



OPERATIONS COMMITTEE

Tuesday, August 10, 2021 – 9:30 a.m.

AGENDA

1. Call to order.
2. Roll call.
3. Disclosure of pecuniary interest and general nature thereof.
4. Adoption of minutes of previous meetings held on June 15 and June 30, 2021 (attached).
5. Delegations: None at time of mailing.

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6. Administration Report	3
7. Public Works and Engineering Department	
(a) Department Report	74
(b) Infrastructure Division Report	90
(c) Operations Division Report	110
8. New Business.	
9. Closed Meeting – None at time of mailing.	
10. Date of next meeting (Tuesday, September 14, 2021) and adjournment.	

NOTE: (a) County Council: Wednesday, August 25, 2021.

(b) Submissions received from the public, either orally or in writing may become part of the public record.

Strategic Plan

Strategic Plan Goal # 1: To inform the Federal and Provincial government on our unique needs so that Renfrew County residents get their “fair share”.

Initiatives:

- (a) Create a strategic communications plan
- (b) Identify and advocate for issues important to the County of Renfrew.

Strategic Plan Goal # 2: Fiscal sustainability for the Corporation of the County of Renfrew and its ratepayers.

Initiatives:

- (a) Commitment from Council supporting principles within the Long-Term Financial Plan
- (b) Establish Contingency Plan to respond to provincial and federal financial pressures and opportunities beyond the Long-Term Financial Plan.

Strategic Plan Goal # 3: Find cost savings that demonstrate our leadership while still meeting community needs.

Initiatives:

- (a) Complete community needs assessment
- (b) With identified partners implement plan to optimize service delivery to the benefit of our residents.

Strategic Plan Goal # 4: Position the County of Renfrew so that residents benefit from advances in technology, to ensure that residents and staff have fair, affordable and reasonable access to technology.

Initiatives:

- (a) Ensure that the County of Renfrew is top of the list for Eastern Ontario Regional Network funding for mobile broadband
- (b) Lobby for secure and consistent radio systems for first responders and government
- (c) Put a County of Renfrew technology strategy in place.

COUNTY OF RENFREW
ADMINISTRATION REPORT

TO: Operations Committee
FROM: Paul V. Moreau, Chief Administrative Officer/Clerk
DATE: August 10, 2021
SUBJECT: **Administration Report**

INFORMATION

1. AMO Delegation Position Papers [Strategic Plan Goal # 3]

Attached as Appendix I are the position papers that were prepared for our various Delegations with Ministers during the Association of Municipalities of Ontario (AMO) Conference as follows:

- (a) Minister Christine Elliott, Deputy Premier and Minister of Health
- Renfrew County Virtual Triage and Assessment Centre (VTAC);
 - Ontario Health Teams Governance; and
 - Public Health Funding.

The County of Renfrew requested delegation meetings on all three of the above issues, however, we were only successful in getting a meeting with Minister Elliott on RC VTAC. All three position papers were sent to the Minister.

- (b) Minister Rod Phillips, Minister of Long-Term Care
- Commission Report on Long-Term Care.

- (c) Parliamentary Assistant to the Honourable Steve Clark, Minister of Municipal Affairs and Housing, Jim McDonell
- Seniors Housing Strategy.

2. **EOWC Briefing Notes [Strategic Plan Goal # 3]**

Attached as Appendix II for Committee's information are the briefing notes for the Eastern Ontario Wardens' Caucus (EOWC).

RC VTAC

Renfrew County Virtual Triage and Assessment Centre

Patient-focused Care for Rural Ontario residents

In Renfrew County, as of July 2021, approximately 30,000 or 28 per cent of our residents do not have a family doctor. When you add the planned family physician retirements in 2021-22, the number of unattached residents will likely jump to 35,000.

The persistent challenges faced by our residents in accessing primary health care is putting the wellness and prosperity of our community in jeopardy. While physician recruitment is ongoing, it is impractical to expect that our efforts will result in 30 new doctors moving to our area (based on the average roster of 1,000 patients).

There is however, a solution that has proven to narrow the gap in health service delivery that is efficient, accessible, economical and very well received by Ontarians.

In the midst of the Pandemic, the Renfrew County Virtual Triage and Assessment Centre (RC VTAC) became a lifeline for our residents. Every week, an average of 900 people call RC VTAC. They speak with a doctor who either provides immediate treatment options over the phone or video, consults with community paramedics to arrange a same-day visit for an in-person clinical assessment, refers to another local health care service, prescribes medication or further diagnostic testing or coordinates an urgent Paramedic transfer to the nearest hospital. This is in conjunction with standard registration, testing and vaccination functions of RC VTAC.

For the 28 percent of our population who have not had access to a primary care physician for years, RC VTAC is filling that void and has become their primary care access point for non-urgent medical needs.

This innovative service has not only reduced the demand on our 9-1-1 system, it has resulted in a drop in Paramedic calls for service, and transfers to hospital. RC VTAC is also having a significant impact on reducing hallway medicine in our hospitals.

RC VTAC is a cost-effective, efficient, patient-focused model of care. It has become a lifeline for thousands of our residents, many of them seniors,

continued...

the MODEL

who do not have the resources or options to seek healthcare outside of their home communities. Perhaps one of RC VTAC's greatest assets is its adaptability; it can literally be duplicated in any part of Ontario quickly and efficiently.

Provincial funding is essential to RC VTAC. Without this funding VTAC ceases to function. Our hospitals' emergency rooms will be unable to handle the demand and the overall well-being of our residents and of our community will be at great risk.

The province has been our partner in RC VTAC and it is essential that this partnership continue. This requires ongoing sustainable provincial funding, Ministry of Health policy adaptations, and ongoing dialogue with our health-care sector colleagues.

Rural Ontario, and Renfrew County in particular, is facing a health-care crisis. The shortage of family physicians, demands that we look at innovative ways of ensuring the health-care needs of all Ontarians are met. Physician recruitment will not be enough. It is impractical to expect Renfrew County to attract 30 new family doctors to meet the need today, let alone in a year from now, when our unattached patient list will be even higher.

Together, we have the opportunity to improve access to primary care. Let's not lose the momentum that RC VTAC has given us. This is health care transformation at its core; making health care about people, not only today but into the future.

AMO CONFERENCE DELEGATION August 15 – 18, 2021

Renfrew County:

Renfrew County is the largest geographic county in Ontario, encompassing almost 7,500km², with a population of approximately 107,756.

Five of its larger towns have community hospitals (including Emergency Departments).

There are no walk-in clinics or urgent care centres anywhere in the county, so there is an overreliance on Emergency Departments as a means of accessing any form of healthcare, exacerbating the issue of hallway medicine.

75,935 patients are registered with a practicing family physician in Renfrew County.

2,070 are registered as having a nurse practitioner as their Primary Care Provider.

Approximately 30,000 residents of Renfrew County (28%) have no family physician or alternative primary care provider.

37,429 Virtual Family Physician Assessments have been completed through VTAC.

86% of VTAC users reported that their health care concern was dealt with at their first virtual encounter.

93% reported being happy or very happy with the service.

98% who do not have a family doctor or who cannot access their family doctor would recommend VTAC to family and friends.

46% of VTAC users reported that without VTAC, they would have attended an Emergency Department instead, yet only 3% of VTAC assessments resulted in a transfer to Emergency Departments or 911.

Virtual care has proven to be overwhelmingly acceptable to patients and has improved their experience of healthcare and health outcomes.

VTAC has provided a highly cost-effective improvement to the overall healthcare system.

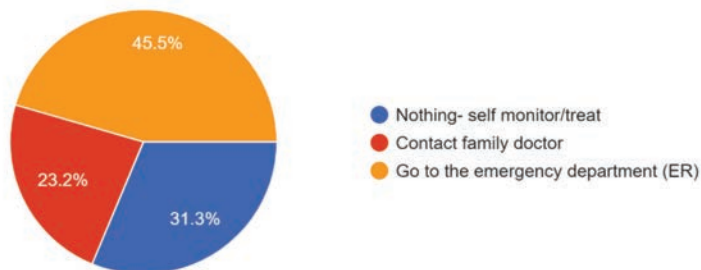
VTAC has reduced costs for 911 transfers, Emergency Department visits, and hospital admissions.

VTAC has greatly enhanced access to COVID-19 assessment and testing in rural communities during the pandemic.

The Numbers Say It All

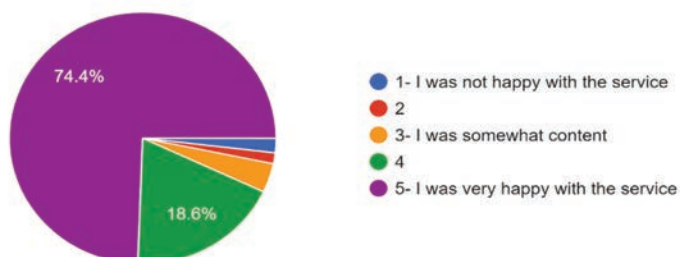
What would you do if RCVTAC was not available?

211 responses



On a scale of 1-5, 1 being not at all and 5 being very happy, how satisfied are you with the services provided by RCVTAC?

215 responses



AMO CONFERENCE DELEGATION August 15 – 18, 2021

Long-Term Care Priorities

The County Of Renfrew

The County of Renfrew has a proud history of providing long-term care in its two Homes for 110 years. We are leaders in long-term care and hold Accreditation Canada's highest award: Exemplary Standing in both of our Homes and are implementing the person-centred cultural change model "Butterfly Approach".

Thank you to the Ontario Government for initiating the independent Long-Term Care COVID-19 Commission and the commitment you have made to action the recommendations.

We acknowledge it is not reasonable nor realistic to expect the Province to enact all of them at once. The purpose of today's delegation is to apply our decades of long-term care operations experience supporting those recommendations that will have the greatest benefit to our residents, while identifying those that have the potential to result in negative or unintended consequences, detracting from the desired outcomes.



The true measure of any society can be found in how it treats its most vulnerable members"

– Mahatma Gandhi

Corporation of the County of Renfrew

While the County of Renfrew provides a diverse range of municipal services, long-term care (LTC) represents the largest department in terms of human resources. Our two long-term care homes care for 346 residents and their families. Current LTC bed shortages in Renfrew County result in placement wait times 3x higher than the provincial average. In response, the County of Renfrew:

- Identified the need for a proactive strategy not limited to 'bricks & mortar'
- Optimized technology such as virtual health care and community services delivered through municipal and private partnerships
- Focused on seniors' continuum of care needs
- Initiated a proposal that lead to the Provincial funding for the pilot Community Paramedicine for Long-Term Care Program.
- Developed a Seniors Housing Strategy Report that combined affordable housing options with in-home support services

Key Long-Term Care Solutions

The County of Renfrew is committed to working with the Ontario Government to achieve its objectives during, and in the aftermath, of the COVID-19 pandemic. We strongly believe that the following solutions can accomplish the shared goals of enhancing resident safety and quality of life in long-term care homes both public and private:

Commission Recommendations	Response
<p>5. f) Include a strategy for predicting and responding to staffing shortages to ensure that the home is not left with a staffing crisis. This strategy should rely on resources available to the home through health-care partners or Ontario Health Teams and minimize reliance on agency staff. This strategy should not only take into account the replacement of sick or absent staff members but also the increased care needs of residents during an outbreak. At the home level, redundancy should be built into the duties of key staff members such that if a key staff member is absent from the home during an outbreak due to illness, self-isolation or other factors, that critical role is not lost.</p>	<p>5. f) Elected official representation on Ontario Health Team (OHT) governance boards is essential to recognize the legislative and fiduciary responsibilities of municipal elected officials. We urge the Province to mandate a minimum of one municipally elected representation on each OHT Board.</p>
<p>9.c) Require timely on-site inspections of long-term care homes focused on ensuring that long-term care homes are properly implementing appropriate, proactive Infection Prevention and Control (IPAC) measures. This plan should prioritize homes at a high risk of outbreak based on available information. This plan should include a scheme for supporting and supplementing the IPAC expertise available to the home through the IPAC Practitioner role discussed in more detail in Recommendation #24.</p>	<p>9. c) There is duplication between Ministry of Long-Term Care (MLTC) and local public health unit inspector's inspections, and therefore opportunity to reduce costs and inconsistencies while preserving scarce health human resources.</p>

Commission REPORT

Long-Term Care PRIORITIES

Commission Recommendations

Response

27. The government should fast-track the implementation of a coordinated governance structure and enhanced funding model to strengthen and accelerate the development of Ontario Health Teams.

27. Consistent with #5.f), Elected official representation on the OHT governance boards is essential to recognize the legislative and fiduciary responsibilities of municipal elected officials. We urge the Province to mandate municipally elected representation on each OHT Board.

33. In order to enable residents' families and loved ones to monitor and contribute to resident care, long-term care homes must permit video monitoring technology to be set up and used in an appropriate manner at the request of any resident, their "substitute decision-maker(s), if any, and any other persons designated by the resident or substitute decision-maker."

33. Privacy concerns need to be addressed by the Province.

40. The government must fast-track the implementation of Ontario's Long-Term Care Staffing Plan (2021-2025) (the "Staffing Plan") to help address the urgent need for skilled staff in long-term care homes across the province, with amendments as necessary to incorporate the recommendations below.

40. Municipalities that have provided local tax dollars to achieve greater care levels, should not be disadvantaged in the transition and should be compensated in a manner that is consistently applied.

43. The government must implement its Staffing Plan in a manner that does not undermine the delivery of home care services.

43. Opportunity to expand the County of Renfrew's pilot Community Paramedicine for Long-Term Care Program and Virtual Triage Assessment Center (VTAC) provincially.

Commission REPORT

Long-Term Care PRIORITIES

Commission Recommendations

44. The government should implement the Staffing Plan's increase in "hours of direct hands-on care provided by nurses and personal support workers, to an average of four hours per day per resident" on an urgent basis. In order to meet the target of four hours of direct nursing and personal support worker care, the number of those staff per resident should be increased, and their workload should be changed so they can spend more time providing direct care to each resident.

The starting point for the target staffing mix for the four hours of direct care should be as follows, with adjustment made to reflect the needs of the residents in the home:

**20 percent registered nurses;
25 percent registered practical
nurses; and
55 percent personal support
workers.**

Response

Many municipal long-term care homes have arbitrated language in the Ontario Nurses' Association (ONA) collective agreements regarding minimum registered nursing staffing – the Province must be prepared to take unilateral action to change this arbitrated language.

The staffing mix proposed by the commission would cause staffing costs to escalate. We are currently operating more efficiently with our current combined staffing ratio of

**10 percent registered nurses; (RN)
23 percent registered practical
nurses (RPN); and
67 percent personal support
workers (PSW).**

We would have to lay off PSWs (as a comparison in cost, approximately 2 full-time equivalent (FTE) PSWs = 1 RN) to increase Registered Nurses.

Instead of a 'one size fits all' approach, we strongly urge the Province to let each individual Home operator determine how to optimize any increased funding for their Home. The Province could require proof of consultation with Resident and Family Councils and Governing Body sign off.

45. The government should ensure that its recruitment measures result in a skilled staffing mix that meets the increasing mental health and complex care needs of the long-term care resident population. In particular, recruitment should focus on ensuring appropriate care by registered practical nurses, registered nurses, nurse practitioners and personal support workers. Recruitment should seek to increase the skill level in long-term care homes. Resident Support Aide hours should not be counted in the target average of four hours of direct care per resident.

45. The temporary addition of a resident aide type role - as an adjunct to scarce PSW resources during the Pandemic has been very effective. When the Declared Emergency Order is rescinded, we urge the government to include these positions permanently in the Long-Term Care Home Act/Regulations.

Commission REPORT

Long-Term Care PRIORITIES



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Commission Recommendations

46. Nurse practitioners are underutilized in long-term care. The role of nurse practitioners in long-term care should be expanded to better utilize their skills, and more nurse practitioners should be hired to meet the needs of the province's long-term care residents. The Ontario Nurses' Association and the Registered Nurses' Association of Ontario recommend, and this Commission accepts, that the proper ratio for nurse practitioners in long-term care facilities be set at a minimum of one full-time nurse practitioner for every 120 residents. The government should increase the number of nurse practitioners working in long-term care and target this nurse practitioner-to-resident ratio while ensuring that any resulting adjustments to the staffing mix described above provide the same or more skilled direct care to residents.

49. The Ministry of Long-Term Care must insist that licensees make changes in working conditions that lead to less reliance on agency and part-time staffing, and provide funding adequate to support these changes, which must include:

- a. Creating more full-time direct care positions. A target of 70 per cent full-time positions for nursing and personal support worker staff should be set for each long-term care home; and
- b. Reviewing agreements with direct care staff and making adjustments to better align their wages and benefits within the sector and with those provided in public hospitals.

Response

46. The County of Renfrew Long-Term Care Homes have been successful in recruiting and retaining a shared Nurse Practitioner (1:346 residents) X 21 years because the County of Renfrew 'tops up' provincial funding. The Province should ensure that this valuable position is fully funded at a rate that reflects education and responsibility.

49. The Province must be prepared to take unilateral action where individual collective agreements place restrictions on management's ability to schedule and staff in accordance with the 70% objective. There are three current barriers to staff accepting a full-time position:

- i. Full-time benefits, including paid sick leave, must be funded by the Province;
- ii. Some part-time staff want full-time positions. There already exists human capital within the sector to increase the four hours of care/resident/day immediately; and
- iii. Some part-time staff do NOT want full-time positions because they earn a higher hourly rate related to the percentage in lieu of benefits – this will need to be clawed back unilaterally by the Province in order to foster uptake.

Commission Recommendations

56. The overall funding for nursing and personal care must meet the overall health needs of the residents in the homes. The current approach, which uses the Case Mix Index to divide the fixed pot of funding among homes based on their relative need, is insufficient. The Case Mix Index should be used only as a measure of need to guide the overall funding for nursing and personal care. The level of nursing and personal care funding should increase to reflect this overall need.

Response

We strongly encourage the Province to eliminate the Case Mix Index (CMI) and replace it with a per bed funding model.

- i. The CMI was not intended to be a funding tool – Ontario is the only jurisdiction that uses it as such;
- ii. The CMI is a non-audited calculation that is provided by the long-term care home (LTCH) to the Province. CMI constantly fluctuates throughout the year due to resident intake and discharge;
- iii. The CMI focuses on physical care requirements and not as equally important, the emotional care needs;
- iv. LTCHs receive funding based on retrospective data. For example, funding for 2017-18 is based on the case-mix data that was submitted at the end of the four quarters in 2015-16;
- v. While all LTCHs are working to achieve positive resident outcomes, the current funding model does not incentivize LTCHs to do so, as the funding will decrease with lower acuity;
- vi. Five percent (5%) cap on year over year changes in CMI does not reflect the actual acuity of care; and
- vii. The CMI as a funding tool is ineffective and consumes valuable staffing better utilized on the front line. We support a more simplified “per-bed” funding model to increase clarity, efficiency, and transparency of the funding process.

Commission REPORT

Long-Term Care PRIORITIES

Commission Recommendations

67. The six clinical indicators tracked in the Health Quality Ontario long-term care home performance reports are a good first step in advancing transparency and flagging issues in homes. However, long-term care homes should monitor and report publicly on additional indicators to provide important information to residents, families and the general public. These additional indicators - the nature and collection of which should be standardized across the long-term care sector - should include family and staff experience, Medical Director engagement, staffing indicators such as direct care staffing mix, and direct care staff-to-resident ratios.

68. Long-term care home licensees should be required to provide public reports on these key performance indicators at least annually. These reports, which should be posted to long-term care homes' websites, should be accessible and easy to understand for members of the public. In addition to providing current information, this public reporting should track the performance of individual homes over time as measured by the key performance indicators. These reports should be reviewed and audited as part of the comprehensive inspection regime discussed below.

Response

67. Each municipal Home reports on Quality Improvement Program (QIP) annually. Further, Accreditation Canada best practices require a quarterly update to the governing body.

As Commission noted; "QIP is a start only"

– much work is required in developing Quality of Life indicators for both residents and staff i.e., independence/choice/dignity.

68. The transparency and accountability requirement for municipal homes needs to be in alignment with the Municipal Act.

Commission REPORT

Long-Term Care PRIORITIES



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Commission Recommendations

71. An independent accreditation process is needed. This accreditation process must not depend on its funding on the organizations it is accrediting. This process must be provided for all homes.

73. To support long-term care homes in their compliance and quality improvement efforts, the Ministry of Long-Term Care should establish a dedicated ministry compliance support unit as recommended by Justice Eileen Gillese in the Long-Term Care Homes public inquiry.

The compliance unit should encourage and assist with compliance training tools, compliance coaching, sharing best practices, and tracking and reporting on improvements.

75: The Ministry of Long-Term Care should develop a coordinated, comprehensive long-term care home inspection regime involving the Ministry of Labour, Training and Skills Development and the public health units.

The inspection regime must ensure that residents enjoy the quality of life and receive the quality of care promised in the fundamental principle in the Long-Term Care Homes Act, 2007, and that a safe and healthy workplace is created for staff. The inspection regime must gather information from residents, their families and loved ones, and front-line staff. The Ministries and the public health units must promptly share the resulting data, findings and compliance enforcement steps with each other to ensure that the government's regulation of long-term care homes is consistent, coordinated and complete.

76. The inspections conducted pursuant to the long-term care homes inspection regime should be unannounced. The long-term care homes inspection regime must include:

- a. Annual comprehensive Resident Quality Inspections (RQI's) conducted by the Ministry of Long-Term Care. The continuous quality improvement report results should be reviewed and audited as part of the RQIs;

Response

71. & 73. The current 'blame and shame' approach of compliance is clearly not working. There is duplication and incongruity between the 'inspection' mechanisms - Ministry of Long-Term Care legislated standards versus the lack of the fluidity necessary to remain current with emerging best practices. The paucity of inspection components based on contemporary social models of care are indicative of this gap. We thank this government for not implementing the fines for non-compliance as, for non-profit owners such as municipalities; these funds would come from operations and only serve to penalize resident care. Rather than a 'stick' approach, we encourage the Province to consider a 'carrot' approach where Homes would be rewarded for evidenced-based best practice results.

Ontario Health Teams: Governance And Municipal Representation

The County of Renfrew has a history of delivering effective and efficient health and community programs that have become models for rural areas in the rest of Ontario. Over the last five years the County of Renfrew has contributed \$63 million to the delivery of Long-Term Care, Paramedic Services and Public Health.

Geographically the largest County in the province of Ontario, the County of Renfrew is comprised of rural and small urban communities. With a population widely dispersed, we face unique challenges involving the delivery of health care and community services.

In Renfrew County, a lack of public transit, sporadic cell service, physician shortages and limited urban services, require creative approaches to meeting the health and community service needs of our residents. Municipal politicians, chosen by the electorate, are expected to find solutions to these issues impacting the quality of life of their communities. The introduction of Ontario Health Teams may be one such solution, but without municipal representation, there is a void in the sharing of knowledge. For these reasons, it is imperative that the Province mandate that all Ontario Health Teams include representation by municipal elected officials.

It is also crucial that the Province ensure that the 'risk and gain share' model for Ontario Health Teams is designed to protect both current and future municipal operating and capital investments into any programs they operate such as long-term care, paramedic services and community services.

Ontario Health Teams

We support the Government's quest to end hallway health care and the objective of making health care more efficient, effective and person-focused. We are pleased that our local Ontario Health Team (OHT) applications - Network 24 and Four Rivers - prioritized seniors' needs, with virtual care identified as a significant opportunity to reduce some of the barriers to accessing local health care, particularly in rural Ontario.

For more than 150 years, Ontario municipalities have provided their communities with health and community services including governance

regarding the programs we provide such as paramedic services, community services including housing and childcare, long-term care and public health. After all, there is no one better to make local health-care decisions than those who best understand their communities.

It is critical that health care modernization recognizes the historical support municipalities have pioneered in innovative, novel solutions to provide highly efficient and effective health and community services, such as the County of Renfrew provides.

This is only possible if municipal elected officials, as the only persons directly elected by our local communities, are at the governance table to participate in these local health and community service decisions and represent the local taxpayers.

Recognition as a full partner in these vital and municipally-resourced health and community programs, through the maintenance of municipal governance and funding - 'say for pay', is critical to protect both current and future municipal investments in local health care.

AMO CONFERENCE DELEGATION - August 15 – 18, 2021

Municipal Role in PUBLIC HEALTH

Background

In Ontario, local health units are responsible for the delivery of public health services. Municipalities in Ontario continue to play an important funding and oversight role in this policy area (Hancock 2002; Siegel 2009). Some health units are integrated into municipal structures, but others operate completely separate from their municipal overseers. In 2016, there were 36 public health units in Ontario. Governance structures vary, but in general, they can be divided into two categories: autonomous and integrated. Twenty-two are autonomous, meaning that they operate as distinct local governments, separate from any municipality. The remaining 14 are integrated, meaning that they operate within the administrative structure of a municipality. The boards of autonomous health units are composed of both municipal and provincial appointees, whereas single-tier or regional councils serve as the Board of Health for most integrated health units (four of them – Chatham-Kent, Huron, Lambton and Toronto – have provincial appointees on their boards as well. But the health unit staff are municipal employees, and provincial appointees cannot outnumber municipal appointees) (see Pasut 2007: 16). A medical officer of health (MOH), who is a specialist physician in public health, leads each health unit. In integrated health units, the MOH is a municipal employee and reports to the city manager regarding certain administrative functions, whereas the MOH in an autonomous health unit reports solely to the Board of Health.

Executive Summary

The current situation of public health cost escalation without remedy for the obligated municipalities is unmanageable. The Council for the County of Renfrew has established budgetary constraints for all departments at a maximum annual increase of 2.5%. The increase demanded from our local public health unit has been 400% and 340% higher than this maximum for 2020 and 2021 respectively.

We see only two possible solutions to the pending fiscal crisis.

BRIEF

Municipal Role in PUBLIC HEALTH

1. The Province must continue to fund programs under the current (pre-April 18, 2019 announcement) Public Health Funding and Accountability Agreement -100 percent of the MCCSS programs and a 75/25 split of current cost shared programs.
2. The Province of Ontario must dissolve the autonomous organization known as the Renfrew County District Health Unit and transfer this function to the Municipal Corporation of the County of Renfrew to be integrated into our governance and administrative structure.

This transfer will eliminate the need for duplicate governance and administration of public health offices by integrating the Boards of Health (BoH) governance into our municipal council. As elected municipal officials are closest to the people, there are local synergies to take on the responsibilities of the BoH. In addition, by integrating local public health functions such as administration, finance, human resources and information technology with already existing municipal corporate functions, there is a further opportunity to achieve cost savings. Modernization of public health is important, but not at the expense of local governance and oversight that has a deep understanding of the needs of our people.

Public Health Funding

The province and member municipalities share the costs of delivering public health programs. Under the Health Protection and Promotion Act (HPPA), the enabling legislation for Ontario's health units, contributing member municipalities are obligated to pay what the Board of Health deems necessary to defray the costs of delivering mandatory public health programs. These were known as the Mandatory Health Program and Service Guidelines until 2008, when they were updated as the Ontario Public Health Standards. But the provincial contribution to public health spending, which is based on what the minister considers appropriate, has varied considerably in recent years (Pasut 2007). Before 1997, the province funded 75% of the mandatory program budgets for most boards of health and municipalities funded the remaining 25%. In 1996, the Social Services Sub-Panel of the Ontario Who Does What? panel concluded that the province has the primary interest in public health and that public health services should be delivered by provincially appointed and funded boards of health (Crombie and Hopcroft 1996). However, this recommendation was never implemented. Instead, public health and many social services were downloaded to municipalities in 1997, with the province assuming more responsibility for education (see Graham and Phillips 1998). This total download of public health lasted until 1999, when the province moved



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BRIEF

Municipal Role in PUBLIC HEALTH

to a 50/50 funding formula (Campbell 2004). The 50/50 formula stayed in place until 2004. In 2005, the province began to phase in a return to its previous mandatory program contribution level of 75%. This increase in provincial funding was in response to the fallout from two public health emergencies – the Escherichia coli outbreak in Walkerton in 2000 and the Severe Acute Respiratory Syndrome (SARS) epidemic in 2003 – and was intended to increase the capacity of the public health system. The province's original plan was to reach the 75/25 funding split within three years, but it has since capped its annual increases. By 2011, for example, only 17 health units (out of 36) had reached the 75/25 funding split for mandatory programs (Lyon 2016).

Province Announces a Change

In April 2019, the Ontario Government announced that public health units would be reduced from 35 to 10 and that a new municipal cost sharing relationship would be implemented immediately. The cost sharing model in effect since 2005 would change from a 75/25 provincial/municipal split to a 70/30 provincial/municipal split. Further, some 100% provincially funded programs would no longer be fully funded, and these programs would be rolled into the cost-shared budget. In Renfrew County, there are only the two remaining 100% funded programs. The provincial government anticipates that “these measures are expected to achieve the \$200 million in savings the provincial government is hoping to realize” (Papadopoulos, 2019). However, it is important to note that these anticipated savings are an illusion. They are from the province's bottom line, and not that of the public health system or the taxpayer; as there is only one taxpayer. This plan will significantly increase the municipal tax burden and be particularly challenging in rural communities with aging populations and limited resources, such as Renfrew County.

The Province is fully aware of the impact to each obligated municipality because of this decision. In fact, the Renfrew County and District Health Unit (RCDHU) has received \$908,400 from the Province in temporary ‘mitigation funding’ in each of 2020 and 2021. The original Ministry base funding for RCDHU's programs is \$6,180,600 and is anticipated to be reduced to \$5,272,200 in 2022 when mitigation is no longer received. Therefore, the anticipated impact to the obligated municipalities is an increase of \$908,400 (Daly 2021). In Renfrew County, there are three obligated municipalities sharing the municipal cost of public health based on population; the County of Renfrew (86.44%), the City of Pembroke (12.41%) and the Township of South Algonquin (1.15%) .



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BRIEF

Municipal Role in PUBLIC HEALTH

Once this mitigation funding is removed, the County of Renfrew anticipates an increase in our subsidy for public health to increase by \$785,221 (86.44% of \$908,400). This future increase is in addition to a demand from RCDHU for a 10% funding increase in 2020 (\$145,273) and an 8.5% increase in 2021 (\$135,286). The cumulative impact to the County of Renfrew since 2019 will be an increase in the property tax burden of \$1,065,780.

AMO CONFERENCE DELEGATION August 15 – 18, 2021

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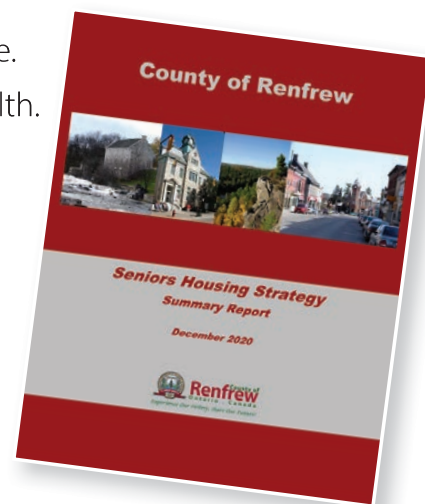
Seniors Housing Strategy

Background

- The County of Renfrew Health Committee identified the need for a proactive strategy in response to the insufficient supply of long-term care beds throughout the county;
- Our strategy considered continuum of care needs and was developed through consultation with community stakeholders including seniors; input into and feedback of draft plan; and
- Strategies were not limited to bricks and mortar. A range of delivery modifications including virtual care technology, community services as well as municipal and private partnerships were considered.

Why have a Seniors Housing Strategy?

- Seniors are a growing segment of the population and this trend will continue.
- Housing is a social determinant of health.
- For seniors, housing and support needs are invariably linked across the system.
- The system is more effective when the efforts of the many partners within the system are aligned.
- Setting community goals, objectives and actions can improve outcomes for seniors.



Study Process

1. Document local seniors housing needs and supply
2. Inventory senior services, providers and roles
3. Situate seniors housing in Renfrew County within broader context
4. Identify and evaluate options for expanding housing/services
5. Recommend strategies to capitalize on best options



Consultations

- Council Questionnaire
- Key Informant interviews
- Focus Group sessions
- Community Roundtable session
- Circulation of draft report for public comment
- Project mailbox

Consultation effects were impacted by challenges arising from COVID-19

Report findings

- Seniors have a desire to maintain independence
- Lack of appropriate housing options for seniors
- Sustained demand for housing that addresses long-term care needs
- Limited access to services and transportation challenges in more rural locales
- Affordability concerns persist for seniors, both in terms of housing and support service costs
- Challenges exist within the health care system in terms of service coordination and staffing shortages
- Range of ideas/opportunities which could help address needs

System-Level Observations

Housing:

- Limited program resources to foster development at most affordable levels
- Lack of investment/interest to address gaps within the private market
- Uncertain about modernization impact on community housing
- Challenges meeting housing need equitably over broad service area
- Disparity in local land use policies to support a range of housing

Services and Supports:

- Concentration of services/facilities in larger population centres
- Inability to correlate functions, resources and outcomes across the support system
- Lack of system coordination and clarity in leadership
- Uncertainty in the health care sector due to evolving structure
- Inconsistency and availability of local data to support planning

Municipal Roles within the System

- Service system manager for housing and homelessness
- Affordable housing provider
- LTCH owner/operator
- Support services provider
- Paramedicine provider
- Land use regulator (planning/development)
- Development facilitator

Many roles that cut across a variety of areas but the County is only one of the principal partners in the system

County of Renfrew Action Plan

Recommendations

Align with internal planning on housing objectives

- Provide a virtual community forum (1 or 2 sessions) regarding the development of affordable housing and invite speakers from the County of Renfrew, other municipalities, Canada Mortgage & Housing Corporation (CMHC), etc. to inform the community and special interest groups of potential resources and examples of successful developments across Ontario
- Include seniors needs regarding the disbursement of current and future funding (i.e., reserve a portion of Community Homelessness Prevention Initiative (CHPI) funding to meet a component of senior needs)
- Determine if feasible to use a portion of Ontario Priorities Housing Initiative (OPHI) funding to provide a rent supplement for low income/vulnerable seniors
- Partner with Long-Term Care – any opportunities to collaborate and pool funding for creative housing/services

Broadening awareness on innovations with stakeholders

- Seek public/private partnerships to increase development opportunities
- Continue to engage key stakeholders in plans

Establish/grow housing and service hubs in rural communities

- Assess and evaluate municipal housing assets
- Define areas of greatest need, priority areas
- Identify willing host communities
- Seek/identify funding opportunities
- Continue to review peer best practices in Seniors Housing Strategy opportunities

Expand Community Paramedicine initiatives in support of Aging in Place efforts

- Extend Virtual Triage and Assessment Centre (VTAC) post COVID-19
- Explore the Community Paramedicine at Clinic (CP@Clinic) model as an innovative, evidence-based, chronic disease prevention, management, and health promotion program
- Expanding Remote Patient Monitoring to include Philips devices allows the Community Paramedicine Program to increase the number of devices available to patients, and expand the eligibility of remote patient

- Expand Community Paramedicine incentives to sustain the local Ontario Health Teams: Network 24 and Four Rivers

Facilitate continuum of care campuses adjacent to existing County Long-Term Care Homes

- Hire consultant to draft 'shovel ready' proposal for operational and capital funding of affordable assistive living spaces through the 2022 budget process

Leverage opportunities with other providers to utilize residual spaces/create additional care beds

- Collaborate with stakeholder group

Advocate for program funding & additional respite care services

- Change Bonnechere Manor Long-term care respite to Adult Day Program respite to enhance response time and flexibility: seek Ontario Health approval for operational and capital funding
- Consider space and funding for new Miramichi Lodge Adult Day Program to include respite (include in Assisted Living proposal)

Engage Ontario Health Teams to promote coordination of home and community care

- Seniors care identified as focus for Year 1 Network 24 and Four Rivers Ontario Health Team applications
- Municipal representation on Ontario Health Teams governance and decision making (in alignment with the Association of Municipalities Ontario [AMO]/Eastern Ontario Wardens' Caucus [EOWC])

Share info to create a more collaborative, responsive and transparent system

- Regular engagement and communication with community stakeholders

AMO CONFERENCE DELEGATION - August 15 – 18, 2021

COUNTY OF RENFREW

PUBLIC WORKS AND ENGINEERING DEPARTMENT REPORT

TO: Operations Committee

FROM: Lee Perkins, C.E.T., MBA, Director of Public Works and Engineering

DATE: August 10, 2021

SUBJECT: Department Report

INFORMATION

1. **Monthly Project Status Report [Strategic Plan Goal No.3(b)]**

Attached as Appendix I is the Monthly Project Status Report. Additional project specific information is provided in the Divisional reports.

2. **Capital Program Variance Report [Strategic Plan Goal No. 3(b)]**

Attached as Appendix II is the Capital Program Variance Report.

3. **County Road 30 (Lake Dore Road) – Speed Concerns**

Attached as Appendix III is a petition from several residents in Golden Lake along County Road 30 (Lake Dore Road) that has been received with regards to excessive speeding. The County is working with the Township of North Algona Wilberforce and the Ontario Provincial Police (OPP) to find potential solutions. A response has been sent to the originator of the petition advising that the County will be moving its portable trailer mounted “Your Speed” sign into the area and that the OPP will be contacted to request that there be an increase in patrolling of this area.

RESOLUTIONS

4. Photo Radar Initiative

Recommendation: THAT the Operations Committee approve the request from the Township of McNab/Braeside to utilize a photo radar machine on County roads within their municipality.

Background

Attached as Appendix IV is a request from the Township of McNab/Braeside to the County of Renfrew for permission to utilize a photo radar machine on County roads within their municipality to help enforce speed limits. Staff has reviewed this request and have no concerns.

BY-LAWS

5. Policy PW-16 – Renaming of County Roads [Strategic Plan Goal No. 1]

Recommendation: THAT the Operations Committee recommend that County Council pass a By-law to adopt Policy PW-16 – Renaming of County Roads.

Background

As Committee will recall, a request was initiated to rename a County Road by a resident. At that time the request was denied as no official policy was in place. Attached as Appendix V is a draft policy PW-16 “Renaming of County Roads”. This policy closely follows the procedure that was followed during the 9-1-1 system addressing, with the inclusion of the first step being a resolution from the local Municipality requesting renaming of the road.

6. PWO-2021-28 – Supply and Delivery of Diesel Fuel, Gasoline, Heating Oil, and Above Ground Storage Tanks [Strategic Plan Goal No. 3]

Recommendation: THAT the Operations Committee recommend that County Council approve that Contract PWO-2021-28 for the supply and delivery of diesel fuel, gasoline, heating oil and above ground storage tanks be awarded to W.O. Stinson & Son Ltd., Pembroke, Ontario in the amount of \$895,832 plus applicable taxes; AND FURTHER THAT County Council pass a By-law to Authorize Execution of the Contract.

Background

Tenders were requested and received for the supply and delivery of diesel fuel, gasoline, heating oil and above ground storage tanks as follows:

	Submitted Amount
1. W.O. Stinson & Son Ltd., Pembroke, ON	\$895,832
2. MacEwen Petroleum, Pembroke, ON	\$935,212
3. Parkland Corporation (Ultramar), Renfrew, ON	\$1,110,432
All prices exclude applicable taxes	

This contract will cover the period from September 1, 2021 until August 31, 2026 (five years) and may be extended for additional one year periods, subject to satisfactory service, price, terms and conditions.

Staff reviewed the tender results for all the procurements and confirm there is sufficient funds to complete the purchases as tendered. The tenders were processed in accordance with County of Renfrew Corporate Policy GA-01 Procurement of Goods and Services.

7. Infrastructure Division

Attached as Appendix VI is the Infrastructure Division Report, prepared by Mr. Taylor Hanrath, Acting Manager of Infrastructure, providing an update on activities.

8. Operations Division

Attached as Appendix VII is the Operations Division Report, prepared by Mr. Richard Bolduc, Manager of Operations, providing an update on activities.

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Eastern Ontario Wardens' Caucus

EOWC Advocacy

Briefing Package

AMO 2021
Conference

What's inside?

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Eastern Ontario Wardens' Caucus

EOWC Background

The Eastern Ontario Wardens' Caucus (EOWC) Inc. is an incorporated not-for-profit organization comprised of the heads of Council of eleven Counties and two single-tier municipalities in Eastern Ontario. Member municipalities work together as a team, researching important issues, advocating for our 750,000 residents. The EOWC speaks with one regional voice, ensuring that our views are heard and considered by federal and provincial policy makers, business leaders, the media, and the public.

EOWC Members:

County of Frontenac
County of Haliburton
County of Hastings
City of Kawartha Lakes
County of Lanark United
Counties of Leeds and Grenville
County of Lennox and Addington
County of Northumberland
County of Peterborough
United Counties of Prescott and Russell
County of Prince Edward
County of Renfrew
United Counties of Stormont, Dundas and Glengarry



Success through partnership

The EOWC represents
750,000 people in
103 rural municipalities.



Eastern Ontario Wardens' Caucus

Progress Report Card

Ontario's Long-Term Care Sector

Operational funding methodology



Fail

Comments

- CMI is an insufficient calculation
- CMI is complex, retrospective & labour intensive
- System creates winners and losers each year based on year-old resident care data
- The current model of funding will make it challenging to implement the Province's proposed 4 hours of care

Solution

- Transition to a per bed funding model to increase clarity, efficiency, and transparency

Addressing staffing and care hours



In Progress

Comments

- Commitment made by the Province
- Ontario's LTC Staffing Plan was a positive 1st step
- Province has yet to announce funding or hard targets to achieve the 4 hour standard
- Consistent follow up required
- High performing LTCHs should not be disadvantaged by increased funding
- Recently announced CMI funding has reduced funding for front line staff in several LTCHs and is contrary to the Provincial 4 hours of care target

Solution

- Increase direct care funding to achieve the Provincial benchmark of 4 hours of care model
- Increase the use of Resident Support Aides
- Enhance training & retention of LTC employees

Capital investment partnerships



Improvement Needed

Comments

- Commitment made to providing new beds
- Funding and funding formula to be determined
- New LTCH construction financing costs are a significant burden on the municipal tax base and debt ceiling

Solution

- Provide upfront no-interest financing
- Ensure redevelopment and modernization does not impede 4 hour care model
- Increase capital funding for on-going capital maintenance costs
- Enhance the predictability, fairness and transparency for capital funding

Facilitating resource efficiency



Incomplete

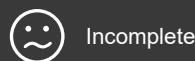
Comments

- No visible action to date

Solution

- Promote and support resource sharing
- Promote collaboration
- Enhance IPAC reporting
- Create incentives for shared purchases
- Address labour relations

Collaboration and partnerships for quality care



Incomplete

Comments

- No concrete actions
- Ontario Health Teams are moving forward without meaningful consultation with the LTC sector

Solution

- Increase efficiency and effectiveness
- Support continuous improvement
- Develop a provincially led leading practice unit
- Include municipal LTC in provincial policy and Ontario Health Teams development

Provides residents with dignity and respect in final home



Satisfactory

Comments

- Recognition of the issue, however, it needs to be translated into actions and policies that support the quality of life for residents

Solution

- Long-term care is the final home for our most vulnerable citizens: their last rocking chair, their last hug with their grandchildren and their last contact with a caregiver
- This approach to LTC should be preserved; not transitioned into a hospital or medical institution model

EOWC's Response to Ontario's Long-Term Care COVID-19 Commission Final Report

Summary of EOWC's key recommendations:

1. Increase direct care funding to achieve the provincial benchmark of the four hours of care model
 - a. Increase the use of resident support aides
 - b. Enhance training and retention of long-term care home (LTCH) employees
2. Transition to a per bed funding model to increase clarity, efficiency, and transparency of the funding process
 - a. Case Mix Index (CMI) is a non-audited calculation that is provided by the LTCH to the Province. CMI constantly fluctuates throughout the year due to resident intake and discharge
 - b. LTCHs receive funding based on retrospective data. For example, funding for 2017-18 is based on the CMI that was submitted at the end of the four quarters in 2015-16
 - c. While all LTCHs are working to achieve positive resident outcomes, the current funding model does not incentivize homes to do so as the funding will decrease with lower acuity
 - d. There are impediments to changes in funding, such as the 5% cap on year over year changes in CMI
3. Increase provincial capital funding predictability and provide on-going support for capital maintenance
 - a. Increase capital funding for on-going capital maintenance costs
 - b. Enhance the predictability, fairness, and transparency for capital funding
 - c. Ensure re-development and modernization does not impede 4 hour care model
 - d. Provide up front funding
4. Promote and support resource sharing between LTCHs
 - a. Promote collaboration
 - b. Enhance IPAC reporting
 - c. Create incentives for shared purchases
 - d. Address Labour relations
5. Improvements in LTCH processes to increase efficiency and effectiveness
 - a. Support continuous improvement
 - b. Develop a provincially led leading practice unit
 - c. Include municipal LTCH in provincial policy development
6. **Overarching Theme:** EOWC appreciates the Province's support for the LTC model where residents are provided a final home. This approach to LTC should be preserved; not transitioned into a hospital or medical institution model.

Ontario's Long-Term Care COVID-19 Commission Recommendations	Recommendation/Comment (with reference to EOWC recommendations)
<p>Precautionary Principle</p> <ol style="list-style-type: none"> 1. All pandemic plans in the province of Ontario that affect the long-term care sector's pandemic response must be guided by a proper appreciation and application of the precautionary principle 2. This Commission repeats the SARS Commission Report's recommendation that the precautionary principle should "be expressly adopted as a guiding principle throughout Ontario's health, public and worker safety systems." The Covid-19 crisis in long-term care homes has proven that the precautionary principle must also be expressly adopted as a guiding principle in Ontario's long-term care home system. This should be done by way of policy statement, by explicit reference in all relevant operational standards, directions, protocols, and guidelines, and by way of inclusion (through preamble or otherwise) in relevant long-term care home and public health statutes including the <i>Long-Term Care Homes Act, 2017</i>, (LTCHA) and the <i>Health Protection and Promotion Act</i>. Specifically, Ontario Regulation 79/10 should be amended to require that the precautionary principle guide each long-term care home's infection prevention and control (IPAC) program, outbreak management system and written plan for responding to infectious disease outbreaks. 3. The pandemic response should be consistent with available scientific evidence and public health expert advice including from the Chief Medical Officer of Health and Public Health Ontario. Where long-term care homes, public health officials, health care providers, government officials, or anyone involved in directing the response of any of those entities departs from the evidence and/or public health expert advice in response to a public health threat, a clear and public explanation should be provided for the departure. 	<p>1-3. Agree with the precautionary principle.</p>
<ol style="list-style-type: none"> 4. The government should amend the <i>Health Protection and Promotion Act</i> to clarify that the Chief Medical Officer of Health has the authority to issue any comment, including public comment, without prior authorization. 	<p>4. Clarification. Should not include directives. See Commission recommendation #9 f.</p>

Pandemic Plans

<p>5. The province must amend Ontario Regulation 79/10 to provide specific requirements for long-term care homes' mandatory written infectious disease outbreak plans. These requirements must include that the plan:</p> <ul style="list-style-type: none"> a) State the precautionary principle ("reasonable action to reduce risk should not await scientific certainty") and explicitly require that the principle guide the plan's execution; b) Clearly identify who is responsible for coordinating the home's outbreak response; c) Require regular, proactive, timely communications with residents and their families and loved ones, substitute decision-makers, essential caregivers, and any person designated by the resident or substitute decision-maker: <ul style="list-style-type: none"> i. At the outset of any infectious disease outbreak; ii. During an outbreak, including proactive updates regarding the status of the home in general and the health status of individual residents; iii. Whenever new management is introduced; and iv. In response to requests for information. d) Make provision for safe, in-person access to residents by essential caregivers; e) Provide for the facilitation of regular remote visits between residents and their families and loved ones during an outbreak; f) Include a strategy for predicting and responding to staffing shortages to ensure that the home is not left with a staffing crisis. This strategy should rely on resources available to the home through health care partners or Ontario Health Teams and minimize reliance on agency staff. This strategy should not only consider the replacement of sick or absent staff members but also the increased care needs of residents during an outbreak. At the home level, redundancy should be built into 	<p>5. Agreed. Cost needs to be fully funded by the Province. Many aspects of this can be developed collaboratively. See Recommendation #4.</p> <p>e) Many LTCHs will require physical changes to their facilities in order to make this possible. Capital funding support is required. Providing remote visits is a labour intensive exercise and will increase demand for PPE. See recommendation #3.</p> <p>f) Municipal participation in OHTs in eastern Ontario has been inconsistent. Single and upper-tier municipalities need to be included in OHT discussions at the earliest possible time. Governance of OHTs need to recognize the legislative and fiduciary responsibilities of municipal elected officials and mandate a minimum of one municipally elected representative from each upper-tier or single-tier on each OHT Board. This is particularly critical in the LTC sector where our homes are an integral part of the health care system.</p>
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<p>the duties of key staff members such that if a key staff member is absent from the home during an outbreak due to illness, self-isolation, or other factors, that critical role is not lost;</p> <p>g) Include a system that ensures the home maintains its pandemic stockpile or personal protective equipment (PPE) and other necessary items (discussed below) with sufficient supply to respond during an infectious disease outbreak;</p> <p>h) Include a plan to group residents to avoid the transmission of infectious disease (“cohorting”) with appropriate staffing for each cohort, and also include a plan for moving some residents to another side or sites (“decanting”) if cohorting measures are deemed unlikely to contain an outbreak. Agreements should be put in place in advance with the home’s health care partners to facilitate the cohorting and decanting plans, and those agreements should be reviewed and tested annually and updated as needed;</p> <p>i) Require the long-term care home to:</p> <ol style="list-style-type: none"> i. Continually assess and provide timely and complete information to the public health unit regarding the need for cohorting or decanting (where cohorting measures are unlikely to contain an outbreak); and ii. Consult and coordinate with the public health unit on appropriate cohorting and decanting measures to implement. <p>j) In the event that residents are confined to their rooms to minimize the spread of infectious disease, require the Medical Director to continually assess the impact of such confinement on the quality of care and quality of life of the residents and work with relevant health partners to make appropriate adjustments as necessary; and</p> <p>k) Require annual drilling and testing of the home’s plan for responding to infectious disease outbreaks. The long-term care home’s health partners, including but not limited to the public health unit and Ontario Health team, should participate in the annual drills and tests. The results of the drills and tests should be reported to the Ministry of Long-Term</p>	<p>h) Agreed. Funding support must be provided by the Province. Physical space for PPE shortage is at a premium in most homes. Access to capital funding is required. See recommendation #3.</p> <p>Agreed. Dependent upon a timely implementation of staffing plans and attaining the four hours of care. See recommendation #1.</p> <p>j) Agreed</p> <p>k) Agreed. These requirements will place a burden on staffing. See recommendation #1.</p>
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Care and the public health unit as part of the compliance and inspection regime discussed below.	
6. Long-term care home licensees should be required to post the home's infectious disease outbreak plan and any related plans to the home's website and make this information publicly available in other formats as requested. The licensees should also post online and make available in other formats contact information for the home's Administrator and, in the case of homes owned by corporations, a contact person at the corporate level.	6. Agreed.
7. The province must clearly define the respective roles of the Ministry of Health and the Ministry of Long-Term Care in addressing health emergencies, especially emergency planning with respect to long-term care, and update Order in Council 1157/2009 accordingly. The province must also ensure that the safety of long-term care residents is reflected in any provincial emergency plan.	7. Agreed. Province should provide clarity between the role of Public Health Inspectors, the Ministry of Labour, and the Ministry of Long-Term Care as LTCHs can often receive contradictory advice and direction.
8. The government must ensure that comprehensive pandemic plans anticipating various scenarios are developed, updated, tested, drilled, and communicated at all levels (provincial, regional, municipal and in each long-term care home). The plans must include clearly defined and delineated roles and responsibilities and identify a clear and direct chain of command. In particular, the Ministry of Health and the Ministry of Long-Term Care must finalize a comprehensive all-hazards plan for the health care sector, including provisions for the long-term care sector. This plan must be made available to the public. The Chief Medical Officer of Health should be responsible for this plan and should report on it annually to the legislature.	8. These requirements will place a burden on staffing. See recommendation #1. There is the opportunity to share best practices. See recommendations #4 and #5
9. Pandemic preparation and response in the province's long-term care sector should be explicitly provided for in provincial, regional, and local pandemic plans. Long-term care home licensees, management, front-line staff, residents, and their loved ones should be consulted regarding the pandemic plan provisions affecting long-term care. The province must ensure that the pandemic plan provisions regarding long-term care:	9. Agreed.

<ul style="list-style-type: none"> a. Include a strategy to address critical staff shortages in long-term care homes, including identifying where surge capacity or other resources may be required and deploying critical staff to long-term care homes in the event of staff shortages; b. Ensure that staff are supported so that they do not – for financial reasons – attend work while sick; c. Require timely on-site inspections of long-term care homes focused on ensuring that long-term care homes are properly implementing appropriate, proactive IPAC measures. This plan should prioritize homes at an elevated risk of outbreak based on available information. This plan should include a scheme for supporting and supplementing the IPAC expertise available to the home through the IPAC Practitioner role discussed in more detail in Recommendation #24; d. Ensure that any surge in pandemic –related hospitalizations does not result in: <ul style="list-style-type: none"> I. Shifting patients to already overburdened, under-resourced and understaffed long-term care homes; and II. The failure to transfer long-term care residents to hospital for care where necessary. e. Include arrangements to move long-term care residents to other facilities to avoid the spread of infectious disease if directed by the local medical officer of health of the Chief Medical Officer of Health; f. Ensure the coordination and prioritization of all information, directives, and guidance documents sent to the long-term care sector by all government sources during an emergency. A user-friendly, central repository of all such documents should be maintained in such a way that it is clear what information, directives and guidance documents are the most current so homes can easily identify the most up-to-date information and know what is required of them. When revised directives or guidance documents are issued, these should include a blackline version that highlights the changes. 	<ul style="list-style-type: none"> a. Agreed. See recommendations #1 and #4. b. Agreed. Must be fully funded by the Province. c. Agreed. See recommendations #1 and #4. d. Agreed. e. LTCH must be provided with the staffing to effectively deal with the new residents and the complex needs that are likely to result from such an order. f. Agreed. One point of contact for directives is critical. Coordination between the local MOH and the Province is critical. Contradictory directives create confusion. Every effort should be made to provide directives during normal business hours. The Province should maintain a website with all directives listed and their current status.
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10. The government's pandemic plans must include strategies to ensure laboratory surge capacity sufficient to respond to a variety of challenges, both in terms of volume of testing and duration of increased laboratory demand. The laboratory surge capacity strategy should prioritize long-term care in accessing effective testing and timely, efficient reporting of testing results. This includes ensuring long-term care homes have the technological capacity to receive electronic medical test results.	10. Agreed.
11. The pandemic plans must include all provincial laboratory assets whether they are public or private, and all such assets should be advised of the terms of the plans that apply to them. The pandemic plans should ensure that the Ontario laboratory system is connected and coordinated, and that laboratories and long-term care homes are interconnected.	11. Agreed.
12. The priority assigned for access to vaccinations for residents, staff and essential caregivers must recognize and consider the vulnerability of long-term care home residents in a pandemic.	12. Agreed. Vaccinations should be provided in the home in order to reduce the risk of staff travel to group clinics and increase staff uptake.
13. Where reliable, clinically accepted rapid testing for a virus or other pathogen causing infectious disease outbreaks is available, the government should ensure that every long-term care home in the province is provided on a priority basis with the appropriate tools, equipment and support necessary to facilitate rapid testing of residents, staff, management, and visitors.	13. Agreed.
14. The province's pandemic plans must include a strategy for ensuring that funeral home staff and staff from the coroner's office may safely complete their usual duties for the respectful disposition of deceased long-term care home residents during an infectious disease outbreak using appropriate precautionary measures, including appropriate infection prevention and control practices. It must not fall to nurses, personal support workers (PWSs) or other staff employed by long-term care homes to perform duties normally performed by funeral service providers or the coroner for deceased residents (including the transfer of deceased residents into body bags).	14. Agreed.
15. To ensure that the provincial pandemic plans are ready to be activated on short notice, they must be reviewed, assessed, and drilled annually. The	15. Agreed.

<p>province should set out a testing strategy that involves a review of the pandemic plans and full simulations that engage all key stakeholders involved in implementing the plan. The drill exercise results should be disseminated to the key stakeholder participants for review to improve the pandemic plans. The plans must also be updated promptly.</p>	
<p>16. As part of its pandemic planning, the province should ensure that there is a central procurement process for personal protective equipment and other necessary supplies that provides clarity about purchasing and supply chain legislation, policies, and best practices. Whenever possible, this process should place emphasis on maintaining within the province of Ontario a capacity to manufacture PPE. The procurement process should include pre-existing agreements to ensure necessary resources are available at pre-established prices and quantities.</p>	<p>16. Agreed. See Recommendation #4</p>
<p>Provincial Pandemic Stockpile</p>	
<p>17. The Chief Medical Officer of Health must be responsible for the province's pandemic stockpile.</p>	<p>17. Agreed.</p>
<p>18. This responsibility must include ensuring that the provincial stockpile contains sufficient supply to allow the government to respond appropriately to needs that may arise from long-term care homes in the case of a pandemic.</p>	<p>18. Agreed. Plan should include a deployment plan that ensures that PPE can be delivered to LTCHs in a timely manner and in alignment with mandatory PPE orders.</p>
<p>19. The government should provide the funding to:</p> <ul style="list-style-type: none"> a. Ensure that the provincial pandemic stockpile has sufficient supply to support a provincial response to current and anticipated needs and public health threats, including known and novel infectious diseases. The stockpile should contain appropriate supplies to support long-term care homes as needed during any infectious disease outbreak, including a pandemic. Long-term care homes should be given priority access to supplies from the provincial stockpile; and b. Actively manage the provincial pandemic stockpile to avoid the expiration of stockpile supplies before they can be used. 	<p>19. Agreed.</p> <ul style="list-style-type: none"> a. Mandatory PPE requirements must be coordinated with supplies.

20. The Chief Medical Officer of Health must report to the legislative each year as part of the annual report required in the <i>Health Protection and Promotion Act</i> on all matters relevant to the stockpile.	20. Agreed
21. The province should make any legislative amendments necessary to designate the Chief Medical Officer of Health as responsible for the management of the stockpile in accordance with the recommendations set out above.	21. Agreed
Addressing the Aftermath of COVID-19 for Residents and Staff	
22. Long-term care licensees should make counselling services available to the residents and staff living and working in long-term care during the pandemic. Long-term care licensees should bear the cost of this counselling, and no portion of that cost should be passed on to residents or staff.	22. Agreed. Funding envelope must be expanded in order to compensate licensee for the full cost of this service. During an outbreak, staffing levels will be compromised and the ability to provide this service will be difficult without dedicated and trained staff. See recommendation #2. Also, an opportunity for resource sharing. See recommendation #4.
Infection Prevention and Control	
23. All long-term care homes in the province must be held to the same IPAC standards. These standards, which should include requirements for a pandemic stockpile, should be set, published, and regularly reviewed and updated by Public Health Ontario.	23. Agreed. Must be fully funded. See recommendation #4. Funding support must be provided by the Province. Physical space for PPE shortage is at a premium in most homes. Access to capital funding is required. See recommendation #3.
24. To ensure that long-term care homes have meaningful access to IPAC expertise, Ontario Regulation 79/10 should be amended to: <ul style="list-style-type: none"> a. Require the licensee to appoint one full-time, dedicated registered nurse per 120 beds as the home's IPAC Practitioner(s). This role, which replaces that of the staff IPAC coordinator currently required, should report directly to the Director of Nursing and Personal Care; b. Set out specific minimum IPAC education, training, and certification requirements that the IPAC Practitioner must keep current. The IPAC Practitioners in long-term care homes should be trained and supported by IPAC specialists from the local hospital or public health unit as appropriate; and 	24. Agreed. Must be fully funded and supported by a Provincial best practices' unit. See recommendations #1 and 4.

<p>c. Require the IPAC Practitioner to take on the duties formerly assigned to the staff IPAC coordinator and to oversee, implement and maintain the home's infection prevention and control program and required staff IPAC training in consultation with the local IPAC Specialist.</p>	
<p>25. The Ministry of Long-Term and Ministry of Health should amend the <i>Intuition/Facility Outbreak Management Protocol, 2018</i>, to explicitly provide for the involvement of local hospitals to support long-term care homes in their IPAC practices, up to and including a related management agreement if and as necessary, along with any other legislative amendments necessary to facilitate the IPAC program.</p>	<p>25. Agreed but must reflect the “home” nature of LTCH. See recommendation #6.</p>

<p>26. Ontario Regulation 79/10 should be amended to require the licensee to:</p> <ul style="list-style-type: none"> a. Ensure that the members of the home's interdisciplinary IPAC team, already required under the regulation, reflect the home's staff complement, including representatives from the nursing, personal support worker, environmental cleaning, food service and administrative staff. The home's IPAC Practitioner should be the lead of the interdisciplinary IPAC team; b. Ensure that the home's infection prevention and control program is consistent with the standards, best practices and key principles established by Public Health Ontario; c. Ensure that its long-term care home(s) maintain a stockpile of personal protective equipment and other necessary supplies under the supervision of the home's IPAC Practitioner. The stockpile should be readily accessible and replenished regularly to ensure that supplies are used before they expire. d. Require the IPAC Practitioner to ensure that personal protective equipment is also available to all staff and visitors as appropriate; and e. Ensure staff receive IPAC training, delivered by the home's IPAC Practitioner(s), at the following minimum intervals: <ul style="list-style-type: none"> I. At the commencement of their employment with the long-term care home; II. Annually; III. Whenever there is a change to IPAC policies or practices, and IV. At the outset of and during any infectious disease outbreak in the long-term care home. 	<p>26. Agreed. Must be fully funded by the Province, with best practice direction from the Province. See recommendations #4 and #5.</p> <p>c. During a pandemic, the availability of PPE will be beyond the scope of a local IPAC Practitioner. Provincial Medical Officer of Health must lead and control the supply and distribution.</p> <p>Province should consider mandating that each Home is provided with and must store one week's worth and then Province must create user-friendly, responsive (24/7) reliable system to purchase/store and distribute as needed.</p>
<p style="text-align: center;">Strengthen Health Care System Integration</p>	
<p>27. The government should fast-track the implementation of a coordinated governance structure and enhanced funding model to strengthen and accelerate the development of Ontario Health Teams.</p>	<p>27. Inclusion in OHTs in eastern Ontario has been inconsistent. Single and upper-tier municipalities need to be included in OHT discussions at the earliest possible time. Governance of OHTs need to recognize the legislative and fiduciary responsibilities of municipal elected officials.</p>

28. The Ministry of Health and Ontario Health must work with the Ministry of Long-Term Care as local/regional Ontario Health Teams are implemented	28. Agreed.
Improve Resident- Focused Care and Quality of Life	
29. The government should amend the fundamental principle in section 1 of the <i>Long-Term Care Homes Act, 2007</i> , to explicitly acknowledge that long-term care residents have complex physical and mental health needs, including cognitive impairments, and to promise that licensees will ensure that residents' complex care needs are met.	29. The ability of LTCHs to provide complex care will be dependent upon capital investment (see recommendation #3) and increased staffing with new/enhanced skills (see recommendation #1). High needs/complex continuing care will require staffing levels in excess of the four hour of care model.
30. The Ministry of Long-Term Care should amend Ontario Regulation 79/10 to a presumption against prohibiting all visitors to long-term care homes experiencing an outbreak because of the negative effects of isolation on the quality of life and health of long-term care residents. Any changes to visiting rules during an infectious disease outbreak must seek to place the minimum possible restrictions on visits to long-term care residents.	30. LTCH staff should not be placed in the position of enforcing/monitoring testing and travel requirements imposed by the Province or local MOH. This responsibility will clearly be vested with public health.
31. In order to avoid the separation of residents from their families and loved ones in future infectious disease outbreaks, the province should amend Ontario Regulation 79/10 to recognize the role of "essential caregiver" (individuals "designated by the resident and/or their substitute decision-maker... to provide direct care to the resident"). Essential caregivers may be family, loved ones or people hired to provide care to the resident. Basic IPAC training, including the appropriate use of personal protective equipment, should be required to qualify as an essential caregiver. The training should be mandated for all essential caregivers at least annually and at the onset of any infectious disease outbreak. The amendment should ensure that essential caregivers who have complied with these training requirements are allowed to enter the home.	31. Agreed. LTCH staff should not be placed in the position of enforcing/monitoring testing and travel restrictions imposed by the Federal or Provincial Governments, or local MOH. This responsibility should be vested with public health or an appropriate enforcement agency.
32. Licensees must ensure that their home maintains an up-to-date contact list for all persons, including essential caregivers, designated by the resident and/or their substitute decision-maker. Management of each home should delegate a member of the management team to coordinate regular communication with families and loved ones about key activities and issues in the home. Long-term care homes licensees, operators and their directors	32. Agreed. Onus must rest with the caregiver to provide contact information.

must be held accountable for ensuring that the home communicates proactively and regularly with residents' chosen contacts.	
33. In order to enable residents' families and loved ones to monitor and contribute to resident care, long-term care homes must permit video monitoring technology to be set up and used in an appropriate manner at the request of any resident, their "substitute decision-maker(s), if any, and any other persons designated by the resident or substitute decision-maker."	33. Privacy concerns must be addressed by the Province. Must consider rights of roommate and that Home must be informed and approve placement to ensure video does not capture other resident(s) and consider whether audio is permissible re: privacy laws. LTCH cannot be made responsible for the provision or support of this technology.
34. Long-term care residents require social and other connections both inside and beyond the long-term care home. In order to ensure this need is consistently met, the province should make the following legislative amendments: a) The <i>Residents' Bill of Rights</i> should be amended to include the right to the technology required to permit residents to "communicate in confidence, receive visitors of his or her choice and consult in private with any person with interference;" and b) Ontario Regulation 79/10 to the <i>Long-Term Care Homes Act, 2007</i> , regarding residents' rights, care and services should be amended to require long-term care licensees to provide reliable Wi-Fi and consistent, frequent access to technology, such as computer tablets and smartphones, to facilitate residents' remote visits with those outside of the home.	34. Agreed.
35. Physicians providing care to long-term care home residents must be required to physically attend when needed and within 24 hours of the request for care.	35. Agreed.
36. Long-term care home licensees must ensure that residents are provided with appropriate palliative and end-of-life care. To that end: a) Long-term care home licensees must ensure that their homes always have ready access to skilled clinicians with the training to provide palliative and end-of-life care in the long-term care home whenever appropriate; and	36. Should be fully funded by the Province. Resource sharing and best practice development may be a practical response. See recommendation #4.

b) The Ministry of Long-Term Care must, after consulting with palliative care and other relevant experts, require long-term care homes to implement best practices for end-of-life care.	
Diversity and Inclusion	
37. The <i>Residents' Bill of Rights</i> should be amended to align more closely with the prohibited grounds of discrimination in the <i>Ontario Human Rights Code</i> .	37. Agreed.
38. The <i>Residents' Bill of Rights</i> provides that residents have the right to have their lifestyle choices respected. Residents also have the right to reasonable assistance from the licensee to pursue their interests and live to their potential. Consistent with these rights, licensees must recognize and respect residents' social, cultural, religious, spiritual, and other histories, and choices. For example, long-term care home licensees should be required to: <ul style="list-style-type: none"> a) Recognize and respect 2S-LGBTQ+ spousal relationships and chosen/non-biological family relationships generally and in any rules or policies regarding visitation and the provision of essential care to 2S-LGBTQ+ residents; and b) Ensure that residents are provided with culturally and linguistically specific care, including but not limited to traditional foods; activities and opportunities for socializing in the resident's first language; culturally specific activities; observation of holidays; and religious and spiritual practices and services. 	38. Agreed.
French-Language Services	
39. To protect the rights of Francophone residents in long-term care, the Ministry of Long-Term Care should: <ul style="list-style-type: none"> a) Design and implement a provincial strategy to increase French-language long-term care services and increase the number of French-language beds through the prioritization of designations under the <i>French Language Services Act</i>, and cultural designations under section 173 of Ontario Regulation 79/10; and 	39. Agreed.

b) Adopt a clear definition of “Francophone beds” that excludes long-term care homes that have not demonstrated their capacity to provide services in French.	
Accelerate Long-Term Care Staffing Plan implementation	
40. The government must fast-track the implementation of Ontario’s Long-Term Care Staffing Plan (2021-2025) (the “Staffing Plan”) to help address the urgent need for skilled staff in long-term care homes across the province, with amendments as necessary to incorporate the recommendations below.	40. Agreed. See Recommendation #1. Municipalities that have provided local tax dollars to achieve greater care levels, should not be disadvantaged in the transition and should be compensated in a manner that is consistently applied.
41. The government must, with the assistance of key stakeholders (including residents, families and loved ones, and front-line staff), immediately identify specific and measurable targets that clearly track the government’s Staffing Plan implementation progress. It should also develop a way of measuring the success of the Staffing Plan as it impacts resident care and quality of life, as well as outcomes to staff.	41. Agreed. Should not create an administrative burden and if possible, integrate with existing reporting requirements.
42. To enhance accountability and increase transparency in the implementation of the Staffing Plan, the government should: <ul style="list-style-type: none"> a) Require long-term care licensees to provide regular public reports on the progress of each of their long-term care homes in meeting the Staffing Plan targets discussed in the Recommendation #44; b) Instruct Ministry of Long-Term Care inspectors to audit these reports as part of the inspection process; and c) Provide public reports, including information from the individual home reports, measuring the rate and success of the sector’s implementation of the Staffing Plan. The government should post its progress reports on the Ministry of Long-Term Care website in a manner that makes them easy to find and review. 	42. Agreed.
43. The government must implement its Staffing Plan in a manner that does not undermine the delivery of home care services.	43. Agreed.
Increase number of skilled staff	
44. The government should implement the Staffing Plan’s increase in “hours of direct hands-on care provided by nurses and personal support workers, to an average of four hours per day per resident” on an urgent basis. To meet the target of four hours of direct nursing and personal support worker care,	44. Agreed. See Recommendation #1. Note that many municipal LTCHs have arbitrated language in ONA collective agreements re: minimum RN staffing that may exceed this. See recommendation #4.

<p>the number of those staff per resident should be increased, and their workload should be changed so they can spend more time providing direct care to each resident. The starting point for the target staffing mix for the four hours of direct care should be as follows, with adjustment made to reflect the needs of the residents in the home:</p> <ul style="list-style-type: none"> a) 20 per cent registered nurses; b) 25 per cent registered practical nurses; and c) 55 per cent personal support workers. 	
<p>45. The government should ensure that its recruitment measures result in a skilled staffing mix that meets the increasing mental health and complex care needs of long-term care resident population. Recruitment should focus on ensuring appropriate care by registered practical nurses, registered nurses, nurse practitioners and personal support workers. Recruitment should see to increase the skill level in long-term care homes. Resident Support Aide hours should not be counted in the target average of four hours of direct care per resident.</p>	<p>45. Agreed. RSAs should not be included in the four-hour mix calculation, but the role of RSA should be recognized. See recommendation #1.</p>
<p>46. Nurse practitioners are underutilized in long-term care. The role of nurse practitioners in long-term care should be expanded to better utilize their skills, and more nurse practitioners should be hired to meet the needs of the province's long-term care residents. The Ontario Nurses' Association and the Registered Nurses' Association of Ontario recommend, and this Commission accepts, that the proper ratio for nurse practitioners in long-term care facilities be set a minimum of one full-time nurse practitioner for every 120 residents. The government should increase the number of nurse practitioners working in long-term care and target this nurse practitioner-to-resident ratio while ensuring that any resulting adjustments to the staffing mix described above provide the same or more skilled direct care to residents.</p>	<p>46. Agreed. Many municipal LTCHs provide top-up to NP wages. Full cost must be covered by the Province.</p>
<p>47. Further to the French-Language Services recommendations above, the recruitment efforts of the Ministry of Long-Term Care and long-term care home licensees and management should include targeted efforts to attract and retain Francophone registered practical nurses, registered nurses, nurse practitioners and person support workers.</p>	<p>47. Agreed.</p>

48. The target increase for resident access to allied health professionals in the Staffing Plan is insufficient given their importance in improving resident quality of care and quality of life. The government's target average care per day per resident provided by allied health professionals- including dietitians, speech language pathologists and audiologists, physiotherapists, occupational therapists, recreational therapists, social workers, and others – should be increased from 36 minutes (the target set in the Staffing Plan) to 60 minutes.	48. Agreed. Allied health professionals are integral to achieving a home environment. See recommendation #6.
Retain and Attract Staff Improve working conditions and compensation	
49. The Ministry of Long-Term Care must insist that licensees make changes in working conditions that lead to less reliance on agency and part-time staffing, and provide funding adequate to support these changes, which must include: <ul style="list-style-type: none"> a. Creating more full-time direct care positions. A target of 70 per cent full-time positions for nursing and personal support worker staff should be set for each long-term care home; and b. Reviewing agreements with direct care staff and making adjustments to better align their wages and benefits within the sector and with those provided in public hospitals. 	49. Agreed. Province must be prepared to take unilateral action where individual collective agreements place restrictions on management's ability to schedule and staff in accordance with the 70% objective. See recommendation #4. Wage adjustment recommendations must be fully funded by the Province. LTCH that are above the wage target should not be disadvantaged by funding. NOTE: Many part-time staff do not want full-time positions because they earn a higher hourly rate including a percentage in lieu of benefits that have been negotiated by unions and incorporated in collective agreements. Provincial intervention will be required. See recommendation #4.
50. Long-term care home licensees must recruit home management that have the leadership skills and capacity to lead and to create a respectful and inclusive workplace. To improve staff morale, licensees must create a workplace culture that is compassionate, and values based.	50. Agreed. Should be supported by Provincially led best-practice and training. See recommendations #1 and #4. Pandemic wage enhancements provided to front line staff are appreciated, but the exclusion of management personnel leads to disillusionment, frustration, and salary compression. It is also a disincentive for talented front-line workers to move into leadership roles. Targeted wage increases have the potential to result in contravention of the Pay Equity Act.
Support enhanced education, training, and development	
51. The government's implementation of the Staffing Plan should prioritize "supporting continued development and professional growth for long-term care staff" to retain skilled, experienced, and dedicated workers. Consistent with the recommendations made by the Honourable Justice Eileen E.	51. Agreed. Should be supported by Provincially led best-practice and training. See recommendations #1 and #4.

<p>Gillese as part of her Public Inquiry on the Safety and Security of Residents in the Long-Term Care Homes System, this training should be completed during regular work hours and staff should be paid for the time spent in training. This training should prioritize:</p> <ul style="list-style-type: none"> a. Geriatric care; b. Skills and practices for effectively caring for residents with dementia and related illnesses in the long-term care home setting; c. Comprehensive and meaningful training on palliative and end-of-life care in long-term care; and d. IPAC training (discussed in more detail above). 	
<p>52. The province must amend Ontario Regulation 79/10 to define ongoing training requirements for long-term care health care professionals, including the Medical Director, in key areas responsive to resident needs. These areas include IPAC, geriatric medicine, caring for patients with dementia and other cognitive dysfunction, the appropriate use of antipsychotic medication, palliative and end-of-life care, and leadership development and crisis management. Further to these requirements, and consistent with Justice Gillese's recommendations, Ontario Regulation 79/10 should be amended to eliminate the training exemptions provided in section 222(1) and (3).</p>	<p>52. Agreed. Should be supported by Provincially led best-practice and training. See recommendations #1 and #4.</p>
<p>Regulate personal support workers</p>	
<p>53. The Ministry of Health and Ministry of Long-Term Care should ensure basic requirements are in place to support the regulation of personal support workers and consider that initial regulation could be provided by an established health care regulator.</p>	<p>53. Agreed. All costs related to this initiative must be fully funded by the Province.</p>
<p>54. The government should, with the assistance of relevant stakeholders, establish and implement standardized minimum training and education requirements for personal support workers.</p>	<p>54. Agreed. Should be supported by Provincially led best-practice and training. See recommendations #1 and #4.</p>
<p>Enhance Oversight of Medical Director</p>	
<p>55. The Ministry of Long-Term Care and the Ministry of Health must work with the College of Physicians and Surgeons and the Ontario Medical Association to create a system of formal oversight for long-term care</p>	<p>55. Agreed. Should be supported by Provincially led best-practice and training. See recommendations #1 and #4. The role of a Medical Director should be</p>

homes. Medical Directors, similar to the Medical Advisory Committee model for physicians with hospital privileges. This oversight should include a review and assessment of the candidate's expertise in the care needs of the long-term care home resident population (including IPAC, geriatric medicine, caring for patients with dementia and other cognitive dysfunction, the appropriate use of antipsychotic medication, and end-of-life care), and in leadership and crisis management.	clearly defined, in particular, the relationship between a Medical Officer of Health and the Medical Director.
Operational Funding: Increased Investment in Care	
56. The overall funding for nursing and personal care must meet the overall health needs of the residents in the homes. The current approach, which uses the Case Mix Index to divide the fixed pot of funding among homes based on their relative need, is insufficient. The Case Mix Index should be used only as a measure of need to guide the overall funding for nursing and personal care. The level of nursing and personal care funding should increase to reflect this overall need.	56. Disagree. Current CMI is ineffective, unaudited and consumes valuable staffing resources that would be better utilized on the front line. Support a more simplified "per-bed" funding model. See recommendation #2. NOTE: CMI is not intended to be funding tool. Ontario is the only jurisdiction that uses it in this manner.
57. In addition to the recommendation above, the Commission endorses implementing Justice Gillese's recommendation to "encourage, recognize, and financially reward long-term care homes that have demonstrated improvements in the wellness and quality of life of their residents." Improved resident outcomes should be specific and measurable (such as overall resident, family/loved ones, and staff experience; appropriate use of anti-psychotic drugs as compared to other homes; maintaining weight; fewer infections).	57. Agreed. This recommendation is contrary to recommendation number 56, which advocates for the continuation of CMI.
58. The Ministry of Long-Term Care should actively promote and provide funding for homes transitioning to recognized alternate, person-centred models of care. Examples of these models are discussed in chapter 4 of this report.	Agreed. The EOWC strongly supports the vision of person-centred care. Many of our homes have fully or partially implemented care models such as the Butterfly Model and Gentlecare(R). We recognize that the full implementation of these models are more care intensive than traditional models and will require full implementation of four-hours of care (see recommendation #1). The Province needs to provide leadership, guidance, and funding support to homes in order to achieve this objective. (see Recommendations #4 and #6).
59. It is important to give elderly people choices regarding the care they receive and enable them to age at home, where possible. For that reason, the government should increase funding to home care services, including	59. Agreed. See recommendation #6.

innovative models of delivering home care, and to community-based supports for seniors.	
Long-Term Care Home Development	
60. As outlined above, and in more detail in chapter 1, the government must urgently implement a model for building and redeveloping long-term care facilities to ensure that quality long-term care capacity is created to meet the province's current and projected demand for beds. This model should separate construction of the home from its operation. Persons skilled at the former may not be appropriate for the latter.	60. Agreed. See recommendation #3. Heavy debt burdens related to LTC capital restricts the borrowing capacity of municipalities, including the ability to borrow for roads, bridges, water, and sewer infrastructure.
61. The model for building and redeveloping long-term care facilities must also include appropriate incentives to: <ul style="list-style-type: none"> a) Create smaller, self-contained units within existing and new homes; b) Build smaller group homes to expand choices as part of a continuum of care for seniors; and c) Integrate homes into the broader health and social services community. 	61. Agreed. See recommendation #6. The rural nature of EOWC member's LTCHs are appreciated by our residents and families. Integration into the broader health and social services community will present a challenge. Province must recognize that rural lifestyle is part of the "home" experience for many residents and that centralized care in an urban campus of care model would deny residents of the rural home character they desire.
62. The province should provide additional support and incentives for applications from organizations that prioritize the availability of culturally and linguistically specific care to meet the needs of ethnically diverse residents.	62. Agreed. See recommendation #6.
63. The province must urgently implement a streamlined, expedited approvals process for creating redeveloped and new long-term care beds that accommodates the participation of existing and new not-for-profit and municipal licensees. The province should also insist that municipal governments streamline their municipal approval process for long-term care home development.	63. Agree with caution. See recommendation # 3. Municipal planning approvals are dictated by Provincial legislation including the Planning Act, Development Charges Act and Provincial Policy Statements. Municipalities do not have the authority/ability to deviate from existing legislation or policies. Direction must be provided by the Province.
64. The Ministry must review and update the <i>Long-Term Care Home Design Manual, 2015</i> , as soon as possible to respond to long-standing infrastructure needs. The design standards must facilitate the implementation of infection prevention and control best practices. The updates to the <i>Design Manual</i> should include:	64. Agreed. See recommendation #3. Should also include funding for isolation units and family visitation units that will appropriately protect residents and staff from the spread of infections/contagions.

<ul style="list-style-type: none"> a) Sufficient space to allow for the effective cohorting of residents in the case of an infectious disease outbreak; b) Design solutions to facilitate the effective provision of palliative care; and c) Updated heating, ventilation, and air-conditioning systems. Improvements to ventilation systems in existing homes should be made on an urgent basis to bring them up to the revised standard and ensure regular maintenance. 	
65. The licensing requirements under the <i>Long-Term Care Homes At, 2007</i> , should be updated to reflect compliance with the changes to the <i>Design Manual</i> .	65. Agreed. Must be accompanied by appropriate funding. See recommendation # 3. Heavy debt burdens related to LTC capital restricts the borrowing capacity of municipalities, including the ability to borrow for roads, bridges, water, and sewer infrastructure.
Increase Accountability and Transparency in Long-Term Care	
66. The Ministry of Long-Term Care must require long-term care home licensees to publicly post: <ul style="list-style-type: none"> a) Current information about the individuals with decision-making authority at the owner/licensee level, including their names, contact details and annual compensation, along with relevant organizational charts for the licensee and any company retained to manage the long-term care home; b) The Long-Term Care Home Service Accountability Agreement between the local health integration network/Ontario Health and the long-term care home licensee, and the Direct Funding Agreements between the Ministry of Long-Term Care and the long-term care home license; and; c) The most recent audited Long-Term Care Home Annual Report. 	66. Agreed.
Public Performance Indicators and Standards	
67. The six clinical indicators tracked in the Health Quality Ontario long-term care home performance reports are a good first step in advancing transparency and flagging issues in homes. However, long-term care homes should monitor and report publicly on additional indicators to provide valuable information to residents, families, and the public. These additional indicators - the nature and collection of which should be standardized	67. Agreed. The transparency and accountability requirement for municipal homes needs to be in alignment with the Municipal Act. Each municipal LTCH reports on Quality Improvement Plans (QIP) annually.

across the long-term care sector – should include family and staff experience, Medical Director engagement, staffing indicators such as direct care staffing mix, and direct care staff-to-resident ratios.	
68. Long-term care home licensees should be required to provide public reports on these key performance indicators at least annually. These reports, which should be posted to long-term care homes' websites, should be accessible and easy to understand for members of the public. In addition to providing current information, this public reporting should track the performance of individual homes over time as measured by the key performance indicators. These reports should be reviewed and audited as part of the comprehensive inspection regime discussed below.	68. Agreed. The transparency and accountability requirement for municipal homes needs to be in alignment with the Municipal Act.
69. Long-term care homes currently supply data about residents to the Canadian Institute for Health Information (CIHI) using the Continuing Care Reporting System. The system provides a hindsight view of aspects of resident life and care. CIHI has implemented a new assessment standard (interRAI-LTCHF) and reporting system (the integrated interRAI Reporting System, or IRRS) in other jurisdictions that permits near-real-time collection of resident data, significantly improving timely data access in crisis situations. The government should consult with CIHI and long-term care stakeholders and then create a transition plan to introduce the new assessment and reporting system in Ontario. The transition plan should be completed within six months of the first consultation with CIHI and should include a plan for timely implementation, including public progress reports posted to the Ministry of Long-Term Care website.	69. Agreed with caution. The administrative and nursing care burden associated with this recommendation will need to be supported by additional resources as well as recognize the home nature of long-term care. See recommendation #6.
70. The Ministry of Health should work with the Ministry of Long-Term Care to collect and analyze data on the long-term care workforce to determine current staffing profiles, achievement of staffing targets, and support HR planning and strategies at the provincial and home level.	70. Agreed. The EOWC LTCH report completed by KPMG could be used as a template.
71. An independent accreditation process is needed. This accreditation process must not depend on its funding on the organizations it is accrediting. This process must be provided for all homes.	71. Agreed. The system needs to be a balance of inspection to confirm compliance to minimum standards and accreditation approach to coach and support ongoing quality improvement.

72. The Ontario government should participate in current and future efforts to implement standards and best practices for long-term care across the Country.	72. Agreed. See recommendation #4.
Comprehensive and Transparent Compliance and Enforcement	
73. To support long-term care homes in their compliance and quality improvement efforts, the Ministry of Long-Term Care should establish a dedicated ministry compliance support unit as recommended by Justice Gillese in the Long-Term Care Homes public inquiry. The compliance unit should encourage and assist with compliance training tools, compliance coaching, sharing best practices, tracking and reporting on improvements.	73. Agreed.
74. The Ministry should recognize that the concerns of the insurance industry are important. If insurance companies were to withdraw from the sector, it would have a significant negative impact on the construction and operation of long-term care homes. The government has a role to play to ensure that homes can obtain necessary insurance and should consult with long-term care licenses and the insurance industry to determine what additional solutions are needed.	74. Agreed.
75. The Ministry of Long-Term Care should develop a coordinated, comprehensive long-term care home inspection regime involving the Ministry of Labour, Training and Skills Development and the public health units. The inspection regime must ensure that residents enjoy the quality of life and receive the quality of care promised in the fundamental principle in the <i>Long-Term Care Homes Act, 2007</i> , and that a safe and healthy workplace is created for staff. The inspection regime must gather information from residents, their families and loved ones, and front-line staff. The Ministries and the public health units must promptly share the resulting data, findings, and compliance enforcement steps with each other to ensure that the government's regulation of long-term care homes is consistent, coordinated, and complete.	75. Agreed. The current regime includes oversight, inspection and directives from multiple Provincial ministries and public health. During the pandemic, municipal LTCHs were often receiving contradictory or confusing advice and direction. This process needs to be clarified and coordinated.

<p>76. The inspections conducted pursuant to the long-term care homes inspection regime should be unannounced. The long-term care homes inspection regime must include:</p> <ul style="list-style-type: none"> a) Annual comprehensive Resident Quality Inspections (RQI's) conducted by the Ministry of Long-Term Care. The continuous quality improvement report results should be reviewed and audited as part of the RQIs; b) Annual inspection of the IPAC program, including compliance with the requirements of the <i>Long-Term Care Homes Act, 2007</i>, and Ontario Regulation 79/10; the adequacy of the home's IPAC program and related training, and assessment of the sufficiency of the home's IPAC supplies and stockpiles, to be conducted by the public health unit. This inspection should include consultation with the relevant IPAC partners. To facilitate these inspections, the government should amend the Ontario Public Health Standards and related protocols and guidelines. This includes amending the <i>IPAC Protocol 2019</i> to identify long-term care homes as a third category of settings subject to inspection by the public health unit at least once every 12 months for adherence to IPAC practices, with consequential amendments to the other IPAC protocols; c) The board of directors of the licensee, under the signature of the chair of the board (or the applicable equivalent), should publicly certify annually to the Ministry of Long-Term Care that the licensee has completed appropriate audits of the home's IPAC program and pandemic plan, including the sufficiency of the home's pandemic stockpile and testing of the plan; and d) Targeted inspections responsive to complaints, critical incidents and trends identified in the data generated from the inspection regime should continue to be conducted by the relevant Ministry or public health unit, with the assistance of other authorities where appropriate. The Ministry of Long-Term Care should consult with long-term care home staff, residents, and their families and loved ones about how to provide meaningful whistleblower protection to ensure timely reporting of concerns about the operation of long-term care homes and treatment of their residents. 	<p>76. Agreed. Inspections must be supported by sufficient funding and a Provincially led best practices unit. See recommendation #5.</p>
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<p>77. The government must provide the funding necessary to implement the comprehensive inspection regime. This funding must include ensuring that there are enough inspectors to conduct the required inspections, and that those inspectors are provided with the education and training required to conduct the inspections effectively.</p>	<p>77. Agreed. The EOWC recognizes that enforcement is ultimately a tool that needs to be fully funded by the Province, but it must be supported by the funding necessary to implement four-hours of care (see recommendation #1), provide training and supports necessary to ensure that fully qualified staff are available and provide an environment where sharing and best practices are encouraged and supported by the Province (see recommendation #4). Enforcement without supports will only lead to a “shame and blame” mentality that will be counter-productive to person-centred care.</p>
<p style="text-align: center;">Enforcement</p>	
<p>78. The results of the inspections conducted by the Ministry of Long-Term Care, the Ministry of Labour, Training and Skills Development, and public health units should form the basis for a clear and consistently applied enforcement regime. The enforcement regime should include:</p> <ul style="list-style-type: none"> a) Proportionate and escalating consequences for non-compliance. Repeated findings of non-compliance must be met with consequences of increasing severity up to and including measures such as mandatory management orders and the transfer of the long-term care home owner’s operating licence; and b) A centralized public reporting system that provides meaningful current information about each home’s compliance and enforcement status, including: <ul style="list-style-type: none"> I. The dates of the most recent inspections and information about the cause and outcome of the inspections, including the findings made and how they were resolved and remedied; II. Current enforcement orders and unresolved inspection findings, including the status of any enforcement or remediation action and any enforcement or remediation deadlines; and III. Relevant historical data (e.g., historical inspection findings and enforcement orders with information about how those findings were resolved or remedied). 	<p>78. Agreed.</p>
<p style="text-align: center;">Health Protection and Promotion Act Investigations</p>	

<p>79. The government must review the additional provisions of the <i>Public Inquires Act</i> and consider incorporating such other provisions that may assist the investigators in conducting section 78 <i>Health Protection and Promotion Act</i> investigations. Any such amendments must maintain the ability to ensure investigations are done expeditiously with maximum flexibility.</p> <p>80. On more than one occasion the Commission was reminded about the importance of whistleblower protections. It therefore recommends strengthening the protections offered in the context of <i>Health Protection and Promotion Act</i> investigations</p> <p>81. The government must take steps to ensure the timely and orderly production of documents for future investigations.</p>	79-81. Agreed.
Ensure Public Access to Public Health Reports	
<p>82. To ensure that public health reports remain available for future reference and use, all such reports should be carefully publicly archived and readily available on the internet. In addition, other public health interest documents, such as Ontario's 2016 Ebola Step-Down Plan, should not be labelled as the product of a previous government.</p> <p>83. The Ministry of Long-Term Care told the Commission that the government will be receiving a report on the success of the decanting facility referred to as a Specialized Care Centre. That report should be made public.</p> <p>84. The government should ensure that Commission websites and reports remain readily accessible online indefinitely.</p>	82-84. Agreed.
Responding to the Commission's Report	
<p>85. The Ministry of Long-Term Care should, on the first and third anniversaries of the release of this report, table in the legislature a report describing for the benefit of the stakeholders and the public the extent to which it has implemented this Commission's recommendations.</p>	Agreed. Ongoing dialogue with licensee should be incorporated into reporting.



Health Care Transformation

2021 AMO Delegation Briefing Note

Introduction

The Eastern Ontario Wardens' Caucus (EOWC) has identified health care transformation, with a focus on both Ontario Health Teams and virtual care, as a key priority for 2021. The COVID-19 pandemic has highlighted the importance of having an effective, efficient and accessible health care system.

For more than 150 years Ontario municipalities have provided their communities with health and community services. EOWC members are critical partners in the delivery of health care and are responsible for co-funding and delivering provincial health programs such as paramedic services, long-term care, and public health. In order to address local needs, EOWC member municipalities also make additional financial contributions above and beyond their required contributions to hospitals, family health teams, medical centres, and physician recruitment. Since 2017, EOWC member municipalities have invested ~\$613M in locally raised tax dollars for health services which equates to approximately \$122.6M per year.

EOWC members have a vested interest in the health care system and strive to ensure the best possible care for rural eastern Ontario residents. The EOWC endeavours to ensure that rural residents have access to the same quality care as their urban counterparts. However, health care is the Province's jurisdiction and responsibility rather than municipalities' and as such the Province must be the primary funder. When municipalities are required to step in and bridge funding gaps, it places an excessive burden on the municipal property tax base and diverts resources away from other priority areas such as affordable housing, critical infrastructure such as roads and bridges, and the delivery of key services.

Ontario Health Teams

Across eastern Ontario, Ontario Health Teams (OHTs) are in various stages of development. Some EOWC members are a partner in an approved OHT; some are involved in the application phase, while others are excluded from the entire process. There is an inconsistency in municipalities' engagement with their local OHT and that is of significant concern to our members.

Municipalities require a seat at the OHT table, not only during the initial phase, but also as a valued and respected member of the ongoing governance structure. Similar to the governance of Public Health Units, municipal appointments must be guaranteed. Thus, the EOWC strongly advocates for the Province to mandate that the leadership of all OHTs must include representation from each County or Region within their catchment area. Municipal elected officials are best positioned to make local health-care decisions as they understand the unique challenges that rural communities face. They are elected to represent the interests of their taxpayers and communities and, as such, must be at the governance table to participate in these local health and community decisions.

A guiding principle of the EOWC is 'say for pay', where municipalities are required to pay for services a governance model needs to be in place that allows municipalities to have a say in program development and delivery. It is also critical that both current and future municipal investments in local health care are protected. The OHT model must be designed to protect both current and future municipal operating and capital investments into any programs they operate such as long-term care, paramedic services and community services.

Municipalities are the only health care group that is both a taxing and spending authority and OHT funding and programs should respect this unique delivery model. OHT processes will impact funding from upper and single-tier municipalities for direct health care services and social services, as well as influence the way these services are delivered to our residents. Additionally, elected members of municipal councils have a duty to represent the interests of their ratepayers by providing oversight for health-related services. While direct taxation may not be an issue for an agency with a Volunteer Board of Directors, it is of paramount importance to our municipal councils. This process should be transparent and based on a governance model that will allow municipalities to meet their fiduciary duty and responsibilities under the Municipal Act. In short, the EOWC must be confident in a decision-making framework that recognizes the unique role of municipalities.

The responsibility to be the voice of our residents in the future direction of community-based health care, including the evolution of OHTs, is a key priority for the EOWC. Approving the structure and leadership of such a regionally based organization, with a broad-based mandate for health, requires input and leadership from the level of government that is closest to the people.

Virtual Care

Virtual care has risen in prominence during the COVID-19 pandemic and has allowed rural communities to overcome access barriers by enabling residents to access quality and timely health care services.

During the COVID-19 pandemic, physicians' offices closed completely in some areas, while others operated on a limited appointment capacity. Meanwhile, people still needed care and access to their family doctors. Virtual care allows this connection to occur via phone or video depending on patient need. This access during the pandemic has occurred due to the Province's willingness to allow primary care doctors to use virtual billing codes for virtual care over the phone or through a non-Telemedicine network platform. However, virtual billing codes are temporary at this time, and are only connected to the pandemic. The EOWC urges the Province to modify the existing fee-code system to allow for the permanent delivery of virtual care.

The critical shortage of family physicians across Ontario and specifically eastern Ontario is not a new issue. Nearly 50 percent of EOWC member municipalities are considered underserved, with a number of others just teetering on the edge.

For example, in Renfrew County 25 percent of the population (27,000 and growing) have no family doctor. If residents need care, their only option is to travel to the emergency room of a hospital for what is most often a non-emergency issue. There are no walk in clinics within Renfrew County.

To protect the surge capacity of their local hospitals, Renfrew County established the Virtual Triage and Assessment Centre, originally set up as a service to assist people with suspected COVID-19 symptoms expanded to include anyone with a non-emergency health care issue. Within a very short time, people who had not previously had access to a doctor for years were speaking with a family physician and getting the care they needed. For example, residents can call a 1-844 number and after being triaged, will receive a phone call from a physician, usually within one hour or less.

Family physician recruitment is ongoing but with tens of thousands of people needing a doctor, and retirements looming, it is simply unrealistic to think that EOWC member municipalities will be able to recruit the hundreds of physicians urgently needed in this region.

However, virtual care can be part of the solution to physician shortages in eastern Ontario. Virtual care physicians provide care and follow up as required, by the physician or through partnerships with Community Paramedic Services. As long as virtual billing codes are permitted, residents will receive the care they need.

In addition, the COVID-19 pandemic has magnified pre-existing problems within health care. EOWC member municipalities have seen an alarming increase in the number of opioid and other drug-related overdoses since the onset of the pandemic. In fact, some EOWC members are on target to quadruple the total number of overdose-related paramedic calls requiring the use of Narcan to save lives. The limited availability of mental health and addiction prevention supports continue to be a challenge, however, virtual care can also be used to address this need.

Post-pandemic, the EOWC endeavours to build resilient communities and we will not be successful if vulnerable and marginalized people in need are left behind. We have an opportunity to do business differently, however, leadership from senior levels of government is required.

The Province must also ensure equitable access to virtual care solutions, as the pandemic has exposed the serious lack of internet access and capacity, which hinders equitable access to virtual care in rural communities that do not have reliable broadband. The EOWC will continue to advocate for better broadband in rural communities and provide ongoing support to any solution that delivers broadband connectivity to the region at speeds comparable to urban areas.

In summary, the EOWC is strongly supportive of expanding virtual health care across rural eastern Ontario. However, this requires government support, collaboration, funding, policy development and maintaining the billing codes that allow for the effective delivery of virtual care.

Modernization of Public Health and Emergency Health Services

Finally, the EOWC would like to remind the Province that the Caucus has not lost sight of the modernization of public health and emergency health services. The EOWC was very active in responding to and informing the Provincial Government's modernization consultations and legislation reviews. EOWC members would like to reiterate that the Caucus position on these matters remains unchanged. Should the Province decide to resume this work, the EOWC will continue to advocate strongly that governance changes are not the solution to improving Paramedic Services. In addition, we will continue to remind the Province that municipalities are a key stakeholder in public health as funding contributors and reinforce that a governance model needs to be in place that allows municipalities to have a say in program development and delivery.

Joint Community Paramedicine Policy Framework

Paramedic services in eastern Ontario are innovative leaders in community paramedicine and these services have improved overall patient wellness and reduced 911 calls and repeat hospital admissions. The EOWC is a proponent of the Community Paramedic Policy Framework developed by AMO and the Ontario Association of Paramedic Chiefs (OAPC) and strongly agrees with the recommendations outlined in the AMO-OAPC joint paper.

Conclusion

EOWC member municipalities are the largest contributors to health care outside of the Province of Ontario and are deeply invested in public health and health care systems.

The EOWC strives to ensure that eastern Ontario residents have access to the same quality care as their urban counterparts. 'Say for pay' is a guiding EOWC principle. Where municipalities are required to pay for services, a governance model needs to be in place that allows municipalities to have a say in program development and delivery.

The EOWC values its strong relationship with the Province and we understand the importance of working collaboratively in order to create a world-class health care system. The EOWC remains committed to being the Government's municipal voice and expert. As co-funders and service delivery agents, EOWC members are strategically positioned at the frontline to provide meaningful input into health care planning and local operations.

Municipal Investment in Health Care

Partners for a Healthy Ontario



When municipalities are required to bridge funding gaps, this puts an **extreme burden on the municipal property tax base** and diverts resources away from other priority areas such as roads, bridges, affordable housing, etc.



EOWC member municipalities **make significant investments** to health care services in order to ensure the best possible care for rural eastern Ontario residents



The EOWC member municipalities are the **biggest** contributors to health care outside of the Province of Ontario in Eastern Ontario

+35%
OR \$10.2M

LONG-TERM CARE

+21%
OR \$12.9M

PARAMEDICINE

+14%
OR \$2.1M

HEALTH UNIT FUNDING

+83%
OR \$2.7M

OTHER MEDICAL FUNDING AVENUES

Eastern Ontario Municipal Health Care Funding 2017 compared to 2021

EOWC



\$612,888,556

In health care contributions over the last 5 Years

Municipal governments play important roles in the health care system: co-funding and delivering provincial health programs such as paramedic services, long-term care, and public health. EOWC members also make additional financial contributions to hospitals, family health teams/medical centres and physician recruitment.



**103 Municipalities
750,000 Residents**

Eastern Ontario Wardens' Caucus members are critical partners in the delivery of health care

Affordable and Attainable Housing in Eastern Ontario

2021 AMO Delegation Briefing Note

Introduction

In 2021, the topic of affordable and attainable housing in eastern Ontario has been pushed to the forefront as a result of the impacts caused by the COVID-19 pandemic. The financial pressures and economic uncertainty of navigating a pandemic, combined with increased population in rural areas, have made it clear just how difficult it is for many Canadians to secure housing in eastern Ontario. For this reason, affordable and attainable housing remains a key priority for the Eastern Ontario Wardens' Caucus (EOWC).

Background

In eastern Ontario, there is a growing gap between individuals who can afford to live in the region and those who cannot. As the cost of home ownership continues to rise to previously unseen levels and our populations continue to increase, this reinforces that the EOWC must take on a leadership role in order to advocate for eastern Ontario residents and to highlight the unique challenges and obstacles faced by our rural communities.

The COVID-19 pandemic has not only created a financial strain on residents but also on municipalities looking to undertake or complete affordable housing projects. The cost of building materials and skilled labour, for example, has risen exponentially and funding programs do not take price escalation into consideration. In short, funding supports must consider the new realities that municipalities face that make existing challenges to get a project built all that more difficult. A premium added to funded projects to cover these costs for small, rural municipalities would ensure a level playing field with larger centres and larger developers that are able to better absorb these market fluctuations.

The EOWC is doing its part to find solutions to support private sector and not for profit builders looking at affordable and attainable housing construction in rural communities. The EOWC has been awarded \$200,000 as part of the Canada Mortgage and Housing Corporation (CMHC) Housing Supply Challenge to build a prototype data solution.

This solution aims to support the long-term planning of housing programs and incentives for municipalities. It also aims to support not for profit and private sector builders in overcoming barriers to implementing housing in rural communities resulting from information gaps

On the assisted housing side, the EOWC, in an effort to explore all possible options in alleviating the housing struggles of rural eastern Ontario, seeks clarification and further information regarding the Canada Ontario Community Housing Initiative (COCHI) and Ontario Priorities Housing Initiative (OPHI). As Service Managers are currently in the final year of the first phase (2021/2022) and there have been no announcements to date regarding the second phase, a problem arises of being unable to plan to commit funds under our COCHI and OPHI investments. Service Managers are unable to commit further funds to non-profit housing providers who have previously been the recipients of COCHI and OPHI investments. As such, they may be unable to continue maintaining their affordable housing units. Furthermore, Service Managers may, for example, be unable to carry out health and safety repairs or replace/repair core building systems

It is evident that affordable housing has become even more unattainable to thousands of families in eastern Ontario, and the repercussions of this are felt in many areas of public policy including economic recovery and job creation post pandemic. To address affordable housing issues in our communities is to ensure job growth and economic prosperity now and into the future.

Key Recommendations

Rural vs. Urban Divide:

- Allow for the accumulation of COCHI and OPHI funding on a yearly basis so as not to restrict rural municipalities from taking on larger affordable housing projects
- Extend funding timeframes so that rural municipalities have the ability to plan for future development. Rural communities do not have the number of residential developers that exist in urban areas therefore it can take longer to attract, plan and execute an affordable housing project in a rural area.
- Create a rural funding stream for affordable housing development. Rural projects are at a smaller scale thus the operating costs are higher. In addition, capital costs per unit is also higher.
- Provide a premium to small, rural municipalities that apply for housing project funding to address their inability to absorb market fluctuations in the costs of materials and labour.

Streamline Ministerial Administration:

- Provide flexible funding without the ongoing reporting burden. This will allow Service Managers and municipal partners to be more creative with their funding and developing more affordable housing.
- Provide clear direction on the future of COCHI and OPHI funding (second phase).
- Apply a rural lens to future funding opportunities understanding that large scale projects both in costs and scale are unworkable in smaller communities

Increase Supply:

- Increase financial support given directly to municipalities in the development of more affordable housing.
- Increase funding for housing allowances to address urgent housing needs in rural communities as a bridge to more permanent housing solutions

Conclusion

Every Canadian ought to have the ability to live in a safe and secure environment with a roof over their head — whether they're in a big city or a rural community. As we move forward to address the ongoing issues surrounding affordable housing, a rural approach must not be overlooked. The EOWC is committed to working with key stakeholders including the Provincial Government, to improve affordable housing in rural eastern Ontario. In addition to funding municipal projects, there is a need to incentivize the private sector. All levels of government, plus the private sector must work collaboratively to achieve these goals.



Broadband and Cellular Services

2021 AMO Delegation Briefing Note



Introduction

Making eastern Ontario the best-connected region in North America continues to be one of the primary objectives of the Eastern Ontario Wardens' Caucus (EOWC). Access to ultra-fast broadband and state of the art 5G cellular services for residents and businesses, wherever they are in our region, has been a core EOWC mission for more than a decade. The EOWC saw the need for better connectivity as critical infrastructure for the future of its region.

In 2010 the EOWC created the Eastern Ontario Regional Network (EORN), a municipal not-for-profit corporation to be the vehicle through which this mission was to be executed. The choice to create a not-for-profit corporation was a deliberate one.

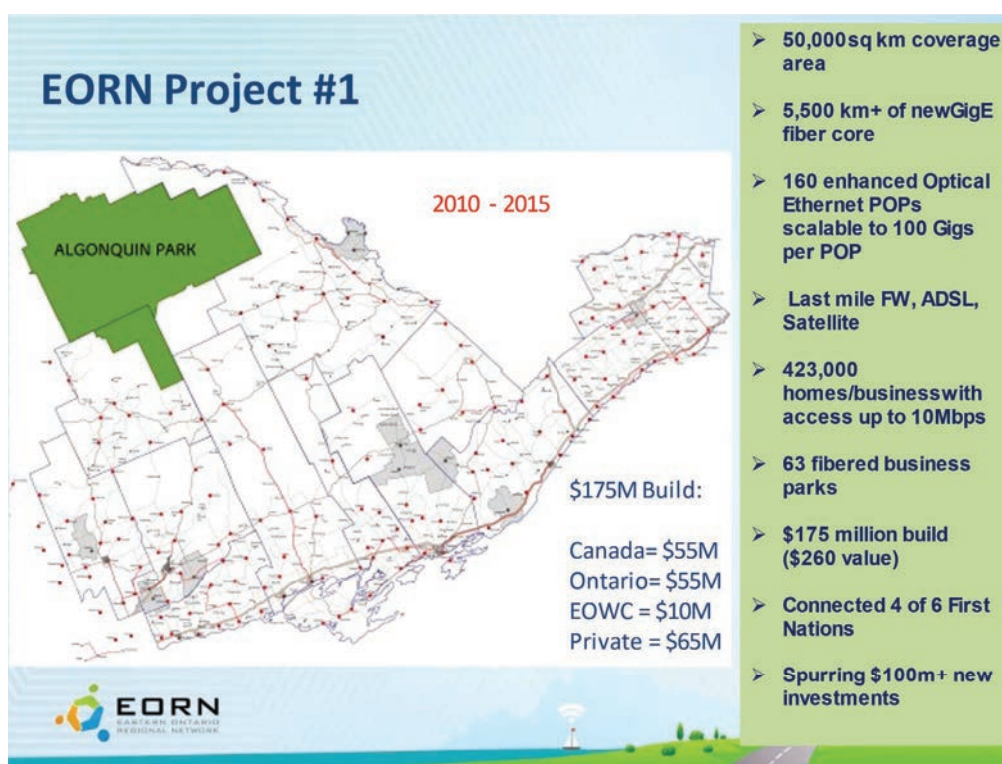
The EOWC and EORN's core philosophy was and continues to be that public funds should only be used where there is market failure. If the private sector would otherwise build broadband or cellular infrastructure on its own because it could make a return on its investment, then governments should not intervene. EORN's job was to do the research necessary to determine where market failure was occurring and using this research to make the case with local municipalities, the Federal and Provincial Governments decided that incentivizing private sector investment through a public-private partnership (PPP) project was the most efficient way to get region-wide broadband and cellular infrastructure built.

Getting all public sector funding in one place through an EORN lead project simplifies the work for private sector companies. This 'one window' procurement process was and is the most effective way to bring all parties together. Simply handing money over to private sector partners was not acceptable to the EOWC and EORN. Both wanted long term commitments from any company that obtained subsidy money to do two basic things, have their networks continue to perform and commit to ongoing investments using their funds to increase access to high-speed services. To do that, EORN developed long term commercial contracts. This was unique at the time and still is a key feature of EORN's projects.

Project 1 – Expanding Access to Fixed Broadband Services

In 2010 EORN launched its first project. The objective was to expand access to high-speed broadband services across eastern Ontario. At the time, the CRTC definition of high speed was 1.5Mbps. EORN's project objective was to push that to 10Mbps down and 1 Mbps up (10/1) for 85% of the region. Industry told EORN that was too much and not necessary. EORN trusted our research and proceeded with its first project.

It was a project that led to a combined \$175 million investment and ended up delivering 10Mbps/1Mbps to 89% of the region and the remaining 11% received between 1.5 Mbps and 10 Mbps. The project ran from 2010 and ended in 2015. In the years since 2015, EORN calculates that more than \$100 million in additional private sector spending has been made by its project partners.



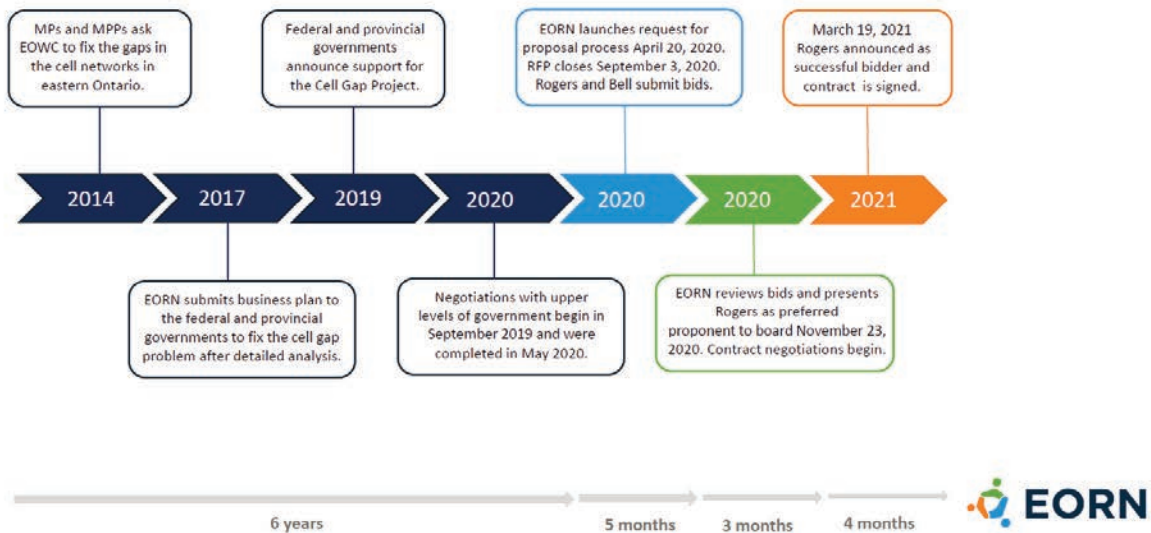
Project 2 – Improving Cellular (Mobile Broadband) Services

As our first project was coming to an end, the EOWC was asked by several MPs and MPPs to consider how cellular based services could be improved across eastern Ontario. Like residents and businesses, legislators in Ottawa and Toronto regularly faced significant breaks in coverage as they drove to and from their ridings. It became clear to the EOWC and EORN that cellular services were increasingly critical to the goal of making the region the best-connected region on the continent.

As the timeline below identifies, EORN began its work in 2014 to develop a project that would solve the problem. EORN and the EOWC, along with support from nearly every member municipality of the Eastern Ontario Mayors' Caucus (EOMC) recognized that this was going to require a similar effort to the first project and require the support of both Federal and Provincial Governments, respectively.

After spending nearly one million dollars of municipal funds for research into the problem, developing the solutions needed for another regional project to close the coverage gaps and boost network capacity, a business case was submitted to both the Federal and Provincial Government in 2017. On March 19, 2021 the contract for the work was awarded to Rogers Communications.

Cell Gap Project Timeline



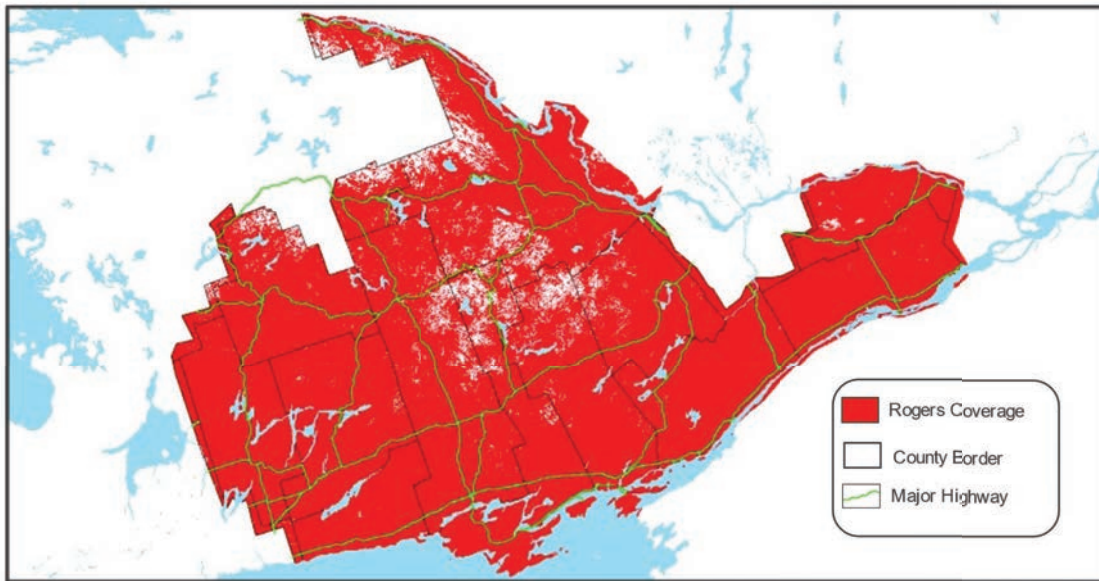
The Cell Gap project represents an investment of more than \$300 million dollars with Rogers committing \$150 million to the project. Canada and Ontario are providing \$71 million each and the EOWC/EOMC a combined \$10 million.

The project involves the uplifting (upgrading) of some 300 existing Rogers towers to 5G capabilities and a further 300 new towers.

When the project is complete in 2025 there will be coverage for voice services across 99% of the area where people live, work or travel and at least 85% of that same area will be able to receive high-definition services that will support items like video conferencing, streaming services and large file transfers.

EORN is now engaged in an extensive Duty to Consult process with Indigenous communities and organizations across the region to ensure that the project brings both the benefits of better cell coverage and responds to the concerns and interests that Indigenous communities may have with a project of this scope.

2025 Projected Coverage Map



2 Confidential | Cell Gap Project | Rogers Communications

Project 3 – Proposed EORN Gig Project

With the Cell Gap project successfully underway, the EOWC asked EORN to undertake further research into the growing inequalities across eastern Ontario for access to better broadband services. Despite the significant progress with Project 1, the demand from citizens, businesses and institutions for high-speed broadband services continued to grow rapidly. When COVID-19 hit, the world changed particularly for rural residents, students, and businesses. It sharply brought into focus the divide between those with adequate broadband services and those who were being left behind.

The EOWC called upon EORN to look for solutions once again. This time municipal elected officials realized that the incremental approach to fixing the situation was not going to be acceptable. The EOWC and EOMC asked EORN to develop a project proposal that would 'fix the problem for a generation'.

EORN researched and costed its proposed Gig Project. A PPP project would connect more than 540,000 premises (homes, businesses, seasonal properties, institutions, medical offices) with a fibre solution capable of delivering at least 1,000 Mbps or 1 Gig of speed. It would fix the connectivity problem for a generation and give rural customers the same kind of speeds now available in many urban communities.

EORN submitted its business case and request for funding to the Federal and Provincial Government in the summer of 2020. It re-submitted its proposal in March of this year. The project requires \$200 million from each, a contribution of \$400 million from the Infrastructure Bank of Canada and \$400 million raised through EORN's successful public procurement process for a total project value of \$1.2 billion.

Federal and Provincial Programs

Both the Federal and Provincial Government, in the past 12 months, launched ambitious broadband infrastructure programs that aim to improve access to better broadband service. Both as we understand it, aim to ensure homes get access to at least the CRTC minimum standard of 50 Mbps down and 10 Mbps up.

The Federal Government has a Universal Broadband Fund with total subsidies of \$2.75 billion available for projects and the Provincial Government recently announced its new Ontario Connects broadband program valued at \$4 billion. Together these represent historic investments in broadband investments.

Key Messages

The EOWC and EORN welcome Federal and Provincial investment in broadband.

EORN's analysis demonstrates the economic value of connecting our communities to future-proof, Gig-speed internet. This should be the standard for projects in our region.

The EOWC and EORN are and will continue to be strong advocates for connectivity across eastern Ontario.

EORN will monitor progress on Federal and Provincial programs to ensure the necessary investments in critical broadband infrastructure are made in the region.

The EOWC and EORN will continue to advocate on behalf of smaller, regional service providers because these smaller providers are key economic drivers for the region.

The EOWC and EORN will continue to advocate for improved services for the region's most rural and remote residents, so that no one gets left behind.

EORN will continue to expand connectivity through existing projects.

EORN is focused on rolling out our \$300 million Cell Gap Project.

Continued Priorities

2021 AMO Delegation Briefing Note

The Eastern Ontario Wardens' Caucus (EOWC) has identified continued priorities, described as issues of ongoing importance that the Caucus has identified in the past and will continue to support on an as-needed basis. These continued priorities include social assistance transformation, COVID-19 municipal recovery, and joint and several liability.

Social Assistance Transformation

The EOWC has identified social assistance transformation as a continued priority item for 2021. The Provincial Government, in partnership with Consolidated Municipal Services Managers and District Social Services Administration Boards, is proposing a significant revision for social assistance in Ontario. This realignment will significantly change both provincial and municipal social delivery roles. Topics explored in this co-design process include a new service model as well as a new funding model. The COVID-19 pandemic has highlighted the need to improve services for residents and communities, with a focus on economic and social recovery.

The EOWC supports the Province in its co-design approach with municipalities. Municipal Service Manager staff participate in various committees that are tasked with the transformation, and the Caucus will continue to monitor the progress of the co-design process.

Finally, the EOWC agrees with AMO's position on the social assistance transformation and supports municipalities in participating in the decision-making process in order to help implement this new vision, assuming there are no municipal cost increases.

COVID-19 Municipal Recovery

The EOWC has also identified COVID-19 municipal recovery as a continued priority. The EOWC would like to thank the Federal and Provincial Governments for their financial supports throughout the pandemic including: Safe Restart funding, Pandemic Pay for frontline and support workers, Resilience Infrastructure Stream and funding for Community Paramedicine programs to name a few. This funding has enabled municipalities to address extreme revenue losses and cost increases as a result of COVID-19.

This pandemic forced municipalities to respond quickly making financial, service delivery and infrastructure planning adjustments. While the pandemic begins to ease, municipal governments still require financial assistance from upper orders of governments in order to continue to provide adequate services in areas such as childcare, public health, affordable housing, long-term care, paramedic services, broadband and telecommunication services, and infrastructure, to their residents. In short, municipal recovery funds are required in 2021 and beyond to enable municipalities to rebuild and serve their communities as quickly and efficiently as possible. The EOWC would like to continue to consult and collaborate with the Province through municipal pandemic recovery in the short, medium and long-term.

Joint and Several Liability

Joint and several liability has been a long-standing priority for the EOWC. The Caucus believes that it is unfair for municipalities to carry the financial burden and associated damage award when at minimal fault or responsibility or assume fault for another party's error (e.g., the 1% rule). The exponential rise in insurance claims and thus insurance costs is a result of plaintiffs that joint and several liability encourage to target "deep pocket" municipal defendants. Lawsuits are becoming more frivolous and getting higher in claim value. This is often the result of lawyers knowing that municipalities have to pay and therefore name municipalities regardless of fault. Counties in particular have been hit hard with increases as they are responsible for the arterial roads – these roads have higher vehicle use, higher vehicle speeds and often result in more catastrophic injuries. Municipal insurance premiums have increased across the EOWC region by upwards of 25.1% in the last decade. These premiums continue to rise and presents fiscal challenges when our municipalities prepare and manage current and future budgets.

The EOWC will continue to advocate for joint and several liability reform and welcomes the opportunity to work collaboratively with the Province. The EOWC supports the adoption of the Combined Model that was previously under consideration and supported by all parties.



COUNTY OF RENFREW

PUBLIC WORKS AND ENGINEERING DEPARTMENT REPORT

TO: Operations Committee

FROM: Lee Perkins, C.E.T., MBA, Director of Public Works and Engineering

DATE: August 10, 2021

SUBJECT: Department Report

INFORMATION

1. **Monthly Project Status Report [Strategic Plan Goal No.3(b)]**

Attached as Appendix I is the Monthly Project Status Report. Additional project specific information is provided in the Divisional reports.

2. **Capital Program Variance Report [Strategic Plan Goal No. 3(b)]**

Attached as Appendix II is the Capital Program Variance Report.

3. **County Road 30 (Lake Dore Road) – Speed Concerns**

Attached as Appendix III is a petition from several residents in Golden Lake along County Road 30 (Lake Dore Road) that has been received with regards to excessive speeding. The County is working with the Township of North Algona Wilberforce and the Ontario Provincial Police (OPP) to find potential solutions. A response has been sent to the originator of the petition advising that the County will be moving its portable trailer mounted “Your Speed” sign into the area and that the OPP will be contacted to request that there be an increase in patrolling of this area.

RESOLUTIONS

4. Photo Radar Initiative

Recommendation: THAT the Operations Committee approve the request from the Township of McNab/Braeside to utilize a photo radar machine on County roads within their municipality.

Background

Attached as Appendix IV is a request from the Township of McNab/Braeside to the County of Renfrew for permission to utilize a photo radar machine on County roads within their municipality to help enforce speed limits. Staff has reviewed this request and have no concerns.

BY-LAWS

5. Policy PW-16 – Renaming of County Roads [Strategic Plan Goal No. 1]

Recommendation: THAT the Operations Committee recommend that County Council pass a By-law to adopt Policy PW-16 – Renaming of County Roads.

Background

As Committee will recall, a request was initiated to rename a County Road by a resident. At that time the request was denied as no official policy was in place. Attached as Appendix V is a draft policy PW-16 “Renaming of County Roads”. This policy closely follows the procedure that was followed during the 9-1-1 system addressing, with the inclusion of the first step being a resolution from the local Municipality requesting renaming of the road.

6. PWO-2021-28 – Supply and Delivery of Diesel Fuel, Gasoline, Heating Oil, and Above Ground Storage Tanks [Strategic Plan Goal No. 3]

Recommendation: THAT the Operations Committee recommend that County Council approve that Contract PWO-2021-28 for the supply and delivery of diesel fuel, gasoline, heating oil and above ground storage tanks be awarded to W.O. Stinson & Son Ltd., Pembroke, Ontario in the amount of \$895,832 plus applicable taxes; AND FURTHER THAT County Council pass a By-law to Authorize Execution of the Contract.

Background

Tenders were requested and received for the supply and delivery of diesel fuel, gasoline, heating oil and above ground storage tanks as follows:

	Submitted Amount
1. W.O. Stinson & Son Ltd., Pembroke, ON	\$895,832
2. MacEwen Petroleum, Pembroke, ON	\$935,212
3. Parkland Corporation (Ultramar), Renfrew, ON	\$1,110,432
All prices exclude applicable taxes	

This contract will cover the period from September 1, 2021 until August 31, 2026 (five years) and may be extended for additional one year periods, subject to satisfactory service, price, terms and conditions.

Staff reviewed the tender results for all the procurements and confirm there is sufficient funds to complete the purchases as tendered. The tenders were processed in accordance with County of Renfrew Corporate Policy GA-01 Procurement of Goods and Services.

7. Infrastructure Division

Attached as Appendix VI is the Infrastructure Division Report, prepared by Mr. Taylor Hanrath, Acting Manager of Infrastructure, providing an update on activities.

8. Operations Division

Attached as Appendix VII is the Operations Division Report, prepared by Mr. Richard Bolduc, Manager of Operations, providing an update on activities.

Department of Public Works & Engineering
Capital Monthly Project Status Report - July 2021

Project Name/Municipality		Location		Lengths	Description	Status/Schedule							Comments
		From	To			Env. Assess	Survey	Design	RFP/Tender	Const. Award	Const. Start	Const. End	
ROAD RECONSTRUCTION/REHABILITATION													
20	Bruce Street	Highway 60	Urban Limit	0.48	Intersection Upgrades by Town at HWY 60	100%	100%	100%			May	August	Overseen by Town of Renfrew
	Renfrew												
52	Raglan St. S	Pucker Street	Hwy 60 (Combes Street)	1.22	Reconstruction by Town	100%	100%	100%			May 31	October	Overseen by Town of Renfrew
	Renfrew												
71	Matawatchan Road	4877 Matawatchan Road	County Road 65 (Centennial Lake Rd)	3.19	Cross-Culvert Replacement	100%	100%	100%			March	March	Completed by County Patrol forces to align with lower water levels
	Greater Madawaska												
508	Calabogie Road	Hutson Road	Goshen Road	1.40	Cross-Culvert Replacement	100%	100%	100%			May	May	Completed by County Day Labour forces
	McNab/Braeside												
512	Foymount Road	County Structure B257	Miller Road	6.57	Property Purchases, Utility Relocation, & Reconstruction	100%	100%	95%					Property purchases ongoing. Close-Cut-Clearing planned once agreements in place. Utility relocations to follow.
	Bonnechere Valley												
BRIDGE/CULVERT RECONSTRUCTION/REHABILITATION													
B002	Bonnechere River Bridge	Admaston/Bromley (Bonnechere Road)			Rehabilitation	100%	100%	100%	May	May	August 13	October	Design & CA by Stantec, Construction by Clearwater
B095	Hyland Creek Bridge	Greater Madawaska (Hyland Creek Road)			Rehabilitation	100%	50%	50%	April	June	September	October	CoR Day Labour project. Subcontract for cleaning & painting
B180	Hurds Creek Bridge	Bonnechere Valley (South Algona/Grattan Line)			Superstructure Replacement	100%	100%	100%	April	April	May 17	August	Design by Ainley, CA by Mac. Perry; Construction by BEI
B202	Cameron Street Bridge	Killaloe, Hagarty & Richards (Cameron Street)			Superstructure Replacement	100%	100%	100%	2020	2020	April	June	Completion of 2020 project
B240	Fourth Chute Bridge	Bonnechere Valley (Fourth Chute Road)			Rehabilitation	100%	100%	100%	May	May	July 26	October	Design & CA by Stantec, Construction by Clearwater
B319	Bucholtz Bridge	Laurentian Valley (CR58, Round Lake Road)			Rehabilitation	100%	100%	100%	2022	2022	2022	2022	Design by McIntosh Perry, Construction pushed to 2022
C003	Moores Creek Culvert	Admaston/Bromley (CR5, Stone Road)			Repairs	100%	100%	100%			August	August	Design by HP. CoR Day Labour project.
C058	Constant Creek Culverts	Greater Madawaska (Ferguson Lake Road)			Replacement	100%	100%	99%	April	May	September	September	Internal Design, CoR Day Labour project
C099	Colton Creek Bridge	Greater Madawaska (Matawatchan Road)			Replacement	100%	100%	90%	May	June	July 28	September	Design by HP, Construction by Goldie Mohr
C116	Dunlop Crescent Culvert	Head, Clara & Maria (Dunlop Crescent)			Replacement	100%	100%	90%	May	June	August	September	Design by WSP. CoR Day Labour project.
C142	Quade Creek Culvert	North Algona Wilberforce (Burchat Road)			Replacement	100%	100%	90%	April	May	September	September	Internal Design, CoR Day Labour project
C197	Etmanskiew Swamp Culvert	Madawaska Valley (CR62, John Street)			Rehabilitation	100%	100%	50%	2022	2022	2022	2022	Design by JLR, Construction pushed to 2022
C201	Broomes Creek Culvert	Whitewater (CR7, Foresters Falls Road)			Rehabilitation of Culvert & Replacement of Dam	100%	100%	60%					MCEA being finalized by JL Richards
C222	Pleasant Valley Steel Arch	Whitewater (Pleasant Valley Road)			Replacement	100%	100%	100%	February	March	July	July	Internal Design, CoR Day Labour project
C252	Vanderploegs Culvert	McNab/Braeside (Russett Drive)			Rehabilitation	100%	100%	70%	March/June	August	September	September	Design by JLR
C300	Wolfe Road Twin Pipes	Bonnechere Valley (Wolfe Road)			Replacement	100%	100%	100%	February	March	July	July	Internal Design, CoR Day Labour project
FUTURE ENGINEERING													
B005	Scollard Bridge	Admaston/Bromley (Pucker Street)			Design for Rehabilitation	10%	10%	0%	June		2022		Consultant Design
B022	Indian River Bridge	Laurentian Valley (Sandy Beach Road)			Design for Rehabilitation	10%	10%	0%	June		2022		Consultant Design
B057	Mount St. Patrick Bridge	Greater Madawaska (Mount St. Patrick Road)			Design for Replacement	10%	10%	0%	June		2022		May need Schedule B EA; RFP out
B064	Pilgrim Road Bridge	Brudenell, Lyndoch & Raglan (Pilgrim Road)			Design for Rehabilitation	10%	10%	0%	July		2022		Consultant Design
B203	Petawawa River Bridge	Petawawa (CR51, Petawawa Boulevard)			Design for Rehabilitation	10%	10%	0%	June		2022		Consultant Design
C012	Farquharson's Culvert	Admaston/Bromley (South McNaughton Road)			Design for Replacement	10%	10%	0%	July		2022		Consultant Design
C025	Borne Road Culvert	Laurentian Valley (Borne Road)			Design for Rehabilitation	10%	10%	0%	June		2022		RFP Out
C037	Bagot Creek Culvert	Greater Madawaska (Lower Spruce Hedge Road)			Design for Replacement	10%	10%	0%	August		2022		Consultant Design
C040	Snake River Culvert	Admaston/Bromley (CR8, Cobden Road)			Design for Rehabilitation	10%	10%	0%	July		2022		Consultant Design
C134	Campbell Drive Culvert	McNab/Braeside (Campbell Drive)			Design for Replacement	10%	10%	0%	July		2022		Consultant Design
C137	Hanson Creek Culverts	McNab/Braeside (Robertson Line)			Design for Replacement	10%	10%	0%	August		2022		Geotech & Potential Internal Design
C152	Wadsworth Lake Culvert	Madawaska Valley (Old Barry's Bay Road)			Design for Replacement	10%	10%	0%	August		2022		Geotech & Potential Internal Design
C269	Jacks Lake Culverts	Killaloe, Hagarty & Richards (CR58, Round Lake Road)			Design for Replacement	10%	10%	0%	August		2022		Geotech & Potential Internal Design
C302	Wingle Creek Twin Culverts	Killaloe, Hagarty & Richards (Rochfort Road)			Design for Replacement	10%	10%	0%	August		2022		Geotech & Potential Internal Design

OPERATIONS TENDERS										
Type	Description	Term (Years)	Type	Specification	Tender	Award	Start	Complete	Status/Comments	
1	Pavement Marking	Paint/Glass Beads//Lines/Symbols	1+ (+1+1+1+1)	Equipment/Material	March	April	April	May	November	Ongoing
2	Street Sweeping	Winter/Debris Removal	1	Equipment	March	April	April	May	June	Completed
3	Catch Basin/MH Hole Cleaning	Winter/Debris Removal	1	Equipment	March	April	April	May	June	Completed
4	Roadside Brushing	Tree/Brush Removal	1	Equipment	May	June	June	July	November	Ongoing
5	Sign Post Tender	Sign Installation Hardware	1	Material	March	April	April	June	June	Awarded
6	Weed Control	Wild Parsnip/Poison Ivy	5	Equipment/Material	Complete	2019	2019	July	July	Completed
7	Signs & Traffic Control Equipment	Road Signage	1	Material	May	April	April	June	July	Completed
8	Winter Sand	Winter Abrasives	1	Supply/Delivery/Process	June	July	August	August	November	Tender Ongoing
9	Loader Rental	Winter Operations	1	Equipment	July	August	August	November	April	Ongoing
10	Culverts	Drainage	1	CSP/HDPE	February	March	April	May	November	Complete
11	Equipment Rental	Construction Equipment	1	Various	January	Rebruary	March	March	November	Complete
12	Fuel	Diesel/Gas/Coloured Diesel	1	Materials	Contract	Renewal	August	August	August	Retendered
13	AVL Service Renewal	Automatic Vehicle Location	10	Application/Network/Data	May	2020	2020	June	2030	Complete
14	Shouldering	Granular/Sealing	1	Material/Installation	June	July	August	September	September	Ongoing
15	Calcium Chloride	Winter Operations	1	Material	July	July	July	August	April	Ongoing

EQUIPMENT TENDERS										
Tender	Description	Quantity	Type	Specification	Tender	Award	Delivery	Status/Comments		
1	HDT (Heavy Duty Truck)	Combination Plow/Spreader	1	Replace	February	March	April	November	Awaiting Delivery	
2	LDT (Light Duty Truck(s))	(3-1/2 ton & 1-3/4 ton 4WD)	4	Replace	March	April	April	November	Awaiting Delivery	
3	HDT (Heavy Duty Truck)	Water Truck	1	Replace	February	May	June	November	Tendered	
4	Mower Attachment	Tractor Mounted	1	Replace	March	March	April	August	Awaiting Delivery	
5	Tag Along Float	30 Ton	1	Replace	March	March	April	August	Awaiting Delivery	
6	Service Vehicle	4x4 - PW	1	New	March	April	April/May	November	Awaiting Delivery	
7	Service Vehicle	2 wheel drive - High Roof - PW - ES	1	New	March	April	April/May	November	Awaiting Delivery	
8	Equipment Refurbishment(s)	As per Spring Inspection	Varies	Existing	March	April	April	October	Ongoing	
9	AVL (Automatic Vehicle Location)	AVL/Telematics	Varies	New	May	June	June	November	Complete	
10	Retroreflector		1	Replace	April	April	May	July	Ongoing	

HOUSING										
Tender	Location	Type	Type	Design	Tender	Award	Start	Complete	Status/Comments	
1	Repair - Salt Storage Dome	Southwest Patrol	Construct	Rehabilitation	2020	March	April	June	November	Completed

ROAD MAINTENANCE AGREEMENTS/FACILITY AGREEMENTS										
	Service Provider	Location	Year	Type	Start	Complete	Term			Status/Comments
1	Town of Arnprior	County Road 1, County Road 2	2020	Winter Road Maintenance	October	October	10			Town of Arnprior Review
2	Town of Deep River	County Road 72, County Road 73	2021	Winter Road Maintenance	October	October	10			Complete
3	Town of Renfrew	County Road 20, County Road 52	2020	Winter Road Maintenance			10			Complete
4	Township of Carlo Mayo	County Road 517	2021	Winter Road Maintenance	August	August	Annual			Ongoing
5	Contractor	County Road 635	2021	Winter Road Maintenance	July	July	Annual			Ongoing
6	Algonquins of Pikwakanagan	Golden Lake	2017	Use of facilities and materials	November 1	March 31	5			Complete
7	Bonnechere Valley	Foymount	2017	Use of facilities and materials	November 1	March 31	5			Complete

Operations Division - Capital Monthly Project Status Report - July 2021
Department of Public Works & Engineering

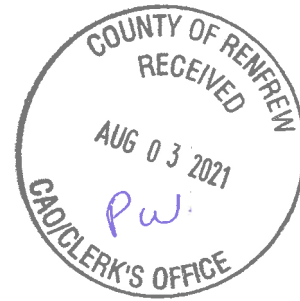
Project Name/Municipality		Location		Lengths	Description				
		From	To			RFP/Tender	Const. Award	Const. Start	Const. End
ROAD RECONSTRUCTION/REHABILITATION									
1	River Road	Mast Road	120 metres west of Henry Crescent	1.90	Rehabilitation	March	April	June	September
	McNab/Braeside								
1	Elgin Street West	Madawaska Street	Usborne Street	1.32	Rehabilitation	April	May	July	September
	Arnprior & McNab/Braeside								
5	Stone Road	Berlanquet Road	1574 Stone Road	3.04	Rehabilitation	April	May	August	September
	Admaston/Bromley								
7	Foresters Falls Road	Queens Line	225m East of Government Road	2.60	Rehabilitation	March	April	July	August
	Whitewater Region								
21	Beachburg Road	County Road 49 (Lapasse Road)	Hila Road	7.77	Rehabilitation	April	May	July	July
	Whitewater Region								
51	Petawawa Boulevard	County Road 26 (Doran Street)	County Road 55 (Paquette Road)	1.16	Rehabilitation	March	April	June	August
	Petawawa								
52	Burnstown Road	Fraser Road	Pucker Street	4.28	Rehabilitation	March	April	June	July
	Horton								
65	Centennial Lake Road	Deer Mountain Road	Chimo Road North	4.00	Close Cut Clearing	March	March	April	June
	Greater Madawaska								
65	Centennial Lake Road	220m East of Chimo Road South	554m West of Opal Road	4.00	Rehabilitation	March	April	May	August
	Greater Madawaska								
67	Simpson Pit Road	Byers Creek Road	250m North of Buckhill Road	2.60	Rehabilitation	March	April	September	October
	Killaloe, Hagarty and Richards								
Various	Scratchcoat	Various Locations	Various Locations	11.30	Scratch Coat Paving	May	June	July	August
	Various Locations								

2021 CAPITAL PROGRAM - ROADS/BRIDGES

Road Reconstruction/Rehabilitation								
Note: Limits and Length of projects are approximate and subject to revision based on final design and budgets								
Road No.	Location	From	To	Length (km)	2021 BUDGET	June Projected	August Projected	Variance
1	Elgin Street West	Madawaska & Elgin	Usborne Street	1.32	890,609	870,000	870,000	-20,609
1	Arnprior & McNab/Braeside River Road	Mast Road	Henry Crescent	1.83	600,240	580,000	885,241	285,001
5	Stone Road	Berlanquet Road	1574 Stone Road	3.36	1,168,736	765,000	765,000	-403,736
7	Foresters Falls Road	County Road 4 (Queens Line)	Harriet Street	2.74	672,836	535,000	705,133	32,297
20	Bruce Street	Highway 60	Urban Limit	0.48	60,000	60,000	60,000	0
21	Beachburg Road	County Road 49 (Lapasse Road)	Hila Road	7.77	474,009	695,000	695,000	220,991
51	Petawawa Boulevard	County Road 26 (Doran Street)	Military Camp Road	0.98	800,000	650,000	650,000	-150,000
52	Burnstown Road	Fraser Road	Graham Avenue	4.90	986,840	580,000	580,000	-406,840
52	Raglan St. S	Graham Avenue	Hwy 60 (Combes Street)	1.22	557,217	557,217	557,217	0
65	Centennial Lake Road	Deer Mountain Road	Chimo Road North	4.10	1,078,300	920,000	1,142,652	64,352
67	Simpson Pit Road	Byers Creek Road	Buck Hill Road	2.45	921,200	540,000	540,000	-381,200
71	Matawatchan Road	4877 Matawatchchan Road	County Road 65 (Centennial Lake Rd)	3.19	100,000	80,000	75,000	-25,000
508	Calabogie Road	Hutson Road	Goshen Road	1.40	50,000	80,000	80,000	30,000
512	Foymount Road	County Structure B257	Miller Road	6.57	3,039,300	1,400,000	1,400,000	-1,639,300
635	Swisha Road	Highway 17	Interprovincial Bridge S Exp. Joint	2.58	100,000	100,000	100,000	0
	Scratch Coat Paving	Various Locations			716,431	716,431	716,431	0
	Active Transportation	Various Locations			150,000	150,000	150,000	0
ROAD RECONSTRUCTION/REHABILITATION TOTALS				44.89	12,365,718	9,278,648	9,971,674	-2,394,044
Bridge/Culvert Reconstruction/Rehabilitation								
Structure No.	Structure Name	Location			2021 BUDGET	June Projected	August Projected	Variance
B002	Bonnechere River Bridge	Admaston/Bromley (Bonnechere Road)			400,000	400,000	400,000	0
B095	Hyland Creek Bridge	Greater Madawaska (Hyland Creek Road)			200,000	200,000	200,000	0
B180	Hurds Creek Bridge	Bonnechere Valley (South Algona/Grattan Line)			850,000	540,000	540,000	-310,000
B202	Cameron Street Breidge	Killaloe, Hagarty and Richards (Cameron Street)			170,000	170,000	178,000	8,000
B240	Fourth Chute Bridge	Bonnechere Valley (Fourth Chute Road)			400,000	769,728	770,000	370,000
B319	Bucholtz Bridge	Laurentian Valley (CR58, Round Lake Road)			432,000	432,000	70,000	-362,000
C003	Moores Creek Culvert	Admaston/Bromley (CR5, Stone Road)			50,000	50,000	50,000	0
C058	Constant Creek Culverts	Greater Madawaska (Ferguson Lake Road)			715,000	715,000	715,000	0
C099	Colton Creek Bridge	Greater Madawaska (Matawatchchan Road)			280,000	748,685	748,685	468,685
C116	Dunlop Crescent Culvert	Head, Clara & Maria (Dunlop Crescent)			400,000	400,000	400,000	0
C142	Quade Creek Culvert	North Algona Wilberforce (Burchat Road)			225,000	225,000	225,000	0
C197	Etmanskie Swamp Culvert	Madawaska Valley (CR62, John Street)			300,000	300,000	60,000	-240,000
C201	Broomes Creek Culvert	Whitewater (CR7, Foresters Falls Road)			1,000,000	1,000,000	200,000	-800,000
C222	Pleasant Valley Steel Arch	Whitewater (Pleasant Valley Road)			200,000	200,000	200,000	0
C252	Vanderploegs Culvert	McNab/Braeside (Russett Drive)			200,000	200,000	200,000	0
C300	Wolfe Road Twin Pipes	Bonnechere Valley (Wolfe Road)			200,000	200,000	200,000	0
	General Bridge Repairs	Various Locations			200,000	200,000	200,000	0
BRIDGE/CULVERT RECONSTRUCTION/REHABILITATION TOTALS					6,222,000	6,750,413	5,356,685	-865,315
Roads/Bridge/Culvert Future Engineering								
Asset ID	Structure Name	Location			2021 BUDGET	June Projected	August Projected	Variance
B005	Scollard Bridge	Admaston/Bromley (Pucker Street)			40,000	40,000	40,000	0
B022	Indian River Bridge	Laurentian Valley (Sandy Beach Road)			100,000	100,000	100,000	0
B057	Mount St. Patrick Bridge	Greater Madawaska (Mount St. Patrick Road)			60,000	60,000	60,000	0
B064	Pilgrim Road Bridge	Brudenell, Lyndoch & Raglan (Pilgrim Road)			20,000	20,000	20,000	0
B203	Petawawa River Bridge	Petawawa (CR51, Petawawa Boulevard)			130,000	130,000	130,000	0
C012	Farquharson's Culvert	Admaston/Bromley (South McNaughton Road)			15,000	15,000	15,000	0
C025	Borne Road Culvert	Laurentian Valley (Borne Road)			30,000	30,000	30,000	0
C037	Bagot Creek Culvert	Greater Madawaska (Lower Spruce Hedge Road)			38,000	38,000	38,000	0
C040	Snake River Culvert	Admaston/Bromley (CR8, Cobden Road)			12,000	12,000	12,000	0
C134	Campbell Drive Culvert	McNab/Braeside (Campbell Drive)			65,000	65,000	65,000	0
C137	Hanson Creek Culverts	McNab/Braeside (Robertson Line)			18,000	18,000	18,000	0
C152	Wadsworth Lake Culvert	Madawaska Valley (Old Barry's Bay Road)			28,000	28,000	28,000	0
C269	Jacks Lake Culverts	Killaloe, Hagarty & Richards (CR58, Round Lake Road)			20,000	20,000	20,000	0
C302	Wingle Creek Twin Culverts	Killaloe, Hagarty & Richards (Rochfort Road)			20,000	20,000	20,000	0
FUTURE ENGINEERING TOTALS					596,000	596,000	596,000	0
Safety Devices								
	Traffic Signals - Upgrades	Various Locations			200,000	200,000	200,000	0
SAFETY DEVICES TOTALS					200,000	200,000	200,000	0
CAPITAL PROGRAM TOTAL					19,383,718	16,825,061	16,124,359	-3,259,359

July 29, 2021

County of Renfrew
Attn: Warden Debbie Robinson
9 International Dr.
Pembroke, Ontario
K8A 6W5



Dear Warden Robinson,

I am writing to you with sincere hopes that you will be able to help us!

We the residence, live on County Rd 30 also know as Lake Dore Rd. In fact, we are the residence that live in the village limits of the Hamlet of Golden Lake. We have a huge speed problem!! Our posted speed is 50km but traffic is mostly travelling in at speeds of 80km – 100km plus. This is imposing a real safety risk to all residence and their families (including adults, teens, the elderly and our children). Safety is a huge concern for all especially with the majority of all the homes situated very, very closed to the road. It doesn't matter what type of vehicle it is – car, SUV, truck or transport – our speed limit sign means nothing to 99% of the drivers behind the wheel!

I took it upon myself to go out and speak with my neighbours in my neighbourhood who also live on this road in village limits to see what they all had to say:

- lots have called police – police responded with sorry, there is nothing we can do
- lots have contacted our mayor and council – who said, there is nothing they can do because it is a county road
- because homes are located next to the road – big trucks travelling at a high speed are causing their homes to shake and this happening around the clock, 24 hours a day, 7 days a week

We would all love to see vehicles travelling into our village and neighbourhood at the proper posted rate of speed. We are hoping that you may be able to place a speed registering monitor unit at the 50km posted speed sign to register their speed entering our village limits and also have the OPP monitor the speed on the road leading into the village on a more regular basis than not at all - what we are presently experiencing from them.

Attached to this letter is a petition with names and addresses of all concerned neighbours living with this problem who so want desperately a safe and secure resolution to this on going excess speed travelling problem.

Sincerely,

Joan Stroud
3157 Lake Dore Rd.
Golden Lake, Ontario
K0J 1X0

613-625-2326

PS – Letters and copies of the petition have also been sent to the MP and MPP for our area.



PETITION – TO THE COUNTY OF RENFREW

TO HELP REDUCE THE SPEED OF TRAFFIC AT THE ENTRANCE OF THE HAMLET OF GOLDEN LAKE - ON LAKE DORE ROAD – THE POSTED SPEED IS 50KM BUT TRAFFIC ENTERING THE VILLAGE IS IN THE EXCESS SPEED OF 80KM-100KM+ INCLUDING TRANSPORTS, WE WOULD LIKE A SPEED REGISTERING SIGN PLACED AT THE ENTRANCE AT THE 50KM SIGN ON OUR ROAD AND/OR HAVE THE OPP MONITOR OUR ROAD REGULARLY TO PROVIDE SAFETY FOR ALL WHO LIVE IN THE HAMLET OF GOLDEN LAKE ON THIS ROAD.

* (also known as County Rd 30)

----- NAME -----

-----ADDRESS-----

	613625-2326	3157 Lake Dore Rd Golden Lake Ont
Andrew Roesch		3156 Lake Dore Rd Golden Lake Ont
Courtney Schison		3153 Lake Dore Rd Golden Lake Ont
Elizabeth		3153 Lake Dore Rd Golden Lake Ont
Annette Woodcock		3175 Lake Dore Rd Golden Lake Ont
Howard Roesch		3183 LAKE DORE R GOLDEN LAKE ONT
Pam Buckwald		3186 Lake Dore R Golden Lake ON
Joan Wiersbicki		3200 Lake Dore R Box 142 Golden Lake ON
Marlene Buckwald		3216 Lake Road Box 10 Golden Lake
3218 Lake Dore		
Graham Allard		3240 Lake Dore Rd Golden Lake, Ontario
VALERIE LASORFF		3284 LAKE DORE ROAD GOLDEN LAKE, ON
Trish Scheveler		3288 Lake Dore Road Golden Lake, ON
Bethany Dempsey		3300 Lake Dore Rd Golden Lake, ON
		3300 Lake Dore Rd Golden Lake, ON
Mike Kilby		3267 Lake Dore Rd Golden Lake, ON
Frank Gordon		3239 LAKE - DORE

KEVIN McGRATH 3235 LAKE DORE RD
 P.O. Box 82 GOLDEN LAKE. KOT 1X0
 613-312-9781 CELL #
 DANNY ALLARD 3240 LAKE DORE RD ASD
 613-715-3848 KOT 1X0
 Joy Berger 3231 Lake Dore Rd. GOLD
 613-374-8133 KOT 1X0
 Domenic chadley
 416 720-0057 11 11 11
 George Berge 16 17 11
 613-281-9144 " " "
 CYRIL McNEESS 3215 LAKE DORE RD.
 Betty Luckowitch 3215 Lake Dore Rd
 Neil M. Brown 3157 LAKE DORE Rd. KOS-1X0
 Patrick Leroux 3189 Lake Dore Rd KOS 1X0
 Valerie Taggart 3189 Lake Dore Rd KOT 1X0
 Sandra Dunnigan 3197 Lake Dore Road KOT 1X0
 Mark Dunnigan 3197 Lake Dore Road KOS 1X0
 Emily Dunnigan 3197 Lake Dore Road KOS 1X0
 Clayton Boock 3265 Lake Dore Rd KOT 1X0
 H. Keythman 3308 Lake Dore Rd KOT 1X0
 Danylle Delawren 3308 LAKE DORE ROAD KOS 1X0
 Jean Mundt 3308 LAKE DORE RD KOT 1X0
 Dorothy Waskiewicz 3296 LAKE DORE Rd KOT 1X0



THE TOWNSHIP OF McNAB/BRAESIDE

2473 Russett Drive, R.R. #2 Arnprior, Ontario K7S 3G8

June 16, 2021

VIA Email

County of Renfrew Operations Committee
9 International Drive
Pembroke, Ontario
K8A 6W5

Dear Sirs & Madams,

RE: Photo Radar Initiative

We have been directed by Council to look into the possibility of obtaining a Photo Radar machine to assist with speed limit enforcement within the Township of McNab/Braeside.

We are requesting that the County of Renfrew provide written permission to the Township, to allow the Photo Radar machine to be set up on County Roads within the Township of McNab/Braeside to help enforce the set speed limits.

Please confirm if the County is agreeable to this initiative.

Yours truly,

Lindsey Lee, AOMC, Dipl.M.A.
CAO/Clerk
LL/mc

COUNTY OF RENFREW

BY-LAW NUMBER

**A BY-LAW TO ESTABLISH A RENAMING OF COUNTY ROADS POLICY FOR THE
MUNICIPAL ROAD SYSTEM WITHIN THE JURISDICTION OF THE CORPORATION OF
THE COUNTY OF RENFREW**

WHEREAS authority is given to the County of Renfrew, hereinafter referred to as the Corporation, being a municipality authorized by Section 11(3) of the Municipal Act 2001, as amended to pass by-laws regarding highways under the jurisdiction of the Corporation;

AND WHEREAS the Corporation desires to implement a policy regarding the Renaming of County Roads within the jurisdiction of the Corporation.

NOW THEREFORE the Council of the Corporation of the County of Renfrew hereby enacts as follows:

1. That Public Works and Engineering Department Policy PW-16 Renaming of County Roads, as outlined in Schedule “A” attached to and made part of this By-law, shall form part of the Public Works and Engineering Department Policies and Procedures of the Corporation of the County of Renfrew.
2. That this By-law shall not be interpreted to contradict or violate any statute or regulation of the Province of Ontario.
3. That this By-law shall come into force and take effect immediately upon the passing thereof.

READ a first time this 25th day of August, 2021.

READ a second time this 25th day of August, 2021.

READ a third time and finally passed this 25th day of August, 2021.

DEBBIE ROBINSON, WARDEN

PAUL V. MOREAU, CLERK

Corporate Policies & Procedures			
SECTION: Operations		AUTHOR: Director of Public Works & Engineering	POLICY #: PW-16
POLICY: Renaming of County Roads			APPROVED:
DATE: August 2021	REV. DATE:	COVERAGE: Public Works & Engineering Department	PAGE #: Page 1 of 3

POLICY STATEMENT

The County of Renfrew as a road authority, has a need to ensure that any road naming on a County Road is consistent with the Department's primary objective of providing and maintaining a safe road system.

BACKGROUND

The County of Renfrew, as the road authority having jurisdiction over County Roads, may make and enforce by-laws and policies pertaining to those items that may be placed within the road allowance.

1. The Municipal Act, 2001, as amended, in Section 11 permits a municipality to pass by-laws pertaining to the public assets of the Municipality for the purpose of exercising its authority under the Act, and to pass by-laws pertaining to highways.

DEFINITIONS

For the purposes of this policy the following definitions shall apply:

"Highway" has the same meaning as provided in the Municipal Act, 2001, Section 1 and pertains only to those highways that fall under the control and jurisdiction of the County of Renfrew.

"Road allowance" means the land occupied by the highway.

PROCEDURES

1. Details of the proposed changes and background information where potential improvements to the assigned civic addresses and road names are identified are forwarded to the County of Renfrew, Public Works and Engineering Department along with a Resolution from a lower tier municipality within the County of Renfrew. County staff will investigate

Corporate Policies & Procedures			
SECTION: Operations		AUTHOR: Director of Public Works & Engineering	
POLICY: Renaming of County Roads		POLICY #: PW-16	
DATE: August 2021		APPROVED:	
REV. DATE:		COVERAGE: Public Works & Engineering Department	
		PAGE #: Page 2 of 3	

and advise the Municipal Council regarding implications of proposed changes and prepare a list of all associated property address changes.

2. It is absolutely essential that there be no duplication of civic addresses throughout the County of Renfrew to maintain the integrity of the 9-1-1 system. To avoid road name duplication, all proposed new road names are forwarded to the County of Renfrew, Public Works and Engineering Department to be checked against the County Road Name Registry.
3. Proposed changes and supporting documentation are brought to County Council. County Council decides if an amendment should be considered. If so, County Council passes a Resolution to begin the amendment process and sets out the requirement for the Public Notice to be given. The date and time of the deadline for receipt of any written application to be heard must also be set at this time. It is important that a deadline be set that can be adhered to, such as a time just prior to the commencement of the Hearing.
4. An "Effective Date" will be established that will provide enough time for municipal, County and emergency service staff to implement the required database and mapping revisions. This date would coincide with the installation of property identification number (PIN) signs and intersection signs.
5. Road name changes will require County staff to prepare a Public Notice and draft schedules for the proposed Road Naming By-law amendments and return these to the municipality.
6. Municipal staff will place a Public Notice, including a list of proposed road name changes, in accordance with the requirements established by Council. An optional Open House can also be held during this time.
7. As determined in the Public Notice, property owners may make written requests to be heard by County Council. It is important for written

Corporate Policies & Procedures			
SECTION: Operations		AUTHOR: Director of Public Works & Engineering	
POLICY: Renaming of County Roads		POLICY #: PW-16	
DATE: August 2021		APPROVED:	
REV. DATE:		COVERAGE: Public Works & Engineering Department	
		PAGE #: Page 3 of 3	

applications to be received by the Clerk prior to the advertised deadline, with no exceptions.

8. County Council may hold a Hearing to hear any person who has applied in writing and who claims to be adversely affected by the proposed amendment to the Road Naming By-law. This Hearing must be held after the completion of the Public Notice period.
9. Following the Public Notice period and any Hearing, County Council identifies what revisions, if any, are to be made and amends the Road Naming By-law accordingly. Notice of this decision must be forwarded immediately by fax/e-mail and by mail to the lower tier municipality. It is advisable that the lower tier Council inform affected property owners of the decision.
10. County staff will forward by fax/e-mail and mail a copy of the complete By-law to the lower tier municipality along with any Intersection or PIN Sign orders that are necessary as a result of the changes. The County of Renfrew, Sign Shop will give top priority to all signs that are required for address changes.

APPROVALS

The installation of new Road Signage on County Roads shall be approved by the Operations Committee of County Council and authorized by the passing of a By-law by County Council.

COUNTY OF RENFREW

BY-LAW NUMBER

**A BY-LAW FOR THE EXECUTION OF CONTRACT NO. PWO-2021-18 FOR THE
SUPPLY AND DELIVERY OF DIESEL FUEL, GASOLINE, HEATING OIL AND ABOVE
GROUND STORAGE TANK RENTALS**

WHEREAS The Municipal Act, 2001, S.O. 2001, c25, as amended, requires a municipality to adopt policies with respect to the procurement of goods and services;

AND WHEREAS public tenders were requested for the Supply and Delivery of Diesel Fuel, Gasoline, Heating Oil and Above Ground Storage Tank Rentals under Contract No. PWO-2021-18, in accordance with County of Renfrew Policy GA-01, Procurement of Goods & Services;

AND WHEREAS the tender submitted by W.O. Stinson & Son Limited, Pembroke, Ontario, was reviewed and accepted by the Operations Committee.

NOW THEREFORE the Council of the Corporation of the County of Renfrew hereby enacts:

That the Council of the County of Renfrew approve of the awarding of Contract No. PWO-2021-18 for the Supply and Delivery of Diesel Fuel, Gasoline, Heating Oil and Above Ground Storage Tank Rentals to W.O. Stinson & Son Limited, Pembroke, Ontario, in the amount of \$895,832 plus HST.

That the Warden and Clerk be empowered to do and execute all things, papers and documents necessary to the execution of the said contract.

That this by-law shall come into force and take effect upon the passing thereof.

READ a first time this 25th day of August, 2021.

READ a second time this 25th day of August, 2021.

READ a third time and finally passed this 25th day of August, 2021.

DEBBIE ROBINSON, WARDEN

PAUL V. MOREAU, CLERK

INFRASTRUCTURE DIVISION REPORT

Prepared By: Taylor Hanrath, Acting Manager of Infrastructure

Prepared for: Operations Committee

August 10, 2021

INFORMATION**1. B002 (Bonnechere River Bridge) – Township of Admaston/Bromley Legal Opinion [Strategic Plan Goal No. 2(a)]**

County Structure B002 (Bonnechere River Bridge) was rehabilitated in 2014. The 2014 rehabilitation project generally included scarification, concrete overlay, waterproofing, and paving of the deck; replacement of expansion joints; replacement of bridge barriers and approach guiderail; replacement of bridge bearings; and substructure repairs as needed.

A warranty inspection was completed on the bridge one year following construction; however, nothing of significance was noted. During regular biennial Ontario Structure Inspection Manual (OSIM) inspection of the bridge in 2016, it was noted that pockets of narrow alligator cracks were forming in the asphalt wearing surface of the deck. As this is typically a sign of debonding, or delamination, from the surface below, County staff undertook a sounding of the deck via chain drag to evaluate and map delamination of the wearing surface. A significant amount of delamination was found, most notably along the sides of the wear surface and near the ends of the bridge. Following these findings, a site visit was completed with the Manager of Infrastructure and the Design/Contract Administration (CA) Consultant for the 2014 project. Following this site visit, letters were issued to the Design/CA Consultant, the Contractor, and the Contractor's bonding company for the project identifying that debonding has been observed and that the County would be retaining a consultant to undertake an independent investigation of the issue. Staff began searching for Consultants with experience in such investigations who were not involved in some capacity in the original project. Unfortunately, this took some time and in December of 2017, an opinion was received which identified that the suspected cause of the debonding was the thin asphalt wearing surface over the structure. The design called for 40mm of asphalt over 10mm of

waterproofing, but in areas where debonding was most notable, there was as little as 10 – 20mm of asphalt. Staff continued to monitor the wearing surface of Bonnechere River Bridge and scheduled works in the Asset Management Plan in order to ensure that the deteriorating wearing surface did not accelerate deterioration of any other components of the bridge.

The design for rehabilitation of B002 (Bonnechere River Bridge) has been completed and the contract for rehabilitation has been awarded. As this rehabilitation is premature following the 2014 rehabilitation as a direct result of construction not occurring to design specifications (thin asphalt wearing surface), staff attained a legal opinion regarding whether it may be in the County's best interest to pursue legal action against parties involved in the 2014 project. It has been recommended that legal action not proceed as there are significant costs associated with such action and little likelihood of success.

2. C058 (Constant Creek Culverts) Resident Concerns

Attached as Appendix IN-I is a letter expressing concerns with the proposed replacement of County Structure C058 (Constant Creek Culverts) on Ferguson Lake Road by the County of Renfrew. Also attached as Appendix IN-II is a response letter to the residents who expressed concerns, addressing each identified concern.

Additionally, the Manager of Infrastructure, Taylor Hanrath, and Infrastructure Coordinator, Brett Kidd, met with these residents on July 30, 2021. Mr. Hanrath and Mr. Kidd further discussed the residents' concerns, provided further information on the project, and discussed the need to temporarily occupy a portion of the residents' property during construction. The residents were happy to see the project moving forward and did not express further concern with the project.

3. County Road 52 (Raglan Street South) Works for Town of Renfrew

Rehabilitation of County Road 52 (Raglan Street South) continues to be undertaken by the Town of Renfrew's Contractor. Staff have met with the Town and/or their Contract Administrator, Jp2g Consultants Inc., on three occasions to discuss the project.

On May 25, 2021, Director of Public Works and Engineering, Lee Perkins, and Manager of Infrastructure, Taylor Hanrath, met with staff from the Town of Renfrew and Jp2g Consultants Inc. to discuss a request by the Town to reconstruct this area of County Road 52 for an additional cost of \$786,036.87. Mr. Perkins and Mr. Hanrath identified that the Agreement in place clearly identified the contribution by the County or Renfrew to the project and that additional unplanned and unbudgeted works were not to proceed. The Asset Management Plan and 2021 budget identified milling and paving of asphalt, curb repairs and drainage upgrades for this section of road, which was used to develop the County's contribution to the project. The project was to commence works on May 31, 2021.

On June 10, 2021, Mr. Hanrath and Capital Project Coordinator, Justin Schauer, met with Jp2g Consultant Inc. staff to review the condition of curbs. A walkthrough was completed and measurements were taken of any additional curb replacement needs. An additional 5.1 metres of curb was identified as requiring replacement over what was estimated by County staff in 2019. The additional curb repairs are as expected in the two years since the original estimate was completed, and Jp2g Consultants Inc. was notified that the additional curb repairs were acceptable.

On July 14, 2021, Mr. Hanrath and Mr. Schauer met with Jp2g Consultants Inc. staff to walk through the project as milling of the roadway had been completed. While on site, staff discussed cracking in the milled surface, which may lead to reflection cracking in the new asphalt in two to three years. County staff anticipated this type of future deficiency and will seal cracks as they occur in the future. Staff also discussed repairs required to a catchbasin/manhole structure, which will require replacement of some concrete risers and covering. The catchbasin works may have slight additional costs; which will be determined once the scope of the repairs is confirmed.

4. B180 (Hurds Creek Bridge) Project Update

Rehabilitation of County Structure B180 (Hurds Creek Bridge) is nearing completion. The structure is anticipated to be opened to traffic on August 9, 2021, approximately three weeks ahead of schedule.

During the month of July, nine different residents called the Department of Public Works and Engineering to discuss the structure, some calling multiple times.

Six residents raised concerns regarding farming equipment's ability to cross the narrower bridge. Each of these residents were assured that the bridge width was designed to meet Ontario Ministry of Transportation (MTO) guidelines and should pass most large farm tractors and their equipment. One resident identified the width of their equipment would exceed the width of the bridge. This resident was met with at their farm, their equipment was measured, and it was confirmed it would in fact pass over the bridge. One of these six residents also raised concerns regarding plowing over the structure, this resident was assured that there are other similar single lane structures in the County which are plowed using typical plow trucks.

One resident called to raise concerns that they typically walk over the bridge and are concerned that traffic would cross while they are walking. This resident was assured that all required safety signage and implements will be in place for the single lane bridge and traffic and pedestrians should not cross a single lane bridge at the same time.

Two residents called about the bridge, however stated they did not have concerns and were only calling because their neighbour requested that they contact the County.

5. County Road 512 (Foymount Road) Property Purchases Update

Property purchase negotiations are continuing onward. The four residents previously identified as not willing to negotiate have now become more receptive and a positive outcome is expected from the negotiation process.

Twelve Agreements to purchase have been executed. Eighteen Agreements have been drafted, are under review by the property owners, and are expected to be finalized in the near future with only minor changes anticipated on some. Eighteen negotiations are ongoing pending further review, meetings on site, and input from our Design Consultant.

RESOLUTIONS

6. **County Road 51 (Petawawa Boulevard) – Additional Engineering Fees [Strategic Plan Goal No. 2 (b)]**

Recommendation: THAT the Operations Committee recommend that the additional fees letter for County Road 51 Intersections from Doran Road to Garrison Petawawa, dated July 14, 2021 as submitted by AECOM, identifying additional design costs associated with change in scope of design be approved; AND FURTHER THAT an Amendment to PWC-2020-48 and Purchase Order be issued for the additional services.

Background

Attached as Appendix IN-III is a letter dated July 14, 2021 from AECOM identifying changes to the proposed improvements as part of the design for intersection improvements along County Road 51 (Petawawa Boulevard) at the intersections of County Road 26 (Doran Road), Portage Road, and County Road 55 (Paquette Road)/Garrison.

The letter identifies deliverables and tasks which were included in the original proposal for PWC-2020-48 but are no longer required, as well as additional tasks/deliverables that are required that were not accounted for in the original proposal. These additions and deletions from the original scope of work are primarily attributed to the recommendation that a roundabout is the most effective solution for improving traffic flows at the intersection of County Road 51 (Petawawa Boulevard) and County Road 26 (Doran Road). The balance of costs for the deleted and added works is an additional \$86,649 for the overall assignment. Staff confirm that there are sufficient funds available under the Infrastructure Management budget to complete this additional work as outlined.

7. **C197 (Etmanskie Swamp Culvert) Project Update [Strategic Plan Goal No. 2 (a)]**

Recommendation: THAT the Operations Committee recommend that design for rehabilitation of County Structure C197 (Etmanskie Swamp Culvert) cease; AND FURTHER THAT the replacement of C197 (Etmanskie Swamp Culvert) be planned and budgeted for 2022.

Background

Attached as Appendix IN-IV is a letter from J.L. Richards & Associates (JLR) regarding the design for rehabilitation of C197 (Etmanskie Swamp Culvert).

Etmanskie Swamp Culvert was scheduled for rehabilitation in the form of extensive concrete patching and installation of erosion control measures in 2021. Staff issued a Request for Proposal (RFP) for the detailed design for rehabilitation due to the significant cost that would be associated with replacement of the structure due to the size of the culvert and depth of cover over it. As the cracking and spalling within the structure appeared repairable, rehabilitation was anticipated to be the most cost-effective solution for the structure. Given the similarity of anticipated rehabilitation, the RFP included design for rehabilitation of both C197 (Etmanskie Swamp Culvert) and C252 (Vanderploegs Culvert). The Proposals were received and the assignment was awarded to JLR under the signing authority of the Chief Administrative Officer and following the guidelines of Corporate Policy GA-01 – Procurement of Goods and Services. JLR has since completed detailed inspections of both structures in support of their designs.

Through detailed review, JLR has identified that Etmanskie Swamp Culvert is significantly under designed and was not properly constructed for the loading applied by the amount of cover over the structure. After further review, JLR has identified that the scope of rehabilitation required on Etmanskie Swamp Culvert in order to meet design loads for the structure is not cost effective, as rehabilitation would require full excavation of the structure. As a result, replacement of the structure has been identified as a longer lasting, more cost effective solution. However, replacement of the structure will require additional design, additional time for design, a greater budget than that which was budgeted in 2021, and more time for procurement of the replacement of the structure. As a result, there is insufficient construction season remaining for replacement of C197 (Etmanskie Swamp Culvert) this year, and it is recommended to be budgeted in 2022 in an amount identified once detailed design for replacement and detailed cost estimate has been completed.

Design for rehabilitation of C252 (Vanderploegs Culvert) is currently being finalized and is anticipated tendering will occur in August and construction in September and October.

8. Retaining Wall along County Road 512 (Queen Street) near Killaloe Baptist Church [Strategic Plan Goal No. 2(a)]

Recommendation: THAT the Operations Committee direct staff to solicit the services of an Engineering firm to undertake recommendations and design for a most cost-effective retaining wall system along County Road 512 (Queen Street) near Killaloe Baptist Church.

Background

On February 9, 2021, staff advised Operations Committee that an Agreement had been presented to Township of Killaloe, Hagarty, and Richards staff for cost sharing of replacement of collapsed stone retaining wall near the retaining wall located along County Road 512 (Queen Street) and Coll Street. Staff also advised that the plan was to undertake the replacement of the collapsed retaining wall with a continuous reinforced concrete retaining wall in the 2021 construction season.

The Public Works and Engineering Department issued an RFP to solicit the services of a qualified Geotechnical Engineering firm to undertake an investigation of the subsurface conditions surrounding the structure. The assignment was awarded to GEMTEC Consulting Engineers and Scientists in the amount of \$7,000 on March 11, 2021, under the signing authority of the Manager of Infrastructure, as per Corporate Policy GA-01 – Procurement of Goods and Services. GEMTEC completed the investigation of the subsurface conditions at the site and submitted a finalized geotechnical report on June 4, 2021. This report was required to provide designers with the subsurface conditions of the site so that a structural design for the wall could be completed.

Given the relative simplicity of the project, it was anticipated that a Design-Build contract for reconstruction of the wall would provide the most cost-effective solution for replacement of the retaining wall. A Request for Proposal PWC-2021-46 for Design-Build Services for reconstruction of the retaining wall was issued to six companies. Proposals were received until 2:00 p.m., Tuesday, July 13, 2021, and one proposal was received. The lone submission, by a joint venture between HP Engineering Incorporated (HP) and Bonnechere Excavating Incorporated (BEI), proposed the design and construction of an 'L wall' non-reinforced concrete retaining wall in the

amount of \$173,000. Staff have reviewed the proposal and feel that the proposed total cost far exceeds expectations for this project.

Staff have further discussed and reviewed options internally for replacement of the retaining wall and recommend that the services of an Engineering Consultant be solicited for design of a retaining wall that may be cost effectively installed by the County Day Labour forces. It is anticipated that a precast solution may be most cost effective should our own forces undertake the construction project.

To County Council and the County Road Superintendant: 12/06/21

It has recently been brought to my attention from the Greater Madawaska Township that Renfrew County is in charge of replacing the culverts on the Ferguson Lake Road project.

I have some concerns about this endeavour & I will express them and would like to hear from you about such, if you would be so kind as to contact me.

Why must the culverts be replaced??? I admit I am no expert on the pressures & stress levels the steel culverts can withstand at the age they are; but I have boated, swam, skated and walked through the 2 culverts, below our home at 1356 Ferguson Lake Road and they certainly seem to be to the naked eye quite sound.

I have been told these are to be replaced by cement culverts because culverts cannot be closed on the bottom as steel multiplated culverts are : this is because turtle ,fish ,snakes and frogs need an open bottom to properly live. QUESTION ???? How did these poor creatures survive the last 25 years or so with the steel,closed bottom culverts; please explain that to a rational taxpayer.

I understand to replace the steel closed bottom culverts with cement ones will take 3 - 4 weeks and the road will be closed. This does not really inconvenience our family but for many who must travel to work and such each day it is a big inconvenience.

If one could replace the old steel culverts,(although I think that unnecessary) with new closed bottom steel culverts the road need not be closed for more than two or three days.

How could this be accomplished???

The multiplated steel culverts could be assembled in the adjacent field and any needed aggregates for the job could also be stockpiled nearby.

A crane capable of lifting out the old culverts could also be located at the sight, along with a highhoe and on the day the job begins ,when the high hoe has excavated the old culverts,the crane could remove them on to a truck and trailer to be taken to the adjacent field for dismantling and later to be taken away and the steel recycled.

Why do I believe this two day scenario is possible??? It is because a number of years ago I worked with Smith's Construction of Arnprior and we did exactly as I have described. If you need a supervisor to handle the job & to see it is done on time and properly you could contact Allan Smith former owner of the aforementioned construction company ,he resides in Arnprior.

For the poor environmentalists who need open bottomed culverts so the snakes ,frogs, turtles etc. can lay eggs and such, perhaps they should visit the site and see that the steel bottom of the steel culverts presently are covered with sand and gravel which the Spring flood of Constant Creek deposits every year. I am not meaning to be critical of your endeavours but I hate spending our tax money on non needed items and outrageous costs put forth because of well meaning friends of the environment who have escalated costs to ridiculous heights.

Please reply and give me an approximate cost of the construction as well as all the consultant fees as I know these things should be costed out before any contract is ever awarded

I doubt the Canadian Pacific Railway or the St. Lawrence Seaway let alone Mountain Chute or Barrett Chute Dams on the Madawaska River could even be built today or it would take 5x's as long to construct them because of over zealous environmentalists.

Respectfully



Wilf O'Brien 1356 Ferguson Lake Road ph. 613-432-8701

Appendix IN-II

June 18, 2021

Wilf O'Brien
1356 Ferguson Lake Road
Renfrew, ON K7V 3Z7

Dear Mr. O'Brien,

**RE: Culvert Replacement on Ferguson Lake Road – C058 (Constant Creek Culverts)
Township of Greater Madawaska**

Thank you for your letter dated June 12, 2021 outlining your concerns with the County's upcoming replacement of County Structure C058 (Constant Creek Culverts). Please see below response to each of the concerns you had identified in your letter.

This County Structure has been flagged for replacement as it is reaching the end of its service life. Cracks along the bolt line of each culvert were first noted during a biennial inspection undertaken in 2016. Prior to this inspection, no cracks had been present, the sudden appearance of the cracks was a sign that increased deterioration was occurring that could likely accelerate if left unchecked. Annual inspection took place from 2016 onward in order to monitor the cracks which continued to occur. In 2018, narrow cracks along the haunches of the culverts were noted, this typically happens as corrugated steel pipes corrode and deteriorate, having less strength to withstand the surrounding pressures and loads. Due to the ongoing deterioration, Constant Creek Culverts has remained scheduled for replacement this year in the County's Asset Management Plan. Additionally, road works are planned on Ferguson Lake Road by Greater Madawaska in the near future and it would be beneficial to have this poor condition structure replaced prior these works being undertaken to avoid having to cut into the new road soon after paving.

The existing twin Structural Plate Corrugated Steel Pipe Arches (SPCSPAs) are planned to be replaced with twin, closed bottom, concrete box culverts. Replacement with similar sized SPCSPAs was evaluated during preliminary design for this structure; however, replacement with twin concrete boxes was evaluated as the preferred alternative for a number of reasons as outlined below:

- Design Life – the existing SPCSPAs have lasted quite a while; however, given the cost of replacement of this structure, a longer lasting design alternative is preferred. A concrete box culvert provides a much longer design life of 75 years and allows for relatively easier and less costly rehabilitation to occur in the future in order to further delay replacement. The life-cycle costs of the concrete box and SPCSPA alternatives were reviewed and compared during preliminary design.

- Environmental – The flat bottom of the box culverts allows for greater area along the bottom of the pipes to be infilled with the natural stream bottom and slows flow during peak events.
- Schedule – Your suggestion of construction of two SPCSPAs in a nearby field and installation via crane is welcomed but unfortunately unrealistic given the size the pipes to be installed. There is a significant risk of damage or failure during lifting with SPCSPAs of this size and a significant lift radius would be required for the crane to remain stationary while lifting and placing the pipes. Precast box culverts are preferred to limit road closure time where larger culverts are required as they are much quicker to install than assembling SPCSPAs in location. 3 – 4 weeks is anticipated for replacement with the box culverts where 5 – 6 weeks was anticipated for the SPCSPA alternative.
- Ease of Install – Installation of box culverts requires much less labour effort by our construction personnel as there is not 100s of bolts to be installed, tightened, and checked as there would be for the SPCSPA replacement.

Although we do strive to improve or maintain the natural environment on all of our projects, and this one is no different, it is not the only thing considered when evaluating replacement alternatives.

The County has budgeted \$715,000 for replacement of C058 (Constant Creek Culverts). Much of the design is being undertaken in house, with engineering review services solicited, and construction is planned to be undertaken in house as well. A Class C cost estimate was completed during preliminary design which anticipated that we should remain within our budget for this project.

I hope the above sufficiently addresses all of your concerns regarding this project. Please let me know if you should have any further questions or concerns regarding this or other County of Renfrew projects.

Yours truly,

Lee Perkins, MBA, C.E.T.
Director of Public Works & Engineering
lperkins@countyofrenfrew.on.ca

c. Taylor Hanrath, Acting Manager of Infrastructure
Township of Greater Madawaska

Taylor Hanrath
Acting Manager of Infrastructure
County of Renfrew
THanrath@countyofrenfrew.on.ca

July 14, 2021

Project #	Client Reference:
60641586	PWC-2020-48

Dear Mr. Hanrath:

Subject: County Road 51 Intersections from Doran Road to Garrison Petawawa

Changes to the proposed improvements as part of the CR 51 project have resulted in deletions and additions to our original workplan. Deletions were:

- Complete preliminary signal design and complete final signal design
 - New traffic control signals for the Doran-Mohns and Petawawa Boulevard intersection were eliminated in favour of installation of a roundabout.
 - The County recently upgraded the traffic controller at the intersection of Portage-Victoria and Petawawa Boulevard and no intersection upgrades are planned requiring signal design.
 - Temporary traffic control signal design, during construction at roundabout locations will be the responsibility of the contractor.
- Tender process assistance (optional deletion)
 - Should construction not proceed by the County at this time, this item would not be required.

Additions were:

- Preliminary design of roundabouts including preliminary design of utilities and coordination with utility companies:
 - Initial consultation with utility companies revealed a number of recent and ongoing projects with potential conflicts on the Garrison roundabout, including fibre-optic cable, gas and power conduits. The Enbridge District Station in the northeast quadrant of the intersection was to be relocated by the utility. AECOM is working closely with Enbridge to locate the new District Station outside of any roundabout or multi-use pathway construction. In addition, the road grade on Petawawa Boulevard and Paquette Road was examined to avoid excavation in the vicinity of road crossings by the fibre-optic cables. Garrison Petawawa provided information on their utilities, including the buried high voltage power line.
 - Traffic re-assessment with updated traffic volumes and assumptions for the Garrison Roundabout indicated that two lanes north-south through the roundabout would help reduce queuing and delays. The preliminary design was updated to add this capacity and to check the fastest path speeds in all directions. The WB-20 design vehicle was checked for all approaches.

- The Doran-Mohns-Petawawa roundabout required extensive investigation of possible approach alignments for the roads, accommodating pedestrians, cyclists, and trail users and routes for the trail. Constraints included existing pole locations, property corners, fuel truck movements at the Shell station, existing buildings and proposed site plans. In addition, fastest path movements were critical due to the alignment constraints. Design iterations and discussions regarding constraints were needed to reach a recommended solution.
- Drainage assessment was more complex with the changes to the proposed designs.
- Addendum to EA for change in the Recommended Plan including consultation
 - With a change to the Recommended Plan approved as part of the EA, an addendum is required. This includes posting an assessment of the change on the web site and undertaking consultation. Danielle Kelly, AECOM's Environmental Planner, will lead this effort.
- Electrical lighting design for roundabout instead of a traffic control signal
 - Expanded streetlighting design is needed to illuminate the roundabouts including the curved approaches, the pedestrian and cyclist crossings.
- Additional survey for roundabout requirements
 - At the Doran-Mohns-Hilda roundabout, the topographic survey work needed to be extended in all directions to capture the approaches to the roundabout.
- Traffic analysis for new roundabout
 - The proposed roundabout at Doran-Mohns-Petawawa required investigation of a number of alternative layouts to understand the operational needs of the area.
- Analysis for discussions with Town
 - The Town of Petawawa had specific concerns with respect to site plans, property accesses, the safety of Trail users, cyclists and pedestrians that required additional research and analysis to address.
- Detail design for new roundabout and change to 2-lanes for Garrison roundabout including adjustments for major utilities and planned upgrades
 - The Garrison roundabout was illustrated as a single lane roundabout in the Environmental Study Report (ESR). With further projection of traffic volumes, it was noted that the north-south movement would approach capacity and reduce the operational efficiency and increase queuing at the roundabout. Two lanes in the north-south direction were proposed matching the future widening of Petawawa Boulevard and Menin Road. As in the ESR, the roundabout was positioned as far north as practical while avoiding the berm and monuments in the northwest quadrant; however, the two-lane roundabout is larger than a single lane version. There were challenging horizontal and vertical alignment constraints along Paquette Road & Festubert Boulevard, which constrained how far north the roundabout could be situated to reach flatter ground. With the two-lane roundabout, the grade at the roundabout needed to drop to properly transition from the existing steep grade on Petawawa Boulevard into the roundabout while maintaining sight distance at pedestrian/cyclist crossings. Grading required detailed reviews and refinements to achieve reasonable crossfalls to meet driver expectations and roundabout guidelines.
 - For the Garrison roundabout, coordination with the Garrison and their design for Festubert Boulevard was required as their work was proceeding at the same time as the design of the Garrison roundabout. The Festubert design did not consider the ESR


roundabout due to the uncertain timing of construction. The roundabout design changes the horizontal and vertical alignments of Festubert Boulevard with some overlap unavoidable.

- The detail design for the Doran-Mohns-Petawawa roundabout has complex requirements as described under the preliminary design. Property access was a key concern that required assessment with AutoTurn and consultation. Landscaping of the inner area was also required.
- ECA for existing storm sewer
 - During a meeting with the Ministry of the Environment, Conservation and Parks, it was discovered that the existing storm sewer system in the vicinity of the Trail and Doran-Mohns-Petawawa intersection did not have an ECA (Environmental compliance Approval). The County of Renfrew asked that AECOM complete an ECA application for this existing infrastructure to get the review underway before an application is submitted for the ECA for the new infrastructure.
- Additional meetings and consultation
 - With the additional work, more meetings with the County and other stakeholders are required to discuss input on the roundabouts.
 - The Garrison roundabout requires a more detailed review of the tie-in to the proposed construction of Festubert Boulevard.
- Detail cost estimate for new roundabout
 - The cost estimate for the roundabout is more intensive than a signal improvement with grading, pavements, sidewalks, landscaping, illumination, storm drainage, utility relocations and trail crossings

The revised workplan to include these changes is provided below.

This scope change request totals \$86,649.00 with the noted deletions and additions. We would be happy to discuss this in more detail with you.

Sincerely,
AECOM Canada Ltd.



Valerie McGirr, P.Eng.
Senior Project Manager



Zoran Zivkovic, P.Eng.
Vice President

VM:vm
cc: file

Yellow indicates cells with new tasks or new people

Proposed Work Plan and Cost for Detail Design of Petawawa Blvd (CR 51) from Doran Road to Garrison Petawawa

Tasks	Person-Hours																	Task Hours	Task Fees	Disbursements and Subconsultants
	Laurisse Huijter, Project Manager	Michael Flainek, Project Director and Traffic Lead	Emmanuel Agostino, Int. Design Engineer	Rikke Brown, SWM/Storm Design	John Breward, Reety Jaggi Ratra, Signals/lighting	Electrical Designers	A. Becking, Streetscape; D.Kelly, Env. Planner	Haider Talib, Traffic Engineer	Clara Champalle, Climate Change Lead; Jacques Langlois, GHG Lead	Technical Support	Project Reviewers-D.Gray, B.Kolesnik, V.McGirr, P.Frigon	Administrative staff	Senior Geotechnical	Int Geotechnical	Technologists/Drafter	Adam Kasprzak, Lead Surveyor	Survey Crew (2 persons)			
Hourly rate	\$135	\$230	\$96	\$117	\$172	\$106	\$104	\$90	\$98	\$85	\$200	\$85	\$205	\$145	\$85					
1.0 Investigations and reports																				
1.1 Manage project and team; Consult Stakeholders	60											14						74	\$ 9,290.00	\$ 200.00
1.1.1 Additional management & consultation	30	16	6								4	4						60	\$ 9,572.00	
1.2 Review Recommended Plan on site	2		8				2											12	\$ 1,246.00	
1.3 Refine road design with input from County and others	4	8	12					12		8	1							45	\$ 5,492.00	
1.3.1 Prepare preliminary design of roundabouts	24	40	120					12				4						200	\$ 25,380.00	
1.3.2 Prepare addendum to EA for new roundabout	8		8				40			16	16	4						92	\$ 10,908.00	
1.3.3 Undertake EA consultation (public, Council, other stakeholders)	4	24	8				40				24	4						104	\$ 16,128.00	
1.4 Complete preliminary design and masterplan for Streetscape	2	1					50											53	\$ 5,700.00	
1.5 Undertake Drainage/SWM investigation/reporting	1			56						28	1	4						90	\$ 9,607.00	
1.6 Complete preliminary design of illumination	2				14	60					1							77	\$ 9,238.00	
1.6.1 Additional for roundabout vs lighting at signal					6	16												22	\$ 2,728.00	
1.7 Complete preliminary signal design	1	3			75	198		4			1							282	\$ 35,273.00	
1.7.1 Complete preliminary signal design (delete)					-75	-198		-4			-1							-278	\$ (34,448.00)	
1.8 Review preliminary design with utility companies	2		4		8													14	\$ 2,030.00	
1.8.1 Update preliminary design for underground gas, hydro	2		12															14	\$ 1,422.00	
1.9 Undertake geotechnical and environmental field reviews	2						8							6	32			48	\$ 4,692.00	\$ 10,500.00
1.10 Report on geotechnical and environmental findings	4						6								14			56	\$ 7,234.00	\$ 700.00
Subtotals 1.0	148	92	172	62	28	76	146	24		52	47	34	4	34	46			965	\$ 121,492.00	\$ 11,400.00
2.0 Topographic Surveys																				
2.1 Undertake survey, prepare base plans and review	2		8															10	\$ 1,038.00	\$ 14,000.00
2.2 Undertake additional survey for roundabout																			\$ -	\$ 4,000.00
Subtotals 2.0	2		8															10	\$ 1,038.00	\$ 18,000.00
3.0 Climate Lens Assessment and Reports																				
3.1 GHG Mitigation Assessment									15	48	2							65	\$ 5,950.00	
3.2 GHG Reporting	2								6	16	2							26	\$ 2,618.00	
3.3 Climate Change Resilience Assessment									30	52	2							84	\$ 7,760.00	
3.4 Climate Change Reporting	2								10	15	2							29	\$ 2,925.00	
Subtotals 3.0	4								61	131	8							204	\$ 19,253.00	\$ -
4.0 Transportation Study																				
4.1 Undertake traffic counts and review		2						5										7	\$ 910.00	\$ 2,500.00
4.2 Prepare traffic diagrams, existing and future	1	4						12		4								21	\$ 2,475.00	
4.3 Complete traffic analysis for existing and future	1	8						36										45	\$ 5,215.00	
4.3.1 Complete traffic analysis for new roundabout	1	16					40				2	4						63	\$ 8,155.00	
4.4 Prepare draft and final reports	1	12					42			4	1							60	\$ 7,215.00	
4.4.1 Address Town comments and concerns		16					16											32	\$ 5,120.00	
Subtotals 4.0	4	58						151		8	3	4						196	\$ 23,970.00	\$ 2,500.00
5.0 Detail Design Plans																				
5.1 Complete road detail design; Prepare construction drawings	12	2	120							96								230	\$ 21,760.00	
5.1.1 Detail design adjustments for major utilities/2 laning	4	8	100							80		4						196	\$ 19,120.00	
5.1.2 Detail design of new roundabout	8	16	160							120	8	4						316	\$ 32,260.00	
5.2 Complete final design of illumination	1				25	30					2							58	\$ 8,015.00	
5.3 Complete final signal design	1	4			50	80		4			2							141	\$ 18,895.00	
5.3.1 Complete final signal design (delete)	-1	-4			-50	-80		-4			-2							-141	\$ (18,895.00)	
5.4 Finalize SWM/drainage design	1			28						16	2							47	\$ 5,171.00	
5.5 Detail Design Plans Streetscape	2						24											26	\$ 2,766.00	
5.6 Prepare construction staging	4	4	12					6		14								40	\$ 4,342.00	
5.7 Assess constructability	2										6							8	\$ 1,470.00	
5.8 Complete quality rev.; Submit design to County	2	2									1							5	\$ 930.00	
5.9 Revise Detail Design as per comments from County	2		4							16								22	\$ 2,014.00	
5.10 Complete quality reviews; Prepare documentation for approvals	2	2		8						8	4							24	\$ 3,146.00	
5.10.1 Prepare ECA for existing storm system	1			16						8	4	4						33	\$ 3,827.00	
5.11 Review approvals with County, finalize, submit (e.g. MECP)	4			4														8	\$ 1,008.00	
Subtotals 5.0	45	34	396	56	25	30	24	6		358	27	12						1013	\$ 105,829.00	\$ -
6.0 Specifications and Documents for Tendering																				
6.1 Prepare Contract Packages (drawings, specs, tender docs)	8		30							16	2							56	\$ 5,720.00	
6.2 Prepare detailed cost estimate & construction schedule	4	1	8							16								29	\$ 2,898.00	
6.2.1 Prepare detailed cost estimate for new roundabout	4	1	8		1	8				16	1	4						43	\$ 4,458.00	
6.3 Prepare Plan Quantity Payment Sheets	1		6							2								9	\$ 881.00	
6.4 Complete quality review; submit		2									4	4						10	\$ 1,600.00	
Subtotals 6.0	17	4	52		1	8				50	7	8						147	\$ 15,557.00	\$ -
7.0 Assistance and Advice During Tendering																				
7.1 Assist County During Tender Process	10		6															16	\$ 1,926.00	
7.1.1 Tender Process assistance (delete)	-10		-6															-16	\$ (1,926.00)	
Subtotals 7.0	10		6																\$ -	\$ -
8.0 Attendance at Meetings																				
8.1 Attend/document (start, utilities, agencies, Tr. Study, 60%, 90%)	30	6	25	8	15		2											86	\$ 11,554.00	
8.1.1 Additional meetings		12									6							18	\$ 3,960.00	
Subtotals 8.0	30	6	25	8	15		2											104	\$ 15,514.00	\$ -
Totals for Detail Design & Contract Documents	260	194	659	126	69	114	172	181	61	599	92	58	4	34	46			2639	\$ 302,653.00	\$ 31,900.00
Original																				
Totals for Detail Design & Contract Documents	175	61	243	104	187	368	92	121	61	359	36	22	4	34	46			1913	\$ 220,004.00	\$ 27,900.00
Fees + Disb.																				\$334,553.00
Total with tax																				\$247,904.00
Scope Change Request																				\$86,649.00

July 27, 2021
Our File No.: 29321-006

Appendix IN-IV

VIA: E-MAIL

Mr. Justin Schauer
Capital Projects Coordinator
County of Renfrew
9 International Drive
Pembroke, ON K8A 6W5

Dear Mr. Schauer:

Re: C197 Etmanskie Swamp Culvert - REV.00

The purpose of this letter is to summarize the findings of the analysis and review of the Etmanskie Swamp Culvert (Structure C197).

BACKGROUND

The Etmanskie Swamp Culvert is a 48m long, 3.5m wide and 1.85m high cast-in place concrete box culvert. The structure is located on Combermere Road and supports two lanes of traffic with an average AADT of 2653, 10% of which is estimated to be commercial truck traffic. The structure was built in 1985 and has approximately 6-8m of fill above.

In April of 2021, J.L.Richards & Associates Limited (JLR) was retained to provide consulting engineering services to the County of Renfrew (the County) for the rehabilitation of the Etmanskie Swamp Culvert. JLRs scope of work of this project is summarized as follows:

Task 100 – Project Start Up

- Meet with the County for project kick-off.

Task 200 - Investigation

- Review background documentation including previous reports, OSIMs, base plans and utilities.
- Conduct a visual and tactile investigation of the structure and take on-site field measurements to confirm relevant dimensions.

Task 300 – Preparation of Detailed Design Plans

- Retain a qualified subconsultant to perform a Species at Risk investigation and prepare a DFO Request for Review.
- Using the information gathered, assess the severity and extent of deterioration of the barrel and prepare a preliminary design plan.
- Prepare a staging and traffic management plan for staged of closed-loop detour options during construction.

Mr. Justin Schauer, County of Renfrew

- Prepare Detailed Design Plans
- Coordinate with the County through the design process to determine the preferred option.

Task 400 – Tendering

- Prepare tender documents and submit to the County with 90% detailed design drawings, as well as detailed design cost estimate construction schedule matrix and any other supporting document required by the County to secure approval for tender.

Task 500 – Tendering and Contract Administration/Full Time Field Services

- Provide final Tender Ready Contract Documents and assistance during the tendering process.
- Provide Contract Administration services during construction.

SITE REVIEW AND OBSERVATIONS

On April 23rd, 2021 Tyler Clemens, P.Eng., and Karl Jakel, EIT, of J.L. Richards & Associates Limited (JLR) conducted a detailed visual review and sounding of the structure. The findings of the review are summarized as follows:

- The existing three wire guiderail does not meet current roadway safety codes given the widths of the roadway shoulders (approximately 3m on the West shoulder and 2.9m on the East shoulder); however, if the guiderail has been performing adequately, it may remain till the end of its service life. A code compliant guiderail (steel beam guiderail) could be installed as part of this project, or at a later date.
- The faces of both the inlet and the outlet were noted to be severely disintegrated and require partial depth concrete repairs, with soffit end repairs required at the inlet to an approximate length of 300mm.
- The reinforced concrete barrel showed signs of degradation (cracks, spalls, scaling, honeycombing, etc.) as follows:

South Wall:

- Four (4) vertical cracks near the waterline, approximately 600mm long and generally ranging from 1mm in width at the top up to 15-25mm in width at the bottom.
- A horizontal crack with an active leak near the inlet waterline, approximately 300mm long and 2mm wide.
- Scaling in five (5) locations, approximately 1.2m² total.
- Severe honeycombing in two locations near the soffit, approximately 1.5m² total.

North Wall:

- Three (3) vertical cracks near the waterline, approximately 600mm long and 1mm wide each.
- A horizontal crack with an active leak near the inlet, approximately 900mm long and 2mm wide.
- 0.3m x 0.15m spall near waterline.

Soffit:

- A 10m long and 1mm wide crack running in line with the length of the barrel.
- A 3m long and 0.5mm wide crack running in line with the length of the barrel.
- Severe honeycombing, approximately 10.8 m² across several locations.

Mr. Justin Schauer, County of Renfrew

- Scaling, approximately 1.8m² across between 2 locations.
- Flexural cracks near the approximate location of maximum load (roadway and fill above) and visible deflection of the slab.
- The bottom slab is severely deteriorated and exhibits severe scaling throughout.
- The inlet was obstructed by a beaver dam at the time of the review.

Given the presence of the flexural cracks and the deflection of the slab, it was JLRs professional opinion that the concrete culvert may not have adequate capacity under its current loading and required further investigation to determine its capacity.

Following a discussion with the County, JLR retained XRadar to perform a concrete scan of the walls and soffit of the culvert to determine the spacing, depth and size of reinforcement. Additionally, Vector Corrosion Technologies was retained to perform bond tests on the culvert in order to determine if Carbon Fibre Reinforced Polymer (CFRP) could be used to reinforce the structure.

ANALYSIS

Based on the visual review and the information gathered by subsequent investigations, the following information formed the basis of our analysis. Where required, conservative assumptions were made:

- Overall dimensions and layouts are per the visual review.
- Reinforcing steel in the roof slab and walls are per the Enhanced Structural Survey Report by XRadar, dated June 3rd, 2021.
- Assumed material strengths are per the recommendations of section 14.7.4 'Strengths based on date of construction' of CSA S6-19 Canadian Highway Design Code. A steel strength 300 MPa and a concrete strength of 20 MPa were used for the analysis.
- Due to the magnitude of the fill above the culvert in relation to the magnitude of the traffic load, the traffic load was accounted for by adding an additional 0.8m of fill per section 6.12.5 'Surcharge' of CSA S6-19 Canadian Highway Design Code.
- The capacities of the cross-sections were analyzed per CSA A23.3-14 Design of Concrete Structures.

Loading

The loads on the structure were determined using an assumed soil density of 22 kN/m³ and a height of fill of 6.8m over the structure (6m of fill + 0.8 allowance for traffic live loads). The following factors were applied in accordance with sections 3.5.1 & 7.8.5.1 for at-rest earth pressures on the top and sides of the culvert:

Earth Pressure Factor (applied to both vertical and horizontal loads)	1.25
Vertical Arching Factor (per	1.35
Horizontal Arching Factor, minimum and maximum	0.25 & 0.5

Mr. Justin Schauer, County of Renfrew

Earth pressure on the box structure was applied as a uniformly applied distributed vertical pressure and as linearly varying horizontal pressure. The reaction pressure on the bottom of the box was assumed to be uniformly distributed.

A structural model was prepared using Sap2000 to determine the demand on the structure from the imposed load of the soil above. Hand calculations were used to validate the model outputs.

The factored moment at the midspan of the roof slab was found to be 196.4 kN*m and the factored moment at the walls was found to be -260.6 kN*m.

Capacity

The bending capacities of the walls and roof slab were determined in accordance with CSA A23.3-14 Design of Concrete Structures. Bending capacities were determined based on the cross-sections at the midpoint of the slab for positive bending and at the walls for negative bending, using a 1m strip.

The bending capacity at the midspan was determined for 300mm deep slab with 20M bars at 200mm centers and 45mm of concrete cover. Using the assumptions noted above, the capacity at the midspan was found to be approximately 87 kN*m.

The bending capacity at the corners was determined for assuming 300mm deep slab with 15M bars at 200mm centers and 114mm of concrete cover plus the added depth from the haunches. Using the assumptions noted above, the positive capacity at the corners was found to be 86kN*m.

Results

The demand / capacity ratios at the midspan and corners of the structure are summarized below:

Midspan, D/C	2.26
Corner, D/C	3.03

CSA S6-19 limits the amount that the capacity of a structure can be increased with use of CFRP by 65% of its original capacity. Given the amount of additional capacity that the structure would require, reinforcing the structure with CFRP from the underside is not a viable option. In order to properly reinforce the top slab would need to be thickened by approximately 600mm from the topside. This would require excavating down to the top of the culvert in order to complete the repairs. Additionally, the overall condition of the culvert appears to be the result of poor workmanship and adds uncertainty to the capacity and integrity of the structure.

Given the depth of excavation that would be required to carry-out the repairs and the poor workmanship of the structure, it is JLRs opinion that replacing the more cost-effective solution would be to replace the structure entirely. It is recommended that temporary supports (shoring posts) be installed the length of the culvert until such time that the culvert is replaced. Temporarily shoring the structure is a short-term solution and the supports should be monitored periodically to ensure they remain active. Should the supports be removed, damaged or displaced JLR recommends the roadway be closed.

Mr. Justin Schauer, County of Renfrew

CONCLUSION

Based on the result of the detailed visual review, concrete scanning and subsequent analysis, it is JLRs professional opinion that the Etmskie Swamp Culvert is severely under designed and rapidly deterioration due to poor workmanship. Due to the depth of excavation required to reach the top of the structure and the uncertainty involved in the workmanship, it is recommended that the structure be replaced entirely, as this would likely be the most cost-effective solution. Additionally, it is recommended that the structure be temporarily supported and that the supports be monitored periodically until such a time that it can be replaced.

Should you have any questions or concerns feel free to contact the undersigned directly.

Yours very truly,

J.L. RICHARDS & ASSOCIATES LIMITED

Prepared by:

Reviewed by:

Karl Jakel, EIT
Structural Engineering Intern

Tyler Clemens, P.Eng.
Structural Engineer

OPERATIONS DIVISION REPORT

Prepared by: Richard Bolduc, A.Sc.T., Manager of Operations

Prepared for: Operations Committee

August 10, 2021

INFORMATION**1. Summer Operations****a) Roadside Mowing**

The roadside mowing program is well underway with most roadways having been cut once. Additional roadside mowing is continuing at those locations where there is a greater need to improve visibility.

b) Annual Pavement Marking Program

The contractor, Almon Equipment Limited, Toronto, Ontario, commenced work on June 1, 2021 and the maintenance line painting is anticipated to be completed by August 30, 2021. The Capital Works line painting is anticipated to continue until the end of the construction season. The contract consists of the painting of the longitudinal pavement markings (i.e. yellow centerlines and white edge lines) on County roads, as well as restoring the pavement marking for all capital projects.

c) Weed Control

The contractor, Wagar and Corput Weed Control Inc. completed the noxious weed control works along County of Renfrew roadsides between June 21 and July 21, 2021. Public notices were published in all local newspapers and all the local Municipalities were notified.

BY-LAWS**2. PWO-2021-27 – Water Truck [Strategic Plan Goal No. 3]**

Recommendation: THAT the Operations Committee recommend that County Council approve that Contract PWO-2021-27 for the purchase of a water truck be awarded to Eastway Tank, Pump & Meter Ltd., Ottawa, Ontario in the amount of \$199,500 plus applicable taxes; AND FURTHER THAT County Council pass a By-law to Authorize Execution of the Contract.

Background

Tenders were requested and received for the purchase of a new water truck as follows:

	Submitted Amount
1. Eastway Tank, Pump & Meter Ltd., Ottawa, ON	
Bid 1	\$199,500
Bid 2	\$222,000

Staff reviewed the tender results for all the procurements and confirm there is sufficient funds in the departmental budget to complete the purchase as tendered. The tenders were processed in accordance with County of Renfrew Corporate Policy GA-01 Procurement of Goods and Services.

COUNTY OF RENFREW

BY-LAW NUMBER

**A BY-LAW FOR THE EXECUTION OF CONTRACT PWO-2021-27 FOR THE SUPPLY
AND DELIVERY OF ONE WATER TRUCK**

WHEREAS The Municipal Act, 2001, S.O. 2001, c.25, as amended, requires a municipality to adopt policies with respect to the procurement of goods and services;

AND WHEREAS public tenders were requested for the supply and delivery of one Water Truck, under Contract PWO-2021-27 in accordance with County of Renfrew Corporate Policy GA-01 Procurement of Goods and Services;

AND WHEREAS the tender submitted by Eastway Tank, Pump & Meter Ltd., Ottawa, Ontario was reviewed and accepted by the Operations Committee.

NOW THEREFORE the Council of the Corporation of the County of Renfrew hereby enacts:

1. That the Council of the County of Renfrew approve the awarding of Contract PWO-2021-27 for the supply and delivery of one Water Truck as submitted by Eastway Tank, Pump & Meter Ltd., Ottawa, Ontario in the amount of \$199,500 plus applicable taxes.
2. That the Warden and Clerk be empowered to do and execute all things, papers and documents necessary for the execution of the said contract.
3. That this By-law shall come into force and take effect upon the passing thereof.

READ a first time this 25th day of August 2021.

READ a second time this 25th day of August 2021.

READ a third time and finally passed this 25th day of August 2021.

DEBBIE ROBINSON, WARDEN

PAUL V. MOREAU, CLERK