### Board of Health

**Meeting No.** 10  
**Meeting Date** Tuesday, December 4, 2007  
**Start Time** 1:00 PM  
**Location** Committee Room 1, City Hall  
**Contact** Candy Davidovits, Committee Administrator  
**Phone** 416-392-8032  
**E-mail** boh@toronto.ca

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Committee Report

Considered by City Council on March 3, 4 and 5, 2008

Board of Health

Meeting No. 10
Meeting Date Tuesday, December 4, 2007
Start Time 1:00 PM
Location Committee Room 1, City Hall

Contact Candy Davidovits, Committee Administrator
Phone 416-392-8032
E-mail boh@toronto.ca

HL10.1 NO AMENDMENT

Review of City of Toronto Pandemic Planning and Preparedness

City Council Decision
City Council on March 3, 4 and 5, 2008, adopted the following motions:

1. The City Manager be requested to define, in writing, the lines of authority and roles of the Pandemic Influenza Steering Committee, and establish a regular reporting relationship for the Steering Committee to report to the Toronto Emergency Management Program Committee on pandemic planning and preparedness.

2. The City Manager be requested to amend the Toronto Municipal Code Chapter 59, “Emergency Planning”, to reflect the replacement of the former Community Services Committee with the Executive Committee.

3. The Toronto Emergency Management Program Committee be requested to consider providing periodic reports on the progress of emergency management activities and/or emerging issues to City Council.

4. The City Manager be requested to ensure that the operational support functions listed in the City of Toronto Emergency Plan are finalized and authorized by responsible agencies before December 2008.

5. Toronto Public Health be requested to develop timelines for completion of specific pandemic planning and preparedness activities, monitor the completion of these activities and report progress to the Board of Health.

6. The City Manager be requested to undertake a detailed review of the proposed actions to sustain critical City functions in a pandemic emergency to ensure that the proposed actions represent the most effective and appropriate options. Such a review should
include, but not be limited to, an examination of the viability, effectiveness, and resource requirements of the proposed preparedness actions.

7. The City Manager be requested to take necessary steps to ensure a co-ordinated corporate process to prioritize and implement the proposed preparatory actions to sustain critical City services in a pandemic emergency.

8. The City Manager be requested to take necessary steps to develop a corporate procurement policy and plan for infection control supplies, personal protective equipment and critical operational supplies, in preparation for a pandemic emergency. Such steps should include, but not be limited to, a review, prioritization, and alignment of purchasing requirements with the World Health Organization pandemic alert phases.

9. The City Manager be requested to set a timeline for completion of the corporate pandemic response plan and the corporate pandemic communications strategy, and ensure that both documents contain essential details facilitating a timely and effective City response to the World Health Organization’s pandemic alert phases.

10. The City Manager be requested to undertake a review of the City’s Human Resources related pandemic planning assumptions and preparedness actions to ensure they are adequate and sufficient. Such a review should include, but not be limited to, an examination of Human Resources related pandemic planning issues and criteria, a review of other Cities’ employee support actions in preparation for a pandemic and consultation with employee unions and management association.

11. The City Manager be requested to take necessary steps to develop and implement a process to systematically track and monitor costs associated with pandemic preparedness.

12. The City Manager be requested to develop a corporate pandemic implementation plan outlining goals, specific short-term objectives and targeted timelines, as well as assignment of responsibilities.

(November 16, 2007) Report from Auditor General

**Board Recommendations**

The Board of Health recommends to Council that:

1. the City Manager be requested to define in writing the lines of authority and roles of the Pandemic Influenza Steering Committee, and establish a regular reporting relationship for the Steering Committee to report to the Toronto Emergency Management Program Committee on pandemic planning and preparedness;

2. the City Manager be requested to amend the Toronto Municipal Code Chapter 59 “Emergency Planning” to reflect the replacement of the former Community Services
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Considered by City Council on March 3, 4 and 5, 2008

Committee with the Executive Committee;

3. the Toronto Emergency Management Program Committee be requested to consider providing periodic reports on the progress of emergency management activities and/or emerging issues to City Council;

4. the City Manager be requested to ensure that the operational support functions listed in the City of Toronto Emergency Plan are finalized and authorized by responsible agencies before December 2008;

5. Toronto Public Health be requested to develop timelines for completion of specific pandemic planning and preparedness activities, monitor the completion of these activities, and report progress to the Board of Health;

6. the City Manager be requested to undertake a detailed review of the proposed actions to sustain critical City functions in a pandemic emergency to ensure that the proposed actions represent the most effective and appropriate options. Such a review should include, but not be limited to, an examination of the viability, effectiveness, and resource requirements of the proposed preparedness actions;

7. the City Manager be requested to take necessary steps to ensure a coordinated corporate process to prioritize and implement the proposed preparatory actions to sustain critical City services in a pandemic emergency;

8. the City Manager be requested to take necessary steps to develop a corporate procurement policy and plan for infection control supplies, personal protective equipment, and critical operational supplies, in preparation for a pandemic emergency. Such steps should include, but not be limited to, a review, prioritization, and alignment of purchasing requirements with the World Health Organization pandemic alert phases;

9. the City Manager be requested to set a timeline for completion of the corporate pandemic response plan and the corporate pandemic communications strategy, and ensure that both documents contain essential details facilitating a timely and effective City response to the World Health Organization’s pandemic alert phases;

10. the City Manager be requested to undertake a review of the City’s Human Resources related pandemic planning assumptions and preparedness actions to ensure they are adequate and sufficient. Such a review should include, but not be limited to, an examination of Human Resources related pandemic planning issues and criteria, a review of other cities’ employee support actions in preparation for a pandemic, and consultation with employee unions and management association;

11. the City Manager be requested to take necessary steps to develop and implement a process to systematically track and monitor costs associated with pandemic preparedness; and

12. the City Manager be requested to develop a corporate pandemic implementation plan outlining goals, specific short-term objectives and targeted timelines, as well as
assignment of responsibilities.

**Decision Advice and Other Information**

The Board of Health requested the Medical Officer of Health to:

1. include information on jurisdictional issues which are barriers to pandemic influenza planning and preparedness in his next written report to the Board of Health on pandemic influenza planning; and

2. report to the Board of Health within the next six months on the role general health promotion strategies could have in pandemic preparation, including an analysis of cost and which populations would benefit.

**Financial Impact**

The implementation of Recommendation number 7, 8 and 11 in this report will improve financial controls over spending related to pandemic planning and preparedness. The extent of any resources required or potential cost savings resulting from implementing the recommendations in this report is not determinable at this time.

**Summary**

Because the City’s pandemic planning is still in progress, the purpose of the audit was to provide a snapshot of what the City has accomplished and what work remains to be completed in preparing for a pandemic emergency. The overall audit question is: “To the extent possible, how prepared is the City for a potentially severe pandemic?” We are cognizant that this should only be answered within the context of what the City can realistically achieve as a municipal government in pandemic planning, in particular considering the City’s current fiscal constraints and the need for provincial and federal guidance and coordination. In addition, the substantial degree of uncertainty surrounding a possible pandemic influenza makes planning for a pandemic emergency a complex and difficult task.

The City has undertaken a number of planning activities, and is working towards implementing key actions such as stockpiling personal protective equipment and essential operational supplies. Certain important pandemic public health measures remain to be completed, some of which are dependent upon federal or provincial guidance. The City has established a framework for pandemic planning and preparedness in which public health related planning is led by Toronto Public Health, and corporate planning for continuity of operations is led by the Pandemic Influenza Steering Committee. Our audit noted certain challenges and gaps in the pandemic planning and preparedness process, and as a result our report includes a number of recommendations to help strengthen the existing accountability framework and corporate coordination, as well as enhancing the completion of pandemic public health planning.

**Background Information**

Review of City of Toronto Pandemic Planning and Preparedness

Review of City of Toronto Pandemic Planning and Preparedness - Appendix 1
Communications

(December 4, 2007) Submission from Jeff Griffiths, City Auditor, City of Toronto (HL.New.HL10.1.1)
(December 4, 2007) Submission from Shirley Hoy, City Manager, City of Toronto (HL.New.HL10.1.2)

Speakers

Jeff Griffiths, Auditor General, City of Toronto (Submission Filed)
Alan Ash, Director, Auditor General’s Office
Jane Ying, Audit Manager, Auditor General’s Office
Dr. David McKeown, Medical Officer of Health, Toronto Public Health
Shirley Hoy, City Manager, City of Toronto (Submission Filed)

Prudent Avoidance Policy on Siting Telecommunication Towers and Antennas

City Council Decision

City Council on March 3, 4 and 5, 2008, adopted the following motions:

1. City Council endorse the Prudent Avoidance Policy (a standard 100 times more stringent than the current Safety Code 6), as recommended by the Board of Health and the Medical Officer of Health, and Health Canada and Industry Canada be so advised.

2. Staff use the Prudent Avoidance Standard to evaluate cell tower and antenna applications, oppose those which do not meet it and report on these to the Planning and Growth Management Committee.

3. The Medical Officer of Health be requested to report further on how the cumulative impact of cell phone towers and antennae can best be measured in areas with concentrations of them.

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(November 20, 2007) Report from Medical Officer of Health

Board Recommendations
The Board of Health recommends that:

1. City Council endorse a Prudent Avoidance Policy and use the new City of Toronto Telecommunication Tower and Antenna Protocol as a mechanism for collecting information on the estimated levels of radiofrequencies around cell phone towers and antennas in areas where people normally spend time.

**Decision Advice and Other Information**

The Board of Health:

1. reaffirmed the Prudent Avoidance Policy approach for radiofrequencies (RF) that would keep levels in areas where people normally spend time at least 100 times lower than Health Canada’s Safety Code 6 limits when siting new telecommunication towers and antennas in the City of Toronto;

2. recommended to Health Canada that public exposure limits for radiofrequency fields under Safety Code 6 be made 100 times more strict as previously recommended by the Board of Health;

3. recommended to cell phone carrier proponents to consider voluntary adoption of the Prudent Avoidance Policy when proposing sites for new telecommunication towers and antennas, including considering proposed alternative sites when the City’s review identifies potential concerns; and

4. encouraged Industry Canada to conduct regular monitoring for radiofrequencies arising from telecommunications structures in Toronto, and to make that information publicly available.

5. forwarded a copy of this report to the Toronto District School Board, the Toronto Catholic District School Board, the Conseil scolaire de district du Centre-Sud-Ouest, and the Conseil scolaire de district catholique Centre-Sud; and strongly encouraged the Boards of Education to support and adopt the Board of Health’s Prudent Avoidance Policy;

6. forwarded a copy of the Board of Health’s recommendations to the Planning and Growth Management Committee and the Acting Chief Planner and Executive Director for their information; and

7. requested the Medical Officer of Health to report to the Board of Health:
   
   a. on the impact of cell phone usage on the health of children and youth; and
   
   b. early in 2009 on the implementation and effectiveness of the new City of Toronto Telecommunication Tower and Antenna Protocol.

**Financial Impact**

These recommendations will have no financial impact beyond what has already been approved.
Summary
This report responds to the Board of Health’s request to include its Prudent Avoidance Policy for cell phone base stations into the City’s proposed harmonized Telecommunication Tower and Antenna Protocol. The Board of Health also asked for comments on health risks arising from the concentration of telecommunication towers.

Many telecommunication devices use radiofrequency (RF) waves. Health Canada’s guidelines for exposure to RFs (known as Safety Code 6) protect the public from short-term, high exposure effects of RFs. Citing concerns that existing guidelines may not be health protective for continuous lifetime exposures, several jurisdictions have adopted stricter limits than those in Canada. In 1999, the Board of Health recommended a prudent avoidance policy that RF waves from telecommunication towers and antennas be 100 times below Safety Code 6 in areas where people normally spend time. Industry Canada monitoring data shows that this level is readily met.

Recent scientific literature indicates that uncertainties in the science remain. Health Canada has not revised its guidelines to address the concerns raised in 1999. Authority for regulating telecommunications towers rests with Industry Canada, whose “Client Procedure Circular” allows local planning authorities, such as the City of Toronto to comment. The Medical Officer of Health recommends that the City continue with a prudent avoidance approach and use its harmonized Telecommunication Tower and Antenna Protocol to collect data from cell phone carriers on predicted RF levels of proposed towers and antennas. This will allow the City to monitor the potential impact of proposed telecommunications facilities in Toronto and to encourage voluntary adoption of the Prudent Avoidance Policy.

Background Information

See also Planning and Growth Management Committee Item PG13.2, headed “Supplementary Report - Proposed Protocol for the Installation of Telecommunication Towers (Ward: All)”

Communications
(December 4, 2007) Submission from Dr. David McKeown, Medical Officer of Health, Toronto Public Health (HL.New.HL10.3.1)

Speakers
Dr. David McKeown, Medical Officer of Health, Toronto Public Health (Submission Filed)

Submitted Tuesday, December 4, 2007
Councillor John Filion, Chair, Board of Health