cheryl.gallant@parl.gc.ca)

**Re: Support of Bill C-310 and Amendments to Subsections 118.06 (2) & 118.07 (2) of the *Income Tax Act* (Tax Credit for Volunteer Firefighters)**

Dear Ms. Gallant,

Please be advised that at the Regular Council Meeting on January 18th 2024, the Township of Greater Madawaska Council passed the following resolution, supporting the attached resolution from the Municipality of Wawa regarding Support of Bill C-310 and Amendments to Subsections 118.06 (2) & 118.07 (2) of the *Income Tax Act* (Tax Credit for Volunteer Firefighters).

**Resolution #9-24**

*Moved by Councillor Thomson*

*Seconded by Councillor Levesque*

*That Council support Municipality of Wawa's Resolution #RC23265 in support of Bill C-310 and Amendments to Subsections 118.06 (2) and 118.07 (2) of the Income Tax Act (Tax Credit for Volunteer Firefighters); and That Council direct staff to share a copy of this resolution with the Association of Fire Chiefs of Ontario, Association of Municipalities of Ontario, all Ontario Municipalities, and Renfrew-Nipissing-Pembroke MP*  
**Carried.**

If you have any questions regarding the above motion, please do not hesitate to contact me by phone or email.

Sincerely,



Robin Emon, Clerk

613-752-2229

[clerk@greatermadawaska.com](mailto:clerk@greatermadawaska.com)

cc: Sent via e-mail

Association of Fire Chiefs of Ontario – [info@oafc.on.ca](mailto:info@oafc.on.ca)

The Association of Ontario Municipalities (AMO) – [resolutions@amo.on.ca](mailto:resolutions@amo.on.ca)

All Ontario Municipalities



Council Resolution Form

Date: 18 Jan 2024 No: Resolution No.9-24  
 Moved By: Councillor Thomson Disposition: CARRIED.  
Seconded by Councillor Levesque  
 Item No: 10.1

Description: Volunteer Firefighter Tax Credits - Council Resolution Municipality of Wawa

**RESOLUTION:**

That Council support Municipality of Wawa's Resolution #RC23265 in support of Bill C-310 and Amendments to Subsections 118.06 (2) and 118.07 (2) of the *Income Tax Act* (Tax Credit for Volunteer Firefighters); and

That Council direct staff to share a copy of this resolution with the Association of Fire Chiefs of Ontario, Association of Municipalities of Ontario, all Ontario Municipalities, and Renfrew-Nipissing-Pembroke MP.

Recorded Vote Requested by:

	Yea	Nay
J. Levesque	_____	_____
T. Popkie	_____	_____
L. Thomson	_____	_____
R. Tripp	_____	_____
R. Weir	_____	_____

**MAYOR**

Declaration of Pecuniary Interest:

Disclosed his/her/their interest(s), vacated he/her/their seat(s), abstained from discussion and did not vote



The Corporation of the Municipality of Wawa

REGULAR COUNCIL MEETING

RESOLUTION

Tuesday, November 7, 2023

Resolution # RC23265	Meeting Order: 10
Moved by: <i>Cathy Fannon</i>	Seconded by: <i>J. Mal</i>

**WHEREAS** Canada has 90,000 volunteer firefighters who provide fire and all hazard emergency services to their communities; in addition, approximately 8,000 essential search and rescue volunteers respond to thousands of incidents every year; and

**WHEREAS** many of these individuals receive some form of pay on call, an honorarium, or are given some funding to cover expenses, but they do not draw a living wage from firefighting; and;

**WHEREAS** without volunteer firefighters and search and rescue volunteers, thousands of communities in Canada would have no fire and emergency response coverage; and;

**WHEREAS** in 2013, the federal government initiated a tax credit recognizing these individuals, and calling on the federal government to increase this tax credit from \$3,000 to \$10,000; and;

**WHEREAS** volunteer firefighters account for 71% of Canada's total firefighting essential first responders;

- The tax code of Canada currently allows volunteer firefighters and search and rescue volunteers to claim a \$3,000 tax credit if 200 hours of volunteer services were completed in a calendar year;
- This works out to a mere \$450 per year, which we allow these essential volunteers to keep of their own income from their regular jobs, \$2.25 an hour;
- If they volunteer more than 200 hours, which many do, this tax credit becomes even less;
- These essential volunteers not only put their lives on the line and give their time, training and efforts to Canadians, but they also allow cities and municipalities to keep property taxes lower than if paid services were required;

*p.2...*



The Corporation of the Municipality of Wawa

REGULAR COUNCIL MEETING

RESOLUTION

- It would also help retain these volunteers in a time when volunteerism is decreasing.

**THEREFORE BE IT RESOLVED THAT** the Council of the Corporation of the Municipality of Wawa call upon the Government of Canada to support Bill C-310 and enact amendments to subsections 118.06 (2) and 118.07 (2) of the Income Tax Act in order to increase the amount of the tax credits for volunteer firefighting and search and rescue volunteer services from \$3,000 to \$10,000; and;

**FURTHERMORE THAT** a copy of the resolution be shared with the Association of Fire Chiefs of Ontario, Algoma Mutual Aid Association, Association of Municipalities of Ontario and all Ontario municipalities.

RESOLUTION RESULT		RECORDED VOTE	
<input checked="" type="checkbox"/>	CARRIED	MAYOR AND COUNCIL	YES NO
<input type="checkbox"/>	DEFEATED	Mitch Hatfield	
<input type="checkbox"/>	TABLED	Cathy Cannon	
<input type="checkbox"/>	RECORDED VOTE (SEE RIGHT)	Melanie Pilon	
<input type="checkbox"/>	PECUNIARY INTEREST DECLARED	Jim Hoffmann	
<input type="checkbox"/>	WITHDRAWN	Joseph Opato	

Disclosure of Pecuniary Interest and the general nature thereof.

- Disclosed the pecuniary interest and general name thereof and abstained from the discussion, vote and influence.

Clerk: \_\_\_\_\_

MAYOR - MELANIE PILON	CLERK - MAURY O'NEILL

This document is available in alternate formats.

Corporate Services Department Legislative Services Division	
Date & Time Received:	January 23, 2024 8:48 am
Original To:	CIP
Copies To:	
Take Appropriate Action	<input type="checkbox"/> File <input type="checkbox"/>
Notes/Comments:	

January 22, 2024

Please be advised that during the regular Council meeting of January 16, 2024 the following motion regarding support for the Province to expand the life span of fire apparatus, specifically pertaining to the replacement of fire trucks due to insurance requirements was carried:

**RESOLUTION NO. 2024-46**

**DATE: January 16, 2024**

**MOVED BY: Councillor Nieman**

**SECONDED BY: Councillor Branderhorst**

**WHEREAS** By-Law 3256-2013, being a By-Law to Establish, Maintain, and Operate a Fire Department established service level standards for the Corporation of the County of Prince Edward Fire Department;

**AND WHEREAS** apparatus and equipment are directly tied to the delivery of fire protection services authorized by Council in By-Law 3256-2013, and a safe, reliable and diverse fleet is required to serve operational needs;

**AND WHEREAS** fire Apparatus is governed by industry best practices, the application of law and recognized industry partners, including the Ontario Fire Service Section 21 Guidance Notes, National Fire Protection Association Standards, The Occupational Health and Safety Act, and Fire Underwriters Survey (FUS);

**AND WHEREAS** Fire Underwriters Survey (FUS) is a provider of data, underwriting, risk management and legal/regulatory services focusing on community fire-protection and fire prevention systems in Canada, establishing apparatus replacement schedules based on safety and risk mitigation practices;

**AND WHEREAS** on November 16, 2023, Council, received report FD-06-2023 regarding asset Management - Fire Apparatus Fleet Report and noted the budgetary pressures of meeting FUS replacement schedules;

**AND WHEREAS** no provincial funding is available for new fire trucks, yet, small and rural municipalities must meet the same standards set by FUS as larger municipalities for fire equipment, including additional pressure to move fire trucks out when they reach a specific age, even though they can still meet the safety regulations;



**THEREFORE BE IT RESOLVED THAT** the Council of the Corporation of Prince Edward County direct the Mayor to draft a letter to MPP Minister Todd Smith requesting a meeting to discuss the life span of fire apparatus, specifically pertaining to the replacement of fire trucks due to insurance requirements; and

**THAT** the Mayor draft a letter to FUS requesting the creation of a new community fire-protection and fire prevention insurance system that does not put all municipalities under the same umbrella, with distinct categories for rural and urban municipalities;

**THAT** this resolution be sent to Premier Doug Ford, the Honourable David Piccini, Minister of Labour, Immigration, Training and Skills Development, Paul Calandra, Minister of Municipal Affairs and Housing requesting a response on this matter within 30 days of receipt; and

**THAT** this resolution be shared with all 444 municipalities in Ontario, The Federation of Canadian Municipalities (FCM), The Association of Municipalities Ontario (AMO), and The Eastern Ontario Wardens' Caucus (EOWC).

**CARRIED**

Yours truly,



Catalina Blumenberg, **CLERK**

cc: Mayor Steve Ferguson, Councillor Nieman, Councillor Branderhorst, Marcia Wallace, CAO and Fire Chief Chad Brown

