



GENERAL GOVERNMENT SERVICES COMMITTEE AGENDA

Thursday, April 28, 2022 at 11:00 a.m.

By video conference – The meeting will be live streamed on YouTube at the following link:
<https://www.youtube.com/channel/UCCx9vXkywflJr0LUVkKnYWQ>

Land Acknowledgement Statement

We would like to begin by respectfully acknowledging that Dufferin County resides within the traditional territory and ancestral lands of the Tionontati (Petun), Attawandaron (Neutral), Haudenosaunee (Six Nations), and Anishinaabe peoples.

We also acknowledge that various municipalities within the County of Dufferin reside within the treaty lands named under the Haldimand Deed of 1784 and two of the Williams Treaties of 1818: Treaty 18: the Nottawasaga Purchase, and Treaty 19: The Ajetance Treaty.

These traditional territories upon which we live and learn, are steeped in rich Indigenous history and traditions. It is with this statement that we declare to honour and respect the past and present connection of Indigenous peoples with this land, its waterways and resources.

Roll Call

Declarations of Pecuniary Interest by Members

PUBLIC QUESTION PERIOD

To submit your request to ask a question, please contact us at info@dufferincounty.ca or 519-941-2816 x2500 prior to 4:30 p.m. on April 27, 2022.

REPORTS

1. GENERAL GOVERNMENT SERVICES – April 28, 2022 – ITEM #1
2021 Health and Safety Review – Annual Report

A report from the Director of People and Equity, dated April 28, 2022, to provide an update on the health and safety activities for the year 2021, as well as 2019 and 2020.

Recommendation:

THAT the report of the Director of People & Equity, dated April 28, 2022, regarding the 2021 Health and Safety Review Annual Report, be received.

2. GENERAL GOVERNMENT SERVICES – April 28, 2022 – ITEM #2
SARS CoV2 (COVID-19) Pandemic After Action Report

A report from the Manager – Preparedness, 911 & Corporate Projects, dated April 28, 2022, to present the after-action report into the community wide response to the COVID-19 pandemic.

Recommendation:

THAT the report of the Manager – Preparedness, 911 & Corporate Projects, dated April 28, 2022, with respect to SARS CoV2 (COVID-19) Pandemic After Action Report, be received.

3. GENERAL GOVERNMENT SERVICES – April 28, 2022 – ITEM #3
Next Generation 9-1-1 Authority Service Agreement

A report from the Manager – Preparedness, 911 & Corporate Projects, dated April 28, 2022, to seek approval from Committee and Council to enter into a contract with Bell Canada to provide Next Generation 9-1-1 services.

Recommendation:

THAT the report of the Manager - Preparedness, 911 & Corporate Projects, dated April 28, 2022, regarding Next Generation 9-1-1 Authority Service Agreement, be received;

AND THAT the Warden and Clerk be authorized to enter into 9-1-1 Authority Service Agreement with Bell Canada.

4. GENERAL GOVERNMENT SERVICES – April 28, 2022 – ITEM #4
Municipal Emergency Readiness Fund (MERF) – Grant Request

A report from the Manager – Preparedness, 911 & Corporate Projects, dated April 28, 2022, to present a grant request to Committee and Council for funding to assist the Township of Amaranth with the acquisition and installation of a back-up generator at its Public Works facility.

Recommendation:

THAT the report of the Manager – Preparedness, 911 & Corporate Projects, dated April 28, 2022, regarding a Municipal Emergency Readiness Fund – Grant Request for the Township of Amaranth, be received;

AND THAT the Municipal Emergency Readiness Fund Grant Request for the Township of Amaranth in the amount of \$7,900, be approved.

5. GENERAL GOVERNMENT SERVICES – April 28, 2022 – ITEM #5
Compensation Policy for Public Members on Advisory Committees

A report from the Clerk, dated April 28, 2022, to approve an amendment to Policy No. 1-2-02 – Committee Structure and Mandates to include compensation for public members of advisory committees.

Recommendation:

THAT the Report from the Clerk, dated April 28, 2022, titled Public Committee Member Compensation, be received;

AND THAT the amendments to Policy No. 1-2-02 – Committee Structure and Mandates, be approved.

6. GENERAL GOVERNMENT SERVICES – April 28, 2022 – ITEM #6
Joint Compliance Audit Committee

A report from the Clerk, dated April 28, 2022, to provide information on a request to administer a Joint Compliance Audit Committee for the 2022 – 2026 Council Term.

Recommendation:

THAT the report from the Clerk, dated April 28, 2022, titled Joint Compliance Audit Committee, be received.

7. GENERAL GOVERNMENT SERVICES – April 28, 2022 – ITEM #7
Procedural By-Law Review

A report from the Clerk, dated April 28, 2022, to inform Committee that staff have started a review of the Procedural by-law for the 2022 – 2026 Council Term.

Recommendation:

THAT the report from the Clerk, dated April 28, 2022, regarding the Procedural By-law Review, be received.

8. GENERAL GOVERNMENT SERVICES – April 28, 2022 – ITEM #8
School Bus Stop-Arm Camera Program – Report 4

A report from the Clerk, dated April 28, 2022, to provide an update to council regarding implementing a school bus stop-arm camera program.

Recommendation:

THAT the report of the Clerk, dated April 28, 2022, regarding School Bus Stop-Arm Camera Program – Report 4, be received.

9. GENERAL GOVERNMENT SERVICES – April 28, 2022 – ITEM #9
Council Remuneration Review

A report from the Clerk, dated April 28, 2022, to seek direction regarding Council remuneration for the next term of Council 2022 to 2026.

Recommendation:

For consideration of Committee.

10. GENERAL GOVERNMENT SERVICES – April 28, 2022 – ITEM #10
Financial Report

A report from the Manager of Finance, Treasurer, dated April 28, 2022, to provide Committee with a quarterly financial summary.

Recommendation:

THAT the Financial Report for the first quarter of 2022, dated April 14, 2022, be received.

CORRESPONDENCE

11. GENERAL GOVERNMENT SERVICES – April 28, 2022 – ITEM #11 Donation to Ukraine

Correspondence from Shirley Tait, dated April 21, 2022, seeking clarification regarding donation guidelines in response to Council's donation to Ukraine.

Recommendations:

THAT the correspondence from Shirley Tait, dated April 21, 2022, regarding the Council donation to Ukraine, be received.

Next Meeting

Thursday, May 26, 2022 at 11:00 a.m.

Video Conference

REPORT TO COMMITTEE

To: Chair Creelman and Members of General Government Services Committee

From: Rohan Thompson, Director of People and Equity

Meeting Date: April 28, 2022

Subject: **2021 Health and Safety Review – Annual Report**

In Support of Strategic Plan Priorities and Objectives:

Good Governance – ensure transparency, clear communication, prudent financial management

Service Efficiency & Value – determine the right services for the right price

Purpose

The purpose of this report is to provide an update on the health and safety activities for the year 2021, as well as 2019 and 2020.

Background & Discussion

In an effort to keep Council aware of the initiatives being taken by the County in relation to health and safety, this report will summarize training, Joint Health and Safety Committee activities, incidents and injuries, and special projects that took place in 2021. In addition, it will outline objectives for 2022.

Training

In 2021, 276 county and municipal staff attended training in-person or via an e-learning platform. See Figures 1, 2 and 3 for a breakdown by training course. In 2020, 287 staff received training, and 553 received training in 2019. Individual municipal training records are available on the Health and Safety SharePoint, as provided by each municipality to the Health and Safety Advisor. Health and Safety Orientation and WHMIS training is provided to all new county and municipal staff.

Figure 1: Health and Safety Orientation Training Completed by Organization

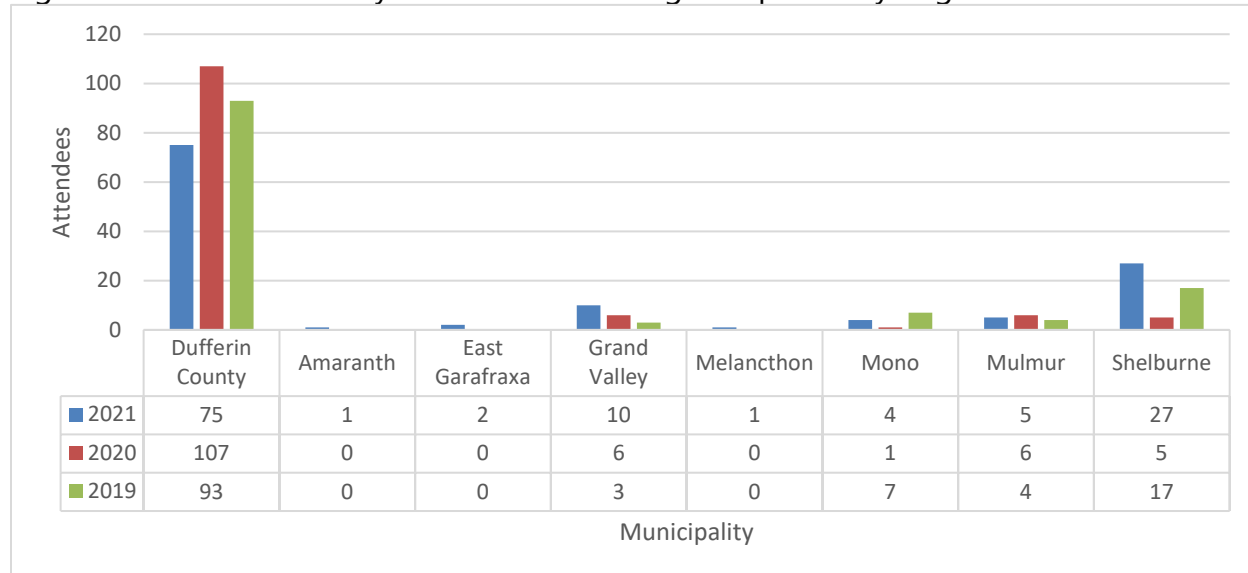
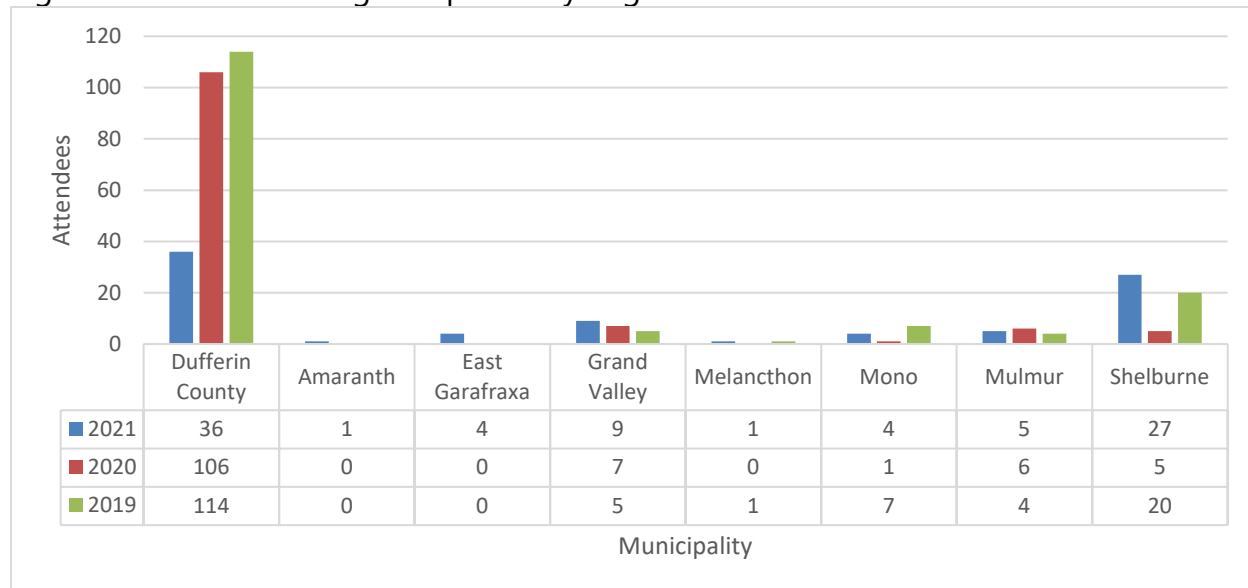


Figure 2: WHMIS Training Completed by Organization



It should be noted that Dufferin Oaks manages parts of their industry specific training on a separate platform, and in 2021 they moved their WHMIS training to that platform. Dufferin Oaks continues to use the county platform for the Health and Safety Orientation.

The following chart shows the breakdown of training by course. Numbers include both employees of Dufferin County and the member municipalities.

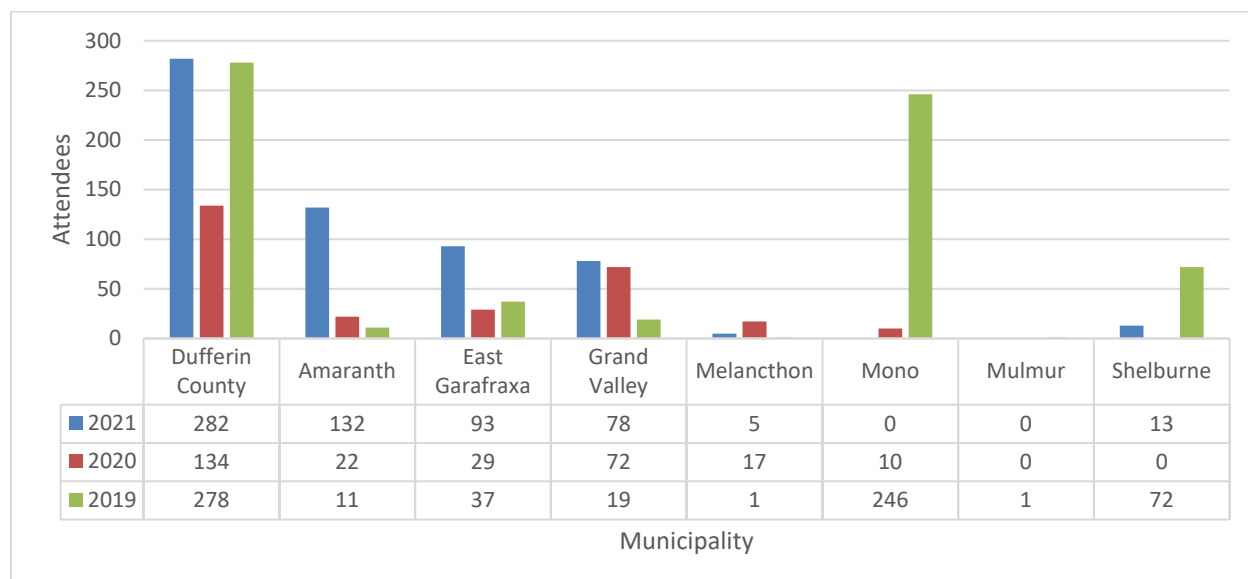
Figure 3: Health and Safety Training Breakdown by Course

Training Course	2021	2020	2019
Basic Chainsaw	0	2	0
Confined Space Entry	0	2	0
Ergo - Office	0	0	36
Ergo -JHSC ID Hazards	0	0	15
Ergo Managing Hazards	0	0	16
Ergo Staff Training (MMH, Vehicle)	0	0	37
First Aid Full Course	28	1	50
First Aid Recertification	3	0	5
Health and Safety Representative	1	5	0
Incident Reporting Investigation	0	1	0
Integrated Accessibility Standards Regulations	0	3	0
JHSC – workplace specific	0	3	3
JHSC Pt 1	0	1	1
Knife Safety	0	0	2
Lifts Truck Certification	8	0	0
Propane	0	0	10
Roadway Management	0	0	2
Supervisor Health and Safety Awareness	4	1	3
Thompson Steamer	0	0	10
Traffic Protection	0	0	11
Worker Health and Safety Awareness	15	18	44
Working at Heights Refresher	5	0	0
Workplace Violence	0	0	33

Safety Talks

In 2021, there were 603 recorded attendees at Safety Talks throughout Dufferin County and the lower tier municipalities. In 2020, there were 284, and in 2019 there were 665 attendees. The breakdown by municipality is shown below. A wide array of topics were chosen as appropriate by the supervisors or health and safety representatives leading the Safety Talks for each division. Individual records for Dufferin County and member municipalities can found on SharePoint.

Figure 4: Completed Safety Talks by organization



Joint Health and Safety Committees

The County has two separate committees, one focusing on Dufferin Oaks, and the other, a multi-site committee, focusing on all remaining County workplaces. Both committees have put an effort into maintaining the workplace inspection program for their respective workplaces.

County Multi-Site Committee

In 2021, the multi-site committee completed 84 inspections, with 38 hazards noted. The most common hazards identified were safety hazards involving the equipment, materials, or procedure in use. There are 3 outstanding hazards from 2021 and workplace inspections were conducted each month.

Dufferin Oaks

Dufferin Oaks Joint Health and Safety Committee (JHSC) completed 10 inspections, as scheduled for 2021. From those inspections, 101 concerns were noted with 14 outstanding at the end of 2021 related to capital budget. These items remain with senior management for future capital budget consideration.

Incidents and Injuries

County-wide, there were 132 incidents reported to the Health and Safety office in 2021. Of those 132 incidents, 127 of them occurred in Long Term Care and 5 occurred in the remaining County departments. It is important to note the incidents identified in both Long Term Care and other municipal departments vary due to the nature of the work and the associated hazards. The most frequently reported type of incident in Long Term Care involve injuries due to 'resident action'. These incidents occur when a resident injures a worker by actions such as grabbing, pinching, punching, or scratching staff, and pose the most significant challenge to mitigate.

In 2021, no critical incidents were reported and investigated by the County Multi-Site Joint Health and Safety Committee (MJHSC). One field visit was done by Ministry of Labour in 2021 with no orders issued. One critical incident was reported and investigated by the Dufferin Oaks JHSC. Recommendations were made to management as a result of the investigation and corrective action was implemented.

Amendments to Workplace Hazardous Materials Information System (WHMIS)

The amendments to the WHMIS Regulation came into effect on January 21, 2019. Ontario has completed the transition from WHMIS 1988 to WHMIS 2015. We updated all of our training in line with WHMIS 2015.

COVID-19

In early 2020, the SARS-CoV-2 virus created unprecedented challenges for Health and Safety systems around the world. Hazard analysis and risk assessments were completed for all departments, and appropriate personal protective equipment was sourced as required. A safety plan was created in compliance with O. Reg. 641/20 and the Province of Ontario's COVID-19 Response Framework, which included information and resources on awareness, screening, controlling the risk of transmission, procedures to follow if workplace exposure is identified, management of new risks, and regular review. Some County staff were temporarily redeployed, and following provincial guidelines, many were able to begin working remotely.

The County of Dufferin created an Infection Prevention and Control Policy, and associated procedures concerning cleaning and sanitizing, physical distancing, personal protective equipment, screening, and reporting. An Employee Toolkit was created to help employees understand the County's internal strategy and protocols.

The document included several key areas of focus, including health and wellness information and community supports, the new virtual health and safety board, and site-specific measures. Five COVID-related safety talks were created and delivered to staff.

COVID protocols remained in place through the entirety of 2021. In October 2021, the County of Dufferin implemented a vaccination policy requiring all employees to be fully vaccinated.

Achievements

The following is a list of other notable achievements by the County and member municipalities with respect to the Health and Safety program:

- Promoted and developed employee wellness initiatives including #WellnessWednesday posts on SharePoint, and lunchtime yoga hosted weekly over zoom
- Tracking of training documents, incidents, and inspections as received
- Policies were reviewed and updated to ensure compliance with legislative requirements
- New hires were provided with health and safety training modules to complete
- Fire Safety Plan Training was provided to all County staff

2022 Goals

The following is a list of some on-going and planned initiatives for the County and its member municipalities with respect to the Health and Safety program in 2022:

- Continue with Risk Analysis process
- Continue Fire Safety Plan approvals from fire departments
- Draft new policies and review and update existing policies
- Review training matrix to determine gaps, analyse position requirements, and facilitate required training and recertifications
- Familiarize with and support the county and the member municipalities operations and responses to the pandemic

Financial, Staffing, Legal, or IT Considerations

There are no financial, staffing, or legal impacts resulting from this report.

Recommendation

THAT the report of the Director of People & Equity, dated April 28, 2022, regarding the 2021 Health and Safety Review Annual Report, be received.

Respectfully Submitted By:

Rohan Thompson
Director of People & Equity

Prepared By:
Kira Gowanlock
Health and Safety Advisor



REPORT TO COMMITTEE

To: Chair Creelman and Members of the General Government Services Committee

From: Steve Murphy, Manager – Preparedness, 911 & Corporate Projects

Date: April 28, 2022

Subject: **SARS CoV2 (COVID-19) Pandemic After Action Report**

In Support of Strategic Priorities:

Good Governance (GG) - ensure transparency, clear communication, prudent financial management

Sustainable Environment and Infrastructure (SEI)- protect assets both in the natural and built environment

Purpose

The purpose of this report is to present the after-action report into the community wide response to the COVID-19 pandemic.

Background & Discussion

On March 26, 2020, the County of Dufferin declared an emergency in accordance with the Emergency Management and Civil Protection Act to respond to the threat posed by the SARS CoV2 pandemic. This emergency declaration remained in effect until March 1, 2022. During that time, more than 4,000 Dufferin County residents contracted COVID-19 and 54 died.

In accordance with By-law 2013-54, Emergency Response Plan By-Law, an after-action review is required following all significant incidents. Given the magnitude of this emergency a consulting firm was retained to conduct a series of after-action interviews and prepare a final report for the Emergency Management Program Committee. On February 23, 2022, Plannix Operations presented their findings to a meeting of the Joint Emergency Management Program Committee.

Included in the report are a total of 93 recommendations divided into the following 10 categories:

- Plans & Procedures
- Incident Management System
- Coordination & Governance
- Long-Term Care, Retirement & Congregate Living
- Virtual Workplace/Information Technology
- Resources & Logistics
- Communications
- Training & Exercises
- Recovery
- General Observations

Of the 93 recommendations presented in the report many were to continue current practices or procedures. This is a testament to the ability of all of the various stakeholder groups to come together for the well-being of the community.

Staff are currently reviewing the recommendations to identify priority items and determine what resources will be required to implement the necessary improvements. These priority items will be presented to the Emergency Management Program Committee and will form the basis of future preparedness projects.

The full after-action report is attached.

Financial, Staffing, Legal and IT Consideration Impact

There are no financial, staffing, legal or IT considerations as a result of this report.

Recommendation

THAT the report of the Manager – Preparedness, 911 & Corporate Projects, dated April 28, 2022, with respect to SARS CoV2 (COVID-19) Pandemic After Action Report, be received.

Respectfully submitted,

Steve Murphy
Emergency Management Coordinator

Reviewed by: Sonya Pritchard, Chief Administrative Officer

Attachment: COVID-19 Debriefing of Municipal Partners Summary Report



COVID-19

Debriefing of Municipal Partners

Summary Report



Photo courtesy Dufferin County

Prepared by: Plannix Operations

February 23, 2022

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Executive Summary

In December 2019, a newly detected coronavirus (COVID-19) was reported by the World Health Organization (WHO) China Country Office. By March 2020, the WHO declared COVID-19 viral disease a pandemic. Over the period from early 2020 to present day (January 2022), Ontario experienced 5 waves of COVID variants differing in their transmissibility and severity but all causing significant adverse effects on the health and wellbeing of residents and their communities. Public health measures such as mandatory masking in indoor settings, stay-at-home orders and working from home were instituted, phased out, and then reintroduced depending on the severity of the variant. Fortunately, vaccines were discovered and introduced and their strong protective effects have significantly reduced the risk of severe illness, hospitalization and death from the virus. The fifth wave of the Omicron variant is still ongoing resulting in an unprecedented number of new daily hospital admissions that exceeded maximums over the past week.¹

With the onset of the COVID-19 pandemic, governments, businesses, and society have experienced massive transformational change in all aspects of life. Municipalities had to develop new service delivery models and adapt operations and protocols to adhere to evolving public health and workplace safety measures while ensuring the health and safety of their residents, staff and external partners. To respond to and manage this escalating situation, Dufferin County activated the Emergency Operations Center (EOC) on March 10, 2020. By March 17, the County was largely operating remotely from home with the exception of essential services such as Fire, Dufferin County Paramedic Services, child services, public works and senior management. The County of Dufferin declared an Emergency in accordance with the *Emergency Management and Civil Protection Act* on Thursday, March 26, 2020.

Following any significant incident or emergency or during a prolonged incident or emergency, municipalities and agencies usually conduct a formal debriefing with key stakeholders to discover strengths, weaknesses and opportunities for improvements. As the pandemic has been active for a prolonged period, the County of Dufferin felt that the fall of 2021 was an opportune time to review and reflect upon the many actions taken and lessons learned to date. Consulting firm Plannix Operations was engaged to undertake this review. In-person and virtual debriefings were held with municipal stakeholders that the County stipulated.

Based on the discussions with the stakeholders, the following general themes were identified:

- Plans and Procedures
- Coordination and Governance
- Incident Management System (IMS)

¹ Omicron wave may have peaked, but ICU numbers still rising steeply, says Dr. Theresa Tam, Chief Public Health Officer of Canada, CTV News, January 23, 2022

- Virtual workplace/Information Technology
- Resources and Logistics
- Communications
- Training and Exercises
- Recovery

While the health sector had existing pandemic or outbreak plans to help coordinate their responses, because much was unknown about COVID and the scope and duration of the pandemic, the various agencies had to be flexible and agile to adapt. The need to regularly review and update these plans has been recommended, along with necessary training of staff.

Similarly, the current Dufferin County Emergency Response Plan was a strong tool for organizing and coordinating the County's response to the pandemic. It was key for bringing all of the stakeholders together in an organized manner. Years of relationship building by the County's Community Emergency Management Coordinator (CEMC) with the stakeholders, including regular training and emergency exercise participation was highlighted by all who were interviewed as being supremely beneficial in the well-coordinated response. This high level of trust, collaboration and cooperation among the multi-faceted and diverse agency representatives had been built and nurtured over the years. These excellent working relationships served as a critical pre-condition for achieving an effective, nimble and resilient emergency response that is still ongoing. It is recommended that working groups for congregate living, emergency social services, health and agriculture be formalized to ensure ongoing situational awareness and relationship building. Furthermore, continued efforts to maintain existing and build new relationships amongst the stakeholder agencies who support the community are strongly recommended.

The general consensus from the stakeholders who participated in the debriefings was that the COVID pandemic is so broad with such enormous impacts on society that not one plan could have effectively managed and governed the response.

While some of the stakeholder agencies did have Business Continuity Plans (BCP) or Continuity of Operations Plans (COOP) prior to the onset of the COVID pandemic, no plans were capable of managing the massive disruption to day-to-day operations. Key amongst the issues was the need to adopt virtual workplace (work-from-home) strategies for almost all functions, save for those that required in-person services (e.g. healthcare, long-term centres, retirement homes, congregate living, emergency services) or that were primarily outdoor work without direct contact with other people (e.g. public works). For staff who lived in rural areas, broadband internet service was either poor or non-existent, presenting greater challenges to undertaking work-from-home.

The Incident Management System (IMS) is a standardized approach to emergency management used in Canada, the United States and other parts of the world to bring personnel, facilities, equipment, procedures and communications together within a

common organizational structure. While the Incident Management System worked well for managing the pandemic emergency in the healthcare sector, staff turnover and inexperience in an Emergency Operations Centre environment did present some struggles. Some municipalities noted that they had more success with IMS than others, especially the smaller ones with fewer staff. A greater emphasis on Emergency Operations Centre and Incident Management System training, coordinated communications and Continuity of Operations planning are recommended.

Governance was challenging for the County, local area municipalities, the Medical Officer of Health, the Wellington/Dufferin/Guelph Health Unit, the Dufferin/Caledon/Peel/Halton Local Health Integrated Network (LHIN), hospitals, public and private long-term care and retirement homes, congregate settings, shelters and other external stakeholders. Key amongst this was the sentiment that Provincial coordination was disjointed, confusing and lacking. Established channels and protocols were not used, new guidance and information (at times, conflicting) were continually being provided to responding agencies, often with little notice, no consultation, confusion, and negligible time to pivot for implementation. For the municipalities, it was reported that the Provincial Emergency Operations Centre (PEOC) of Emergency Management Ontario (EMO) seemed to be missing from the coordination and response despite the exceptional efforts of the Bruce Sector Field Officer. In particular, the relationship between the PEOC and the new top-driven “Command Table” is not defined nor does it reflect past emergency planning and response practices, operations and training.

Another issue that arose was that during the COVID pandemic, the province introduced a new system (COVAX) for Public Health Units (PHU) to use that, it appears, duplicates existing systems. Public Health Units in Ontario already use a variety of established information systems for managing outbreaks and health issues. Consequently, the mid-stream introduction of a new system presented a new challenge, as PHU personnel suddenly had to undertake new training in the midst of an ongoing emergency.

The long-term care (LTC), retirement homes and congregate living sector were particularly challenged by the COVID pandemic. The LTC’s focused on outbreak management and meeting staffing shortages throughout the duration of this emergency. Two privately run facilities in Dufferin County experienced significant outbreaks and a high rate of resident fatalities early in the pandemic.

For retirement homes, the lack of mandatory requirements for regulated professional nurses to provide care for residents resulted in Personal Support Workers (PSW) having to meet those needs. This included providing medical supports such as drug dispensing. With limited integration and coordination in the province of the various ministries and regulations for the retirement home sector and uneven oversight and enforcement, the potential for gaps in resident care exists.

As has been widely reported, the ability to sustain staffing levels in long-term care (LTC) facilities during the pandemic was increasingly difficult. A provincial mandate that

Personal Support Workers (PSWs) could no longer work in more than one facility plus the need for staff to isolate if they had been exposed or contracted COVID put a further strain on an already stressed system. To manage the care of LTC residents, staffing schedules were constantly being adjusted and management personnel stepped in to support the care.

At the onset of COVID, it appears that the congregate living sector was not sufficiently considered and guidance and support fell through the cracks. Consequently, one of the worst outbreaks in Dufferin County occurred in such a facility. To help relieve this issue, the Wellington-Guelph-Dufferin Public Health Unit working with Dufferin County support, established a focused team to help address the outbreaks in congregate care.

Stakeholder agencies and sectors reported that at the beginning of the pandemic the sudden increase in requirements to provide staff with personal protective equipment (PPE) proved to be a significant challenge. Existing stockpiles had expired and were not sufficiently replenished. To best manage the demand, in Dufferin County, the Ontario Health Team assumed a coordinating role as the PPE conduit while Dufferin County assumed the logistics role for centralized PPE sourcing. Headwaters Health Care Centre had a stockpile and a reliable supplier and they centralized the storage of the stockpile. Stakeholders collaborated on a PPE plan for best use/value for PPE supply and distribution.

With new guidance continually being provided to all sectors, the need to keep staff up-to-date was an ongoing challenge. Various tactics were employed to keep everyone informed as best as possible. Public information needed to be timely and accurate to successfully implement public health measures and maintain day-to-day government services. In Dufferin County, in-person Council meetings were moved to virtual, a first for Ontario. Once the County had approval to proceed virtually, they found that the response was positive and that greater resident participation occurred.

Communicating to constituents by elected officials is a critical role. It was found during the pandemic emergency that Dufferin Council was not very familiar with what an emergency declaration entails and specifically what powers the declaration bestows. Providing additional guidance to Council as well as establishing appropriate communication protocols is recommended.

As the COVID pandemic continues for over 2 years now, exhaustion and compassion fatigue has become an ongoing concern, especially in the healthcare sector. Staff in all of the stakeholder groups have been fairly resilient, but there is no indication when pressures will start to decrease. The vast majority of stakeholders however, displayed tremendous team work, comradery and good will to serve the betterment of the community.

Generally, the stakeholders felt that the overall response at the community level in Dufferin County has been fairly successful given all of the unknowns, disruptions and changes. County staff should be commended for their professionalism, unwavering

commitment to performing their duties and serving the public, and for demonstrating flexibility and resilience during an uncertain and at times frightening emergency which is not yet over.

Appendix B summarizes all of the recommendations contained throughout the body of this report.

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1. Introduction

Following any significant incident or emergency or during a prolonged incident or emergency, municipalities and agencies usually conduct a formal debriefing with key stakeholders to discover strengths, weaknesses and opportunities for improvements. The County of Dufferin has undertaken this review in response to the COVID-19 pandemic emergency that began in late 2019 and is continuing to this date. As the pandemic emergency has been underway for over two years now, Dufferin County felt that the fall of 2021 was an opportune time to review and reflect upon the many actions taken and lessons learned. This report consolidates these actions and lessons into one document to inform next steps and further the continuous improvement journey for County staff and community agencies.

2. Background

Winter 2020

Infection Protection and Control Canada reported on December 31, 2019 that the World Health Organization (WHO) China Country Office was informed of three people with pneumonia connected to a cluster of acute respiratory illness cases in Wuhan City, Hubei Province of China. Like SARS-CoV and MERS-CoV, the newly detected coronavirus (SARS CoV-2) has a zoonotic source, however, human to human transmission had been confirmed.

On March 11, 2020 the WHO declared COVID-19 viral disease a pandemic. The Director-General of the World Health Organization held a media briefing on March 11, 2020 reporting that *“in the past two weeks, the number of cases of COVID-19 outside China has increased 13-fold, and the number of affected countries has tripled.... There are now more than 118,000 cases in 114 countries, and 4,291 people have lost their lives.... We have therefore made the assessment that COVID-19 can be characterized as a pandemic... We have never before seen a pandemic sparked by a coronavirus. This is the first pandemic caused by a coronavirus”*².

A small number of Ontario residents began testing positive for Covid-19, mostly those returning from international travel. On February 11, a 77-year-old male became the first known person to die of COVID-19 in the Province of Ontario. Wellington Dufferin Guelph Public Health announced the first confirmed case of COVID-19 in Dufferin County on March 16, 2020.

Shortly after, the Toronto Medical Officer of Health recommended that all residents who travel outside Canada should self-isolate for fourteen days. March 16 brought restrictions to long-term care homes, allowing essential visitors only³.

² WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020

³ “What Ontario got right- and wrong – in Covid 10 battle”, the Toronto Star, July 18, 2020

First Province of Ontario Emergency Declaration

On March 17, 2020, based on the advice of Ontario's Chief Medical Officer of Health and other leading public health officials, the Province of Ontario declared an emergency under section 7.01 (1) of the *Emergency Management and Civil Protection Act*. Under the Act, an emergency "... means a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise."

Emergency orders were then issued by the Province of Ontario to protect the health, safety and welfare of Ontarians. This declared provincial emergency was in effect for 129 days, ending on July 24, 2020. Forty-seven emergency orders were issued and amended as needed to protect Ontarians to address challenges in the following 5 areas:

- limiting spread of COVID-19
- supporting continuity of critical services
- supporting business
- supporting vulnerable sectors
- providing cost relief to Ontarians

On April 27, 2020, Ontario released *A Framework for Reopening our Province* outlining the criteria the Chief Medical Officer of Health and other health experts would use to advise the government on loosening of public health measures. It also established guiding principles, such as a stage-by-stage approach for the safe, gradual reopening of places of business, services and public spaces that had been required to close or limit their services.

This emergency declaration remained in effect until June 24, 2020 when the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*, was introduced.

Although the emergency was terminated, The *Reopening Ontario Act* provided the Ontario government with flexibility to address the ongoing risks of the pandemic by allowing the government to amend, extend or revoke existing emergency orders under sections 7.0.2 and 1.2 of the Emergency Act. On October 30, 2020, 34 of approximately 50 initial orders remained in effect subject to extensions of 30 days at a time⁴. The orders under Reopening Ontario remained in force until January 20, 2021.

Second Province of Ontario Emergency Declaration

On January 12, 2021, the Province of Ontario declared a second provincial emergency in response to the doubling of COVID-19 cases in two weeks, the threat of collapse in the hospital system and the alarming risk posed to long-term care homes due to high transmission rates. A Stay-at-Home provincial-wide emergency order was also issued

⁴ COVID-19 Preparedness and Management, Special Report on Emergency Management in Ontario – Pandemic Response, Office of the Auditor General of Ontario, November 2020, pg. 2-3.

on January 14, 2021 requiring everyone to remain at home with the exception of essential purposes such as groceries or health care services, for exercise or for essential work. Businesses were also required to ensure that employees work from home wherever possible⁵.

Thirty-five emergency orders were issued in addition to those remaining in effect under the *Reopening Ontario Act* and were designed to respond to the rapid increase of COVID-19 cases and to address concerns associated with the new COVID-19 variants of concern. The declaration remained in place until February 9, 2021.⁶

Third Province of Ontario Emergency Declaration

In response to the rapid increase in COVID-19 transmission and risks posed by variants of concern and the pressure on hospital capacity, the Ontario government, in consultation with the Chief Medical Officer of Health (CMOH) declared a third provincial emergency under section 7.0.1 of the *Emergency Management and Civil Protection Act* (EMCPA) on April 7, 2021.

This declared provincial emergency enabled Ontario to introduce emergency orders to introduce new public health and workplace safety measures to respond to the third wave of the COVID-19 pandemic. The Ontario Government also issued a province-wide Stay-At-Home Order in effect Thursday, April 8, 2021 for a four-week period. These new orders were in addition to those remaining in effect under the *Reopening Ontario Act* and the two emergency orders made during the second provincial emergency.

The declaration remained in effect for a 56-day period ending on June 2, 2021 given the downward trend in COVID-19 case numbers and steady improvement in hospital system capacity. The Province introduced the *Roadmap to Reopen*, a three-step plan to safely and cautiously reopen and gradually ease public health and workplace safety measure in effect⁷.

Ontario Moves to Step Three of Roadmap to Reopen

The Ontario government moved the province into *Step Three of the Roadmap to Reopen* on July 16, 2021 when key public health and health care indicators continued to improve and the provincewide vaccination rate surpassed initial targets.

Step Three focused on resuming additional indoor services with larger numbers of people and reduced public health and restrictions. Ontario's epidemiological data identified the Delta variant as the dominant strain necessitating the continued use of

⁵ News Release, Ontario Declares Second Provincial Emergency to Address COVID-19 Crisis and Save Lives, January 12, 2021, Office of the Premier

⁶ Report on Ontario's second Declared Provincial Emergency from January 12, 2021 to February 9, 2021

⁷ Report on Ontario's Third Declared Provincial Emergency from April 7, 2021 to June 2, 2021, Ontario.ca, June 7, 2021

face coverings in indoor public settings and physical distancing. The Chief Medical Officer of Health continued to evaluate these requirements on an ongoing basis.

Mandatory Vaccinations to Access Certain Businesses and Settings

To further protect Ontarians as the province continued to confront the Delta-driven fourth wave of the COVID-19, the Province required people to be fully vaccinated and provide proof of their vaccination status to access certain businesses and settings starting September 22, 2021. Requiring proof of vaccination in these settings reduced risk and is an important step to encourage every eligible Ontarian to get vaccinated, which is critical to protecting the province's hospital capacity and supporting businesses with the tools they need to keep customers safe and minimize disruptions.

Ontario Further Strengthening Response to Omicron

On December 17, 2021, the Ontario government applied additional public health and workplace safety measures including capacity and social gathering limits in response to the rapidly-spreading and highly transmissible Omicron variant. To reduce opportunities for close contact as vaccination acceleration efforts increased, Ontario introduced a 50 percent capacity limit in indoor public settings including restaurants, bars and other food and drink establishments, personal care services, personal physical fitness trainers, retailers, shopping malls, and indoor recreational amenities.

Ontario Temporarily Moving to Modified Step Two of the Roadmap to Reopen Omicron Variant

In response to the recent Omicron variant trends showing an alarming increase in COVID-19 hospitalizations, the Ontario government, in consultation with the Chief Medical Officer of Health, temporarily moved the province into *Step Two of its Roadmap to Reopen* with modifications that acknowledge the province's successful vaccination efforts. These measures include reducing social gathering limits to five people indoors and 10 people outdoors, requiring businesses and organizations ensure employees work remotely as much as possible, closing indoor dining, concert venues, theatre, cinemas along with numerous other restrictions. These time-limited measures are thought to help blunt transmission and prevent hospitals from becoming overwhelmed as the province continues to accelerate its booster dose rollout.

Unlike other variants, Omicron appears to be less severe but its high transmissibility has resulted in larger number of hospital admissions relative to intensive care unit admissions. Also, staff absenteeism is rising and affecting operations in workplaces across Canada due to Omicron infection and exposure. The supply chain for goods and services is strained and hospital and laboratory testing systems are largely overwhelmed in Ontario and most of Canada.

As part of the Province's response to the Omicron variant, starting January 5, 2022, students pivoted to remote learning with free emergency child care planned for school-

aged children of health care and other eligible frontline workers. In person learning at school resumed the week of January 17, 2022.⁸

At the time of this report's writing, these measures are scheduled to be rescinded on January 26, 2022. The next section presents a statistical overview of pandemic cases and vaccinations in Ontario.

Ontario/Canada Snapshot View of Cases and Vaccines

On January 17, 2022, the Ontario government COVID-19 (coronavirus) web site reported:

- Ontarians aged 18 or older with a booster dose - 46.6%
- Hospitalized - 3,887
- In ICU due to COVID-related illness - 578
- Ontarians aged 5 or older fully vaccinated - 82.4%
- Ontarians aged 5 or older with at least one dose - 88.2%
- Ontarians aged 12 or older fully vaccinated - 88.7%
- Ontarians aged 12 or older in 2021 with at least one dose - 91.4%
- Total doses administered - 29,522,313
- New daily cases - 8,521

The Government of Canada web site on COVID-19 daily epidemiology reported on January 19, 2022:

- Total Canadian Covid-19 cases – 2,868,862
- Total Resolved Cases – 2,538,133
- Total Canadian deaths – 32,220
- Deaths today – 212

According to Professor Livio Di Matteo, Professor of Economics at Lakehead University, “in 2020, 11 percent of Canada’s COVID-19 cases, and more than 70 percent of COVID-19 deaths, were in long-term care facilities. According to the Canadian Institute for Health Information, while Canada’s overall COVID-19 mortality rate was relatively low compared with rates in other Organization for Economic Co-operation and Development countries, we had the highest proportion of LTC deaths”.⁹

3. Debriefing Process

To undertake the COVID-19 response review, Plannix Operations was engaged to facilitate the debriefing process and prepare a summary report. A survey (see Appendix A) was prepared and issued to stakeholders identified by Dufferin County. To

⁸ News Release, Office of the Premier, January 03, 2022

⁹ Among countries that should’ve known better, Canada’s virus response was abysmal”, Globe and Mail, May 26, 2021

accommodate all of the stakeholders, two in-person debriefing sessions were held on November 23 and 24, 2021. The consultants prepared an agenda and a series of questions that was emailed to the participants to initiate discussion on what practices worked well, what didn't work well, and to identify opportunities for improvement. Follow-up debriefing sessions were conducted virtually in December 2021 and January 2022 with several stakeholders who were unable to attend the in-person sessions.

The debriefings were limited to the stakeholders that Dufferin County stipulated. The review of the COVID response did not examine individual agencies' internal actions or the Provincial responses, however where the Province's actions affected the participating stakeholders, the correlating impact on stakeholder responses were noted. The federal governments actions were not examined in this review. Debriefings with individual physicians and elected officials were also outside of the scope of this assignment.

3.1. Stakeholders

3.1.1. Health Sector

With a public health emergency such as the COVID-19 pandemic, the Health Sector has played, and continues to play, the lead role in the public response. In Dufferin County, these agencies include:

- Wellington-Dufferin-Guelph Public Health (WDGPH)
- Ontario Health Team (OHT)
- Dufferin Area Family Health Team
- Headwaters Health Care Centre
- Dufferin County Paramedic Services
- Home and Community Care Support Services

All of the Health Sector groups had significant roles responding to the pandemic, with the WDGPH taking the lead on:

- monitoring outbreaks in the community
- tracking and tracing COVID exposures
- establishing and enforcing public health measures
- providing COVID-19 information and direction to the media, residents, businesses, local government and agencies, and the healthcare sector in the community
- coordinating vaccine management and establishing and operating vaccination clinics
- liaising with the Ministry of Health and provincial agencies, as required
- coordinating local community medical resources (family health teams, hospitals, etc.)
- fulfilling the legislative mandate of the Medical Officer of Health as outlined in provincial legislation

- coordinating on preventing human health risks in shelters, including areas of food preparation, infection prevention and control, water quality and sanitation

As the pandemic unfolded, with the WDGP leading the vaccination efforts, the Health Sector, the County of Dufferin and the local municipalities had an active role in supporting the health response efforts to the pandemic.

3.1.2. Municipal Sector

Dufferin County is the upper-tier municipality that is comprised of four towns: Mono, Orangeville, Shelburne and Grand Valley and four rural townships: Amaranth, East Garafraxa, Melancthon and Mulmur.

The County seat is located in the Town of Orangeville (the largest of the eight municipalities).

The County of Dufferin Emergency Response Plan "...facilitates a controlled and coordinated response to any type of emergency occurring within or affecting the Municipality. The aim of the plan is to provide key officials, agencies and the municipal departments with an overview of their collective and individual responsibilities in an emergency. This plan also makes provisions for the extraordinary arrangements and measures that may have to be taken to safeguard the health, safety, welfare and property of the inhabitants of the Municipality".

The Emergency Control Group is responsible for initiating, coordinating and implementing the emergency response plan through the use of the Incident Management System at both lower and upper tiers. It is responsible for coordinating municipal operations prior to, during and after the emergency; prioritizing municipal operations and supporting the response to the emergency.

The Emergency Response Plan applies to the County of Dufferin and each of the eight member municipalities. The Community Emergency Management Coordinator (CEMC) for the County of Dufferin is appointed as the primary CEMC for each member municipality.

As most of the towns have small operations, Dufferin County manages the emergency management programs for them, with one Community Emergency Management Coordinator (CEMC), a County employee.

3.1.3. Long-Term Care/Retirement Homes

In the early waves of the pandemic, the sector that was most severely impacted across the province was the long-term care (LTC), retirement homes and congregate living sector. Due in part to the factors that exasperated the COVID outbreaks such as age, underlying health conditions, close living quarters, and staff movement among multiple locations, COVID related illnesses and mortality most heavily affected this sector. The congregate living sector was further challenged by limited or non-existent outbreak

plans and protocols, limited access to Personal Protective Equipment (PPE) and fragmented oversight and regulation.

In Dufferin County, one long-term care home is owned and operated by the County: Dufferin Oaks Long Term Care. All other LTC, retirement and congregate living facilities are in the private or not for profit sectors.

Long-Term Care (LTC) facilities focused on outbreak planning and meeting staffing shortages. Management and staff willingness to be flexible and nimble greatly assisted their operation voluntarily flexing their schedules to ensure 7-day on-site Management support for their teams

Fortunately for Dufferin Oaks, it does not have 4-bedded rooms which helped contain the COVID-19 spread. It was easier to separate residents in a 2-bedded environment. Restrictions were put in place to prevent staff from working in multiple locations.

As of February 2, 2022, Wellington Dufferin Guelph Public Health reported four fatalities at Dufferin Oaks, twenty at Shelburne, two at Headwaters Health Care Centre, five at Bethsaida and one at Avalon Long Term Care. County-wide, forty-six individuals in long term care settings have died.

3.1.4. Congregate Living Settings

The congregate living settings (CLSs) entails a broad spectrum of types of facilities generally supporting vulnerable clientele, but can include:

- Supportive housing;
- Supported developmental services/Intervenor residences;
- Emergency homeless shelters;
- Mental health and addictions congregate settings;
- Homes for special care and community homes for opportunity;
- Violence against women (VAW) shelters;
- Anti-human trafficking (AHT) residences;
- Children's residential facilities; and
- Indigenous Healing and Wellness Facilities.¹⁰

3.1.5. Emergency Services

Residents and businesses in Dufferin County are serviced by seven fire departments, depending on location:

- Town of Orangeville Fire Services
- Shelburne and District Fire Department
- Rosemont District Fire Department
- Mulmur-Melancthon Fire Department

¹⁰ Ministry of Health, COVID-19 Guidance: Congregate Living for Vulnerable Populations

- Town of Caledon Fire and Emergency Services
- Town of Erin Fire & Emergency Service
- Dundalk Fire Department

All of the fire services are either volunteers or composite (full-time and volunteer) operations.

Residents in Dufferin County who require emergency medical response are serviced by Dufferin County Paramedic Services. The Headwaters Health Care Centre is the license holder for this service.

3.1.6. Other Community Support

Food insecurity throughout the world is growing, including in Dufferin County. The Orangeville Food Bank was established in 1991 to help the hungry in the community. Its vision is “A community without hunger.” Clients are “people in transition including:

- those experiencing job loss or reduction in work hours
- those experiencing a recent family breakdown
- those with unexpected emergencies
- single parents
- the working poor
- residents on income support
- seniors with low pension income
- people with physical injuries or disabilities
- people with mental illness¹¹”

The Orangeville Food Bank is a non-governmental organization (NGO) managed by an Executive Director and a Food Manager. It is staffed by approximately 150 volunteers and relies primarily on food and financial donations from businesses and the community. Dufferin County provides a donation to help the Food Bank.

4. Observations and Themes

Following a review of the survey results and the debriefing sessions, several general themes were identified:

- Plans And Procedures
 - Pandemic Plans
 - Emergency Response Plans
 - Business Continuity Plans
- Incident Management System (IMS)
- Coordination, Governance
- Virtual Workplace/Information Technology

¹¹ Orangeville Food Bank website, January 2022

- Resources And Logistics
 - PPE
 - Staffing
- Communications
- Training And Exercises
- Recovery

5. Plans and Procedures

Wellington-Dufferin-Guelph Public Health Pandemic Plan

The existing WDGPH Pandemic Plan is based on all-hazards risk assessment approach and focused on preventative measures and vaccination. The plan was too complicated to implement given the dynamic and unpredictable nature of the COVID response and did not sufficiently address the need for stringent public health measures and communications. It did however, provide a good foundation for cooperation, collaboration and innovation.

Recommendation:

1. Review and update the WDGPH Pandemic Plan to reflect the need for managing new, potentially non-preventable viruses and increased emergency response scalability.

Headwaters Health Care Centre Pandemic Plan

The Headwaters Health Care Centre (HHCC) had an established Pandemic Plan that they were able to activate at the onset of the COVID-19 emergency. The plan included outbreak policies and procedures and a strong focus on infection prevention and control (IPAC). As with many of the other agencies, the plan was a strong starting point but given the high uncertainty and unknowns about the virus especially in the early days and the sheer scope, spread and duration of the pandemic necessitated a high degree of flexibility and adaptation to effectively manage and respond to changing circumstances.

Recommendation:

2. Review and update HHCC Pandemic Plan to reflect the need for managing new, potentially non-preventable viruses and increased emergency response scalability.

An advantage that HHCC had was that at the onset of the pandemic, it already had established relationships and contacts with other stakeholders. This optimally positioned HHC to respond.

Recommendation:

3. Regularly review and update stakeholder contact information.

Dufferin Oaks Long Term Care Outbreak Plan

The Dufferin Oaks Long Term Care facility already had established outbreak plans and protocols in place. Consequently, when COVID struck, these were used as a starting point for minimizing spread. As more was being learned about COVID, Dufferin Oaks staff displayed flexibility and nimbleness and were thus able to adapt appropriately.

Recommendations:

4. Review and update plans and protocols regularly.
5. Provide training on the outbreak plans and protocols to new staff.
6. Conduct regular refresher training for existing staff.

Municipal Emergency Response Plans

In Ontario, municipalities are mandated by the *Emergency Management and Civil Protection Act* and *Ontario Regulation 380/04* to have an emergency management program and an emergency management (a.k.a. response) plan. In Dufferin County, one Emergency Response Plan (ERP) is in place for the County and the local municipalities. The ERP was prepared as an “all hazards” plan that is designed to address most emergency situations but not any one hazard specifically. It lays out the concept of operations, coordination, roles and responsibilities. In Dufferin, the ERP organizational structure is based on the Incident Management System (IMS), which lays out the different coordinating “functions” (Command, Finance and Administration, Logistics, Operations and Planning).

When the COVID-19 pandemic started, the Dufferin County ERP was activated to respond to the emergency. A key strength of the plan was that it brought all of the stakeholders together in an organized manner. As the emergency continued, the plan helped to build and strengthen these partnerships. While there have been some concerns with the Incident Management Plan (IMS) model overall which is covered in a subsequent section, the ERP did what it was designed to do.

Recommendations:

7. Annually review and/or update the Dufferin County Emergency Response Plan to ensure that it continues to meet the needs of the County, local municipalities and stakeholders.
8. Continue to build and strengthen relationships and partnerships with stakeholder groups. Formalize Working groups for congregate living, emergency social services, health and agriculture sectors with the stakeholders identified in this report to meet regularly to discuss emerging issues, maintain situational awareness and foster working relationships.

Continuity of Operations/Business Continuity Plans

While Dufferin County has an Emergency Response Plan (ERP), the impact of the COVID pandemic emergency was so great, broad-reaching and enduring that no plan could completely manage it. One of the greatest impacts to day-to-day operations for the County, the local municipalities and all Ontarians were the public health requirement to minimize or eliminate in-person business. Consequently, office staff were directed to work-from-home (WFH).

Given that working from home on this scale is unprecedented in Ontario, most business continuity plans do not plan for such an eventuality. Any existing Continuity of Operations (COOP)/Business Continuity Plans (BCPs) had minimal strategies to support the maintenance of services when facilities and offices could not be used and no plans were prepared for the scope of this effort nor the duration. During the initial stages of the emergency, the planning horizon was kept relatively short as little was known about the magnitude of the pandemic or the cascading challenges that it would present. With the ever-increasing duration and the uncertainty this caused, stakeholders found that maintaining alternate work arrangements was challenging.

Note, where face-to-face services to residents had to be maintained, health and safety measures were introduced to limit any possible exposures between staff and residents.

For **Community Care Support Services (CCSS)**, contingency plans were in place but the changing and dynamic nature of the pandemic emergency required flexible and nimble planning. The organization was accustomed to dealing with episodic emergencies which focused on identifying the particular risk level for individual patients. CCSS had to pivot to adapt to the increased health and safety protocols, Public Health guidance, and reduced in-person support to patients.

Two of the biggest challenges with the new work-from-home strategy was the sourcing and provision of personal computers for those staff who did not have access to one and reliable internet connectivity in the homes of staff. In rural parts of the County, internet service is poor or even non-existent, creating yet additional challenges to maintaining services.

Throughout the pandemic, the **Orangeville Food Bank** did not have a Business Continuity Plan to guide it through the changes and disruptions. As a member of Feed Ontario, they were provided with a template for a plan, however no additional details or guidance were given. Consequently, changes in how the Food Bank operated were constantly evolving, often to comply with Public Health guidelines for businesses. The Food Bank was not recognized initially in the same manner as grocery stores and with frontline workers, making it more difficult to deliver services to the community in the normal manner.

To better help meet the community's needs and comply with Public Health direction, the Orangeville Food Bank established a drive-through food service. The other food banks

in Dufferin County (except for Shelburne) agreed to collaborate on this drive-through operation, allowing all of them to continue providing food distribution service while consolidating their operations, temporarily closing their local service. While the drive-through service worked well, transportation for a number of clients to the site proved to be a challenge. To help these clients, a delivery model was established. As Public Health guidelines continued to change, the food banks returned to their normal in-person food services. Due to the growth of the new COVID variant Omicron, at the end of December 2021 the drive-through service resumed.

When province-wide lockdowns were first implemented, closing restaurants and other facilities, commercial food suppliers experienced a glut of food products, especially chicken (popular in the restaurant industry). In turn, the Orangeville Food Bank was fortunate to receive large donations of perishable food from the food service industry and suppliers. To properly store this, a 53-foot large refrigerator trailer (i.e. “reefer”) was leased and funded by Dufferin County for the Food Bank.

Recommendations:

9. For those agencies who currently do not have one, develop and implement a Continuity of Operations/Business Continuity Program.
10. As part of the Continuity of Operations/Business Continuity Plans, address equipment, technology, personnel and resource needs in the event of a disruption.
11. Review and update Continuity of Operations/Business Continuity Plans to address poor or non-existent internet connectivity for staff who must work from home in rural areas such as establishing cellular hotspots wherever possible.
12. Review and update notification, escalation and Emergency Operations Centre contact information for County staff and key partners and agencies.

6. Incident Management System

The Incident Management System (IMS) is a standardized approach to emergency management used in Canada, the United States and other parts of the world to bring personnel, facilities, equipment, procedures and communications together within a common organizational structure. This enables responders and partners from different organizations and jurisdictions to interact and work well together in all types of incidents and emergencies.

While most incidents are managed at site by Incident Commanders, larger emergencies, like the COVID-19 pandemic, require the establishment of an Emergency Operations Centre to support multiple site activities and to manage non-site activities.

The County of Dufferin Emergency Control Group is responsible for initiating, coordinating and implementing the emergency response plan through the use of the Incident Management System in the Emergency Operations Centre.

The Emergency Operations Centre serves as the established and recognized point of authority, providing capacity for the Emergency Control Group to ensure:

- effective policy and strategic direction to the emergency
- support of emergency operations at the site(s)
- consequence management
- resource management to support the emergency site(s)
- coordination of management links to other Command/Departmental Operations Centres, external agencies and the Provincial Emergency Operations Centre
- providing information to the public and the news media and
- maintaining business continuity for the rest of the County.

An Emergency Operations Centre that operates under the principles of IMS is organized around the five major functions of Management, Operations, Planning, Logistics and Finance and Administration to execute these core responsibilities. These functions are scalable and flexible as smaller incidents like a house fire may only require one or two functions whereas larger emergencies usually require activation of all the functions.

The Province of Ontario has developed an Incident Management System (IMS) that provides standardized organizational structures, functions, processes, and terminology for use at all levels of emergency response in the province. Provincial Ministries, Dufferin County, Headwaters Health Care Centres, Ontario Health teams, police and fire services, local area and neighbouring municipalities and a host of external agencies and partners across Dufferin County are mandated to use IMS.

While the Incident Management System worked well for managing the pandemic emergency in the healthcare sector, staff turnover and inexperience in an Emergency Operations Centre environment did present some struggles. Some municipalities noted that they had more success with IMS than others, especially the smaller ones with fewer staff.

The Town of Orangeville supported the continued use of IMS for emergencies but other municipalities, including the County, feel that some modification to the system would make it easier to implement. Some aspects of the municipal organizations were felt to not “fit” easily into the IMS model (Command, Finance and Administration, Logistics, Operations, and Planning).

Emergency response organizations, fire services, health care, businesses, the military and other organizations customize and build their IMS structures based on the following concepts and principles. They are:

1. Accountability- all functional areas and jurisdictions remain responsible for their own actions at all times during the emergency.

2. Applicability –IMS may be applied in small, simple, or large complex emergencies.
3. Comprehensive Resource Management – IMS provides processes for categorizing, ordering, dispatching, tracking and recovering resources.
4. Consolidated Incident Action Plan outlines emergency response goals, objectives, strategies, tactics and safety, communications and resource management information.
5. Designated Incident Facilities as required.
6. Information Management processes to acquire, analyze, and disseminate information to internal and external audiences.
7. Integrated Communications to ensure that all jurisdictions and partners communicate and transmit incident information in a timely manner across jurisdictional lines.
8. Interoperability is the ability of responders from numerous organizations to interact and work well together including technological and virtual interoperability.
9. Inter-Organizational Collaboration means defining roles, relationships and a framework of accountability.
10. Management by Objectives means determining operational objectives and directing all efforts toward achieving them.
11. Modular and Scalable Organization in terms of structures and processes which can be expanded or contracted without losing their distinct functions.
12. Simplicity & Flexibility means that only required components are activated to provide needed functions as the situation evolves.
13. Standardization in structure and functions allows diverse stakeholders to work together using a common approach and understanding.
14. Standard Terminology for organizational elements like functions, facilities and resources.
15. Sustainability will depend on organizational capacity and available resources.
16. Span of Control refers to the optimal number of subordinates reporting to a supervisor. The optimum span of control is 5:1.
17. Unity of Command. The command structure is based on the function to be performed and expertise of incident management staff, rather than rank, organization or jurisdictions.¹²

It is important that proposed changes to the IMS structure reflect these concepts and principles to maximize multiagency interoperability as organizations that plan together, train and exercise together are in a better position to effectively respond to emergencies.

¹² Source: "Incident Management System 200 Student Manual," Office of Emergency Management, City of Toronto, Printed August 2012

Recommendations

Emergency Operations Centre

13. Continue efforts to implement a scalable and flexible IMS structure in the County of Dufferin based on the 17 concepts and principles.
14. Review the application of the Incident Management System in municipalities and scale and adjust the structure to better suit their organizational needs and capacities.
15. Continue to provide IMS training to help staff better understand the scalability and flexibility afforded by the IMS model.
16. Designate an IMS instructor.
17. Establish an EOC Management Team briefing cycle at the onset of an emergency for internal updates to senior management and modify as the emergency evolves. These briefings are held to share current information, operational activities, priorities and challenges to facilitate a common situational awareness and action plan.
18. Assess and review EOC documentation relating to Position Checklists, Position Logs, Status Reports, Situation Reports, IMS Incident Updates, the Major Event Log, the EOC Action Plan, the EOC Organizational Chart and Electronic Information Displays to better align with operational needs.
19. Consider adopting the Ontario Office of the Fire Marshal and Emergency Management's six key measures to assist organizations in implementing incident management systems:
 - a. Raise awareness within your organization through presentations, communications and online;
 - b. Support and endorse IMS within your organization;
 - c. Adopt IMS into emergency plans, policies and procedures;
 - d. Use IMS in emergency exercises to help plan and prepare;
 - e. Respond to real incidents and planned events using IMS;
 - f. Develop a long-term sustainability plan.¹³
20. The County should develop a multi-year work plan to further these key measures for Dufferin County staff and external partners and agencies.

¹³ Emergency Management Ontario website, February 2022

Virtual Emergency Operations Centre

21. Develop an Emergency Operations Centre Manual to train staff on how to operate a virtual Emergency Operations Centre with adequate technological and telecommunications abilities similar to the legal requirement to establish a physical EOC with a backup site for use by the municipal emergency control group in an emergency.

Notification and Activation

22. Develop an Emergency Level Emergency Support Function that defines initial notification and activation procedures to ensure that staff understand their operational roles and information requirements.

7. Coordination and Governance

Overview of the Province of Ontario Emergency Response Organization

According to the Emergency Management Ontario (EMO) web site, “EMO leads the coordination, development and implementation of prevention, mitigation, preparedness, response, and recovery strategies to maximize the safety, security, and resiliency of Ontario through effective partnerships with diverse communities.”¹⁴

Some emergencies are large, complex, or impact a number of jurisdictions. In these cases, there is a need for a coordinated response from the many provincial organizations that are responding. The provincial emergency response organization (provincial ERO) is the organization that is formed during multi-jurisdictional emergencies to conduct Ontario's coordinated response.

The provincial ERO is made up of all of the provincial organizations that are actively involved in an emergency response operation. The specific organizations that are active in the provincial ERO can vary, depending on the requirements of the emergency.

The Provincial Emergency Operations Centre (PEOC) is the central coordinating hub of the provincial ERO and is a fully equipped facility maintained by Emergency Management Ontario (EMO) that can be activated in response to, or in anticipation of, emergencies. The PEOC is staffed with appropriate representatives from ministries that have been delegated responsibilities for those emergencies as well as EMO staff. It serves as an initial point-of-contact for the affected municipality and federal interests.

Other components of the provincial ERO connect to the PEOC as needed in order to facilitate provision of the appropriate services. In this way, the organization is flexible and adaptable to the needs of the current situation and all hazards.

All Ontario government ministries and agencies/boards/commissions are also considered part of the provincial ERO. These organizations connect to the PEOC as

¹⁴ Emergency Management Ontario website, February 7, 2022

needed in order to ensure coordinated provision of support to the emergency response operation, including sharing information, resources or coordination support, generally through a staff liaison.

Strategic leadership of the provincial ERO is the responsibility of elected and appointed government officials, including the Lieutenant Governor in Council (LGIC), the Premier, The Cabinet Committee on Emergency Management, the Solicitor General, and the Commissioner of Emergency Management.

Overview of the County of Dufferin Emergency Management Response Organization

According to section 2.4 of the draft *Dufferin County, Emergency Response Plan*, the Community Emergency Management Coordinator (CEMC) for the County of Dufferin is appointed as the primary CEMC for each member municipality during the COVID-19 emergency. The CEMC monitors potential and impending threats that may impact the health, safety or economic stability across Dufferin County.

The Community Emergency Management Coordinator acts as an advisor to the Senior Municipal Official, municipalities, departments, groups and agencies on matters of emergency response and recovery by:

- Providing expertise regarding the implementation of the emergency response plan
- Fulfilling any role within the Emergency Operations Centre as needed
- Providing guidance, direction and/or assistance to any emergency or support personnel at the Emergency Operations Centre, and/or incident sites
- Assisting the Incident Commander as needed
- Coordinating post-emergency debriefings

The Province of Ontario has established a number of criteria to guide municipalities when making a decision about declaring an emergency. The County of Dufferin experienced several of these criteria:

- Is the situation an extraordinary event requiring extraordinary measures?
- Does the situation require a response that exceeds or threatens to exceed the capabilities of the municipality for either resources or deployment of personnel?
- Does the situation create sufficient strain on the municipal response capability in areas within the municipality that may be impacted by a lack of services?
- Is it a consideration that the municipal response may be of such duration that additional personnel and resources may be required to maintain the continuity of operation?

As a result, the County of Dufferin declared an Emergency in accordance with the *Emergency Management and Civil Protection Act* on Thursday, March 26, 2020. “Due to

the rapidly changing conditions, it became necessary for the County Warden to declare an emergency to address resident needs in a more timely manner.”¹⁵

All of the local area municipalities also declared emergencies as follows:

2020-03-19 Town of Shelburne
2020-03-20 Town of Orangeville
2020-03-27 Township of Amaranth
2020-03-27 Township of E. Garafraxa
2020-03-27 Town of Grand Valley
2020-03-30 Township of Mulmur
2020-03-31 Township of Melancthon
2020-03-31 Town of Mono

All of these emergency declarations remain in effect to date.

Dufferin County responded to and managed the Covid-19 emergency through the following activities:

- Activated the County Emergency Operations Centre for 701 days (as of 22/02/03) and pivoted it to a virtual operations centre for the first two quarters of 2020 to coordinate short- and long-term response and recovery strategies including economic recovery
- Coordinated weekly briefings of the Municipal Control Group or as necessary
- Ensured ongoing coordination of information between internal and external stakeholders
- Directly supported the COVID-19 Assessment Centre at Headwaters Health Care Centre, Headwaters Health Care Centre Incident Management Team, the Ontario Health Team Emergency Operations Centre and Dufferin Food Share
- Provided logistical, emergency information and situational awareness support to Headwaters Health Care Centre.
- Created informal working groups to bring together congregate living and emergency social service partners to maintain a common operating picture and address operational issues and evolving challenges
- Facilitated an “Agricultural Roundtable” with a variety of agricultural sector representatives
- Supported Headwaters Health Care Centre and Wellington Dufferin Guelph Public Health as they assisted Shelburne Residence Dufferin County
- Provided logistic support to the Health Care sector to source, receive, store, and distribute supplies

¹⁵ County of Dufferin.ca/news, February 7, 2022.

- Assumed the lead Logistical role in acquiring scarce resources and supplies for the County and community partners
- Supported Dufferin County Paramedic Services deployment to the Covid-19 Assessment Centre
- Supported business continuity operations including planning to address staff shortages and resource management issues
- Supported two emergency childcare centres for children of emergency workers.
- Liaised with Emergency Management Ontario and other provincial agencies
- Partnered with Headwaters Health to conduct COVID-19 Assessment Centre Exercise on March 28, 2020
- Provided essential County services to the residents
- Ensured continuity of municipal operations through Council and committees

A participant in one of the debriefing sessions astutely commented that “Change Happens at the Speed of Trust”. This comment aptly applies to the efforts of the Emergency Control Group, the Emergency Operations Centre and the Community Emergency Management Coordinator in discharging their considerable duties and decisions throughout the pandemic emergency. A high level of trust, collaboration and cooperation among the multi-faceted and diverse agency representatives had been built and nurtured over the years. These excellent working relationships served as a critical pre-condition for achieving an effective, nimble and resilient emergency response that is still ongoing.

Growing and maintaining the professional working relationships and collaborative networks is key to effective emergency response and can be fostered by planning, training and exercising together and formalizing working groups and linkages.

Recommendation

23. Continue to build and strengthen relationships and partnerships with stakeholder groups. Formalize Working groups for congregate living, emergency social services, health and agriculture with the stakeholders identified in this report to meet regularly to discuss emerging issues, maintain situational awareness and foster working relationships.

Emergency Declarations & Councillor Liaison

One of the roles of elected officials is to communicate to residents about emergencies and any direction that they should take. It was found during the pandemic emergency that Dufferin Council was not familiar with what an emergency declaration entails, specifically what powers does the declaration bestow.

Recommendations:

24. Provide greater guidance to Council on what powers an emergency declaration permits.

25. Establish protocols for communication and Councillor's roles during incidents and emergencies such as leveraging formal and informal community networks to disseminate information to help the community and how to report urgent matters to the County for escalation to appropriate parties.

Headwaters Health Care Centre advised that in a municipally declared emergency, some labour relations clauses were able to be overridden to meet operational needs.

Recommendations:

26. Consider adding the hospital's abilities during an emergency declaration regarding collective agreements to the County's Emergency Declaration Checklist.

Overview of Public Health Ontario

According to the Public Health Ontario website, their Vision is internationally recognized evidence, knowledge and action for a healthier Ontario.

The Mission is to enable informed decisions and actions that protect and promote health and contribute to reducing health inequities.

The Mandate:

- provide scientific and technical advice and support to clients working in government, public health, health care, and related sectors
- build capacity, assemble expertise and guide action through advice, consultation and interpretation
- continuing education and professional development
- health emergency preparedness
- information management
- knowledge and best practices generation
- laboratory services
- library services
- research, ethics and evaluation
- support to policy and program development
- surveillance and population health assessment.

In meeting this vision, mission and mandate, Public Health Ontario's primary clients include Ontario's Chief Medical Officer of Health, the Ministry of Health and Long-Term Care and other ministries, local public health units, health system providers and organizations across the continuum of care. Other partners include academic, research, not-for-profit, community-based and private sector organizations and government

agencies working across sectors that contribute to Ontarians achieving the best health possible.¹⁶

Province of Ontario's Enhanced Response Structure

Anecdotal information from the Dufferin Health Sector stakeholders reported that they felt the Province of Ontario didn't seem to use existing emergency and pandemic plans and the IMS structure for responding to and coordinating the response to the COVID-19 pandemic. Moreover, the Minister of Health announced a new response structure comprised of a number of tables with specific mandates on March 2, 2020.

The new response structures entailed:

- A new Command Table as the single point of executive oversight, leadership and strategic direction to guide Ontario's response. The Command Table reports to the Minister of Health and is chaired by the Deputy Minister of Health, Ontario's Chief Medical Officer of Health, Ontario Health's President and Chief Executive Officer and representatives from Public Health Ontario, the Ministry of Long-Term Care and the Ministry of Labour, Training and Skills Development.
- Five Regional Planning and Implementation Tables, led by Ontario Health with support from local public health units are responsible for reviewing regional plans to ensure local readiness and implementing provincial strategies for assessment, testing and care, supplies and equipment, surveillance and communications.
- The Ministry of Health Emergency Operations Centre will provide situational awareness and overall coordination among the components of the response structure.
- A Scientific Table, led by Public Health Ontario to support provincial and regional components with evidence, scientific and technical advice to inform planning and response.
- An Ethics Table, led by University of Toronto Joint Centre for Bioethics to provide ethical guidance and representation at both provincial and regional tables to support decision-making
- Sector or Issues Specific Tables to support local case and contract management as well as sector-specific coordination such as paramedic services, First Nations health partners and others as needed.
- A Collaboration Table with members from key health sector organizations to advise the Command Table¹⁷.

Dufferin County Health Sector

It is clear that the new enhanced response structure was outside of the existing framework that all Public Health Units, provincial ministries and municipalities had

¹⁶ Public Health Ontario website, January 7, 2022

¹⁷ News Release, Ontario Implementing Enhanced Measures to Safeguard Public from COVID-19, March 02, 2020

adopted and been trained in (IMS). This resulted in a lack of clarity on the respective roles and responsibilities of the agencies, made for difficult interoperability and caused much confusion during an already tumultuous emergency.

At the best of times healthcare in Ontario has complex hierarchies, with multiple agencies and ministries responsible for delivering services to the public with limited integration. COVID-19 amplified what was already broken with respect to health care, social services, mental health, addictions, poverty, equity and accessibility and social justice. While those in the healthcare sector were aware of these issues, the pandemic highlighted the silos, lack of cross-coordination and chronic underfunding issues.

A further issue with provincial coordination was that the Provincial Emergency Operations Centre (PEOC) of Emergency Management Ontario (EMO) seemed to be missing from the coordination and response. There was (and continues to be) minimal open and transparent coordination between provincial agencies, ministries and municipalities despite their primary legislative authority for emergencies. The PEOC did not perform their normal emergency coordination, collaboration and communication role during a declared provincial emergency. There did not appear to be standard briefings, operational periods, status or situation reports, or defined Liaison relationships with key community agencies. Additionally, the relationship between the PEOC and the new top-driven “Command Table” is not defined nor does it reflect past emergency planning and response practices, operations and training.

These observations are corroborated in the report prepared by the Office of the Auditor General of Ontario. “The established provincial emergency response structure was not followed for the COVID-19 pandemic, and a new structure was developed during the emergency. The initial meeting of key parties involved in this new structure was held on April 11, 2020, more than three weeks after the provincial emergency declaration was made.”¹⁸

Health care representatives from numerous agencies also reported that the province tended to release complex media releases and bulletins on late Friday afternoon putting out contentious new directions. This timing often made it very difficult for public health and municipal efforts to interpret and implement this information in a timely fashion. It also exacerbated staffing requirements on the weekend for teams that were already considerably stretched.

Stakeholders felt that at the beginning of the pandemic the province was making reasonable decisions based on sound recommendations from the provincial Science Table. As the emergency progressed, it seemed that public health recommendations became increasingly politicized in the Fall of 2020.

¹⁸ COVID-19 Preparedness and Management, Special Report on Emergency Management in Ontario-Pandemic Response, Office of the Auditor General of Ontario, November 2020

The general sentiment from the health and municipal organizations was that they felt disconnected from the Province of Ontario and that Provincial leadership was weak. There were differences among the province and local health units respecting the interpretation of directives and guidance.

Again, this observation was supported by the provincial Office of the Auditor General who stated that “There was a lack of engagement of EMO and its partners at emergency operation centres. The usual best practice during an emergency is to have key emergency management staff from various ministries and other impacted stakeholders work out of the Provincial Emergency Operations Centre (EMO Centre) for the duration of the emergency. This facilitates collaboration and the easy sharing of information. This best practice was not followed during COVID-19, as most of the EMO Centre staff worked remotely, and the EMO Centre was a stand-alone operation, even though the EMO Centre is large enough to allow for physical distancing. Of particular concern was the fact that Ministry of Health staff were not stationed at the EMO Centre or connected virtually, and similarly EMO staff were not connected with the Ministry of Health Operations Centre to provide help and support. This also prevented them from being kept fully updated and apprised of unfolding events.”¹⁹

Another issue that was raised repeatedly was that geographic boundaries for the various health services are not aligned. The result of this was that, at times, healthcare sector agencies, businesses and the public were receiving differing and potentially conflicting messages and direction. An example of this was that hospital admitting protocols, COVID-positive protocols and other standards differed between Dufferin County Paramedic Services and Peel Region Paramedics resulting in operational challenges at Headwaters Health Care and other admitting facilities.

It should be noted that all participants in the debriefings felt that the Dufferin response was unique compared to other municipalities due to the strong and cooperative working relationships that were in place combined with cultures that promoted flexibility and nimbleness to change roles and adapt as necessary.

Recommendations:

27. Consider encouraging Public Health Ontario (PHO) and Emergency Management Ontario (EMO) to return to the established provincial response framework (IMS) that Ministries and municipalities have implemented, trained and exercised.
28. Consider encouraging EMO/PEOC to begin communications and coordination with the Health Sector, ministries and municipalities.

¹⁹ Ibid.

29. Consider encouraging the Province to move towards greater integration of all health services to better align with the public's need for a seamless, one-window delivery model.
30. Consider encouraging the Province to prioritize scientific/medical information when preparing public health directions and guidance.
31. Consider encouraging the Province to assess the various healthcare services sector geographic boundaries to better align with each other.

Assessment Centres

The need for the establishment of COVID-19 assessment centres was recognized early in the pandemic. Members of the public who either showed symptoms or were asymptomatic but may have been exposed to COVID needed to be tested to determine whether they were infected. Unfortunately, the responsibility for setting up and operating assessment centres was not clearly identified (Public Health or hospital). In Dufferin County, ultimately that task fell upon the Headwaters Health Care Centre.

To set up the assessment centres, Headwaters Health Care Centre (HHCC) first established a small stakeholder group that included representation from Dufferin County. Key criteria for the assessment centre were scalability, accessibility, location, and staffing. A drive-through centre was determined to best fit these needs and was established on HHCC property. The County leveraged its ability to secure physical materials (tents, trailers, barriers, signage, etc.). Dufferin County Paramedic Services provided managerial support to the Assessment Centre from the pandemic's onset until August 2020. The Ontario Provincial Police (OPP) assisted with traffic control on site. At the time that the assessment centre was being implemented, funding for the costs were uncertain. Nevertheless, all parties proceeded with the establishment of it as this was a priority for the community.

Shortly after the launch of the assessment centre, the Province directed all agencies who established them to develop and implement a booking system for residents. The direction came late on a Friday with the mandate to have it operating by the following Tuesday. This new requirement and the extremely short timeline added additional burden and stress on all parties involved. Information Technology (IT) staff from the County and HHCC collaborated through the weekend to have a system operational by Monday morning. To assist with the launch, Dufferin County loaned staff and a facility (the Emergency Operations Centre) to HHCC for the assessment booking call centre. Over time, this function was transferred entirely to HHCC.

Recommendations:

32. In future pandemic plans, clearly define roles and responsibilities, including establishment, operation and funding for assessment centres.

Food Banks

The Orangeville Food Bank has enjoyed a strong, collaborative relationship with Dufferin County for many years. This proved beneficial as the County was able to provide support and guidance to the Food Bank throughout the pandemic. Part of this success is the personnel involved. The Executive Director of the Orangeville Food Bank is a former politician who is well-versed in how municipal government works and knows where to turn to get the supports they need. Unfortunately, the smaller Food Banks in the County do not have this experience or familiarity with government and often struggle to get what they need.

While the relationship between the Orangeville Food Bank and Dufferin County is not formal, the Food Bank does make an annual presentation to Dufferin Council on the community needs and the Food Bank activities and the County provides some funding.

Recommendations:

- 33. Provide government services awareness training for Food Banks in Ontario, possibly through either the Rural Ontario Municipal Association (ROMA) or Feed Ontario.
- 34. Formalize the relationship between Dufferin County and the Orangeville Food Bank and other local area food banks.

The Orangeville Food Bank noted that they are often a window into the broader social services needs of their clients. Unfortunately for those clients, they must work with many different agencies and providers. With limited or no access to transportation or technology, clients often struggle to find or get the supports they need.

Recommendations:

- 35. Consider encouraging social service providers to develop a “one-window” approach to community supports.

8. Long-Term Care/Retirement Homes/Congregate Living

In the early waves of the pandemic, the sector that was most severely impacted across the province was the long-term care (LTC), retirement homes and congregate living sector. Due in part to the factors that exasperated the COVID outbreaks such as age, underlying health conditions, close living quarters, and staff movement, COVID related illnesses and mortality most heavily affected this sector. The congregate living sector was further challenged by limited or non-existent outbreak plans and protocols and limited access to PPE.

Long-Term Care/Retirement Homes

In Dufferin County, one long term care home is owned and operated by the County: Dufferin Oaks Long Term Care. All other LTC, retirement and congregate living facilities are in the private sector.

Long-Term Care (LTC) facilities focused on outbreak planning and meeting staffing shortages. Management and staff willingness to be flexible and nimble greatly assisted their operations.

Fortunately for Dufferin Oaks, it does not have 4-bedded rooms which helped with the containment of the COVID-19 spread. It was easier to separate residents in a 2-bedded environment. Restrictions were put in place to prevent staff from working in multiple locations.

Early in the pandemic, the Shelburne Long-Term Care Centre experienced a significant outbreak and 50% of the residents passed away. The Bethsaida Retirement Home also experienced a major outbreak and, while a smaller facility with approximately 50 residents, it had a 3-4% fatality rate. Observations from emergency service providers found that Bethsaida had substandard care, inadequate resources and poor Infection Prevention and Control (IPAC) protocols.

In an effort to assist the Shelburne LTC and Bethsaida Retirement Home, the Paramedic Services base hospital (Hamilton Health Sciences) was engaged and provided recommendations for patient care and response. Two local physicians attended the Shelburne facility and provided direct patient care.

It should be noted that in Ontario, there currently is no requirement for retirement homes to have regulated professional nurses on site to provide care for residents. Consequently, resident care fell primarily to Personal Support Workers (PSW), including medical supports such as drug dispensing. As noted previously, healthcare in Ontario has limited integration and coordination. Furthermore, oversight of this sector appears to be uneven, resulting in poor enforcement of standards in the homes.²⁰

Recommendations:

36. Consider encouraging the Province to make regulated professionals such as nurses mandatory in all long-term care and retirement homes.
37. Consider encouraging the Province to increase inspections and enforcement of standards and regulations in all long-term care and retirement homes.
38. Consider encouraging the Province to require long-term care homes and retirement homes to have current outbreak plans and protocols with adequate staff training and exercises.

²⁰ Ontario's Long-Term Care COVID-19 Commission Final Report, April 2021

39. Consider encouraging the Province to ensure that long-term care homes and retirement homes have a current stockpile of PPE at all times.

Congregate Living Settings

The various congregate living settings fall under a variety of different legislation and regulations. The absence of formal clinical oversight on hostels, rooming house, emergency shelters and other congregate settings presented numerous challenges. There were inadequate mechanisms to funnel information to these unregulated sectors particularly in Peel Region who displayed little knowledge or understanding on the importance of hand sanitizing, masking and droplet precautions.

At the onset of COVID, unfortunately it appears that this sector was not sufficiently considered and guidance and support fell through the cracks. Consequently, one of the worst outbreaks in Dufferin County occurred in such a facility. In an effort to remedy this, the Wellington-Guelph-Dufferin Public Health Unit working with Dufferin County support, established a focused team to help address the outbreaks in congregate care. Ongoing communications, training and support (including provision of PPE) has been provided to the operators of these facilities.

Community Care Support Services (CCSS) found it challenging coordinating and implementing directives that were sometimes contradicting each other from four Public Health Units that oversee the congregate settings within the CCSS geographic boundaries. For instance, the Caledon congregate setting used difference guidance than the WGD PHU.

Of the four Public Health Units (Wellington-Dufferin Guelph Health Unit, Peel Public Health, Toronto Public Health, York Region Public Health Services) that operate in Dufferin County, the Dufferin CCSS felt that the Wellington-Guelph-Dufferin Health Unit provided superior accessibility, engagement, receptivity and regular communications. They felt that WDGP were very responsive, helpful and open to CCSS's concerns and helped to leverage the right people and decisions when needed.

Recommendations:

40. Continue to provide coordination and support the congregate living sector in Dufferin County.
41. Consider encouraging congregate living settings to develop outbreak plans and procedures.
42. Seek stricter regulations and accountability mechanisms from the Province to better protect congregate living and retirement homes.
43. Consider encouraging Province to consolidate legislation and regulations governing the congregate living sector.

44. Consider encouraging the Province to align the Public Health Units into seamless geographic boundaries.

Another observation from CCSS was that more emphasis should have been placed on improving environmental controls, like ventilation, housekeeping and dietary controls in congregate settings to mitigate outbreaks.

Recommendations:

45. Consider encouraging congregate settings operators to assess environmental controls in congregate settings to identify areas for improving outbreak mitigation.
46. Consider encouraging congregate settings operators to establish plans for improving environmental controls in their facilities.

9. Virtual Workplace/Information Technology

When direction was issued to workplaces to minimize in-person work environments, most of the stakeholders implemented a work-from-home strategy. For many, the technical IT challenges proved to be considerable given the poor rural or non-existent internet connectivity in parts of the County, lack of appropriate hardware (laptop PC's), IT security, and, for some, limited technological skills of staff to easily shift to remote work.

Public Health

Public Health Units in Ontario regularly use a variety of established information systems for managing outbreaks and health issues. During the COVID pandemic, the province introduced a new system (COVAX) for PHU's to use that, it appears, duplicates existing systems. This presented a new challenge, as PHU personnel suddenly had to undertake new training in the midst of an ongoing emergency.

Recommendations:

47. Unless absolutely warranted, do not introduce new systems that duplicate existing systems during outbreaks or emergency situations.

Municipalities

Internet connectivity in parts of the County presented challenges for implementing the work-from-home strategy. Mobile hubs were implemented where possible and cellular hotspots were also used. Furthermore, with many staff utilizing their personal/home computers for work, the risk to system security increased. To help mitigate this risk, County IT staff introduced strengthened measures and protocols. No security breaches have occurred with the municipalities to date, however Headwaters Health Care Centre did experience a ransomware attack.

One aspect that helped in the need to implement the work-from-home strategy, including serving residents, was that more services had started to be digitized prior to COVID. The current plan is that over time, more services will be digitized.

Recommendations:

- 48. Consider encouraging the Federal and Provincial governments to help facilitate the expansion of broadband internet into rural communities.
- 49. Continue to monitor and introduce IT security measures.
- 50. Continue to transition government services to digital where possible.

In part due to the Public Health direction to minimize in-person work and the adoption of a work-from-home strategy, Dufferin County established a virtual Emergency Operations Centre (EOC) to manage the pandemic emergency. All Emergency Control Group (ECG) members had access to the necessary technology to be able to work remotely. Situational awareness was maintained via emails and virtual meetings, as were Operations Cycle briefings. While this approach was not the same as an active EOC with in-person communications and meetings, the County did find that this strategy has been successful for them to continue to manage the emergency.

Recommendations:

- 51. Evaluate success of virtual EOC with ECG members and stakeholders.
- 52. Include option for virtual EOC for future emergency activations.
- 53. Develop an Emergency Operations Centre Manual to train staff on how to operate a virtual Emergency Operations Centre with adequate technological and telecommunications abilities similar to the legal requirement to establish a physical EOC with a backup site for use by the municipal emergency control group in an emergency.

Community Care Support Services

Dufferin County Community Support Services (DCCSS) “provides services to assist seniors and disabled adults to remain in the familiar surroundings of their own homes.”²¹ With the introduction of public health measures to limit the spread of COVID, a remote workplace strategy was implemented but proved to be challenging. The issue of poor or non-existent internet connectivity in rural areas made it difficult for some staff to easily transition to remote work. Another challenge was that many staff normally worked with older model desktop computers, limiting their ability to adapt to mobile or remote computing. Lastly, there were staff who did not possess the necessary technical skills to easily switch to remote work.

²¹ Dufferin County website January 2022

To overcome the poor internet access, mobile hotspots connected to phones were established. DCCSS prioritized the acquisition of laptop PCs for those staff who needed them and provided digital education and training of staff to be able to work remotely.

Recommendations:

- 54. Consider acquiring laptop computers for all staff when existing desktop computers reach end of lifespan and need to be replaced.
- 55. Develop strategies for remote work for those staff who are unable to access the internet from their alternate (e.g. home) workplace.
- 56. Provide information technology training for staff.

Orangeville Food Bank

As the Orangeville Food Bank is a non-governmental organization primarily run and staffed by volunteers, it has limited information technology resources. Many of the PCs that they use are greater than 10 years old with outdated software. This has forced the Food Bank to rely on staff and volunteers' personal computers. Furthermore, they have no technical support should an issue arise.

Similarly, the Food Bank has only one phone line to reach them so personal cell phones are used often. Unfortunately, both of the computer and phone dependencies run the risk of increased privacy and security issues for clients, donors, volunteers and staff.

Recommendations:

- 57. Seek technology support from external sources such as local businesses or Dufferin County.
- 58. Identify technology needs for the Orangeville Food Bank and seek donations of equipment.

10. Resources and Logistics

Personal Protective Equipment (PPE)

The sudden increase in need for PPE for staff in many of the agencies and sectors in Dufferin was a huge challenge at the onset of the pandemic. In the months prior to the COVID pandemic, the provincial SARS hospital stockpile of PPE had expired and was donated to other countries.

The **Ontario Health Team** assumed a coordinating role as the PPE conduit while Dufferin County assumed the logistics role for centralized PPE sourcing. Headwaters Health Care Centre had a stockpile and a reliable supplier and they centralized the storage of the stockpile. Stakeholders collaborated on a PPE plan for best use/value for PPE supply and distribution. This helped the agencies to work in a safe manner but

illustrated an earlier limitation of having each agency manage their own stockpile of PPE.

With infection protocols wavering on whether COVID-19 was aerosolized or not, **Paramedic Services** staff struggled in the early days. They did not have a huge PPE supply and masks were limited in the early phase. As a result, N-95 respirators were locked up and strictly supervised.

The need for PPE in the long-term care facilities was crucial for the health and safety of residents and staff. Provincial PPE shortages were serious as supply and emergency stocks were inadequate. The **Dufferin Oaks Long Term Care** facility was fortunate as they had learned years earlier from the SARS outbreak that having a ready stockpile of PPE was critical. While their PPE supply did not run out, their contingency plan would have been to source needed PPE from either the hospital or the Province. Nevertheless, Dufferin Oaks was able to maintain a supply and was quite well stocked. The County's logistical support proved helpful in coordinating the distribution of PPE to stakeholders.

Recommendations:

59. All agencies/sectors should examine their needs for PPE for possible future health emergencies and establish a stockpile.
60. Examine establishing a central procurement team for PPE for the Dufferin County municipalities and stakeholder groups.
61. Continue to maintain a supply of PPE at Dufferin Oaks.
62. Regularly inspect PPE supply to ensure that it is current/useable. Rotate PPE stockpiles among agencies where practicable.

Staffing

The need to sustain staffing levels in the long-term care homes during the pandemic (and at all times) is necessary for the care and well-being of LTC residents. With the Province mandating that Personal Support Workers (PSWs) could no longer work in multiple facilities, the strain on having the appropriate coverage in the LTC grew. Furthermore, with school students relegated to virtual learning, some staff were not able to attend the workplace as they had to stay with their younger children and access to daycare was sometimes problematic. Additionally, existing staffing shortages, especially in the regulated fields, became more acute. To combat these issues, staffing schedules were constantly being adjusted and management staff flexed their schedules to ensure 7-day on-site support to LTC staff.

Recommendations:

63. Work to secure additional funding to address LTC staffing shortfalls.

Fire Services found that call volumes declined by roughly 30% during the early periods of the pandemic. Nevertheless, to best manage staffing with the public health requirements for physical distancing, Fire Services stopped jointly responding to most health emergency calls, leaving those to Paramedic Services.

The **Orangeville Food Bank** also experienced a loss of staff (volunteers) when schools moved to virtual classes as many volunteers now had to remain at home. Furthermore, as many volunteers were seniors with possible health issues, more than 40 resigned to reduce their risk of COVID exposure. To combat these personnel shortages, a call for volunteers went out to the community with a great response (more volunteers than needed). With the increased demand for services and large number of new volunteers, one-on-one training was not possible. Consequently, the Food Bank prepared position descriptions for the volunteers.

Recommendations:

64. Maintain a volunteer pool for the Food Bank for possible future disruptions.

65. Regularly review and maintain Food Bank volunteer position descriptions.

In the municipalities, one gap that became evident during this emergency was limited team depth in management. As the emergency continued to draw out, management staff had few staff members who could step in to relieve them.

Recommendations:

66. Establish cross-training for all municipal staff.

67. Undertake succession planning for non-management municipal staff.

As with many businesses in the broader community and industry, IT staff turnover at the County during the emergency presented a challenge. Management found it difficult to bring in and train new staff who were not familiar with the County and its services.

Recommendations:

68. Assess hiring process and develop enhanced “on-boarding” strategies for new IT staff.

In the Dufferin Paramedic Services, during the pandemic, they experienced one retirement, eight medical leaves, a few resignations due to burn-out and one termination. This is presenting staffing challenges for management as the province-wide demand for paramedics is great.

Recommendations:

69. Maintain an active recruitment strategy for new paramedic hires.

70. Support employee well-being programs to help minimize burn-out by paramedics.

71. Examine staffing schedules to assess whether any opportunities for increased time-off for paramedics can be incorporated.

11. Communications

During an emergency, timely and accurate information is critical for both the public and internal staff. Public information needs to be clear and relevant to help minimize confusion, mistrust and misinformation. With the COVID pandemic, much information and direction were being disseminated by both the federal and provincial governments. Critical to this was the need for WDG Public Health Unit, County of Dufferin, and the local municipalities to interpret this information and determine how it impacts their community. Subsequently, WDG PHU, the County and the local municipalities would then issue appropriate information to their audiences. A challenge that crept up though, was that often the province would issue information/direction late on Friday afternoons, leaving little time for staff to interpret and release relevant information.

One issue that was raised was with limited staffing resources in Communications, the constant need for updated information strategies and tactics (e.g. media releases, website updates, social media, etc.) proved challenging and, at times, overwhelming.

Recommendations:

72. Assess current Communications staffing levels and develop strategy for managing communications surge needs.

Generally, the debriefing stakeholders felt that they were able to deliver information to residents well.

Situational Awareness – Internal

County of Dufferin

Internal (staff) communications initially had some challenges, such as not all County and Municipal staff having access to email (i.e., no email addresses) or poor/non-existent internet connectivity. Early in the emergency the lack of email addresses was rectified. Poor rural internet connectivity though, continues to be an issue.

To ensure that County staff were aware of what information was being released to residents, media messages/releases were shared with staff prior to issuing. This helped alleviate potential issues of not having the same information as the public in the community. Furthermore, a SharePoint site was established for all County staff to access various COVID resources. Lastly, it should be noted that as the emergency continued, the Chief Administrative Officer (CAO) for Dufferin County began preparing videos for staff to provide regular updates. These were well-received by staff.

Paramedic Services

Paramedic Services continues to try to keep staff informed, but have found that the frequent changes in guidance have been difficult to adequately communicate. They found that many staff do not regularly read their emails. To counter this, weekly virtual meetings were held but attendance by staff was poor.

A positive change that was expedited by the pandemic was the introduction of text messaging to paramedics about emergency calls they are responding to. This was in process prior to COVID but is now in place for Dufferin Paramedic Services.

Recommendations:

73. Ensure that all staff have a corporate email address or alternate tactics to receive communications.
74. Look to alternate tactics for disseminating information to internal staff and stakeholders.

Headwaters Health Care Centre (HHCC)

With frequent changes in direction from the Province, to keep staff informed, the Headwaters Health Care Centre sent out daily emails to staff. Information included items specific to the hospital, local issues, and provincial and national guidance. Links to relevant information were included in the emails. It was found though, that in the early days staff appreciated the information but as time went on, they felt overwhelmed. HHCC adjusted by reducing the frequency of the emails and provided more information through staff huddles.

Recommendations:

75. Throughout an emergency situation, monitor staff response to situational awareness and information sharing and adjust as necessary.

Situational Awareness - Province

As noted previously, Provincial coordination with the health sector and municipalities was felt to be weak. Regular Situation Reports from the PEOC to municipalities were virtually non-existent. The first Incident Status Summary was issued March 26, 2020 and the last was sent July 31, 2020. No other status updates were issued by the PEOC to municipalities. There were, however PEOC, Ministry and Municipal coordinated videoconferences, however these were halted in June 2021. No explanation was given as to why these were terminated.

Early in the pandemic, the Headwaters Health Care Centre established a COVID Assessment Centre however they were not invited to participate in provincial briefings. It was not clear if the Headwaters Health Care Centre Emergency Operations Centre received any guidance from the Provincial Emergency Operations Centre.

Provincial directives from the Ministry of Health and Long-Term Care were inconsistent and contradictory resulting in the need to constantly cross reference documents. Front line staff needed to decipher mixed messaging and inconsistent direction with respect to testing, screening and visitation requirement in congregate settings.

The Ontario Health Teams were well connected to the provincial Ministry and this greatly helped Community Care Supports Services to be well informed. At the time, Community Care was part of the Ontario Health Teams organizational structure; this is no longer the case.

Paramedic Services, however, found that weekly Chiefs' meetings that had been established with the Ministry of Health (with Deputy Minister representation) were helpful.

Recommendations:

- 76. Establish regular situational briefings and issuance of Situation Reports from the PEOC to municipalities.
- 77. Include all COVID Assessment Centres in the provincial briefings from the Assessment Emergency Operations Centre.
- 78. Continue with the weekly Ministry of Health meetings with Paramedic Services Chiefs in the province.

Public Information

Timely information and direction to residents was critical to successfully implementing public health measures and maintaining day-to-day government business services. Traditional tactics such as media releases and interviews were used, and the websites of the stakeholder agencies were updated regularly. Frequently asked questions (FAQs) were added to the County's website for residents to access. Some elected officials also created "coffee chats" for residents, allowing them to have a forum for sharing information and answering concerns. Communications staff monitored social media for issues and misinformation and would quickly respond to correct these.

Recommendations:

- 79. Continue with timely and relevant information for residents using multiple tactics.
- 80. In all emergency situations, monitor mainstream media and social media for possible issues or misinformation.

With restrictions on public gatherings, Council meetings had to be moved to be conducted virtually. Dufferin County was the first to encourage the Ministry of Municipal Affairs and Housing (MMAH) to revise regulations to allow meetings to no longer be "in-person". Once the County had approval to proceed virtually, they found that the response was positive and that greater resident participation occurred.

Recommendations:

81. Examine options for continuing with virtual Council meeting or implementing a hybrid option (in-person and virtual) once public health restrictions on gatherings are lifted.

For Headwaters Health Care Centre, their website and social media were kept current throughout the pandemic to provide relevant information for the public. Frequently asked questions (FAQs) were posted to help the public and family members of patients. When appropriate, media releases were also provided. Despite a call centre that had been established with the County, they found that their switchboard was overwhelmed with calls from the public.

Recommendations:

82. Throughout any emergency, monitor public inquiries and adjust communications tactics and resources as necessary.

12. Training and Exercises

Annual emergency management training and exercises for municipalities are mandated by the Emergency Management and Civil Protection Act (EMCPA) and Ontario Regulation 380/01. Dufferin County has been compliant with this requirement and, during the pandemic emergency, enhanced the training by providing regular “Disaster School” to all staff. This program proved popular and had a big uptake by staff and stakeholders, both internal and external.

Stakeholders noted that all of the training and exercises over the years prepared them to better deal with the pandemic. Additional tabletop exercises for stakeholders and “What-if Wednesdays” for senior County staff (impromptu calls with a specific scenario) further prepared them for managing the response to the pandemic.

More than one stakeholder exclaimed that the collaborative relationship that was fostered by the County was foundational to the response.

Recommendations:

83. Continue with a regular training and exercise program.

One gap that became evident during this emergency was limited team depth in management. As the emergency continued to draw out, management staff had few staff members who could step in to relieve them.

Recommendations:

84. Establish cross-training for all staff.
85. Undertake succession planning for non-management staff.

With Community Care Support Services, infection prevention and control (IPAC) training was introduced, especially since Care staff enter patients' homes and work in close proximity with them.

Recommendations:

86. As more is learned about COVID and the new variant, Omicron, IPAC training should continue to be updated and delivered to staff.

Fire services who participated in the debriefings noted that COVID-19 physical distancing restrictions posed challenges as their training rooms are not large enough to accommodate the voluntary firefighters for required training. Adjustments were made to help facilitate the training activities.

13. Recovery Phase

The Recovery Phase generally takes place after an emergency is over, however planning and actions for recovery can start any time. This phase is generally defined as those actions that will help restore an organization, community, etc. to its pre-emergency state. While COVID still ongoing at the time of this report, observations of critical areas that will require recovery actions have started.

Community Care Support Services

Overall, Community Care Support Services staff have been fairly resilient but this is proving to be challenging particularly given the Omicron variant setback. Fatigue is an ongoing concern with no indication of when pressures will decrease. CCSS has been encouraging staff to access virtual wellness programs and personal counselling.

Observations of patient and resident care is that the mental health of the population is worsening. With ongoing delays to accessing primary care, cognitive impairments are increasing, placing additional pressure on Community Care Support Service team. The Care Coordinators are often the only agency directly and physically supporting residents' needs. "Compassion fatigue" is becoming a concern.

With less Personal Support Worker and nursing services available, family members are straining to pick up the slack. The shutting down of respite and adult day services denies vulnerable populations and their families the direct hands-on supports that they need resulting in hardship and compassion fatigue.

More emphasis should have been placed on improving environmental controls, like ventilation, housekeeping and dietary controls in congregate settings to mitigate outbreaks.

Recommendations:

87. Continue to monitor and support staff well-being and encourage their use of wellness programs.

88. In outbreak situations, an early adoption of enhanced environmental controls for patients should be emphasized.

A Nurse Practitioner program coordinated by the Dufferin Area Family Health Team was helpful in supporting the Community Care Support Service team with patient care, however this was not introduced until later in the pandemic.

Recommendations:

89. Utilize the Nurse Practitioner program early when patient support and visitation become stressed due to emergency situations.

Supply Chain

With the impact of COVID on global supply chains, Paramedic Services, Public Works (and others) are finding it increasingly difficult to purchase new vehicles, equipment and parts for their fleet due to lack of supply. It is expected that in time, this situation will improve but for the moment replacement of existing fleet vehicles or acquiring specialized equipment cannot be achieved.

Recommendations:

90. Continue preventative maintenance on existing fleet of vehicles and equipment.

14. General Observations

With the adoption of a virtual workplace/work-from-home strategy, staff have indicated that they are feeling burn-out from participating in too many virtual meetings. Where under normal workplace conditions, personnel could easily meet or have impromptu discussions, under the remote workplace strategy, there has been an increase in having to schedule more “formal” virtual meetings.

In initial COVID days, Paramedic Services call volumes plummeted by roughly 50% as the public was afraid of attending hospitals. To minimize potential exposure, Fire Services did not respond to medical calls.

One opportunity resulting from the pandemic is the increasing support for paramedic community medicine. The province has approved funding for a Dufferin community paramedic program. Minimum standards will need to be established.

Recommendations:

91. Proceed with the establishment of a Dufferin community paramedic program.

92. Consider encouraging the province to establish standards for the community paramedic program.

It was noted by stakeholders that the Ontario Works (OW) support program does not provide sufficient funding for recipients, especially compared to what CERB offered.

Some OW clients who incorrectly felt that they could apply for CERB and received the benefits are now being advised that they have to pay it back. Furthermore, these recipients who are already living marginally no longer receive OW funds if they had received CERB.

The pandemic provided for one-time funding for social services (housing) however this will not be ongoing. Unfortunately, the increased funding has raised client expectations that might not be possible to meet in future years.

Recommendations:

93. Consider encouraging province to increase base funding for social services.

APPENDIX A: COVID-19 Response Debriefing Questionnaire

County of Dufferin

COVID-19 Response Debriefing Questionnaire

Dufferin County is undertaking a debriefing of the response to the COVID-19 emergency. To help prepare for upcoming debriefing sessions, the following questionnaire is being circulated to stakeholders. Please answer questions as best you can. *No comments will be attributed to anyone completing this form.*

Name (optional):	
Municipality/Agency/ Department/Partner/ Stakeholder:	
Briefly describe your regular position or role in Dufferin County.	
What positions/roles did you perform during the emergency?	

Where noted, please rate on scale of 1 - 5 with 1 being insufficient and 5 being superior.

1. Were adequate plans, procedures, protocols, or supports in place for the emergency?						
Emergency Response Plan?	1	2	3	4	5	n/a
Business Continuity/Continuity of Operations Plan?	1	2	3	4	5	n/a
Pandemic Plan?	1	2	3	4	5	n/a
Communications Plan?	1	2	3	4	5	n/a
Psychosocial (mental health supports);	1	2	3	4	5	n/a
Health & Special Needs	1	2	3	4	5	n/a
Financial Assistance	1	2	3	4	5	n/a

1. Were adequate plans, procedures, protocols, or supports in place for the emergency?						
Emergency Social Services	1	2	3	4	5	n/a
Food & Clothing	1	2	3	4	5	n/a
Transportation	1	2	3	4	5	n/a
Lodging & Shelter	1	2	3	4	5	n/a
Multi-Culture and Language	1	2	3	4	5	n/a
Animal Care	1	2	3	4	5	n/a
Other?						
Comments:						

2. Were resources (staff, technology, facilities, PPE, other) available for the response and for you to perform your duties?						
Staff	1	2	3	4	5	n/a
Technology	1	2	3	4	5	n/a
Facilities	1	2	3	4	5	n/a
PPE and safety	1	2	3	4	5	n/a
Other? (list)						
Comments:						

3. Did staff have necessary training to respond to this pandemic emergency?						
	1	2	3	4	5	n/a
Comments: 						

4. Rate the general level of cooperation that you experienced among the departments, municipalities, agencies, partners & stakeholders that you interacted with to perform your duties.						
Coordination	1	2	3	4	5	n/a
Governance	1	2	3	4	5	n/a
Information sharing	1	2	3	4	5	n/a
Coordinated Communications	1	2	3	4	5	n/a
Clarity of Direction	1	2	3	4	5	n/a
Efficient and Effective Program Delivery	1	2	3	4	5	n/a
Comments: 						

5. Were sufficient resources available for communications?						
Internal (i.e. staff) communications	1	2	3	4	5	n/a
External (i.e. public) communications	1	2	3	4	5	n/a

Comments:

6. Was communications messaging clear and informative?

Internal (i.e. staff) communications	1	2	3	4	5	n/a
External (i.e. public) communications	1	2	3	4	5	n/a

Comments:

7. General Comments: please feel free to share your insights and recommendations on any aspect of the emergency response.

Comments:

APPENDIX B: Summary of Recommendations

Summary of Recommendations

Recommendations
7. Plans and Procedures
<i>Wellington-Dufferin-Guelph Public Health Pandemic Plan</i>
<ol style="list-style-type: none"> 1. Review and update the WDGPH Pandemic Plan to reflect the need for managing new, potentially non-preventable viruses and increased emergency response scalability.
<i>Headwaters Health Care Centre</i>
<ol style="list-style-type: none"> 2. Review and update HHCC Pandemic Plan to reflect the need for managing new, potentially non-preventable viruses and increased emergency response scalability. 3. Regularly review and update stakeholder contact information.
<i>Dufferin Oaks Long Term Care Outbreak Plan</i>
<ol style="list-style-type: none"> 4. Review and update plans and protocols regularly. 5. Provide training on the outbreak plans and protocols to new staff. 6. Conduct regular refresher training for existing staff.
<i>Municipal Emergency Response Plans</i>
<ol style="list-style-type: none"> 7. Annually review and/or update the Dufferin County Emergency Response Plan to ensure that it continues to meet the needs of the County, local municipalities and stakeholders. 8. Continue to build and strengthen relationships and partnerships with stakeholder groups. Formalize Working groups for congregate living, emergency social services, health and agriculture sectors to meet regularly to discuss emerging issues, maintain situational awareness and foster working relationships.
<i>Continuity of Operations/Business Continuity Plans</i>
<ol style="list-style-type: none"> 9. For those agencies who currently do not have one, develop and implement a Continuity of Operations/Business Continuity Program. 10. As part of the Continuity of Operations/Business Continuity Plans, address equipment, technology, personnel and resource needs in the event of a disruption.

11. Review and update Continuity of Operations/Business Continuity Plans to address poor or non-existent internet connectivity for staff who must work from home in rural areas such as establishing cellular hotspots wherever possible.
12. Review and update notification, escalation and Emergency Operations Centre contact information for County staff and key partners and agencies.

8. Incident Management System

Emergency Operations Centre

13. Continue efforts to implement a scalable and flexible IMS structure in the County of Dufferin based on the 17 concepts and principles.
14. Review the application of the Incident Management System in municipalities and municipalities and scale and adjust the structure to better suit their organizational needs and capacities.
15. Continue to provide IMS training to help staff better understand the scalability and flexibility afforded by the IMS model.
16. Designate an IMS instructor
17. Establish an EOC Management Team briefing cycle at the onset of an emergency for internal updates to senior management and modify as the emergency evolves. These briefings are held to share current information, operational activities, priorities and challenge to facilitate a common situational awareness and action plan.
18. Assess and review EOC documentation relating to Position Checklists, Position Logs, Status Reports, Situation Reports, IMS Incident Updates, the Major Event Log, the EOC Action Plan, the EOC Organizational Chart and Electronic Information Displays to better align with operational needs.
19. Consider adopting the Ontario Office of the Fire Marshal and Emergency Management's six key measures to assist organizations in implementing incident management systems:
 - a. Raise awareness within your organization through presentations, communications and online.0;
 - b. Support and endorse IMS within your organization;
 - c. Adopt IMS into emergency plans, policies and procedures;
 - d. Use IMS in emergency exercises to help plan and prepare;
 - e. Respond to real incidents and planned events using IMS;
 - f. Develop a long-term sustainability plan.

20. The County should develop a multi-year work plan to further these key measures for Dufferin County staff and external partners and agencies.
<i>Virtual Emergency Operations Centre</i>
21. Develop an Emergency Operations Centre Manual to train staff on how to operate a virtual Emergency Operations Centre with adequate technological and telecommunications abilities similar to the legal requirement to establish a physical EOC with a backup site for use by the municipal emergency control group in an emergency.
<i>Notification and Activation</i>
22. Develop an Emergency Level Emergency Support Function that defines initial notification and activation procedures to ensure that staff understand their operational roles and information requirements.
9. Coordination, Governance
<i>County of Dufferin Emergency Management Response Organization</i>
23. Continue to build and strengthen relationships and partnerships with stakeholder groups. Formalize Working groups for congregate living, emergency social services, health and agriculture with the stakeholders identified in this report to meet regularly to discuss emerging issues, maintain situational awareness and foster working relationships.
<i>Emergency Declarations & Councillor Liaison</i>
<p>24. Provide greater guidance to Council on what powers an emergency declaration permits.</p> <p>25. Establish protocols for communication and Councillor's roles during incidents and emergencies such as leveraging formal and informal community networks to disseminate information to help the community and how to report urgent matters to the County for escalation to appropriate parties.</p> <p>26. Consider adding the hospital's abilities during an emergency declaration regarding collective agreements to the County's Emergency Declaration Checklist.</p>
<i>Dufferin County Health Sector</i>
27. Consider encouraging Public Health Ontario (PHO) and Emergency Management Ontario (EMO) to return to the established provincial response

<p>framework (IMS) that Ministries and municipalities have implemented, trained and exercised.</p> <p>28. Consider encouraging EMO/PEOC to begin communications and coordination with the Health Sector, ministries and municipalities.</p> <p>29. Consider encouraging the Province to move towards greater integration of all health services to better align with the public's need for a seamless, one-window delivery model.</p> <p>30. Consider encouraging the Province to prioritize scientific/medical information when preparing public health directions and guidance.</p> <p>31. Consider encouraging the Province to assess the various healthcare services sector geographic boundaries to better align with each other.</p>
<i>Dufferin County</i>
<i>Assessment Centres</i>
<p>32. In future pandemic plans, clearly define roles and responsibilities, including establishment, operation and funding for assessment centres.</p>
<i>Food Banks</i>
<p>33. Provide government services awareness training for Food Banks in Ontario, possibly through either the Rural Ontario Municipal Association (ROMA) or Feed Ontario.</p> <p>34. Formalize the relationship between Dufferin County and the Orangeville Food Bank and other local area food banks.</p> <p>35. Consider encouraging social service providers to develop a "one-window" approach to community supports.</p>
10. Long-Term Care/Retirement Homes/Congregate Living
<i>Long-Term Care/Retirement Homes</i>
<p>36. Consider encouraging the Province to make regulated professionals such as nurses mandatory in all long-term care and retirement homes.</p> <p>37. Consider encouraging the Province to increase inspections and enforcement of standards and regulations in all long-term care and retirement homes.</p> <p>38. Consider encouraging the Province to require long-term care homes and retirement homes to have current outbreak plans and protocols with adequate staff training and exercises.</p>

39. Consider encouraging the Province to ensure that long-term care homes and retirement homes have a current stockpile of PPE at all times.
<i>Congregate Living Settings</i>
40. Continue to provide coordination and support the congregate living sector in Dufferin County.
41. Consider encouraging congregate living settings to develop outbreak plans and procedures.
42. Seek stricter regulations and accountability mechanisms from the Province to better protect congregate living and retirement homes.
43. Consider encouraging Province to consolidate legislation and regulations governing the congregate living sector.
44. Consider encouraging the Province to align the Public Health Units into seamless geographic boundaries.
45. Consider encouraging congregate settings operators to assess environmental controls in congregate settings to identify areas for improving outbreak mitigation.
46. Consider encouraging congregate settings operators to establish plans for improving environmental controls in their facilities.

11. Virtual Workplace/Information Technology
<i>Public Health</i>
47. Unless absolutely warranted, do not introduce new systems that duplicate existing systems during outbreaks or emergency situations.
<i>Municipalities</i>
48. Consider encouraging Federal and Provincial governments to help facilitate the expansion of broadband internet into rural communities.
49. Continue to monitor and introduce IT security measures.
50. Continue to transition government services to digital where possible.
51. Evaluate success of virtual EOC with ECG members and stakeholders.
52. Include option for virtual EOC for future emergency activations.
53. Develop an Emergency Operations Centre Manual to train staff on how to operate a virtual Emergency Operations Centre with adequate technological and telecommunications abilities similar to the legal requirement to establish a physical EOC with a backup site for use by the municipal emergency control group in an emergency.

<i>Community Care Support Services</i>
<p>54. Consider acquiring laptop computers for all staff when existing desktop computers reach end of lifespan and need to be replaced.</p> <p>55. Develop strategies for remote work for those staff who are unable to access the internet from their alternate (e.g. home) workplace.</p> <p>56. Provide information technology training for staff.</p>
<i>Orangeville Food Bank</i>
<p>57. Seek technology support from external sources such as local businesses or Dufferin County.</p> <p>58. Identify technology needs for the Orangeville Food Bank and seek donations of equipment.</p>

12. Resources and Logistics
<i>Personal Protective Equipment (PPE)</i>
<p>59. All agencies/sectors should examine their needs for PPE for possible future health emergencies and establish a stockpile.</p> <p>60. Examine establishing a central procurement team for PPE for the Dufferin County municipalities and stakeholder groups.</p> <p>61. Continue to maintain a supply of PPE at Dufferin Oaks.</p> <p>62. Regularly inspect PPE supply to ensure that it is current/useable. Rotate PPE stockpiles among agencies where practicable.</p>
<i>Staffing</i>
<p>63. Work to secure additional funding to address LTC staffing shortfalls.</p> <p>64. Maintain a volunteer pool for the Food Bank for possible future disruptions.</p> <p>65. Regularly review and maintain Food Bank volunteer position descriptions.</p> <p>66. Establish cross-training for all municipal staff.</p> <p>67. Undertake succession planning for non-management municipal staff.</p> <p>68. Assess hiring process and develop enhanced “on-boarding” strategies for new IT staff.</p> <p>69. Maintain an active recruitment strategy for new paramedic hires.</p> <p>70. Support employee well-being programs to help minimize burn-out by paramedics.</p>

71. Examine staffing schedules to assess whether any opportunities for increased time-off for paramedics can be incorporated.
13. Communications
72. Assess current Communications staffing levels and develop strategy for managing communications surge needs.
<i>Situational Awareness – Internal</i>
<i>County of Dufferin, Paramedic Services</i>
73. Ensure that all staff have a corporate email address or alternate tactics to receive communications.
74. Look to alternate tactics for disseminating information to internal staff and stakeholders.
<i>Headwaters Health Care Centre</i>
75. Throughout an emergency situation, monitor staff response to situational awareness and information sharing and adjust as necessary.
<i>Situational Awareness - Province</i>
76. Establish regular situational briefings and issuance of Situation Reports from the PEOC to municipalities.
77. Include all COVID Assessment Centres in the provincial briefings from the Assessment Emergency Operations Centre.
78. Continue with the weekly Ministry of Health meetings with Paramedic Services Chiefs in the province.
<i>Public Information</i>
79. Continue with timely and relevant information for residents using multiple tactics.
80. In all emergency situations, monitor mainstream media and social media for possible issues or misinformation.
81. Examine options for continuing with virtual Council meeting or implementing a hybrid option (in-person and virtual) once public health restrictions on gatherings are lifted.
82. Throughout any emergency, monitor public inquiries and adjust communications tactics and resources as necessary.

15. Training and Exercises
<p>83. Continue with a regular training and exercise program.</p> <p>84. Establish cross-training for all staff.</p> <p>85. Undertake succession planning for non-management staff.</p> <p>86. As more is learned about COVID and the new variant, Omicron, IPAC training should continue to be updated and delivered to staff.</p>
16. Recovery Phase
<i>Community Care Support Services</i>
<p>87. Continue to monitor and support staff well-being and encourage their use of wellness programs.</p> <p>88. In outbreak situations, an early adoption of enhanced environmental controls for patients should be emphasized.</p> <p>89. Utilize the Nurse Practitioner program early when patient support and visitation become stressed due to emergency situations.</p>
<i>Supply Chain</i>
<p>90. Continue preventative maintenance on existing fleet of vehicles and equipment.</p>
17. General Observations
<p>91. Proceed with the establishment of a Dufferin community paramedic program.</p> <p>92. Consider encouraging the province to establish standards for the community paramedic program.</p> <p>93. Consider encouraging province to increase base funding for social services.</p>

APPENDIX C: Consultant Profile

COMPANY PROFILE – Plannix Operations

Plannix Operations was engaged by the County of Dufferin to facilitate the debriefing of municipal partners on the COVID-19 response. For this project, Plannix Operations partnered with sub-consultant Loretta Chandler.

Plannix Operations was established in 2017 with the goal of providing expert emergency management, business continuity (continuity of operations) planning, training, exercising, support activities and risk assessments, including ISO 9001:2015. Nick Buczynsky, ABCP, is the President of Plannix Operations and sole proprietor providing services to municipalities, provincial agencies, emergency services, non-governmental organizations and businesses in Ontario.

Nick brings over 40 years of practical and operational experience in emergency management, business continuity, traffic operations, Intelligent Transportation Systems (ITS) and policy development. His experience working for local, regional and provincial governments is highlighted by his early adopter status of the DisasterLAN emergency management software. Nick was one of the first people in Canada to utilize the program and realize its practical application in emergency operations centres; he has subsequently provided training to hundreds of municipal and provincial personnel, first responders and supporting agencies.

Nick is a certified Associate Business Continuity Professional (ABCP) through the Disaster Recovery Institute Canada (DRIC). He is also a certified trainer in Basic Emergency Management (BEM) and the Ontario Incident Management System (IMS) program.

Hands-on experience with significant incidents and emergency situations include the 2013 Ice Storm, 2015 Pan-Am Games contingency planning, the 9-11 terrorist attack, the 2003 Power Outage, major GTA traffic incidents and numerous other events. Nick's ability to see the big picture and integrate services is evident through his successful coordination of staff and agencies during planning and preparedness activities as well as emergency response and recovery initiatives.

Over the years, Nick has been called upon numerous times as a subject matter expert, delivering dozens of presentations to community groups, businesses, and industry.

BIOGRAPHY – Loretta Chandler

Former Director, Office of Emergency Management (Retired)
City of Toronto

Loretta Chandler has performed many diverse roles in her 34 years of public service with the City of Toronto, York Region Emergency Management and the Ontario Public Service.

Loretta joined the Office of Emergency Management, City of Toronto in November 2009 in the new position of Director to provide strategic leadership and direction to the City's Emergency Management and Business Continuity programs.

As a member of Senior Management Team, she effectively promoted a high level of operational emergency preparedness in cooperation with emergency services, internal and external stakeholders, public and private sector partners and other levels of government; building and strengthening these relationships has also been her top priority.

Loretta strengthened the City's ability to mitigate, prepare, respond and recover from emergencies by leading the implementation and customization of the Incident Management System, a standardized approach to emergency management within the City's Emergency Operations Centre.

Under Loretta's leadership, the Office of Emergency Management created the emergency response structure, developed supporting plans and protocols and conducted annual training and exercise programs including debriefings and preparing After-Action Reports. These efforts have been instrumental in making the City of Toronto a leader in Incident Management System implementation at the municipal level.

She has served as the Emergency Operations Centre Director for nineteen activations of the Emergency Operations Centre including the 2010 G20 Summit, the 2013 Severe Flooding and Ice Storm, the 2015 Pan/Parapan American Game and the 2017 Toronto Island Flooding.

Loretta successfully led the program development and integration of the Emergency Social Services team with the Office of Emergency Management to provide an organized response to the urgent needs of residents who are displaced as a result of an emergency.

Loretta has a Masters Degree in Public Policy and Public Administration from the London School of Economics, an Honours Degree in Political Science from York University, a Masters Certificate in Municipal Leadership, Schulich School of Business and the Certified Municipal Manager III Emergency Management Professional designation.



REPORT TO COMMITTEE

To: Chair Creelman and Members of the General Government Services Committee

From: Steve Murphy, Manager – Preparedness, 911 & Corporate Projects

Date: April 28, 2022

Subject: **Next Generation 9-1-1 Authority Service Agreement**

In Support of Strategic Plan, Priorities and Objective:

Good Governance – ensure transparency, clear communication, prudent financial management

Purpose

The purpose of this report is to seek approval from Committee and Council to enter into a contract with Bell Canada to provide Next Generation 9-1-1 services.

Background & Discussion

Bell Canada has presented the County of Dufferin with a new agreement to replace the long-standing Public Emergency Reporting Service (PERS) agreement.

This new, non-modifiable standard form, agreement has been filed with and approved by the Canadian Radio-television and Telecommunications Commission (CRTC) and is required in order for Bell to provide Next Generation 9-1-1 support to Dufferin County.

This new agreement is the first step to permitting the Public Safety Answering Points (PSAPs) who provide 9-1-1 answering and dispatch services for emergency services, to begin their migration from the current Enhanced 9-1-1 to Next Generation 9-1-1 with Bell Canada. PSAPs are not permitted to migrate to NG9-1-1 until the new agreement has been approved.

Financial, Staffing, Legal and IT Consideration Impact

There are no financial, staffing, legal or IT considerations as a result of this report.

Recommendation

THAT the report of the Manager - Preparedness, 911 & Corporate Projects, dated April 28, 2022, regarding Next Generation 9-1-1 Authority Service Agreement, be received;

AND THAT the Warden and Clerk be authorized to enter into 9-1-1 Authority Service Agreement with Bell Canada.

Respectfully submitted,

Steve Murphy

Steve Murphy
Manager – Preparedness, 911 & Corporate Projects

Reviewed by: Sonya Pritchard, CAO

REPORT TO COMMITTEE

To: Chair Creelman and Members of the General Government Services Committee

From: Steve Murphy, Manager – Preparedness, 911 & Corporate Projects

Date: April 28, 2022

Subject: Municipal Emergency Readiness Fund (MERF) – Grant Request

In Support of Strategic Priorities:

Good Governance (GG) - ensure transparency, clear communication, prudent financial management

Sustainable Environment and Infrastructure (SEI) - protect assets both in the natural and built environment

Purpose

The purpose of this report is to present a grant request to Committee and Council for funding to assist the Township of Amaranth with the acquisition and installation of a back-up generator at its Public Works facility.

Background & Discussion

Following the cancellation of the Joint Emergency Preparedness Program by the Federal government in 2013, County Council began exploring ways to provide financial support to the member municipalities undertaking projects to better prepare for emergencies. In 2015, Council approved the Municipal Emergency Readiness Fund and criteria was established that permitted member municipalities to apply for funding for the following projects:

- Emergency Operations Centre - Includes construction/renovation, mapping, communications, furnishings, display screens, projectors, etc.
- Generators - A fixed or towable generator used to power a primary or alternate EOC, shelter or municipally owned critical infrastructure.

- Public Alerting System - Includes an automated system designed to alert members of a community to the presence of a hazard through telephone, email, SMS or other electronic means.
- Specialized Training - Includes training that is directly related to emergency preparedness but is not available locally.
- Telecommunications - Includes radios, repeaters, telephones, fax machine, television, video conferencing, EOC software and satellite communications equipment.

The fund provides funding for 50% of the project cost up to \$10,000 and each application is brought to Committee and Council for approval before the project commences.

The Township of Amaranth is requesting a MERF grant in the amount of \$8,000 which is slightly more than 50% of the quoted cost. A grant of \$7,900 would be in line with the fund's guidelines.

Staff has reviewed the submission and this project meets the criteria established by Council for the Municipal Emergency Response Fund.

Financial, Staffing, Legal, or IT Considerations

There are no financial, staffing, or legal impacts resulting from this report.

Recommendation

THAT the report of the Manager – Preparedness, 911 & Corporate Projects, dated April 28, 2022, regarding a Municipal Emergency Readiness Fund – Grant Request for the Township of Amaranth, be received;

AND THAT the Municipal Emergency Readiness Fund Grant Request for the Township of Amaranth in the amount of \$7,900, be approved.

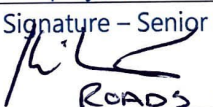

Respectfully submitted,

Steve Murphy
Emergency Management Coordinator

Reviewed by: Sonya Pritchard, Chief Administrative Officer



APPLICATION TO THE MUNICIPAL EMERGENCY READINESS FUND

Applicant: TOWN OF AMARANTH					
Address: 393045 DCR 12			Phone: (519) 941-1007 EXT 229		
Contact Name: KEVIN WATSON			Email: KWatson@amaranth.ca		
Project Name: FACILITY #2 GENERATOR					
\$ Amount Requested: \$ 8,000.00			Estimated Project Cost: \$ 15,800.00 + HST @ 2,054.00		
Description of Project (attach supporting documents, diagrams, quotes, specifications, etc.): INSTALL 20 KW PROPANE POWERED GENERATOR AT TOWNSHIP OF AMARANTH ROADS DEPT.					
Criteria	Yes	No	Criteria	Yes	No
Does this project align with the County's Emergency Management Program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has your municipality received funding from this program in the past 36 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does this project meet the 'Approved Projects' criteria?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has work on this project already begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will this project enhance the resilience of the community as a whole?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will this project be completed and a final report submitted before December 1 st ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has the Municipal Council approved this project?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has the Municipal Council approved this funding request?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signature – Senior Municipal Official  ROADS SUPERINTENDENT			Signature – Head of Council 		
Fund Administration Use					
Application brought to committee on:			Committee approved as submitted [] Yes [] No		
Application brought before Council on:			Council approved as submitted [] Yes [] No		
Notes:					

Send completed application and any supporting documentation to:

Clerk – County of Dufferin
55 Zina St. Orangeville, ON L9W 1E5



REPORT TO COMMITTEE

To: Chair Creelman and Members of General Government Services

From: Michelle Dunne, Clerk

Meeting Date: April 28, 2022

Subject: Compensation Policy for Public Members on Advisory Committees

In Support of Strategic Plan Priorities and Objectives:

Good Governance - ensure transparency, clear communication, prudent financial management

Purpose

The purpose of this report is to seek approval for an amendment to Policy No. 1-2-02 – Committee Structure and Mandates to include compensation for public members of advisory committees.

Background & Discussion

In June 2021, the Chief Administrative Officer recommended that Council compensate public members of committees and advisory groups with honorariums on a per meeting basis. Honorariums of \$100 per meeting for public members of advisory committees was approved as part of the 2022 budget.

Staff have developed the following procedures for issuing the honorarium to advisory committee members:

1. Public members on advisory committees will receive an honoraria of \$100 per meeting attended, to a maximum amount of \$1,200 annually.

2. The honoraria is not intended for members who serve on advisory committees as representatives of organizations or businesses which they own or at which they are employed.
3. There is no additional honoraria for public members who serve as chair or co-chair.
4. The honoraria is not paid for attendance at sub-committee meetings or events.
5. Members must be in attendance at the meeting to receive the honoraria.

Compensation will be paid to all public members on the committees listed below:

Advisory Committee	Public Members	Anticipated No. of Meetings Per Year
Diversity, Equity and Inclusion Community Advisory Committee	8 - 10	12
Dufferin County Forest Advisory Team	5	1
Joint Accessibility Advisory Committee	3 - 5	10
Tourism Advisory Group	7	8

This procedure would replace the current remuneration section listed in Policy No. 1-2-02 – Committee Structure and Mandates (attached).

Financial, Staffing, Legal and IT Considerations

Compensation for public members of advisory committees was approved as part of the 2022 budget.

Recommendation

THAT the Report from the Clerk, dated April 28, 2022, titled Public Committee Member Compensation, be received;

AND THAT the amendments to Policy No. 1-2-02 – Committee Structure and Mandates be approved.

Respectfully Submitted By:

Michelle Dunne
Clerk

Prepared by: Rebecca Whelan, Deputy Clerk

Attachments: Policy No. 1-2-02 – Committee Structure and Mandates

POLICY & PROCEDURE MANUAL

SECTION	COUNCIL RELATED POLICIES	POLICY NUMBER	1-2-2
SUB-SECTION	COUNCIL PROCEDURES	EFFECTIVE DATE	January 1, 2020
SUBJECT	Committee Structure and Mandates		
AUTHORITY	General Government Services – November 26, 2020 Council – December 10, 2020		

PURPOSE:

To determine the appropriate number of Committees, their membership, terms of reference and reporting practices.

STATEMENT:

The business of the Council of the County of Dufferin is conducted through Standing Committees. There are currently four standing committees that report to Council. As well, there are ad hoc committees struck to deal with a specific matter with a start and finish time. Statutory committees are also required by statute from time to time such as the Accessibility Advisory Committee and Planning Advisory Committee.

PROCEDURE:

Most matters appear before committee prior to Council unless they are time sensitive or do not fit into a specific committee function. The committee structure and the mandates are outlined below.

Community Development and Tourism

Composition: 6 to 8 members plus the Warden

Quorum: Majority of Members

Considers matters pertaining to: Building, Land Use Planning, Tourism (including Museum)

General Government Services

Composition: 6 to 8 members plus the Warden

Quorum: Majority of Members

Considers matters pertaining to: C.A.O.'s office, Clerk's, Emergency Management, IT, Human Resources, Finance, Procurement, Property

Infrastructure & Environmental Services

Composition: 6 to 8 members plus the Warden

Quorum: Majority of Members

Considers matters relating to: Climate Change, County Forest, Facilities, Roads & Bridges, and Waste Management

Health & Human Services

Composition: 6 to 8 members plus the Warden

Quorum: majority of members

Considers matters pertaining to: Accessibility, Dufferin Oaks Homes for Seniors, Senior Services, Social Services (Childcare, Housing and Ontario Works), Land Ambulance, Public Health

Statutory Committees

Where required by legislation, Council shall appoint, by resolution, members to a committee which is fully funded and financed through the County.

There is currently a statutory committee, the Accessibility Advisory Committee legislated by the *Ontarians With Disabilities Act*. The County has a Joint Committee with the Town of Orangeville, administered through the Town. The committee considers matters relating to accessibility for those with disabilities and reports through the Human Services Committee.

Advisory Committees /Teams with Public Members

Council may strike advisory committee/teams for specific functions of the County. An advisory committee/team is often long term, has no power to make decisions and generally approaches its advisory role by identifying certain issues, investigating and discussing them, and proposing solutions and recommendations.

Ad Hoc Committees

Council may constitute an Ad Hoc Committee to consider and report on a specific subject, project or undertaking. When an ad hoc committee has been appointed by Council, a mandate shall be established. When an ad hoc committee has completed its work and made its final report to Council, the ad hoc committee will be dissolved.

Remuneration

No remuneration will be paid for committee members; however, mileage and travel expenses will be covered.

Schedules:

A: Agriculture Advisory Committee – Terms of Reference

B: Diversity, Inclusivity and Equity Committee – Terms of Reference

C: Dufferin Forest Advisory Team – Terms of Reference

D: Economic Development Committee – Terms of Reference

E: Joint Accessibility Advisory Committee – Orangeville and Dufferin County - Terms of Reference

Schedule A

Agricultural Advisory Committee of Dufferin County Terms of Reference

Guiding Principles:

This committee provides coordination of and communication between organizations providing an agriculture function. The Agriculture Advisory Committee acts as the voice of the agricultural community at the Dufferin County table. The Agricultural Advisory Committee will have the opportunity to provide comments from an agricultural lens on new policy or existing issues that may have impact on the agriculture industry within Dufferin County. In one of the fastest growing areas in Ontario, Dufferin County strives to ensure that the agriculture industry continues to not only be supported but flourish amidst rapid population growth.

Term of Committee: The term of the committee will run concurrent with the term of council or until successor members are appointed.

Appointment of the Chair: A chair will be appointed at the first meeting.

Appointment of a Vice-Chair: A Vice- chair will be appointed at the first meeting. The Vice-Chair will assume the duties of the Chair when the Chair is not available.

Frequency of Meetings: The committee will meet on a bi-annual basis, with any pressing matters sent out via email for comment.

Term of the Chair: the term of the Chair will run concurrent with the term of council or until the new committee is appointed. The Chair shall not be a member of County Council.

Composition of Committee:

Number of Voting Members	Representing
3	Commercial Livestock Producers (dairy, hog, beef, poultry)
1	Cash Crop
2	Ag Business Owner (Grain Bin, Custom Work, Agronomist)
2	Farm Gate Sales
1	Commercial Fruit / Vegetable Farmer (potatoes, spinach, etc.)
1	Dufferin County Economic Development Officer
1	OMAFRA Representative
1	Member of County Council
12	Total

The committee may set up sub-committees as required

Note: Any municipality with an economic development committee is entitled to appoint a member to this committee.

Staff Support: Economic Development staff to provide staff support.

Meeting Rules: The County of Dufferin Procedural By-law will apply to this committee.

Quorum: Majority of Members.

Budget: The committee will submit its budget request no later than August 1st of each year.

Purpose:

The main purpose of the Agriculture Advisory Committee is to provide comment and recommendations to County Council on ongoing matters associated with the agriculture sector as a whole. The committee will compliment and support economic development and planning initiatives pertaining to agriculture.

The committee will focus on areas of planning and economic development such as:

- New Provincial and County policy proposals
- Agriculture business attraction and retention strategies
- Promotion and education of agriculture and related business and industry
- Promote normal farm practices and the right to farm
- Protect the County's prime agricultural areas from fragmentation, development and land uses unrelated to agriculture.

Strategies:

Development and Maintenance of:

- A plan to attract and retain agriculture businesses
- A plan to promote the agriculture industry and related businesses
- A plan of what ideal community growth looks like in respect to saving prime agriculture land
- Awareness of the Agricultural Advisory Committee
- Initiatives that stimulate a positive climate for agriculture industry growth
- Identify and promote a range of agriculture- related uses and on-farm diversified use

Schedule B

Diversity, Equity and Inclusion Community Advisory Committee Terms of Reference

Mandate:

The mandate for the committee will be to advise County Council, make recommendations and provide a monitoring and measuring role to help ensure that the County applies a diversity, equity and inclusion lens to its policies, services and programs.

1. Provide insight, advice, and make recommendations to County Council relating to the following:
 - emerging equity or diversity issues or trends arising in the community;
 - initiatives to combat racism, acts of prejudice or hate in the community;
 - identifying systemic barriers faced in accessing county services, information, programs and facilities;
 - identifying systemic barriers to participation in public life and achievement of social, cultural and economic wellbeing of residents;
 - strategies for building connections and fostering a deeper sense of inclusion and belonging especially for marginalized groups;
 - proposed County of Dufferin initiatives, services, and policies to meet changing needs of a diverse community;
 - employment and employee awareness policies, initiatives, and programs.
2. Liaise with organizations and stakeholders, particularly those from marginalized groups including but not limited to Black, Indigenous, People of Colour, and LGBTQ+ community members to facilitate discussions that promote broader understanding and engagement between residents of diverse backgrounds and abilities.
3. Provide recommendations on opportunities for education and awareness programs on anti-racism, diversity, equity and inclusion in consultation with the County Administration and within the budget allocated by County Council.
4. Provide advice and recommendations on the development and contents of a new Diversity, Equity & Inclusion Policy which shall include an annual work plan with clear actions and measurable goals and objectives that move to identify and eliminate systemic discrimination and create an inclusive organization.
5. In cooperation with County Staff Diversity and Inclusion Committee provide regular updates to County Council that monitor and measure the County's success in applying a diversity, equity and inclusion lens resulting in implementing real changes to policies, services, and programs.

Composition:

The Diversity, Equity and Inclusion Committee is composed of the following members:

Role	Member
Committee Chair	To be selected annually from within the committee
Community Members	8-10 members appointed from the community
Council Representation	2 members of Council
County of Dufferin Staff Liaison (non-voting)	2 members from the Staff Diversity and Inclusion Committee
Support Staff (non-voting)	Support staff as required

Selection Process:

Community Members will be selected through an application and interview process. The interview panel will include the appointed Council members and a staff representative. Committee members will have the skills, knowledge, and experience to contribute effectively to the committee's mandate. Committee members must be a County of Dufferin resident, business owner or stakeholder who has an understanding of the impacts of racism and systemic discrimination on marginalized people and meet the following general qualifications:

- be familiar with overall community issues
- have demonstrated knowledge around diversity, equity and inclusion
- be able to build meaningful relationships and connections within the community

Council shall strive to ensure Committee membership reflects the diversity of the community with particular focus given to marginalized groups who have traditionally faced systemic discrimination including but not limited to Blacks, Indigenous peoples, people of colour, and people who identify as LGBTQ+.

Subcommittees and Working Groups:

The Diversity, Equity, and Inclusion Community Advisory Committee may form subcommittees and working groups within its membership as may be necessary to address specific issues within its mandate. Subcommittees shall draw upon members of the Committee and the Chair of the subcommittee shall be a voting member. Subcommittees may also invite community volunteers and stakeholders to participate in specific initiatives.

Remuneration & Expense Reimbursement:

Committee members shall serve without receiving remuneration. Reimbursement for mileage or transportation costs to meetings will be provided in accordance with County policy.

Term of Office:

The Committee members shall be appointed for the Term of Council (4 years).

Meetings:

The committee will meet a minimum of 4 times per year or at the call of the Chair.

Quorum:

Committee quorum requires that the majority of voting members be present. If quorum is not attained within the first 10 minutes, the formal meeting cannot proceed and the support staff member is not required to remain and/or provide notes. If members present choose to remain, they may do so for an information exchange only.

Conflict of Interest:

Members should be cognizant of perceived conflicts in terms of issues which may serve to benefit them personally. Members shall not use their status on a Committee for personal or political gain.

Schedule C

Dufferin County Forest Advisory Team Terms of Reference

Purpose:

The purpose of the Dufferin County Forest Advisory Team (DCFAT) is to:

- provide community input and advice to County staff regarding the Dufferin County Forest Management Plan and Dufferin County Forest Recreational Use Policy and;
- assist County staff in communicating plan and policy revisions.

Dufferin County Forest Goal:

To protect the quality and integrity of ecosystems in the Dufferin County Forest, including air, water, land and biota; and, where quality and integrity have been diminished, to encourage restoration or remediation to healthy conditions; while providing a variety of social and economic benefits to the public.

Assumptions:

- recreational pursuits in the forest are a privilege, not a right;
- the Dufferin County Forest is not parkland, preserve or for single-use, however, some areas may not be suitable for all activities and;
- the Dufferin County Forest is owned and managed by the Corporation of the County of Dufferin, and is not Crown land.

Criteria for Analysis of Recreational Activities/Events:

- activity must have minimal environmental impact;
- activity must not have significant impact upon other forest users;
- activity must be compatible with forest management activities;
- activity must not pose significant liability concerns to the County and;
- activity should not require significant County staff intervention for administration or policing.

Membership:

Representation will be solicited from the general public to coincide with the new term of County Council, or as required to replace or add members. Five members will be selected according to the following criteria:

- commitment to advancing the purpose of the Dufferin County Forest Advisory Team;
- interest and respect for a broad range of issues regarding the management of the Dufferin County Forest;
- respect for the procedures agreed to by the members;
- willingness to serve as a volunteer on the Advisory Team;
- aged 18 or over; and
- resident of Dufferin County.

In addition, one member of the Community Services/Dufferin Oaks Committee will be appointed to the Dufferin County Forest Advisory Team.

Structure:

The Advisory Team will meet at least once annually to discuss items relevant to its purpose. The County Forest Manager or his/her designate will attend all meetings and assist as required. The Advisory Team may choose to obtain feedback from recreational users and the broader public when deemed necessary.

Term of Office:

The Committee members shall be appointed for the Term of Council (4 years).

Schedule D

Economic Development Committee Terms of Reference

Guiding Principles:

This committee provides coordination of and communication between organizations providing an economic development function. A level of trust must be fostered and maintained with the recognition and acknowledgement that investment and economic development growth in any area of Dufferin County is of benefit to the entire County.

Term of Committee: The term of the committee will run concurrent with the term of council or until successor members are appointed.

Appointment of the Chair: The seat of Chair will be filled by the member of County Council.

Appointment of a Vice-Chair: A Vice- chair will be appointed at the first meeting. The Vice-Chair will assume the duties of the Chair when the Chair is not available.

Frequency of Meetings: The committee will meet on a quarterly basis, with any pressing matters sent out via email for comment.

Term of the Chair: the term of the Chair will run concurrent with the term of council or until the new committee is appointed. The Chair shall not be a member of County Council.

Composition of Committee:

Number of Voting Members	Representing
1	Grand Valley Economic Development Committee
1	Mulmur Economic Development Committee
1	Orangeville Economic Development Committee
1	Shelburne Economic Development Committee
1	Workforce Development Board
1	Hills of Headwaters Tourism
1	Education Sector
1	Dufferin Board of Trade
1	Director of Planning, Economic Development and Tourism
1	Dufferin Federation of Agriculture
1	Member of County Council
11	Total

Number of Voting Members	Representing
1	Grand Valley Economic Development Committee
1	Mulmur Economic Development Committee
1	Orangeville Economic Development Committee
1	Shelburne Economic Development Committee
1	Agriculture, Food and Beverage Business
1	Creative Industries Business
1	Health and Wellness, Wellbeing and Recreation Destinations Business
1	Tourism Business
1	Manufacturing Business
1	Professional, Engineering, Information Technology and Financial Services
1	Director of Planning, Economic Development and Tourism
1	Member of County Council
12	Total

The committee may set up sub-committees as required

Note: Any municipality with an economic development committee is entitled to appoint a member to this committee.

Staff Support: Economic Development staff to provide staff support.

Meeting Rules: The County of Dufferin Procedural By-law will apply to this committee.

Quorum: Majority of Members.

Budget: The committee will submit its budget request no later than August 1st of each year.

Purpose:

The main purpose of the Economic Development Committee is to provide comment and recommendations to County Council on ongoing matters associated with economic development. The committee will compliment and support economic development initiatives.

The committee will focus on areas of economic development that relate to the Dufferin County Economic Development Strategic Plan such as:

- Business retention and expansion strategies
- Marketing of Dufferin County as a place to live and do business
- Workforce development
- Natural gas and high-speed internet expansion across Dufferin County
- Foster entrepreneurship in key sectors (agriculture, food and beverage; creative industries; tourism; professional, engineering, information technology and financial services; manufacturing; and finally health and wellness, well-being and recreation destinations.)

Schedule E

Joint Accessibility Advisory Committee (Orangeville and Dufferin County)

Date Approved by Council: March 9, 2020

Mandate:

The Joint Accessibility Advisory Committee will be a joint committee between the County of Dufferin and the Town of Orangeville.

Pursuant to the requirements of the Accessibility for Ontarians with Disabilities Act, the Joint Accessibility Advisory Committee shall,

Duties of the Joint Committee (Section 29 (4)) (a)

- (a) advise the respective councils about the requirements and implementation of accessibility standards and the preparation of accessibility reports and such other matters for which the council may seek its advice under subsection (5) of the Accessibility for Ontarians with Disabilities Act;
- (b) review in a timely manner the site plans and drawings described in section 41 of the Planning Act that the committee selects; and
- (c) perform all other functions that are specified in the regulations.

Duty of the councils (Section 29 (5))

The council shall seek advice from the committee on the accessibility for persons with disabilities to a building, structure or premises, or part of a building, structure or premises,

- (a) that the council purchases, constructs or significantly renovates;
- (b) for which the council enters into a new lease; or
- (c) that a person provides as municipal capital facilities under an agreement entered into with the council in accordance with section 110 of the Municipal Act, 2001.

Supplying site plans

When the committee selects site plans and drawings described in section 41 of the Planning Act to review, the council shall supply them to the committee in a timely manner for the purpose of the review.

The Committee may also provide advice on matters Council is considering which affect persons with disabilities, seniors and other citizens with access issues, and report to Council or to another Committee designated by Council for that purpose.

Pursuant to the requirements of the Accessibility for Ontarians with Disabilities Act, the Orangeville Accessibility and Seniors Advisory Committee shall,

- (a) advise the council about the requirements and implementation of accessibility standards and the preparation of accessibility reports and such other matters for which the council may seek its advice under subsection (5) of the Accessibility for Ontarians with Disabilities Act;
- (b) review in a timely manner the site plans and drawings described in section 41 of the Planning Act that the committee selects; and
- (c) perform all other functions that are specified in the regulations.

The Committee may also provide advice on matters Council is considering which affect persons with disabilities, seniors and other citizens with access issues, and report to Council or to another Committee designated by Council for that purpose.

The Committee may also direct or monitor volunteer community working groups participating in specific projects or initiatives in its work plan and budget.

Goals/Objectives:

The Goals of the Joint Accessibility Advisory Committee are to encourage and facilitate accessibility on behalf of all persons by:

1. Soliciting feedback from the community on issues relating to people with disabilities and other citizens with access issues, and bring to the relevant Council matters identified by the Committee as requiring action by the municipality.
2. Working with both Councils for the preparation, implementation and effectiveness of its accessibility plan.
3. Working cooperatively with municipal Departments, Boards, Commissions and Committees whose activities affect access issues, including to:
 - (a) provide advice and information on directions for future planning of municipal services, programs and facilities; and
 - (b) monitor municipal services, programs and facilities to ensure full participation of all citizens; and
 - (c) evaluate the progress of accessibility activities.
4. To inform citizens of the existence and mission of this Committee and to work with them to

identify existing social and physical barriers to access and participation.

5. To work with Council and staff to increase public awareness of the issues of accessibility and inclusion for people with disabilities and all citizens.
6. To work with local government to change policies, as required, as they pertain to people with disabilities.

Reporting to Council:

- circulation of monthly minutes to Town of Orangeville and County of Dufferin Council
- presentations/delegations as necessary

Chair:

The position of Chair shall be a Town of Orangeville appointed member.

Budget:

The budget will be determined by the respective Councils. Matters with regard to expenditures of Orangeville funds will be voted on by the Orangeville Council appointed members only.

Enabling Legislation, By-Law or Staff Report:

Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11 Ontario Regulation 191/11
Integrated Accessibility Standards

Committee Composition:

As required by the Accessibility for Ontarians with Disabilities Act, a majority of the members of the committee shall be persons with disabilities.

1. The Committee shall be comprised of a maximum of thirteen (13) members.
2. A minimum of three (3) and a maximum of five (5) members will be appointed by the County of Dufferin to represent areas outside of the Town of Orangeville.
3. The Committee membership shall be a combination of persons with disabilities, service providers familiar with accessibility issues and members of the general public.

Skills Requested:

- passion for accessibility/barrier free community
- background in one or more areas of focus, including persons with disabilities, barrier free access and or inclusive communities.

Administration Section:

Department Linkage:

Staff Support:

Clerk's Assistant – Orangeville or Committee Coordinator – Dufferin

Technical Expertise Community Services staff, as needed

County Representative Emergency Management/Accessibility Coordinator

Meeting Frequency:

Monthly or at the call of the Chair

REPORT TO COMMITTEE

To: Chair Creelman and Members of the General Government Services Committee

From: Michelle Dunne, Clerk

Meeting Date: April 28, 2022

Subject: Joint Compliance Audit Committee

In Support of Strategic Plan Priorities and Objectives:

Good Governance – ensure transparency, clear communication, prudent financial management

Purpose

The purpose of this report is to provide information on a request to administer a Joint Compliance Audit Committee for the 2022 – 2026 Council Term.

Background & Discussion

Staff at the Town of Orangeville have asked the County to facilitate the Joint Compliance Audit Committee for the upcoming 2022 – 2026 Council Term. Municipalities are required to establish a Compliance Audit Committee prior to October 1st of an election year in accordance with Section 88.37 of the Municipal Elections Act. The Joint Compliance Audit Committee is a public process and the Committee is responsible for reviewing compliance audit applications submitted by an elector who believes on reasonable grounds that a candidate or third party advertiser has contravened the provisions of the Municipal Elections Act relating to campaign or advertising finances.

The powers and functions of the Committee are set out in Sections 88.33 – 88.36 of the Municipal Elections Act:

- Within 30 days of receipt of an application requesting a compliance audit, the Committee shall consider the compliance audit application and decide whether it should be granted or rejected;
- If the application is granted, the Committee shall appoint an auditor to conduct a compliance audit of the candidate's election campaign finances;
- The Committee will review the auditor's report within 30 days of receipt and decide whether legal proceedings should be commenced;
- If the auditor's report indicates that there were no apparent contraventions and if there appears there were no reasonable grounds for the application, the Committee shall advise Council accordingly; and
- Within 30 days after receipt of a report from any participating municipality's Clerk of any apparent over-contributions to candidates or third-parties, the Committee shall consider the Clerk's report and decide whether legal proceedings should be commenced.

Draft terms of reference for the Joint Committee are attached.

Although the County of Dufferin is not required to establish a Compliance Audit Committee, there is a strong working relationship with the Clerks of the local municipalities and given the potential adversarial nature of compliance audit proceedings, a County administered Committee will establish an arms length process from applicants, third party advertisers, candidates and the lower tier municipalities. All eight local municipalities have indicated that they are interested in participating in the Joint Committee.

The role of County staff will be to advertise for Committee members, coordinate the Committee meeting upon receipt of a compliance audit request, and provide administrative support to the Committee.

Financial, Staffing, Legal, or IT Considerations

There is no financial impact of facilitating the Joint Compliance Audit Committee. The participating local municipalities requiring the services of the Committee shall be responsible for all associated expenses.

Recommendation

THAT the report from the Clerk, dated April 28, 2022, titled Joint Compliance Audit Committee, be received.

Respectfully Submitted By:

Michelle Dunne
Clerk

Report Prepared By:
Rebecca Whelan
Deputy Clerk

Attachments: Draft Terms of Reference for the Joint Compliance Audit Committee

Dufferin County Joint Compliance Audit Committee

Terms of Reference 2022-2026

1. Establishment

The Joint Compliance Audit Committee is established by the Towns of Grand Valley, Mono, Orangeville and Shelburne and Townships of Amaranth, East Garafraxa, Melancthon, and Mulmur (collectively the “participating municipalities”), pursuant to the requirements of section 88.37 of the Municipal Elections Act, 1996, S.O. 1996, c.32, as amended, (“the “Municipal Elections Act”)

2. Mandate

The powers and functions of the Committee are set out in Section 88.33 to 88.36 of the Municipal Elections Act. The powers and functions are generally described as:

- Within 30 days of receipt of an application requesting a compliance audit, the Committee shall consider the compliance audit application and decide whether it should be granted or rejected;
- If the application is granted, the Committee shall appoint an auditor to conduct a compliance audit of the candidate’s election campaign finances;
- The Committee will review the auditor’s report within 30 days of receipt and decide whether legal proceedings should be commenced;
- If the auditor’s report indicates that there were no apparent contraventions and if there appears there were no reasonable grounds for the application, the Committee shall advise Council accordingly; and
- Within 30 days after receipt of a report from any participating municipality’s Clerk of any apparent over-contributions to candidates or third-parties (“report of the Clerk”), the Committee shall consider the Clerk’s report and decide whether legal proceedings should be commenced.

3. Composition

Collectively a total roster of no fewer than three (3) and up to five (5) members shall be appointed by the participating municipalities and the members shall not include:

- (a) employees or officers of the participating municipalities or local boards;
- (b) members of council or local boards;
- (c) any persons who are candidates in the election for which the committee is established; or
- (d) any persons who are registered third party advertisers in the participating municipality in the election for which the committee is established.

All Committee members must agree in writing that they will not work for or provide advice to any candidate running for municipal office within the participating municipalities.

To avoid any potential conflict of interest, applicants with accounting or auditing backgrounds must agree in writing that they will not offer their services to any municipal election candidates.

4. Term

The term of the Committee is the same as the terms of office of the council that takes office following the next regular election.

5. Chair

The Committee at its first meeting shall select one of its members to act as Chair.

6. Meetings

When a compliance audit request or a report of the Clerk is received, the Dufferin County Clerk shall, within 10 days, contact the Clerk of the applicable municipalities and the Committee members to arrange for a meeting for the purpose of considering the compliance audit request or report of the Clerk. The attendance of a majority of members is necessary to form quorum.

Meetings of the Committee shall be conducted in accordance with the open meeting requirements of the *Municipal Act, 2001*. Meetings of the Committee shall be open to the public, but the Committee may deliberate in private.

7. Remuneration

\$150 per meeting per member.

8. Staff Support and Funding

Dufferin County staff, along with the staff from the applicable participating municipality shall provide administrative support to the Committee. The participating municipality requiring the services of the Committee shall be responsible for all associated expenses.

9. Records

The records of the Committee meetings shall be retained and preserved by the participating municipality requesting the service of the Committee in accordance with the municipality's Records Retention by-law.

10. Membership Selection

All applicants will be required to submit an application outlining their qualifications and experience. Committee membership will be drawn from the following groups:

- accounting and audit – accountants or auditors, preferably with experience in preparing or auditing the financial statements of municipal candidates;
- academic – college or university professors with expertise in political science or local government administration;
- legal; and
- other individuals with knowledge of the campaign financing provisions of the Act.

The Clerk, or designate, from each participating municipality will serve on the Selection Committee. The Selection Committee shall meet to review all applications.

The Selection Committee will recommend members to each participating municipality for its approval, based on the following criteria:

- a) demonstrated knowledge and understanding of municipal election campaign finance rules.
- b) proven analytical and decision-making skills.
- c) experience working on committees, boards, task forces or similar working groups.
- d) availability and willingness to attend meetings in any of the member municipalities.
- e) excellent oral and written communication skills.

11. Selection of an Auditor

The Clerks from each participating municipality will compile a joint list of municipal auditors that are willing and able to provide auditor services to the Committee. The Committee will appoint an auditor from the joint list, excluding the municipal auditor for the responding municipality. The Auditor will be appointed by resolution of the Committee. The engagement letter will indicate that the Auditor has been engaged by the Committee and will be prepared and executed by the Clerk, or other officer of the municipality as may be designated, on behalf of the participating municipality.

REPORT TO COMMITTEE

To: Chair Creelman and Members of the General Government Services Committee

From: Michelle Dunne, Clerk

Meeting Date: April 28, 2022

Subject: Procedural By-Law Review

In Support of Strategic Plan Priorities and Objectives:

Good Governance – ensure transparency, clear communication, prudent financial management

Purpose

The purpose of this report is to inform Committee that staff have started a review of the Procedural by-law for the 2022 – 2026 Council Term.

Background & Discussion

A procedural by-law is a legislative requirement under the Municipal Act, 2001, Section 238, and governs the calling, place and proceedings of meetings of Council. The current procedural by-law was passed in 2015, with several amendments and it is good practice to review this by-law every few years.

The County's Procedural By-law is the supporting document that provides rules relative to meetings and meeting structure. It is complimented by other policies and by-laws such as the Code of Conduct, Accountability and Transparency policy, Closed Meeting Policy as well as Robert's Rules of Order. Over the past two years, changes have been brought forward in relation to required changes during a declared emergency under the Emergency Management and Civil Protection Act, and to permit hybrid meeting options under Bill 197, The COVID Economic Recovery Act, 2020, which permitted electronic participating by members during Council or committee meetings outside of a declared emergency.

Staff are working on a full review of the County's Procedural By-law to review areas where changes can be made to update language, definitions, previous amendments, as well as align with what others are doing. Staff are also reviewing several upper tier and local municipal by-laws that have been recently updated. Recommended changes will be brought to the May 26, 2022 General Government Services Committee for approval.

Some of the changes staff are reviewing and researching are:

- Updated pronouns used to be gender neutral
- Research 2 year term for Warden and Committee Chairs with a mid-term election instead of annually
- Review Electronic Participation, specifically in a closed meeting
- Review Council agenda routine order of business and headings
- Inclusion of language related to how communications are placed on an agenda
- Update sections to current practices and simplify wording where possible

Financial, Staffing, Legal, or IT Considerations

There are no financial, staffing, legal or IT considerations as a result of this report.

Recommendation

THAT the report from the Clerk, dated April 28, 2022, regarding the Procedural By-law Review, be received.

Respectfully Submitted By:

Michelle Dunne
Clerk



REPORT TO COMMITTEE

To: Chair Creelman and Members of General Government Services

From: Michelle Dunne, Clerk

Meeting Date: April 28, 2022

Subject: **School Bus Stop-Arm Camera Program – Report 4**

In Support of Strategic Plan Priorities and Objectives:

Good Governance - ensure transparency, clear communication, prudent financial management

Inclusive and supportive community – support efforts to address current and future needs for a livable community

Purpose

The purpose of this report is to provide an update to council regarding implementing a school bus stop-arm camera program.

Background & Discussion

At the June 24, 2021 General Government Services meeting, members of Council received an information report on implementing a school bus stop-arm camera program. The report stated the Region of Peel has been working on a development of options, scope and cost for implementing an Automated School Bus Stop Arm Camera program. It was suggested once Peel Region is ready to implement such a program, the municipalities in the County could follow their lead, since the Town of Caledon is located in Peel Region, and administers Provincial Offences Administration (POA) for Dufferin municipalities.

The Region of Peel Council had this matter on their agenda for their July 8, 2021 meeting. A representative from BusPatrol provided a delegation to Council. Members of Regional Council discussed and asked questions regarding:

- system installation (hardware technology) and operational costs;
- compliance with provincial legislation;
- the company known as Force Multiplier Solutions;
- a phased program with only external bus stop arm cameras;
- concerns regarding the extra bundled technology;
- responsibility of the school boards versus municipalities;
- access and use of the proposed interior cameras and technology and the information/pictures they will gather; and,
- the Region of Peel's leadership role with respect to school bus safety in Ontario and the implications and benefits for BusPatrol.

In the minutes from that meeting it states: *"The Regional Solicitor noted that local municipalities are responsible for maintaining the costs of the court system which may be impacted by the enforcement measures associated with this initiative; and, that Regional Council should consider whether the program will incur a deficit and whether the local municipalities will incur a financial loss when court costs are taken into account."*

The Commissioner of Public Works stated that the staff recommendation in the subject report strives to ensure that the Stop Arm Camera Program is implemented in a legally and financially responsible manner. The Commissioner noted that staff have engaged Student Transportation of Peel Region (STOPR) as a program partner and continue to negotiate contract details with them. The Commissioner of Public Works provided an overview of a previous small scale stop arm pilot project conducted in Mississauga by Force Multiplier Solutions Canada and STOPR in 2016."

Peel Region adopted a motion to endorse a modified BusPatrol Program model and directed legal staff to work directly with the STOPR selected vendor, BusPatrol Inc. A copy of the full motion is attached as Schedule A to this report.

As evident by the Peel Region motion, this is a considerable undertaking to implement and we currently do not have the expertise or capacity to take this on at the county. The Region has also indicated they may be in a position to service municipalities outside of Peel. If this is so, it would be much more practical for our local municipalities to partner with the Region. Staff are working to gather additional information with respect to this option.

Financial, Staffing, Legal and IT Consideration Impact

Peel Region has indicated that there is a significant impact financially and on staffing, legal and IT resources, to coordinate the implementation of this program.

Recommendation:

THAT the report of the Clerk, dated April 28, 2022, regarding School Bus Stop-Arm Camera Program – Report 4, be received.

Respectfully submitted by:

Michelle Dunne, Clerk

Schedule A

Motion from the Regional Municipality of Peel Council Meeting held on July 8, 2021:

Whereas the safety of students in Peel Region is of paramount concern;

And whereas, Peel Regional Council recognizes the need to work collaboratively with its community partners to support and increase safety for children travelling to and from school;

And whereas, Peel Regional Council unanimously endorsed Resolution 20191134, supporting the development of an Automated School Bus Stop Arm Camera program which upholds the principles of Vision Zero;

And whereas, the Automated School Bus Camera Working Group guided staff to work towards the development of a program that has no net financial losses when considering the Region and the local Municipalities, as outlined in the Working Group's recommendations endorsed through Resolution 2020-446;

And whereas, Peel Regional Council unanimously endorsed Resolution 2020867 that directed staff to work directly with Student Transportation of Peel Region's (STOPR) and their selected vendor to implement a full-fleet rollout of an Automated School Bus Stop Arm that meets or exceeds current and future regulatory and legislative requirements, for September 2021 in accordance with the Procurement By-law 30-2018, as amended;

And whereas, STOPR selected BusPatrol Inc. to provide a full suite of school bus modernization technologies, with the expectation that it would be paid for by a Regional enforcement program;

And whereas, Resolution 2020-867 also directed staff to prioritize the pursuit and development of a Peel Region Central Processing Centre, critical for an Automated School Bus Stop Arm Camera program;

And whereas, Peel Regional Council unanimously endorsed Resolution 2021564 that requested the Province to enact legislation to allow the use of Administrative Monetary Penalties System to process Automated Enforcement violations, which is expected to reduce reliance on the local Municipal Courts;

Therefore be it resolved, that the "Modified BusPatrol Program Model" for a Peel Regional Automated School Bus Stop Arm Camera enforcement program, modified

through negotiations where ticket revenues are used to fund enforcement program technology and services as well as school bus modernization technology and services, operated in a manner that ensures separation of public and private roles and responsibilities as required by law, scaled to match current and evolving existing Court capacity, addressing legal compliance and projecting no financial losses, and anticipating new contracts or amendments to existing contracts to align with forthcoming Administrative Monetary Penalties System legislation once in force, as outlined in the joint in camera report of the Commissioner of Public Works, the Chief Financial Officer and Commissioner of Corporate Services, and the Regional Solicitor, listed on the July 8, 2021 Regional Council in camera agenda, titled “Automated School Bus Stop Arm Camera – Program Implementation and Processing Centre Recommendations”, be endorsed;

And further, per the direction in Resolution 2020-867 that legal staff work directly with STOPR’s selected vendor, which has been identified as BusPatrol Inc., that the Chief Financial Officer and Commissioner of Corporate Services be authorized to award the Direct Negotiation to BusPatrol Inc. for the camera technology and services necessary to implement the “Modified BusPatrol Program Model” for an Automated School Bus Stop Arm Camera program, as described in the subject in camera report, upon the successful completion of without prejudice negotiations;

And further, that in authorizing a Direct Negotiation with BusPatrol Inc., Regional Council hereby directs in accordance with section 3.1.1 of the Procurement Bylaw 30-2018, as amended, that the procurement be carried out in a manner other than in accordance with the provisions of the Procurement By-law, and confirms, in accordance with section 3.2.2 of the Procurement By-law, that it is satisfied that it is necessary to do so in the public interest in order to ensure an implementation timeline that supports public safety;

And further, that the Commissioner of Public Works be authorized to execute an agreement with BusPatrol Inc., the City of Brampton, the Town of Caledon, the City of Mississauga, and STOPR, represented by the Peel District School Board and the Dufferin Peel Catholic District School Board, and any related amendments and extensions thereto, for the enforcement technology and services necessary for the “Modified BusPatrol Program Model” that meets or exceeds current regulatory and legislative requirements, as well as for the technology and services necessary for STOPR’s school bus modernization program, together with such further agreements and documents as deemed necessary or advisable for the implementation of and participation in the Automated School Bus Stop Arm Camera program as described in the subject in camera report, including the ‘Automated School Bus Camera Agreement’ with the Ministry of

Transportation of Ontario, provided such agreements and documents are on business terms satisfactory to the Commissioner of Public Works and on legal terms satisfactory to the Regional Solicitor, and provided the program projects no net financial losses when considering the Region of Peel, the City of Brampton, the Town of Caledon, and the City of Mississauga;

And further, that to reinforce Regional Council's requirement to ensure a cost neutral program, that it be a term of the agreement with Bus Patrol Inc. that in no case will the Region or any of the local municipalities incur any net financial losses in support of the Automated School Bus Stop Arm Camera program, including enforcement costs, court costs and non-enforcement technology costs;

And further, any agreement between STOPR and the Region or its lower tier partners, shall not bind the Region or participating Municipalities to any future costs for any other Safety features or elements on School Buses, not related and 315 Council Minutes beyond the scope of the proposed "Modified Bus Patrol Program Model", as described in the subject in camera report;

And further, that the Commissioner of Public Works be delegated the authority to approve the financial and human resources needed to implement the "Modified BusPatrol Program Model" for an Automated School Bus Stop Arm Camera program as described in the subject in camera report;

And further, that the Commissioner of Public Works be delegated the authority to approve the financial resources needed to appropriately upgrade existing office space at a Region of Peel facility to the standard required for a preliminary Peel Regional Processing Centre, as required by the Ministry of Transportation of Ontario (MTO) for the execution of an 'Automated School Bus Camera Agreement' and access to license plate data in a timeline that anticipates MTO's pending updated certificate of offence and offence notice forms for the Highway Traffic Act section 175 (19.1) and (20.1) owner liability offences;

And further, that staff be directed to develop a formal business case in consultation with local municipalities in Peel Region ("local Municipalities") for a Peel Region Joint Processing Centre to serve municipalities outside of Peel Region and/or other automated enforcement programs under a future Administrative Monetary Penalties System, and that the Commissioner of Public Works be delegated authority to approve the financial and human resources needed to implement this direction as described in the subject in camera report;

And further, that the subject in camera report be provided in confidence to staff at the Cities of Mississauga and Brampton and the Town of Caledon and be available to their respective Councils.

REPORT TO COMMITTEE

To: Chair Creelman and Members of General Government Services Committee

From: Michelle Dunne, Clerk

Meeting Date: April 28, 2022

Subject: **Council Remuneration Review**

In Support of Strategic Plan Priorities and Objectives:

Good Governance - ensure transparency, clear communication, prudent financial management

Purpose

The purpose of this report is seek direction regarding Council remuneration for the next term of Council 2022 to 2026.

Background & Discussion

Section 4 of By-law 2018-38, a by-law that provides for paying remuneration to Members of Council, requires that a formal review of the Council's remuneration must be completed at least once during its term of office. The rationale behind the review was that any recommendations for a pay adjustment could be implemented at the start of the term of the new council in the election year.

Councillor remuneration at the upper tier level recognizes members for their role in County governance. Although, councillors obtain their position on County Council by virtue of their local municipal role, members have a responsibility to represent the best interests of the County as a whole when carrying out their County Councillor duties. Members' responsibilities are to adequately prepare for standing committee and council meetings by reading all reports, seeking out clarification or asking questions if necessary, participating in discussions at the meetings and making decisions that pertain to County services and policies. Councillors may also have the opportunity to

represent the County on outside boards or committees, at local events, conferences, delegations to other levels of government.

As the Head of County Council, the Warden has additional responsibilities including Chairing Council meetings, participating in all standing committees, representing the County locally and outside the County borders, leading delegations to other levels of government and acting as liaison with the CAO between staff and Council. The Warden also plays a key role, both for the organization and in the community during emergencies as was demonstrated during the COVID-19 pandemic. The role of the Warden has evolved over the last several years as the County's scope of responsibility has broadened. The addition of planning, economic development and tourism services along with a new focus and priority on climate action and diversity, equity and inclusion requires increased awareness, knowledge and time commitment from the Warden. There is also greater expectation for the Warden to lead advocacy efforts around issues like broadband and the impact of legislative changes. Further, with the increased activity of the Western Ontario Warden's Caucus over the last several years comes an obligation for the Warden to actively participate in the Caucus and sub-committees.

Current Salary: as of July 1, 2021

Council currently receives the same economic increases as non-union staff.

Councillor:	\$19,625.28
Committee Chair:	\$21,125.28
Warden:	\$52,209.32

Review of Other Municipalities

Staff did a quick poll of council remuneration at other upper tier municipalities. The results received so far are below:

Location	Council	Salary Committee Chair/Deputy		Per diem	*Technology Allowance
		Warden	Warden		
Bruce	\$26,642		\$55,220		
Dufferin	\$19,625	\$21,125	\$52,209		\$100/month
Grey	\$21,194		\$81,047		\$50/month
Huron	\$5,843		\$21,324	\$195.62	\$80/month
Lambton	\$23,854		\$78,780		
Middlesex	\$25,795		\$75,828		
Oxford	\$30,810		\$109,188		
Peterborough County	\$22,803	26,832.20	\$54,429.90		
Simcoe	\$11,557	\$52,780	\$82,701		\$25/month
Wellington	\$43,130		\$135,092		

*taxable benefit given to Members to offset costs for internet/printing etc.

Some municipalities have adopted remuneration for Council that includes per diems. Per diems are often presented as a way to incentivize regular attendance and participation. Attendance at County Council and standing committees has not generally been a concern for Dufferin County, so staff are not recommending this model for remuneration.

Upon reviewing Dufferin's Council remuneration with municipalities similar in size, scope of services and populations, Dufferin remuneration is comparable. Council may want to consider raising the Warden's salary by \$5,000 to \$7,000 to make it more comparable with other counties and to compensate for the increased scope of the Wardens responsibilities and .

Financial, Staffing, Legal and IT Considerations

Should Council increase the Warden's salary, this would be included in the 2023 budget, as this would only come into effect for the next term of Council.

Recommendation

For Consideration of Committee.

Respectfully Submitted by:

Michelle Dunne
Clerk

Office of CAO and Communications

(in 000s)	2020 ACTUAL	2021 ACTUAL	MAR 2022 ACTUAL	2022 BUDGET	DOLLAR CHANGE	%AGE CHANGE
Revenues						
Government Transfers	\$0	-\$57	\$0	\$0	\$0	0
Total Revenues	\$0	-\$57	\$0	\$0	\$0	0.00%
Expenditures						
Salaries and Benefits	\$0	\$331	\$130	\$531	\$401	24.54%
Administrative and Office	\$0	\$150	\$24	\$194	\$170	12.36%
Debt Repayment	\$0	\$0	\$0	\$0	\$0	0.00%
Service Delivery	\$0	\$0	\$9	\$50	\$41	17.76%
IT and Communications	\$0	\$1	\$1	\$34	\$32	3.98%
COVID	\$0	\$0	\$0	\$0	\$0	0.00%
Facilities	\$0	\$0	\$0	\$0	\$0	26.00%
Vehicles and Equipment	\$0	\$0	\$0	\$0	\$0	0.00%
Internal Services Used	\$0	\$0	\$0	\$0	\$0	0.00%
Internal Services Recovered	\$0	\$0	\$0	\$0	\$0	0.00%
Capital Contribution	\$0	\$0	\$0	\$0	\$0	0.00%
Total Expenditures	\$0	\$482	\$165	\$809	\$644	20.36%
Transfers						
Transfers from Reserves	\$0	\$0	\$0	-\$100	-\$100	0.00%
Transfers to Reserves			\$5	\$20	\$15	25.00%
Total Transfers	\$0	\$0	\$5	-\$80	-\$85	-6.25%
Total CAO, Comm	\$0	\$425	\$170	\$729	\$559	23.28%

Human Resources

(in 000s)	2020 ACTUAL	2021 ACTUAL	MAR 2022	2022 BUDGET	DOLLAR CHANGE	%AGE CHANGE
Revenues						
Government Transfers	-\$195	\$0	\$0	-\$1	-\$1	0.00%
Total Revenues	-\$195	\$0	\$0	-\$1	-\$1	0.00%
Expenditures						
Salaries and Benefits	\$1,040	\$701	\$169	\$1,210	\$1,048	13.96%
Administrative and Office	\$384	\$321	\$57	\$365	\$385	15.70%
IT and Communications	\$4	\$7	\$1	\$17	\$16	6.27%
COVID	\$0	\$58	\$2	\$0	-\$2	0.00%
Internal Services Recovered	-\$83	-\$96	-\$22	-\$212	-\$185	10.23%
Total Expenditures	\$1,344	\$991	\$208	\$1,380	\$1,261	15.07%
Transfers						
Transfers from Reserves	-\$90	-\$133	-\$21	-\$175	-\$164	11.79%
Total Transfers	-\$90	-\$133	-\$21	-\$175	-\$164	11.79%
Total HR	\$1,060	\$858	\$187	\$1,204	\$1,097	15.55%

Health and Safety

(in 000s)	2020 ACTUAL	2021 ACTUAL	MAR 2022	2022 BUDGET	DOLLAR CHANGE	%AGE CHANGE
Revenues						
Government Transfers	\$0	\$0	\$0	\$0	\$0	0.00%
Other Revenue	-\$51	-\$61	-\$17	-\$84	-\$67	19.82%
Total Revenues	-\$51	-\$61	-\$17	-\$84	-\$67	19.82%
Expenditures						
Salaries and Benefits	\$97	\$167	\$49	\$233	\$184	21.05%
Administrative and Office	\$9	\$1	\$0	\$9	\$9	1.58%
Service Delivery	\$6	\$3	\$0	\$6	\$6	2.28%
IT and Communications	\$3	\$4	\$0	\$9	\$9	0.80%
Vehicles and Equipment	\$0	\$0	\$0	\$0	\$0	0
COVID	\$0	\$0	\$4	\$0	-\$4	0
Total Expenditures	\$115	\$175	\$54	\$257	\$203	21.01%
Transfers						
Transfers from Reserves	-\$64	-\$114	-\$40	-\$173	-\$133	23.23%
Total Transfers	-\$64	-\$114	-\$40	-\$173	-\$133	23.23%
Total CAO, HR, HS	\$0	\$0	-\$3	\$0	\$3	0

People & Equity

(in 000s)	2020 ACTUAL	2021 ACTUAL	MAR 2022	2022 BUDGET	DOLLAR CHANGE	%AGE CHANGE
Revenues						
Government Transfers	-\$195	\$0	\$0	-\$1	-\$1	0.00%
Other Revenue	-\$51	-\$61	-\$17	-\$84	-\$67	19.82%
Total Revenues	-\$246	-\$61	-\$17	-\$85	-\$68	19.65%
Expenditures						
Salaries and Benefits	\$1,136	\$868	\$218	\$1,443	\$1,225	15.10%
Administrative and Office	\$393	\$322	\$58	\$375	\$317	15.36%
Service Delivery	\$6	\$3	\$0	\$6	\$6	2.28%
IT and Communications	\$7	\$11	\$1	\$26	\$24	4.36%
Vehicles and Equipment	\$0	\$0	\$0	\$0	\$0	0.00%
Internal Services Recovered	-\$83	-\$96	-\$22	-\$212	-\$190	10.23%
COVID	\$0	\$58	\$7	\$0	-\$7	0.00%
Capital Contribution	\$0	\$0	\$0	\$0	\$0	0.00%
Total Expenditures	\$1,459	\$1,167	\$262	\$1,637	\$1,375	16.00%
Transfers						
Transfers from Reserves	-\$154	-\$247	-\$61	-\$348	-\$287	17.48%
Total Transfers	-\$154	-\$247	-\$61	-\$348	-\$287	17.48%
Total Office of the CAO	\$1,060	\$858	\$184	\$1,204	\$1,020	15.31%

Council & Grant Program

(in 000s)	2020 ACTUAL	2021 ACTUAL	MAR 2022	2022 BUDGET	DOLLAR CHANGE	%AGE CHANGE
Revenues						
Total Revenues	\$0	\$0	\$0	\$0	\$0	0.00%
Expenditures						
Salaries and Benefits	\$342	\$348	\$87	\$415	\$328	21.05%
Administrative and Office	\$54	\$55	\$20	\$140	\$120	14.45%
Service Delivery (Grant Progr	\$98	\$134	\$25	\$149	\$124	16.87%
IT and Communications	\$2	\$3	\$0	\$3	\$3	7.43%
Facilities	\$1	\$1	\$0	\$7	\$7	0.00%
Total Expenditures	\$498	\$540	\$133	\$713	\$580	18.63%
Transfers						
Transfers from Reserves	\$0	-\$37	\$0	-\$36	-\$36	0.00%
Transfers to Reserves	\$17	\$25	\$0	\$0	\$0	
Total Transfers	\$17	-\$12	\$0	-\$36	-\$36	0.00%
Total Council & Grant Programs	\$515	\$529	\$133	\$678	\$545	19.62%

Clerks

(in 000s)	2020 ACTUAL	2021 ACTUAL	MAR 2022	2022 BUDGET	DOLLAR CHANGE	%AGE CHANGE
Revenues						
User Fees	-\$1	-\$2	\$0	-\$1	-\$1	-16.00%
Other Revenue	-\$9	-\$7	\$0	-\$9	-\$9	1.44%
Total Revenues	-\$10	-\$9	\$0	-\$9	-\$9	5.07%
Expenditures						
Salaries and Benefits	\$378	\$337	\$115	\$412	\$297	27.96%
Administrative and Office	\$22	\$22	\$4	\$38	\$34	11.30%
Service Delivery	\$5	\$1	\$0	\$3	\$3	0.00%
IT and Communications	\$24	\$19	\$1	\$11	\$10	5.70%
Internal Services Recovered	-\$20	-\$20	-\$5	-\$21	-\$16	25.00%
COVID	\$5	\$1	\$0	\$0	\$0	0.00%
Total Expenditures	\$414	\$359	\$115	\$442	\$327	25.97%
Transfers						
Transfers from Reserves	-\$5	-\$1	\$0	\$0	\$0	0.00%
Total Transfers	-\$5	-\$1	\$0	\$0	\$0	0.00%
Total Clerks	\$399	\$349	\$114	\$433	\$318	26.41%

Corporate Finance

(in 000s)	2020 ACTUAL	2021 ACTUAL	MAR 2022	2022 BUDGET	DOLLAR CHANGE	%AGE CHANGE
Revenues						
Taxation	\$40	-\$394	\$0	-\$352	-\$352	0.00%
Investment Income	-\$357	-\$1,331	-\$37	-\$540	-\$503	6.76%
Government Transfers	-\$1,578	-\$687	-\$316	-\$95	\$221	332.87%
Other Revenue	-\$363	-\$307	-\$338	-\$5	\$333	#####
Total Revenues	-\$2,258	-\$2,719	-\$691	-\$992	-\$301	69.64%
Expenditures						
Salaries and Benefits	\$713	\$573	\$205	\$871	\$666	23.49%
Administrative and Office	\$1,181	\$1,209	\$277	\$1,326	\$1,049	20.89%
Debt Repayment	\$145	\$73	\$0	\$0	\$0	0.00%
Service Delivery	\$624	\$276	-\$4	\$75	\$79	-5.50%
IT and Communications	\$42	\$47	-\$37	\$1,055	\$1,093	-3.53%
Internal Services Recovered	-\$103	-\$121	-\$40	-\$161	-\$121	25.00%
COVID	\$13	\$1	\$1	\$0	-\$1	0.00%
Total Expenditures	\$2,616	\$2,057	\$373	\$3,166	\$2,793	11.79%
Transfers					\$0	
Transfers from Reserves	-\$13	-\$1	\$0	-\$1,083	-\$1,083	0.00%
DC Contribution	\$0	\$0	\$0	-\$35	-\$35	0.00%
Transfers to Reserves	\$1,483	\$3,315	\$0	\$0	\$0	0.00%
Total Transfers	\$1,469	\$3,315	\$0	-\$1,118	-\$1,118	0.00%
Total Corporate Finance	\$1,828	\$2,653	\$292	\$1,056	\$765	27.61%

Procurement

(in 000s)	2020 ACTUAL	2021 ACTUAL	MAR 2022	2022 BUDGET	DOLLAR CHANGE	%AGE CHANGE
Revenues						
Total Revenues	\$0	\$0	\$0	\$0	\$0	0.00%
Expenditures						
Salaries and Benefits	\$0	\$199	\$57	\$377	\$320	15.11%
Administrative and Office	\$0	\$2	\$0	\$116	\$116	0.00%
IT and Communications	\$0	\$0	\$0	\$1	\$1	4.08%
Total Expenditures	\$0	\$202	\$57	\$494	\$437	11.53%
Transfers						
Transfers from Reserves	\$0	\$0		-\$100	-\$100	0.00%
Total Transfers	\$0	\$0	\$0	-\$100	-\$100	0.00%
Total Procurement	\$0	\$202	\$57	\$394	\$337	14.46%

Information Technology

(in 000s)	2020 ACTUAL	2021 ACTUAL	MAR 2022	2022 BUDGET	DOLLAR CHANGE	%AGE CHANGE
Revenues						
Rent Revenue	-\$11	-\$12	-\$12	-\$12	\$0	100.03%
Government Transfers	\$0	-\$1	\$0	\$0	\$0	0.00%
Other Revenue	-\$128	-\$144	-\$56	-\$92	-\$35	61.40%
Total Revenues	-\$139	-\$157	-\$69	-\$104	-\$35	65.97%
Expenditures						
Salaries and Benefits	\$893	\$992	\$245	\$1,086	\$841	22.56%
Administrative and Office	\$98	\$171	\$28	\$426	\$398	6.60%
Service Delivery	\$49	\$78	\$8	\$7	-\$1	114.43%
IT and Communications	\$384	\$541	\$100	\$687	\$587	14.57%
Facilities	\$5	\$18	\$2	\$10	\$8	19.17%
Vehicles and Equipment	\$2	\$3	\$1	\$5	\$4	11.85%
Internal Services Recovered	-\$79	-\$104	-\$26	-\$103	-\$77	25.00%
COVID	\$54	\$0	\$0	\$0	\$0	0.00%
Capital Contribution	\$352	\$242	\$0	\$0	\$0	0.00%
Total Expenditures	\$1,758	\$1,941	\$358	\$2,118	\$1,760	16.91%
Transfers						
Transfers from Reserves	-\$200	-\$70	\$0	-\$347	-\$347	0.00%
Transfers to Reserves	\$7	\$0	\$0	\$3	\$3	0.00%
Total Transfers	-\$194	-\$70	\$0	-\$344	-\$344	0.00%
Total Information Technology	\$1,425	\$1,714	\$289	\$1,669	\$1,380	17.34%

Corporate Services

(in 000s)	2020 ACTUAL	2021 ACTUAL	MAR 2022	2022 BUDGET	DOLLAR CHANGE	%AGE CHANGE
Revenues						
User Fees	-\$1	-\$2	\$0	-\$1	-\$1	-16.00%
Investment Income	-\$357	-\$1,331	-\$37	-\$540	-\$503	6.76%
Taxation	\$40	-\$394	\$0	-\$352	-\$352	0.00%
Rent Revenue	-\$11	-\$12	-\$12	-\$12	\$0	100.03%
Government Transfers	-\$1,578	-\$688	-\$316	-\$95	\$221	332.87%
Other Revenue	-\$500	-\$458	-\$395	-\$105	\$289	374.59%
Total Revenues	-\$2,406	-\$2,884	-\$760	-\$1,106	-\$346	68.72%
Expenditures						
Salaries and Benefits	\$1,985	\$2,101	\$622	\$2,746	\$2,124	22.64%
Administrative and Office	\$1,301	\$1,405	\$309	\$1,906	\$1,597	16.23%
Debt Repayment	\$145	\$73	\$0	\$0	\$0	0.00%
Service Delivery	\$678	\$354	\$4	\$85	\$81	4.68%
IT and Communications	\$450	\$608	\$63	\$1,754	\$1,690	3.62%
Facilities	\$5	\$18	\$2	\$10	\$8	19.17%
Vehicles and Equipment	\$2	\$3	\$1	\$5	\$4	11.85%
Internal Services Recovered	-\$202	-\$245	-\$71	-\$285	-\$214	25.00%
COVID	\$72	\$2	\$1	\$0	-\$1	0.00%
Capital Contribution	\$352	\$242	\$0	\$0	\$0	0.00%
Total Expenditures	\$4,787	\$4,559	\$931	\$6,220	\$5,289	14.96%
Transfers						
Transfers from Reserves	-\$219	-\$72	\$0	-\$1,530	-\$1,530	0.00%
DC Contribution	\$0	\$0	\$0	-\$35	-\$35	0.00%
Transfers to Reserves	\$1,489	\$3,315	\$0	\$3	\$3	0.00%
Total Transfers	\$1,271	\$3,244	\$0	-\$1,562	-\$1,562	0.00%
Total Corporate Services	\$3,652	\$4,919	\$171	\$3,552	\$3,381	4.81%

From: Michelle Dunne
Sent: Thursday, April 21, 2022 11:40 AM
To:
Cc:
Subject: RE: Council donations

-----Original Message-----

From: Sonya Pritchard
Sent: Thursday, April 21, 2022 11:37 AM
To: Michelle Dunne <mdunne@dufferincounty.ca>
Subject: FW: Council donations

-----Original Message-----

From: Shirley Tait [REDACTED]
Sent: Thursday, April 21, 2022 11:36 AM
To: Sonya Pritchard <spritchard@dufferincounty.ca>
Subject: Council donations

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the contents to be safe.

My interest in this issue was the result of reading in the paper of a large donation made by county council to Ukraine. When attending the Home and Garden show I asked one of the people staffing the booth about this issue. She offered me the email address of the county clerk as follow up. This email apparently went to spam or junk mail. I followed up with several phone calls and eventually reached Ms. Pritchard. My understanding of county council was that funds available to be given out would go the benefit of county residents. I was just trying to get an answer as to what the guidelines are in this regard. There are innumerable worthy causes, in this case the provincial and federal governments have already given many millions and billions of dollars.

Thank you for any clarification you can give.
Shirley Tait

Sent from my iPad