



Ontario Public Health Association
l'Association pour la santé publique de l'Ontario
Established/Etabli 1949

The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

Sent by Fax: 416-314-2976

700 Lawrence Ave. W., Suite 310
Toronto, Ontario M6A 3B4

Tel: (416) 367-3313
1-800-267-6817 (Ont)
Fax: (416) 367-2844
E-mail: info@opha.on.ca
www.opha.on.ca

Honorary Patron

The Hon. James K. Bartleman
Lieutenant Governor of Ontario

President

Dr. Garry Aslanyan
E-mail: gaslanyan@opha.on.ca

Interim Executive Director

Connie Uetrecht
E-mail: cuetrecht@opha.on.ca

Constituent Societies

ANDSOOHA – Public Health Nursing
Management in Ontario

Association of Ontario
Health Centres

Association of Public Health
Epidemiologists in Ontario

Association of Supervisors of Public Health
Inspectors of Ontario

Canadian Institute of Public Health
Inspectors (Ontario Branch)

Community Health Nurses' Initiatives Group
(RNAO)

Health Promotion Ontario:
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Ontario Association of Public Health
Dentistry

Ontario Society of Nutrition Professionals in
Public Health

Public Health Research, Education and
Development (PHRED) Program

Charitable Registration
Number 11924 8771 RR0001

February 2, 2006

Sarah O'Keefe, Policy Advisor
Strategic Policy Branch
Ministry of the Environment
135 St. Clair Avenue West, 11th floor
Toronto, Ontario, M4V 1P5

Re: EBR Registry Number AA05E001—Clean Water Act, 2005.

Dear Ms. O'Keefe:

Thank you for the opportunity to provide input on the proposed *Clean Water Act, 2005*. The Ontario Public Health Association (OPHA) is a voluntary, non-profit organization representing over 3000 individuals and constituent societies from various sectors and disciplines working in public and community health. Our mission is to provide leadership on issues affecting the public's health and to strengthen the impact of people active in community and public health throughout Ontario. We achieve this through education, communication, advocacy, issue identification, public health expertise and consultation.

Safe, clean water is fundamental to good public health. While the Ontario Public Health Association supports the intent of the *Clean Water Act*, we are concerned that funding and staffing issues be considered prior to the implementation of the Act.

Public health units have a specific interest in the protection of private wells and small water systems and a general interest in large municipal drinking water supplies. It would be prudent for the stakeholders involved to ensure that there is no duplication that conflicts or contradicts existing legislation. Public health inspectors could be trained to evaluate the risk management plans and assessment reports since they will be doing risk assessments of small drinking water systems and enforcing the pertinent regulations. They would also be able to evaluate and take action on the 'significant drinking water threats' (in conjunction with the Medical Officer of Health) that are identified. However, it is critical that adequate funding and staffing is provided and maintained.

The details of the "who does what" are not fully developed at this stage and need to be clarified in the Act. The clarification of mandates and specific roles is of the utmost importance in a source water protection framework and implies the need for additional consultation.

Part I and II - Source Protection and Committee Plans:

- **Source Protection Committee:** There are concerns about the size of and representation on the Source Protection Committee. Some source protection regions may be covered by multiple public health units. How will representation of the public health unit, which is mandated by the *Act*, be determined?
- **Storm Water Management:** Storm water management issues need to be reflected in Source Protection Plans. Storm water management can also have an impact on human health in connection with water recreation and the bathing beach testing programs that boards of health administer.
- **Terms of Reference:** The terms of reference need to have standardized content similar to that outlined in the EBR Registry Number RA05E0022, but also needs to allow for local conditions to be reflected.

Part III—Source Protection Plans-Assessment Report and Part V—Data Transfer

- **Source Protection Plan:** The details of the Assessment Report and the Source Protection Plan (SPP) need to be readily accessible to the local public health unit at any time, preferably electronically. This would be necessary when the public health unit is doing risk assessments on small drinking water systems or commenting on any land development proposals. It is understood that the SPP will be available for public access, but it is not clear on whether the SPP will be a general information document or a more detailed one.
- **Data Sharing:** A protocol is needed to outline how data will be shared. Data sharing, with various agencies and data ownership in connection with developing the assessment reports in wellhead protection areas are very important to highly vulnerable aquifers and groundwater recharge areas. Public health units also have hundreds of private well sample results that would be useful in the preparation of a report. These results are received on a daily basis, the samples have been taken by the owners, but the results may not be ours to release without permission.
- **Reporting and Monitoring in Vulnerable Areas:** Sections 40 and 41 provide for reporting and monitoring of drinking water systems in vulnerable areas. This duplicates the *Safe Drinking Water Act (SDWA)*, where municipal public works and public health units are already resolving identified health threats to drinking water systems administered under the *SDWA*. There is also no need to transfer existing data collected by municipal public works and public health units, to the Source Protection Authority, to be re-interpreted and then forwarded to the Ministry.

Part IV—Enforcement

- **Enforcement:** The Act allows for enforcement by the municipality that has authority to make by-laws under the *Municipal Act, 2001* for the production, treatment and storage of water. However, there is an option for the municipality to delegate their authority to a Board of Health (public health units). There is reference to regulating activities by enacting permitting by-laws within wellhead protection zones to mitigate potential threats to ground water. The potential implications with respect to financing, staffing and other measures that public health units may be called upon to deliver are not clear. If public health unit staff enforces the proposed legislation, significant ongoing funding and human resources must be provided for this program to exist.
- **Section 80:** Section 80 indicates there is a requirement to notify the Ministry if the person who has authority to enter a property becomes aware of an imminent drinking-water health hazard. Who is then responsible to notify the local Medical Officer of Health in this situation so that applicable action can be taken to protect public health? A process similar to that outlined in the *SDWA* is required.
- **Section 103:** Section 103—Amending the Building Code Act to allow for sewage system maintenance inspections. Human resource and funding implications will also be an issue for those public health units currently enforcing Part 8 (Sewage Systems) of the Building Code despite the ability to have cost recovery fees.

We trust that the above comments are useful and will be considered when the proposed legislation is completed. A separate submission of comments will be made regarding the EBR Registry Number RA05E0022 posting for the February 20, 2006 deadline. Should you have any questions, do not hesitate to contact Ralph Stanley, OPHA Environmental Health Workgroup Member and Supervisor, Peel Health at 905-791-7800 ext 2804.

Sincerely,



Dr. Garry Aslanyan
President

c.c. Dr. Sheela Basrur, Chief Medical Officer of Health
Hon. George Smitherman, Minister of Health
Hon Laurel Broten, Minister of Environment