2
TRANSFER OF RESPONSIBILITY FOR SMALL DRINKING WATER SYSTEMS

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, April 22, 2008, from the Commissioner of Community and Health Services:

1. RECOMMENDATIONS

It is recommended that:

1. Regional Council approve the receipt and expenditure of 100% funding from the Ministry of Health and Long-Term Care in the amount of $128,100.

2. Regional Council authorize an increase of 1.0 permanent full-time employee to the proposed 2008 Public Health staff complement.

3. The Regional Chair write a letter to the Minister of Health and Long-Term Care, the Association of Municipalities of Ontario and local municipalities, outlining concerns regarding additional risks and costs to the Region related to the transfer of responsibility for small drinking water systems.

4. Staff report back once risk assessments of small drinking water systems are completed.

2. PURPOSE

The purpose of this report is to seek Regional Council approval for the receipt and expenditure of $128,100 from the Ministry of Health and Long-Term Care related to the new risk assessment requirements associated with the transfer of responsibility for small drinking water systems from the Ministry of the Environment to the Ministry of Health and Long-Term Care and to increase the Public Health staff complement by 1.0 permanent full-time employee.

3. BACKGROUND

The Advisory Council on Drinking Water Quality and Testing Standards recommended the transfer of responsibility for small drinking water systems serving non-residential systems and seasonal residential systems

In the Report of the Walkerton Inquiry (2002) following the contamination of Walkerton's water drinking system with *Escherichia coli* O157:H7 (E. coli) in 2000,

Justice Dennis O'Connor recommended the creation of an advisory council on drinking water standards. The Advisory Council on Drinking Water Quality and Testing Standards was established on May 12, 2004.

After extensive consultation with drinking water experts and system owners and operators across the province, including sessions in smaller communities, the Advisory Council recommended the transfer of responsibility from the Ministry of the Environment to the Ministry of Health and Long-Term Care for small drinking water systems serving non-residential systems and seasonal residential systems, including systems servicing the following:

- Churches
- Motels/hotels
- Gas stations
- Restaurants
- Large resorts
- Industrial facilities
- Community halls
- Ball parks
- Arenas
- Large sports complexes
- Trailer parks
- Campgrounds
- Communal cottage systems

Discrepancy in number of small drinking water systems

At the request of the Ministry of Health and Long-Term Care, an inventory of small drinking water systems in York Region was compiled by the Public Health Branch of the Community and Health Services Department. A total of 683 small drinking water systems were identified, but the Ministry of the Environment subsequently reduced this number to 548 based on their definitions of drinking water systems. The Ministry of Health and Long-Term Care, however, has advised us that they have made provision for reporting back on the initial risk assessments in 2009 and, if necessary, raising any resource issues.

4. ANALYSIS AND OPTIONS

Public health inspectors will conduct risk assessments and inspections of small drinking water systems

A key recommendation of the Advisory Council was to move from the prescriptive standards-driven approach of the *Safe Drinking Water Act* and its regulations, to a site-specific risk assessment model to be conducted by public health inspectors.

The Public Health Branch will have a two-year period to complete all risk assessments and categorizations of small drinking water systems into high, medium and low risk. Subsequently, high risk systems will be inspected every two years and medium/low risk systems will be inspected every four years. Legislation is being developed by the Province that will allow authority to be delegated to a Medical Officer of Health or designate to inspect small drinking water systems. In York Region, only public health inspectors are designated to deliver this service.

Drinking water systems serving small and large municipal systems, non-municipal year-round residential systems and all individual systems of other categories serving designated facilities will remain under the jurisdiction of the Ministry of the Environment. Risk assessments and inspections of these systems will not fall under the responsibilities of the Ministry of Health and Long-Term Care or the York Region Public Health Branch.

Province will provide tools and training

The Ministry of Health and Long-Term Care has developed a computer-based risk assessment and categorization tool for field assessments of small drinking water systems. This tool will be used by all 36 health units across Ontario. The use and implementation of the tool will occur in three phases, with the first phase in June 2008, the second phase in July 2008, and the final phase in August 2008.

The Ministry also proposes to develop a provincial database for small drinking water systems, which will allow a flow of information between the Ministry of Health and Long-Term Care and local health units. This will include an adverse water quality incident notification system, through which the Ministry of Health and Long-Term Care Public Health Laboratories will notify public health units of adverse water quality incidents that require follow-up in a timely manner.

Provincial training sessions for public health inspectors, managers and directors will occur in the spring and fall of 2008.

The Ministry of Health and Long-Term Care has proposed three types of operator training: information packages, formal training, and operation certification programs to be delivered through outside agencies.

The Region of York will face increased costs

While it is not possible to estimate the number of inspections that the Public Health Branch will be required to deliver in the absence of risk assessment results, the carrying out of inspections will have human resource implications for the Region of York. At this time, an additional 1.0 permanent full-time employee is required to do the assessments. As the province will only provide 100% funding for the two-year risk assessment period, local health units will be responsible for 25% of human resource and other inspection costs in 2010 and beyond. The province has previously moved from 100% funding to a cost-shared model for other public health services, such as the West Nile virus program.

The Association of Municipalities of Ontario (AMO) is in favour of the transfer of small drinking water systems from the Ministry of the Environment to the Ministry of Health and Long-Term Care, and of public health's new role in risk assessments and inspections. AMO is also in favour of the 100% funding that the province will be providing during the two-year risk assessment period. While AMO had concerns with subsequent cost-sharing of expenses related to inspections, they appear not to be pursuing this in light of recent changes in the cost-sharing formula increasing the Ministry of Health and Long-Term Care's share of funding from 50% to 75%.

The Region of York will face increased liability

The added responsibility for conducting and completing risk assessments, inspecting various operations, and enforcing regulatory requirements in respect of small drinking water systems will mean that the Region will be exposed to increased liability. Measures will need to be developed and implemented as necessary to minimize the increased liability to the extent possible. Such measures will be clearer once risk assessments have been conducted.

While there are statutory protections under the *Health Protection and Promotion Act* for individuals when acting in execution of duties or powers under the Act, the Regional board of health is not similarly protected. Persons who become ill and suffer damages from contaminated water from small drinking water systems may bring an action against the Region. The Region, however, is insured for such claims.

5. FINANCIAL IMPLICATIONS

The Ministry of Health and Long-Term Care announced funding on March 11, 2008. York Region Public Health has been provided with $128,100 in 2008 for start-up costs and the completion of the first year of risk assessments, based on the province's inventory of small drinking water systems in the Region. This funding will be used to hire 1.0 permanent full-time public health inspector and acquire supplies and equipment.

Table 1 outlines projected expenditures for 2008.

Table 1
Proposed Small Drinking Water Systems Budget for 2008

Salaries and benefits*	$114,400
Supplies and accommodation**	9,700
Equipment	4,000
Total	**$128,100**

* Includes 1.0 full-time public health inspector and 0.5 temporary clerk.

**Includes mileage, communication, accommodation, and supplies.

Provincial support for this program will be provided on a 100% basis for 2008 and 2009. After the two-year risk assessment period, funding for continuation of the program will be converted to a cost-shared formula (75:25) between the Ministry of Health and Long-Term Care and York Region, which will result in a $22,500 tax levy impact in 2010 and beyond

6. LOCAL MUNICIPAL IMPACT

Small drinking water systems owned and/or operated by local municipalities will become subject to the proposed legislation. These systems may require additional sampling and the installation of drinking water treatment devices, and may incur higher costs of water system maintenance.

Risk assessments and inspections of small drinking water systems can only be done by public health inspectors; this will not duplicate the work currently required of local municipalities.

7. CONCLUSION

Following a transfer of responsibility for the small drinking water systems program from the Ministry of the Environment to the Ministry of Health and Long-Term Care, public health inspectors will carry out site-specific risk assessments of small drinking water systems over a two-year period. Subsequently, small drinking water systems identified as high risk will be inspected every two years and systems identified as medium and low risk will be inspected every four years.

The Ministry of Health and Long-Term Care has provided funding in the amount of $128,100 to the Public Health Branch for start-up costs and the completion of the first year of risk assessments in 2008. This report requests Regional Council approval for the

receipt and expenditure of this funding and for an increase of 1.0 permanent full-time employee to the proposed 2008 Public Health staff complement. Staff will report back to Regional Council once risk assessments of small drinking water systems are completed.

For more information on this report, please contact Dr. Karim Kurji, Medical Officer of Health and Director of Public Health Programs at Ext. 4012.

The Senior Management Group has reviewed this report.