



**AGENDA**  
**LAMBTON COUNTY COUNCIL**

**Thursday, July 2, 2026 9:00 a.m.**  
**Council Chambers, Wyoming**

Page

**1. ROLL CALL**

**2. LAND ACKNOWLEDGEMENT**

We acknowledge that this land on which we are gathered today is part of the ancestral land of the Chippewa, Odawa, and Potawatomi peoples, referred to collectively as the Anishinaabeg. It is through the connection of the Anishinaabeg with the spirit of the land, water and air that we recognize their unique cultures, traditions, and values. Together as treaty people, we have a shared responsibility to act with respect for the environment that sustains all life, protecting the future for those generations to come.

**3. DISCLOSURES OF PECUNIARY INTEREST**

If any.

**4. IN-CAMERA SESSION - 9:00 A.M.**

**Recommendation**

**That the Warden declare that County Council go in-camera to discuss the following:**

- a) to review the Lambton County Council (Closed Session) minutes dated June 3, 2026, pursuant to s. 239(2)(d),(i) and (k) of the *Municipal Act, 2001*.
- b) to receive a report that includes personal matters about identifiable individuals, pursuant to s. 239(2)(b).
- c) to receive a report and provide instructions regarding labour relations collective bargaining instructions with LiUNA Local 3000 and UNIFOR Local 444, pursuant to s. 239(2)(d)(k) of the *Municipal Act, 2001*.
- d) to review the Committee of the Whole In-Camera minutes dated June 17, 2026 pursuant to s. 239(2)(c) and (k) of the *Municipal Act, 2001*.

**5. OPEN SESSION**

The Open Session meeting will commence immediately following the Closed Session meeting.

**6. SILENT REFLECTION**

**7. RISE AND REPORT MOTIONS OF THE IN-CAMERA SESSION**

If any.

**8. MINUTES OF COUNCIL (OPEN SESSION)**

- 5 - 10
- a) Reading and adoption of the Lambton County Council (Open Session) minutes dated June 3, 2026.

**9. BOARD OF HEALTH (Lambton Public Health)**

**A) Board of Health Information Reports**

- 11 - 14 a) Information Report dated July 2, 2026 Regarding Supporting Healthy Growth and Development - Update.
- 15 - 40 b) Information Report dated July 2, 2026 Regarding Lambton Drug and Alcohol Strategy - Implementation Progress Report - 2025.
- 41 - 44 c) Information Report dated July 2, 2026 Regarding Unregulated Substance Use - Status Report.
- 45 - 48 d) Information Report dated July 2, 2026 Regarding Food Safety Program Update.
- 49 - 61 e) Information Report dated July 2, 2026 Regarding Implementation of Jury Recommendations - Coroner's Inquest - Blastomycosis.

**B) Board of Health Reports Requiring a Motion**

- 62 - 84 a) Report dated July 2, 2026 Regarding Lambton Public Health Disclosure Program Expansion.

**C) Board of Health Other Business**

**10. CORRESPONDENCE**

**A) Correspondence to Receive and File Recommendation**

**That the following correspondence items be received and filed:**

- 85 - 86 a) CC 07-02-26 A letter dated May 29, 2026, from Matt Slotwinsky, CEO Sarnia-Lambton Economic Partnership,

requesting a County Council resolution in support of Sarnia-Lambton Economic Partnership Leading Lambton County's 2026 REDI Application to the Ontario Ministry of Labour, Immigration, Training and Skills Development's Ontario Immigrant Nominee Program.

**11. ITEMS NOT REQUIRING A MOTION**

- 87 - 90 a) Lambton Creative County Committee Minutes dated November 27, 2025.
- 91 - 92 b) Sarnia-Lambton Economic Partnership Board of Directors Minutes dated March 24, 2026.
- 93 - 96 c) Tourism Sarnia-Lambton Board of Directors Minutes dated April 16, 2026.

**12. REPORTS REQUIRING A MOTION**

- 97 - 100 A) **Long-Term Care Division**  
a) Report dated July 2, 2026 Regarding LTC Leadership Structure Review and Staffing Enhancement Proposal.
- 101 - 105 B) **Social Services Division**  
a) Report dated July 2, 2026 Regarding Homelessness Prevention Program Investment Plan.

**13. COMMITTEE MINUTES**

- 106 - 112 a) Committee of the Whole (Open Session) minutes dated June 17, 2026.
- 113 - 115 b) Audit Committee minutes dated June 17, 2026.

**14. ITEMS TABLED FROM PREVIOUS MEETINGS**

None at this time.

**15. NOTICE OF MOTION**

- 116 a) Deputy Warden J. Agar gave Notice of Motion at the June 3, 2026 County Council meeting for discussion at the July 2, 2026 County Council meeting, requesting that a flashing stop light be installed at the intersection of Bentpath Line and Ontario Highway 40.

Please see the attached letter from Jason Cole, General Manager, Infrastructure & Development Services, dated June 4, 2026 to Geoffrey Gladdy, Regional Director, West Region, Ministry of Transportation, regarding Intersection Safety Improvements at Highway 40 and Bentpath Line.

**16. OTHER BUSINESS**

**17. NOTICE OF BY-LAWS**

117 - 118

a) 15 of 2026 A By-Law to Temporarily Authorize the Delegation of Authority for Certain Acts.

119

b) 16 of 2026 A By-Law of The Corporation of the County of Lambton to confirm the resolutions and motions of Lambton County Council which were adopted up to and including July 2, 2026.

**A) First and Second Reading of By-Laws**

a) #15 and #16 of 2026

**B) Third and Final Reading of By-Laws**

a) #15 and #16 of 2026

**18. ADJOURNMENT**

**Recommendation**

**That the Warden declare the meeting adjourned and that the next regular meeting of County Council be held on Wednesday, September 2, 2026 with the In-Camera Session to commence at 9:00 a.m.**

**19. O CANADA!**

**20. NOTE**

120

a) The annual County Council luncheon will be hosted by the Township of St. Clair on Wednesday, September 2, 2026. Please see the attached invitation for full details.



**MINUTES  
LAMBTON COUNTY COUNCIL**

**June 3, 2026**

Lambton County Council was in session in Council Chambers, Wyoming, Ontario, at 9:00 a.m. on the above date. Warden in the Chair; Roll called; All members present. Councillors M. Bradley, A. Broad, D. Cook and B. White attended virtually. Also present was Dr. K. Dueck, Medical Officer of Health.

**LAND ACKNOWLEDGEMENT**

We acknowledge that this land on which we are gathered today is part of the ancestral land of the Chippewa, Odawa, and Potawatomi peoples, referred to collectively as the Anishinaabeg. It is through the connection of the Anishinaabeg with the spirit of the land, water and air that we recognize their unique cultures, traditions, and values. Together as treaty people, we have a shared responsibility to act with respect for the environment that sustains all life, protecting the future for those generations to come.

**DISCLOSURES OF PECUNIARY INTEREST**

None.

**IN-CAMERA SESSION - 9:08 A.M.**

**#1:** Atkinson/Boushy: That the Warden declare that County Council go in-camera to discuss the following:

a) to review the Lambton County Council (Closed Session) minutes dated May 6, 2026, pursuant to s. 239(2) (c),(d),(e) and (k) of the *Municipal Act, 2001*.

b) to receive a report and provide instructions regarding negotiations between the County and Stones 'N Bones Museum for the potential acquisition and display of museum materials, pursuant to s. 239(2) (i) and (k) of the *Municipal Act, 2001*.

c) to receive a report and provide instructions regarding collective agreement negotiations with Unifor Local 302, pursuant to s. 239(2)(d) of the *Municipal Act, 2001*.

Carried.

OPEN SESSION

The Warden declared that County Council go back into Open Session. Council then reconvened at 9:15 a.m.

RISE AND REPORT MOTIONS OF THE IN-CAMERA SESSION

The Clerk noted that County Council went In-Camera to discuss the following:

- a) to review and approve the Lambton County Council (Closed Session) minutes dated May 6, 2026;
- b) to receive a report and provide instructions regarding negotiations between the County and Stones 'N Bones Museum as well as negotiations with a third party related to a donation agreement, both of which pertain to the potential acquisition and display of museum materials at the Sarnia Library; and
- c) to receive a report and provide instructions regarding collective agreement negotiations with Unifor Local 302.

DELEGATIONS

Warden K. Marriott invited the delegation within the Bar to speak to County Council.

Marina Sloutsky, Senior Associate and Chris Gorman, Senior Associate, Org Code Consulting, presented to County Council the County of Lambton 10 Year Housing and Homelessness Plan 2026-2035.

MINUTES OF COUNCIL (OPEN SESSION)

The Lambton County Council (Open Session) minutes dated May 6, 2026 were presented.

#2: Case/Loosley: That the Lambton County Council (Open Session) minutes dated May 6, 2026 be accepted as presented.

Carried.

BOARD OF HEALTH (Lambton Public Health)

Board of Health Correspondence to Receive and File

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BOH 06-04-26 A copy of a letter from Suzanne Trivers, Chair, Board of Health, Algoma Public Health, dated May 15, 2026, regarding a motion in support of Alcohol Labelling Policy (Bill S-202). Algoma Public Health endorses the Middlesex-London Health Unit's report and associated content, recommending alcohol labelling for all alcohol manufactured or sold in Canada with: Health Warnings; Canada's Guidance on Alcohol and Health; and Standard Drink Size. See attached for the full details of the motion.

#3: Miller/Veen: That correspondence BOH 06-04-26 be received and filed.

Carried.

Board of Health Information Reports

#4: Sageman/Ferguson: That the following Information Reports from the Board of Health (Lambton Public Health) be received and filed:

- a) Information Report dated June 3, 2026 regarding Air Quality and Extreme Temperature Initiatives - Update.
- b) Information Report dated June 3, 2026 regarding Physical Activity and Active Transportation - Status Report.
- c) Information Report dated June 3, 2026 regarding Healthy Babies Healthy Children Program Update.

Carried.

CORRESPONDENCE

Correspondence to Receive and File

CC 06-05-26 A letter dated April 28, 2026 from Jeremy Guerette, President Sarnia-Lambton Association of REALTORS to the Warden and Lambton County Council expressing appreciation for Council's decision to approve the development of an affordable housing project at the former St. Bartholomew's Church site. The approval of a 94-unit, rent-geared-to-income building to be owned and operated by the County is a meaningful step forward for this community.

#5: Veen/Loosley: That correspondence CC 06-05-26 be received and filed.

Carried.

INFORMATION REPORTS

Cultural Services Division

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Information Report dated June 3, 2026 Regarding Wyoming Administration Lobby Improvements

#6: White/Case: That the Information Report dated June 3, 2026 regarding Wyoming Administration Lobby Improvements, be received and filed.

Carried.

Social Services Division

Information Report dated June 3, 2026 Regarding County of Lambton 10-Year Housing and Homelessness Plan 2026-2035

#7: Sageman/Agar: That the Information Report dated June 3, 2026 regarding County of Lambton 10-Year Housing and Homelessness Plan 2026-2035, be received and filed.

Carried.

ITEMS NOT REQUIRING A MOTION

Tourism Sarnia-Lambton Board of Directors Minutes dated March 5, 2026

#8: Hand/Case: That the Tourism Sarnia-Lambton Board of Directors Minutes dated March 5, 2026, be received and filed.

Carried.

COMMITTEE MINUTES

The Committee of the Whole (Open Session) minutes dated May 20, 2026 were presented.

#9: Miller/McRoberts: That the Committee of the Whole (Open Sesion) minutes dated May 20, 2026, be accepted as presented.

Carried.

ITEMS TABLED FROM PREVIOUS MEETINGS

None at this time.

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NOTICE OF MOTION

Deputy Warden J. Agar gave Notice of Motion at the June 3, 2026 County Council meeting for discussion at the July 2, 2026 County Council meeting, requesting that a flashing stop light be installed at the intersection of Bentpath Line and Ontario Highway 40.

OTHER BUSINESS

Councillor D. Cook advised that the Village of Arkona, Municipality of Lambton Shores, is celebrating its 150th anniversary from June 12 - 14, 2026. All are invited to attend.

Councillor B. Loosley extended an invitation to attend the Eats, Beats and Boutiques event on Saturday, June 6, 2026 in Petrolia, ON, from 1:00 p.m. to 9:00 p.m.

Councillor T. Case noted that the Alvinston Killer Bees hockey team won the Northern Premier Hockey League championship and extended congratulations on behalf of County Council.

Councillor G. Atkinson advised that the Town of Plympton-Wyoming is celebrating its 25th anniversary on Saturday, June 13, 2026 at the Wyoming Fairgrounds. All are welcome to attend.

NOTICE OF BY-LAWS

14 of 2026 A By-Law of The Corporation of the County of Lambton to confirm the resolutions and motions of Lambton County Council which were adopted up to and including June 3, 2026.

First and Second Reading of By-Laws

#10: Boushy/Atkinson: That By-Law #14 of 2026, as circulated, be taken as read a first and second time.

Carried.

Third and Final Reading of By-Laws

#11: Boushy/Atkinson: That By-Law #14 of 2026, as circulated, be taken as read a third and final time.

Carried.

ADJOURNMENT

#12: Hand/Loosley: That the Warden declare the meeting adjourned and that the next regular meeting of County Council be held on Thursday, July 2, 2026 with the In-Camera Session to commence at 9:00 a.m.

Carried.


Time: 10:09 a.m.

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Kevin Marriott, Warden

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Olivia Leger, Clerk

 <p style="text-align: center;"><b>PUBLIC HEALTH SERVICES DIVISION</b></p>	
<b>REPORT TO:</b>	<b>WARDEN AND LAMBTON COUNTY COUNCIL</b>
<b>DEPARTMENT:</b>	<b>LAMBTON PUBLIC HEALTH</b>
<b>PREPARED BY:</b>	<b>Crystal Palleschi, Manager, Clinical &amp; Family Services Kerry Phillips, Supervisor, Clinical &amp; Family Services</b>
<b>REVIEWED BY:</b>	<b>Kevin Churchill, General Manager Stéphane Thiffeault, Chief Administrative Officer</b>
<b>MEETING DATE:</b>	<b>July 2, 2026</b>
<b>INFORMATION ITEM:</b>	<b>Supporting Healthy Growth and Development - Update</b>

**BACKGROUND**

The first years of life are foundational to a child’s development. Lambton Public Health’s (“LPH’s”) Child Health team supports families from pregnancy through the early years by providing education, screening, early intervention, and referrals to community services and supports.

Public Health Nurses (“PHNs”) focus on key areas of the Ontario Public Health Standards, including healthy pregnancies, preparation for parenting, breastfeeding and infant nutrition, positive parenting, mental health promotion, and child growth and development.

In 2023, Early Development Instrument (“EDI”) data showed that one in three (33%) Senior Kindergarten children in Lambton are vulnerable in at least one developmental domain, comparable to the provincial average of 31%.<sup>1</sup> The highest rates of vulnerability are in physical health and well-being, social competence, and emotional maturity. LPH is a key partner in the early years system, helping to identify and support children and families before school entry to address these vulnerabilities as early as possible.

This report highlights LPH’s Healthy Growth and Development interventions, including direct service delivery, education, and communication activities. The most recent update on this program was provided through the report to Council “*Supporting Healthy Growth and Development – Update*” dated July 2, 2025.

**DISCUSSION**

LPH is a trusted and accessible source of information on healthy growth and development. PHNs offer education and capacity building through prenatal classes, the Family Health Line, Ask a Public Health Nurse Drop-In Sessions, and Postpartum Support Groups.

Awareness of these services is supported through a comprehensive communications campaign.

Prenatal Classes: Prenatal education is available through interactive virtual classes led by a PHN. These classes help pregnant individuals and their support people prepare for labour, childbirth, and the transition to parenthood. Each session consists of three (3) classes, with new sessions starting at the beginning of each month. In 2025, there were 283 registrants in prenatal classes, including birthing partners and support persons. Recognizing that the virtual group format may not meet the needs of all pregnant individuals, one-to-one support is also offered through the Healthy Babies Healthy Children Program.

Family Health Line: The Family Health Line is a key intervention that helps parents and caregivers connect with LPH and navigate community services and supports. Families connect with a PHN who can answer questions about healthy growth and development, provide confidential one-to-one support, and help connect families with and navigate appropriate services. Parents and caregivers may access the service by calling a dedicated line (519-383-3817) or completing the [online form](#).

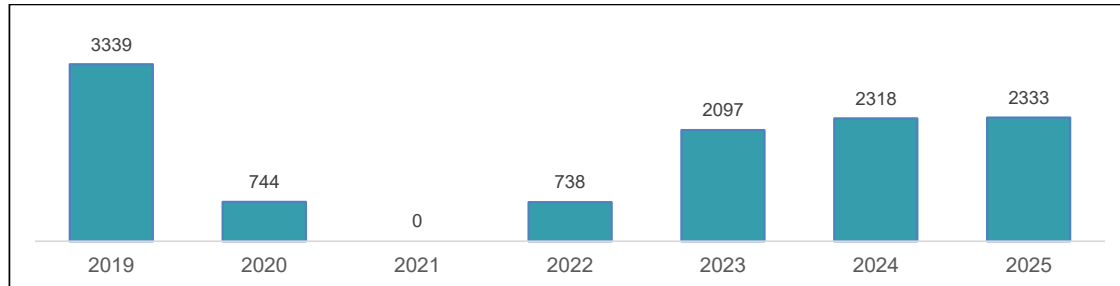
In 2025, there were 357 Family Health Line calls and 96 email responses to online form submissions. The most common reasons for contacting LPH were prenatal support (30%), breastfeeding (26%), and general growth and development (21%). Many inquiries resulted in referrals to local resources, including primary care, public health programs, and community services.

Ask a Public Health Nurse Drop-In Sessions: Drop-in sessions are offered throughout Lambton County in partnership with EarlyON Child and Family Centres. They are offered weekly in Point Edward, Sarnia, Petrolia, Forest, and Corunna. Sessions are offered monthly in Alvinston, with Aamjiwnaang First Nation, Brigden, Port Lambton, and Watford. A full schedule is available on the [Lambton Public Health website](#).

These drop-in sessions are open to all parents and caregivers with children ranging from birth to school-age. The sessions give parents and caregivers an opportunity to ask questions about their child's growth and development. They provide a supportive environment where children can be observed, and families can access opportunities for socialization that may benefit both parents and children.

Data collected about the drop-in sessions indicate that attendance continues to recover following the COVID-19 pandemic. Participation has not yet returned to pre-pandemic levels, though Lambton's birth rate has remained relatively stable during this time period (**Figure 1**). In 2025, the highest attendance was recorded at the Point Edward, Lambton College (Sarnia), Petrolia, Corunna, and Forest locations. In 2025, PHNs completed 357 health screens at drop-in sessions to support early identification of potential concerns, representing a nearly 40% increase in the number of screens compared to 2024. Attendees are commonly referred to EarlyON Child and Family Centre, primary care, and other public health programs.

**Figure 1: Number of adults attending the Ask a Public Health Nurse Drop-In Sessions by year, 2019 to 2025.**



Postpartum Support Group: LPH partners with St. Clair Child and Youth Services and the Family Counselling Centre to offer a free Postpartum Support Group for parents navigating the challenges of the postpartum period. Each session runs for eight (8) weeks and includes weekly, in-person classes. Three (3) sessions are hosted per year in the spring, fall, and winter. Childcare and transportation support are available to reduce barriers for participants. In 2025, 20 individuals attended the support group.

Tomorrow Starts Today – Healthy Growth and Development Campaign: LPH developed a communications campaign to increase awareness of public health services that support healthy growth and development. The campaign builds on the broader LPH-wide *Tomorrow Starts Today* initiative and includes [videos](#) featuring LPH staff answering common questions about prenatal and postpartum supports.

In 2025, the social media campaign reached more than 77,000 individuals and generated over 20,000 interactions. Video content generated nearly 57,000 plays, including more than 3,000 ThruPlays, meaning views that were completed or watched for at least 15 seconds. Paid Facebook advertisements also increased traffic to the Child Health section of LPH’s website, helping connect residents with trusted information and available supports.

In addition, nearly 800 updated print resources were shared with health care providers and community partners, and 1,680 Kindergarten Checklists were distributed through Kinderstart events at Lambton schools. Additional resources are available for download through LPH’s [Health Care Provider Portal](#).

A 2025 survey of Lambton County parents indicated that 52% of parents with children under six (6) years old were aware that LPH offers programs to support parents. Awareness was particularly high among parents of children under two (2) years of age.<sup>2</sup> As families move through different stages, continued promotion of available programs and services remains necessary. The campaign will continue in 2026 through distribution of print resources, web content, and social media advertising.

## **FINANCIAL IMPLICATIONS**

All costs associated with the delivery of Healthy Growth and Development programs are cost-share funded between the province and municipality and are included in LPH's approved 2026 budget.

## **CONSULTATIONS**

LPH's Medical Officer of Health was consulted in the preparation of this report.

## **STRATEGIC PLAN**

Healthy Growth and Development programs contribute to the County of Lambton Strategic Plan 2024-2027, Area of Effort #3, *Community Development, Health and Wellness - Implementing, monitoring and updating community health and wellness-related plans and priorities*. The program is delivered in partnership with local community agencies, supporting Area of Effort #5, *Partnerships*.


These programs also align with Lambton Public Health's 2025-2029 Strategic Plan, contributing to the strategic priority of Mental and Physical Health in Early Life, particularly *enhancing services that meet the health needs of children and families from preconception to school entry*.

## **CONCLUSION**

Supporting families during pregnancy and the early years can have lasting benefits for a child's overall health and well-being. Through accessible programs, targeted promotion, and strong community partnerships, LPH helps families build skills and confidence, foster healthy relationships, and identify and address concerns early.

## **References**

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: Early Development Instrument Snapshot: Vulnerable on one or more domains >> Percent of children identified as vulnerable >> 2023 [Internet]. Toronto, ON: King's Printer for Ontario; c2025 [modified 2025 Nov 24; cited 2026 Jun 16]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Reproductive-and-Child-Health/Early-Development-Instrument>.
2. Ipsos. County of Lambton – Parent Community Health Survey. January 2026. Available from: <https://lambtonpublichealth.ca/public-reports/parent-community-health-survey-2025/>.

	<b>PUBLIC HEALTH SERVICES DIVISION</b>
<b>REPORT TO:</b>	<b>WARDEN AND LAMBTON COUNTY COUNCIL</b>
<b>DEPARTMENT:</b>	<b>LAMBTON PUBLIC HEALTH</b>
<b>PREPARED BY:</b>	<b>Ellie Carson, Mental Health and Addictions Coordinator Jordan Banninga, Manager, Health Promotion</b>
<b>REVIEWED BY:</b>	<b>Kevin Churchill, General Manager Stéphane Thiffeault, Chief Administrative Officer</b>
<b>MEETING DATE:</b>	<b>July 2, 2026</b>
<b>INFORMATION ITEM:</b>	<b>Lambton Drug and Alcohol Strategy – Implementation Progress Report – 2025</b>

**BACKGROUND**

The Lambton Drug and Alcohol Strategy (“**LDAS**” or “**the Strategy**”) is a coordinated and collaborative approach across sectors in Lambton County to create a flourishing community that prevents and reduces the harms of drug and alcohol use. The Strategy was approved by County Council at its meeting on April 5, 2023, and County Council received information reports on the first and second years of LDAS implementation on July 3, 2024 and July 2, 2025, respectively.

The attached *Lambton Drug and Alcohol Strategy: Seeing the Forest and the Trees – 2025 Implementation Progress Report* (Appendix A) highlights activities made possible in 2025 by the collective efforts of LDAS partners. Lambton Public Health (“**LPH**”) coordinates implementation of the Strategy, and co-chairs the Steering Committee along with Bluewater Health. LPH proudly submits this information report on behalf of all Strategy partners.

**DISCUSSION**

The Strategy is governed by a Steering Committee, which supports the work of three (3) pillars: Demand Reduction, Harm Reduction, and Supply Reduction. Each pillar has its own set of goals, priorities, and engaged community partners.

Now in its third year, the Strategy has continued to grow its work and its network. In early 2026, partners completed an assessment of the partnership’s effectiveness, value, and impact; all respondents agreed that LDAS has made progress toward its goals, and many reported changing or enhancing their own services as a result of their involvement. Over the past year, the Steering Committee also approved new Terms of Reference to clarify member roles, support the addition of community members, and better reflect the

Strategy's current structure. The attached report (Appendix A) highlights a selection of accomplishments from 2025, including the Sarnia-Lambton Homelessness and Addictions Recovery Treatment (HART) Hub, an Emergency Treatment Fund award of over \$800,000, stigma-reduction and trauma-informed care training, and the continued expansion of harm reduction and youth engagement initiatives.

### Next Steps

To follow up the 2025 reporting year, Lambton Public Health hosted LDAS partners for a full-day summit - the first since the 2023 Prioritization Day - to reflect on the collective work of the past year and identify shared priorities going forward. Guided by the theme "Seeing the Forest and the Trees," partners examined the broader system responding to substance use harms in Lambton County, celebrated progress, and identified opportunities for both quick wins and larger system-level impact. In 2026, the partnership will build on this momentum by improving communication and transparency, refining its meeting processes, and advancing the priorities identified at the Summit, all while continuing to respond to the evolving needs of the community.

### FINANCIAL IMPLICATIONS

All costs associated with LPH's role in coordinating LDAS are included in the approved 2026 budget and are cost-shared between the Province and the Municipality.

### CONSULTATIONS

The Strategy was developed in consultation with people with lived experience, their loved ones, community members, and key community interest holders. The 2025 LDAS Implementation Progress Report was developed by LPH in consultation with Steering Committee partners.

### STRATEGIC PLAN

The County of Lambton Strategic Plan speaks to the value and importance of a healthy community and advocating for and supporting access to mental health and addictions services. Substance use harms, including harms related to alcohol, opioids, and the unregulated drug supply, affect the entire community; reducing risks and harms is a fundamental aspect of an overall healthy community approach.

LPH's Strategic Plan further identifies Mental and Physical Health in Early Life as a strategic priority for 2025-2029 acknowledging that by promoting healthy starts and supporting families LPH can prevent future health challenges, reduce inequities and strengthen community resilience (Lambton Public Health, 2025).

**CONCLUSION**

Looking ahead, LDAS partners have demonstrated a continued commitment to collaboration and innovation in pursuit of a flourishing community. The progress reflected in the 2025 Annual Report shows the value of a coordinated, cross-sector approach to addressing substance use and related harm in Lambton County. Through shared leadership, strengthened partnerships, and a growing focus on both immediate needs and long-term system change, the Strategy continues to build a more responsive and connected local network of care. In 2026, the partnership will build on this momentum by advancing priorities identified through the recent summit, enhancing communication and transparency, and continuing to create opportunities that support a safer, healthier, and more resilient Lambton.

Appendix A

# LAMBTON DRUG AND ALCOHOL STRATEGY

Seeing the Forest and the Trees:  
Implementation Progress Report

# 2025



## **HOW TO CITE THIS REPORT:**

Lambton Public Health (2026). Lambton Drug and Alcohol Strategy: Seeing the Forest and the Trees 2025 Implementation Progress Report. Lambton County, Ontario

## **ACKNOWLEDGMENTS**

The Lambton Drug and Alcohol Strategy Partners collectively acknowledge that this land on which we work is part of the ancestral land of the Chippewa, Odawa, and Potawatomi peoples, referred to collectively as the Anishinaabeg. It is through the connection of the Anishinaabeg with the spirit of the land, water and air that we recognize their unique cultures, traditions, and values. Together as treaty people, we have a shared responsibility to act with respect for the environment that sustains all life, protecting the future for those generations to come.

We acknowledge the lives lost to substance use, and the families and communities forever changed by that loss. We hold space for grief, remembering that every number represents a person, a life, and a loved one.

# Co-Chair Message



Over the past year, we've faced significant challenges. We continue to see the impacts of a toxic and unpredictable drug supply, increasing polysubstance use, and growing complexity as mental health and substance use needs intersect. At the same time, our system has felt real pressure - on frontline staff, on services, and on the people in our community trying to access care.

And yet, despite these challenges, we have made meaningful progress together.

We have strengthened collaboration across sectors - health, public health, community agencies, and first responders - recognizing that no single organization can do this work alone.

We've improved access to care, working toward more coordinated pathways that help people get the right support when they need it.

We've expanded stigma reduction efforts, including training that is helping shift perspectives and promote more compassionate, person-centered care.

We've seen the opening and enhancement of programs and services, increasing our community's capacity to respond.

And importantly, we've continued to invest in prevention, especially with youth, while also working to reduce barriers that prevent people from seeking help - whether those barriers are systemic, geographic, or rooted in stigma.

We continue to build on that momentum through learning, sharing, and strengthening our collective response. By aligning our efforts and continuing to push forward together, we are creating a system that is more accessible, more connected, and more responsive to the needs of our community.

We would like to thank the community for the resilience and collaborative spirit demonstrated every day as we continue in our commitment to this shared vision.

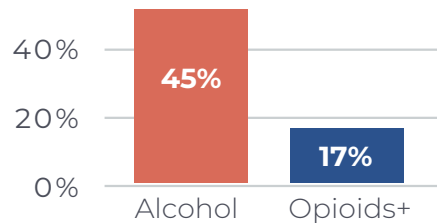
# Substance Use in Lambton County

People use substances such as alcohol, cannabis, opioids, tobacco, and vaping products for a variety of reasons. While some people may not experience noticeable harm, others may experience significant negative impacts on their health and relationships. How substances affect an individual can depend on a variety of biological, psychological, and social factors. Reducing the harms associated with substance use requires a comprehensive approach that considers the full spectrum of use. To learn more about the substance use continuum, visit [LambtonDAS.ca](http://LambtonDAS.ca).

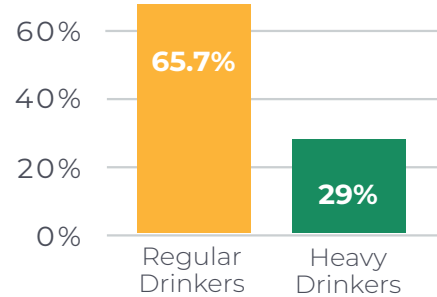
Across Ontario, harms related to regulated and unregulated substances have resulted in thousands of emergency department visits, hospitalizations, and deaths each year. Provincially and within Lambton County, opioid-related deaths have shown a decline since 2024. While data on opioid-related harms has become more accessible, the community continues to experience significant impacts from other substances. Increased retail availability of alcohol, cannabis, and vapour products has raised concerns about potential increases in use and associated health effects. A coordinated local response is needed to address the underlying factors contributing to these harms and to better support community well-being.

## Data Snapshot

**Over 900 emergency department visits in 2025 were related to substances.** Of those visits, 411 or approximately 45% were related to alcohol and 154, or approximately 17%, were related to opioids, benzodiazepine, or stimulant/psychotropic medication overdoses.<sup>1</sup>



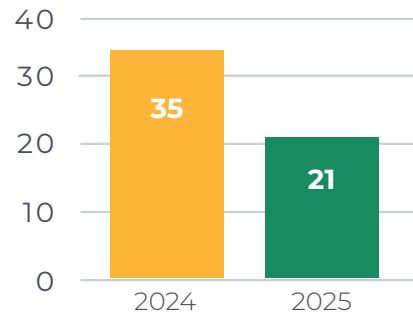
**Lambton residents over the age of 18 were more likely to report being regular or heavy drinkers compared to the Ontario average.** Of Lambton residents over 18, 65.7% were regular drinkers (drinking at least once per month) and 29% were heavy drinkers (women drinking four or more drinks and men drinking five or more drinks in a single occasion).<sup>2</sup>



In 2025, Lambton EMS calls for opioid poisonings decreased 30% from 2024 (194 calls in 2025 compared to 273 calls in 2024). The number of clients refusing transport also declined by about 60% - from 7/month in 2024 to 3/month in 2025 (down 58%).<sup>3</sup>



In 2025, there were 21 opioid-related deaths in Lambton County, down from 35 in 2024 (based on available preliminary data). The decrease in opioid-related deaths is a trend similar to that seen across Canada; however, rates remain higher in Lambton than Ontario.



People in neighbourhoods with challenges related to access to resources, housing, and racism/discrimination experienced health inequities. Specifically, those living in more **marginalized neighbourhoods** had higher rates of emergency department visits related to mental health and alcohol when compared to the least marginalized neighbourhoods.<sup>5,6</sup>



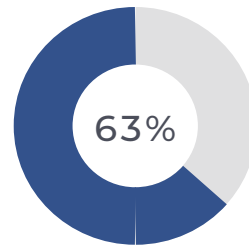
In 2025, over 5,300 naloxone kits were distributed across Lambton County by community partners. An additional 116 individuals were also trained to administer naloxone.<sup>7,8</sup>



1 in 5 Lambton residents know someone in their immediate circle, either a family member or close friend who has experienced an opioid poisoning/overdose.<sup>9</sup>



63% of people surveyed during Lambton County's 2024 Homelessness Enumeration self-reported experiencing difficulties related to substance use (e.g. alcohol or opiates). 30% identified **addiction as a top challenge** to finding housing.<sup>10</sup>



## Opioid Dashboard

Lambton Public Health's interactive dashboard provides data on key indicators of opioid-related harms in Lambton County, including ambulance responses, emergency department visits, Naloxone kit distribution, and confirmed and probable opioid toxicity deaths. The platform is updated on a monthly basis to ensure that users have access to current information. By making this data publicly available in an accessible format, the dashboard enhances transparency and supports informed decision-making among service providers, community organizations, and the general public. To view the dashboard, visit [lambtonpublichealth.ca](http://lambtonpublichealth.ca).



The screenshot shows the 'Lambton Opioid Dashboard' with a navigation menu on the left containing: Background, ED Visits, Deaths, EMS Calls, Naloxone, Alerts, and Data Notes. The main content area includes an 'Introduction' section, a 'How to use this dashboard' section with instructions on navigation and data filtering, and a 'Lambton Drug & Alcohol Strategy' section. A small icon cluster is visible in the bottom right of the dashboard view.

# LDAS Strategy Overview

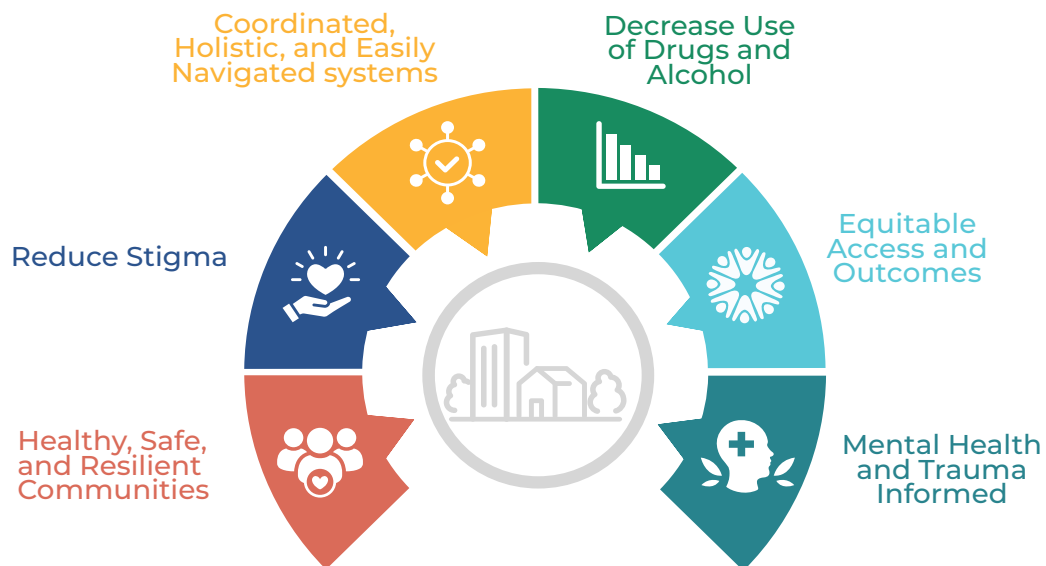


The Lambton Drug and Alcohol Strategy (“LDAS” or “the Strategy”) is a coordinated and collaborative approach across sectors in Lambton County to create a flourishing community that prevents and reduces the harms of drug and alcohol use. The Strategy is uniquely local, informed by data and perspectives from Lambton, and focuses on six strategic priorities and three Pillars. To view the Strategy and how it was developed, visit [LambtonDAS.ca](http://LambtonDAS.ca).

## Governance

The Strategy partnership is comprised of a Steering Committee and three corresponding Pillar tables: Demand Reduction, Harm Reduction, and Supply Reduction. These groups meet regularly to exchange knowledge and expertise, coordinate services, and leverage relationships to advance local solutions towards the Pillar’s goals and Strategy priorities. With partners from health care, education, industry, and more, the Steering Committee provides overarching leadership, decision-making and shared resources, fosters collaboration related to the six strategic priorities (Figure 1) and helps to ensure efforts are aligned with broader community strategies.

**Figure 1 - Strategic Priorities**



In addition to the formalized Pillars, the partnership continues to engage community members across the lifespan through local programs and services, bringing those perspectives forward through the Strategy’s governance structure. This integrated structure continues to build on the hub-and-spoke model that was adopted in 2023, using data and expertise from communities to reduce substance-related harms at a strategy level and promote a healthier Lambton County for individuals.

To improve clarity and continue to advance engaging communities in this work, the LDAS Steering Committee approved a new Terms of Reference. Updates included clarifying roles and responsibilities of members, the process for adding new members including members of the community, and more accurately reflecting the current structure of LDAS by including work groups. Both the Steering Committee and Pillars tables were consulted in the process since the Terms were adapted to act for all groups in LDAS to foster consistency and keep administrative and strategic decisions at the Steering Committee level.



# Partnership Updates



Progressing into the Strategy's third year of collective partnership, the work, and network, continue to grow. In early 2026, partners completed an assessment survey to understand perceived effectiveness, value, and impact of LDAS as a partnership from those who were involved in the work in 2025 (n=28). The vast majority of respondents agreed with the statements on effectiveness, value, and impact, with 100% stating agreement that LDAS had made progress towards its goals, and the meetings support information sharing, collaboration, and opportunities to share openly about perspectives. When asked about where the partnership made the largest impact, partners identified:

- Strengthened collaboration and partnerships from across disciplines
- Improved communication and information sharing
- Increased community awareness
- Improved coordination and access to resources
- Highlighted the importance of meaningful youth engagement

Partners were also invited to share how their involvement with LDAS has impacted their work and organization's programs and services. Just under half (46%) of respondents stated that their organization had made changes to their values, actions, or services because of their involvement with LDAS. These changes included:

- More responsive and compassionate service delivery
- Improved alignment and more targeted supports
- Increased capacity through training and grants, strengthening organizations and community response
- Commitment to engagement of people with lived experience in shaping services
- Expanded harm reduction and crisis response efforts
- Enhanced cross-sector collaboration, coordination, and communication

Furthermore, 36% of respondents reported that their organization has provided additional or enhanced services because of their participation in LDAS. These enhancements included:

- New training and capacity building opportunities
- Expanded harm reduction initiatives
- Stronger partnerships and system coordination including grants and resource development
- Youth engagement and leadership opportunities

Partners also shared opportunities for improving LDAS processes in order to see greater collective impact. Some respondents indicated clarifying roles and responsibilities and continuing to bring new information about services, trends, or issues is still needed. In 2026, the partnership will work to improve communication and transparency, update the Terms of Reference and meeting agendas, and support priorities identified by the Summit as important ways to leverage improvement.



# Implementation Update



As the strategy enters its third year of implementation, the partnership continues to grow. Building on many collective successes, 2025 brought further momentum through the creation of new working groups to address emerging issues, the involvement of new partners whose mandates align with the Strategy, and several collective grant applications. When asked where the partnership made the greatest impact, partner organizations pointed to stronger cross-disciplinary collaboration, improved communication and information sharing, increased community awareness, better coordination and access to resources, and a renewed emphasis on meaningful youth engagement.

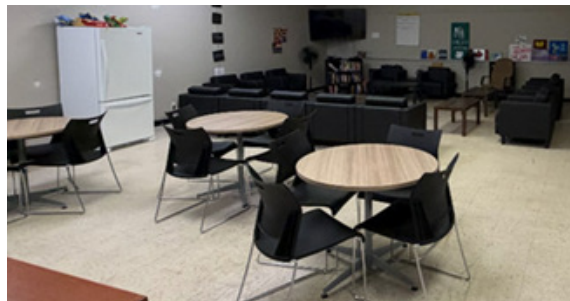
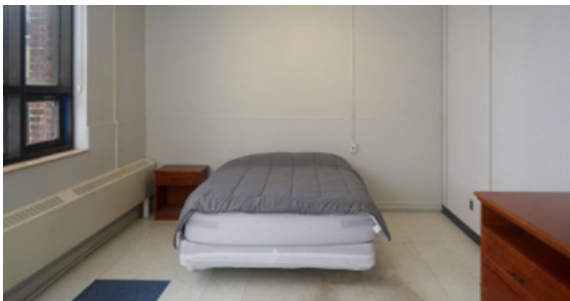
Grounded in the understanding that substance use exists along a continuum, the Strategy supports a comprehensive and adaptive response that meets the full range of population needs. While many partners may align their work with a single Pillar, recent analysis of 91 local programs and services highlights that most contribute to multiple Pillar goals and strategic priorities. The report indicates which of the strategic priorities each highlighted program or service contributes to, demonstrating the importance of an interconnected system of services in responding to the complex nature of substance use harms.

## Collective Impact



### Sarnia-Lambton Homelessness and Addictions Recovery Treatment (HART) Hub

The Sarnia-Lambton Homelessness and Addictions Recovery Treatment (HART) Hub is a centralized, community-based model of care designed to bring partners together in the same space to streamline access to mental health, addictions, housing, and social supports through a “no wrong door” approach. Although the Transitional Recovery Beds officially launched in early 2026 at the 275 Wellington St. address, 2025 saw the continued provision of services and supports at the drop-in space as well as the Mobile Care Bus throughout the development and integration of the model. By consolidating services that were previously fragmented, the model enables barrier-free, rapid access to coordinated care in one location, supported by partnerships among organizations like Canadian Mental Health Association, Bluewater Health, and the County of Lambton.





## Emergency Treatment Fund – Accelerating Community Mobilization to Drug Poisoning Crisis

### Detection, Mobile Outreach, and Trauma-Informed Care

In 2024, the County of Lambton, Sarnia Police Services, Sarnia-Lambton Ontario Health Team, Bluewater Health, and North Lambton Community Health Centre submitted a collaborative proposal to accelerate community mobilization through detection, mobile outreach, and trauma-informed care. In 2025, their application was awarded over \$800,000 to purchase two community clinical vans, a drug analysis device for police, and to fund four trauma-informed care education sessions for service providers across Lambton.

The two community clinical vans augment mobile outreach services provided by North Lambton Community Health Centre and Community Health Integrated Care (CHIC). These vehicles enable existing staff to provide additional support that is accessible and non-stigmatizing. Mobile outreach staff provide wound care and other services to our neighbors who have difficulty accessing health services, reducing risks for both blood-borne infections and connecting people to additional, ongoing care as needed.



Trauma is an important factor that increases risk for experiencing substance use harms. In response to an identified need for training, the Sarnia-Lambton Ontario Health Team hosted four trauma-informed care workshops in early 2025. More than 200 service providers attended, including one two-day session and two half-day refresher sessions. The vast majority of participants reported increased knowledge of how trauma affects individuals, along with improved skills to provide more effective, supportive care.

Drug supply surveillance and community response is the third component of the Emergency Treatment Fund's support which was the purchase of a Drug Analysis Device. Through expertise from Sarnia Police Services, this tool helps to analyze seized substances and provide information about the toxicity of the unregulated drug supply. This tool helps to inform community partners of added risk from the unregulated drug supply in order to reduce threats to the wider community, providing partners the opportunity to be proactive, communicate more clearly about harms, and see trends to improve planning.

## **Demand Reduction – Progress Snapshot**

Demand Reduction takes a health promotion and prevention-focused approach to reducing substance use by addressing its root causes. This Pillar emphasizes preventing or delaying the onset of substance use by strengthening community conditions that build resilience and support healthier lifestyle choices. In 2025, partners dedicated time to focus on youth engagement coming together to share best practices and engage meaningfully. In a recent review of 91 local programs and services, 76 showed strong alignment with at least one demand-related priorities, reflecting a proactive and community-wide approach that exists. Together, these efforts demonstrate a shared commitment to prevention and well-being, as highlighted in the program examples that follow.



### **Youth Engagement Sub-Committee**

In spring 2025, members of the Demand Reduction Pillar identified a common interest in engaging with youth to achieve the Pillar's goal to "improve the community conditions that promote resilience and support healthier alternatives to substance use". Led by County of Lambton Libraries, organizations including Sarnia-Lambton Rebound, Lambton Public Health, St. Clair Catholic District School Board, YWHO, North Lambton Community Health Centre, and Sarnia-Lambton Ontario Health Team developed two goals: seek youth input on how they can be engaged in their community and build capacity of adult community members to understand and participate in youth engagement.

These organizations have been able to leverage best practices within the community to improve upon existing initiatives such as:

- Library Teen Advisory Council
- Youth engagement training for Library Staff
- Youth Board of Directors
- Youth engagement planning day and other youth engagement opportunities



## BASES Safety Forum

In February 2025, BASES (Bluewater Association for Safety, Environment, and Sustainability) hosted their annual half-day Health & Safety Forum discussing the impact of drugs and alcohol in the region and the ongoing efforts to address it. Health and safety and leadership representatives from local industry, contracting companies, and trade unions came together to hear about the impact that substances can have in the workplace and the value in a non-stigmatizing, safe, and healthy workplace. Lambton Public Health presented about population level data, the work of LDAS, and the resources available both in our community and to health and safety professionals and leaders to foster a healthy workplace. Both BASES and Lambton Public Health continue to work to address stigma in this priority population.



## Harm Reduction – Progress Snapshot

Harm Reduction is an approach that aims to minimize the adverse health, social, and economic impacts of substance use by promoting safer practices and supportive services. In 2025, the Pillar convened regularly to share knowledge, identify emerging needs, and strengthen community responses. An analysis of 91 local programs and services found that 64 aligned with at least one harm reduction objective, demonstrating the breadth of this work across sectors. Together, these efforts reflect a coordinated commitment to reducing substance-related harms and are illustrated in the program highlights that follow.



### Stigma Ends with Me: The Foundations

Stigma training was delivered by CAPSA, a national non-profit dedicated to dismantling stigma on the substance use continuum and providing peer support resources. Supported by a Sarnia Community Foundation Grant, 235 participants were provided the opportunity to attend a 2-hour session focused on challenging biases and shifting perspectives toward people who use substances. These sessions highlighted the impacts of stigma on individuals and systems. It also provides practical strategies to reduce stigma in professional and everyday contexts, including the use of person-first language to promote respect and dignity. Participants provided positive feedback in that the training was impactful towards their work, highlighting changes they plan to make in their day-to-day practice.





## Community Reintegration

Reintegration into community from incarceration, hospital, or another institution is often a difficult transition with limited supports and a high risk for substance use harms. The Harm Reduction Pillar identified that improving the transition to care pathways from institutions could help to reduce harms and improve access to care. To support this work, partners from the Harm Reduction Pillar including CMHA Lambton Kent, County of Lambton Social Services, Bluewater Health, North Lambton Community Health Centre, people with lived experience of substance use, and Lambton Public Health helped to fund, inform, or coordinate the development of a pocket-sized booklets with local services and supports that someone may need as they transition back into community. The booklet included locations for everyday needs, housing supports, health care, substance and mental health services, Indigenous services, and more with artwork by Little Wolf.

Similarly, Sarnia's Community Reintegration and Planning Table (CRPT) supports individuals exiting custody from the Sarnia jail or returning to Sarnia-Lambton after a period of incarceration. Launched in May of 2025, community supports are discussed at bi-weekly round-table meetings, leveraging the expertise and resources of table members to streamline referrals and provide multi-service coordination. This undertaking is a collaboration between Sarnia Adult Probation, the Sarnia Jail, the John Howard Society of Sarnia-Lambton, and over a dozen other Social Services and interest-holders.





## Coffee and Kits

Coffee and Kits is a peer engagement program offered by the Outreach Team at North Lambton Community Health Centre. The program brings people together for conversation over coffee, while providing opportunities to support outreach initiatives in the community. Through Coffee and Kits, participants build relationships with staff, connect with services, and share their perspectives to help inform Outreach Team programming.

Participants are compensated for their time and contributions, recognizing the important role that lived and living experience plays in shaping effective services. Since its launch, participation has grown steadily, and Coffee and Kits has become an important part of how the Outreach Team builds and maintains relationships in the community.





## Community Sharps Disposal

LDAS Harm Reduction partners have also engaged in collective work to increase opportunities for proper sharps disposal. This included updating the list and map of community sharps disposal bins, developing new communication products to streamline how to properly dispose of found sharps and medication, and adding 2 new community sharps disposal bins and relocating a third at Bluewater Health, Aamjiwnaang First Nation, and Wellington Pharmacy. This is in addition to community partners properly disposing of sharps in community whenever they may be found.

North Lambton Community Health Centre also began research into the feasibility of a peer sharps retrieval initiative based on best practices from other community models. They were successful in receiving a grant from Enbridge to acquire safety equipment for staff. They are excited to begin their initiative in 2026.

## Supply Reduction – Progress Snapshot

The Supply Reduction Pillar focuses on enforcing substance-related laws while also improving access to treatment services. Its goal is to support a healthier community by limiting and regulating substances and promoting responsible access. Partners involved bring diverse expertise from areas such as policing, public health, the justice system, pharmacies, primary care, and acute care. In 2025, the Pillar came together to share knowledge and address supply-related issues. In a recent analysis of 91 local programs and services, 55 aligned with a supply-related objective. Together, this work reinforces a coordinated approach to reducing supply and positions the following program highlights as examples of this progress in action.



## Suboxone Use by EMS

Lambton Paramedics are now able to provide Suboxone as part of an expanded response to the opioid toxicity crisis. This medication used to treat patients suffering from withdrawal symptoms is now listed within the opioid toxicity and withdrawal medical directive. In 2025, all Lambton EMS paramedics received training to support this initiative, enhancing their ability to provide timely, evidence-based care in the field and improve outcomes for individuals struggling with opioid dependence.



## Lifeguard Connect

Lifeguard Connect officially launched in Lambton County this past year. Developed by Lifeguard Digital Health, the app is a digital system navigation and harm reduction resource for individuals who use substances. It is designed to help individuals locate nearby services, notify when safety messages have been issued, and alert first responders when an individual using substances alone becomes unresponsive. The app is available online for download.



## Detour Program

Detour is a partnership between local public health units and the St. Clair Catholic District School Board (SCCDB). As an alternative-to suspension program, students who are caught using substances on school property are assigned to attend four 50-minute interactive sessions. Topics include increasing awareness and knowledge about health risks of using substances, impacts on the environment, tobacco and vaping marketing trends, coping strategies and stress management, effects of vaping cannabis and cessation support. The program is facilitated by a trained SCCDSB Child and Youth Worker and a Lambton Public Health (LPH) Health Promoter with knowledge of substance use and expertise working with youth.

# Looking Forward



## 2026 Summit

In May 2026, Lambton Public Health hosted the LDAS partners for a full-day summit, the first since the 2023 Prioritization Day. The summit provided an opportunity to reconnect around the shared vision of a flourishing community, working together to prevent and reduce the harms of drug and alcohol use. Guided by the theme of “Seeing the Forest and the Trees”, partners examined the complex ecosystem responding to substance use harms in Lambton County, stepping back to reflect on the impact of their collective work over the past year and to celebrate shared successes and progress.

Summit attendees shared data about the current landscape of substance use outcomes in Lambton, and details about the services that exist to address them. Partners discussed what data is missing and what information would improve our ability to respond as a community, digging deeper into topics of interest such as child, youth, and family supports, alcohol, the unregulated drug supply, and how to share information about substance use. The group identified opportunities for quick wins and where partners could make larger impacts in the system. Looking ahead, LDAS partners have demonstrated a continued commitment to collaboration and innovation to achieve our vision of a flourishing community. In 2026, the partnership aims to build on this collective momentum while advancing new opportunities to create a safer, healthier Lambton.



To stay in the know about our collective work towards the objectives of the Strategy or to contact the partnership visit [LambtonDAS.ca](https://LambtonDAS.ca).

# Steering Committee




- Aamjiwnaang First Nation
- BASES
- Bluewater Health
- Canadian Mental Health Association – Lambton Kent
- Chippewas of Kettle & Stony Point First Nation
- Cultural Services – County of Lambton
- Emergency Medical Services – County of Lambton
- Hogan Pharmacy Downtown
- Lambton Kent District School Board
- Lambton Public Health
- North Lambton Community Health Centre
- Ontario Health West
- Ontario Provincial Police – Lambton
- Rapids Family Health Team
- Sarnia Construction Association
- Sarnia Lambton Ontario Health Team
- Sarnia-Lambton Rebound
- Social Services - County of Lambton
- St. Clair Catholic District School Board
- St. Clair Child and Youth Services
- Sarnia Police Service
- Sarnia-Lambton Children’s Aid Society
- Walpole Island First Nation

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	<b>PUBLIC HEALTH SERVICES DIVISION</b>
<b>REPORT TO:</b>	<b>WARDEN AND LAMBTON COUNTY COUNCIL</b>
<b>DEPARTMENT:</b>	<b>LAMBTON PUBLIC HEALTH</b>
<b>PREPARED BY:</b>	<b>Ashlee Brown, Health Promoter Jordan Banninga, Manager, Health Promotion</b>
<b>REVIEWED BY:</b>	<b>Kevin Churchill, General Manager Stéphane Thiffeault, Chief Administrative Officer</b>
<b>MEETING DATE:</b>	<b>July 2, 2026</b>
<b>INFORMATION ITEM:</b>	<b>Unregulated Substance Use – Status Report</b>

**BACKGROUND**

Unregulated substance use refers to the behaviours, risks, and health and social impacts associated with substances obtained outside regulated pharmaceutical or legal supply systems. Examples include opioids, stimulants, and synthetic drugs, which can contribute to outcomes such as poisoning, substance use disorders, and other acute or long-term health and social harms.

Lambton Public Health (“**LPH**”) has a mandate under the Ontario Public Health Standards (Ontario Ministry of Health, 2021) and its Substance Use and Injury Prevention Program Standard to assess the local burden of substance use, promote healthy behaviours, reduce harms associated with substance use, and embed health equity approaches in programs and services.

The purpose of this report is to provide the Board of Health (County Council), with an overview of recent trends and harms related to unregulated substance use, and to summarize how Lambton Public Health is working with community partners to reduce harms and strengthen protective factors in Lambton County.

**DISCUSSION**

LPH plays an important role in preventing substance use harms in Lambton County through direct services, community partnership, health teaching, and upstream prevention. Reducing harms and stigma are integrated across a range of programs and services, reflecting a population health approach that focuses on strengthening protective factors, reducing risk factors, and improving the conditions that support well-being across the life course.

**Understanding Community Health**

LPH monitors substance use-related harms, as well as associated risk and protective factors. Findings are then translated into communication materials for the web (such as the Lambton Opioid Dashboard), community partners, and other communications or social marketing interventions to support awareness, planning, decision-making, and action. Some key trends from this monitoring include:

- **In Canada, opioid-related deaths have started to decline.** Although there has been a decline, Lambton rates remain higher than provincial rates with 14.66 per 100,000 population vs. 8.73 per 100,000 population in Ontario in 2025 (preliminary data; Office of the Chief Coroner for Ontario, 2025). Due to the smaller population size, trends are not as prominent in Lambton. Locally, the decline started in 2024 with 35 deaths and continued into 2025 with 21 deaths (Office of the Chief Coroner for Ontario, 2025, preliminary).
- **Locally, the monthly number of opioid poisoning calls to Emergency Medical Services (“EMS”) has declined.** On average, Lambton EMS received 16 calls per month in 2025 related to opioid poisoning events. This is approximately 30% fewer EMS calls than the previous year. Additionally, the number of patients refusing transport has reduced by approximately 60%, indicating that more individuals are being transported to hospital (Lambton Public Health, 2026).
- **Over 900 emergency department visits in 2025 were related to substances.** Of those visits, 411 or approximately 45% were related to alcohol and 154, or approximately 17%, were related to opioids, benzodiazepine, or stimulant/psychotropic medication poisonings (Bluewater Health, 2026).
- **Inequities in mental health and substance use persist.** Half of all opioid poisoning deaths occur among people living in areas experiencing the highest level of material resource marginalization (Office of the Chief Coroner, Ontario, 2025). In 2021/2022, Lambton County residents in the most materially deprived neighbourhoods had mental health emergency department visit rates nearly three (3) times higher than those in the least deprived neighbourhoods (Ontario Agency for Health Protection and Promotion, 2024; Churchill & Banninga, 2025).

**Providing Clinical Public Health Services**

The Harm Reduction Clinic offers access to a range of non-judgmental services to help reduce the risk of blood-borne infections, overdose, and other health issues. LPH does this by providing new and unused injection and inhalation supplies, as well as disposal of used supplies. It also offers: Sexually transmitted infection (“STI”) testing and counselling;

Condoms and other supplies; Immunizations against some blood-borne infections; and Naloxone kits.

**Distributing Essential Health Supplies**

LPH supports the distribution of harm reduction material and naloxone kits to partner organizations across Lambton County. In 2025, 15 organizational partners distributed more than 2,800 naloxone kits, with local pharmacy partners distributing an additional 2,400 kits.

**Engaging Community Partners**

LPH coordinates the Lambton Drug and Alcohol Strategy (“**LDAS**”) and co-chairs its committees and working groups, bringing together community partners with expertise across the substance use continuum.

**Health Teaching and Education**

LPH delivers presentations, develops resources, and participates in community partnerships to share evidence-informed approaches to reduce the harms associated with substance use in our community.

**FINANCIAL IMPLICATIONS**

All costs associated with LPH’s activities to support substance use surveillance, harm reduction, health teaching, and community partner engagement are included in the approved 2026 budget and are cost-shared between the Province and the Municipality.

**CONSULTATIONS**

In the preparation of this report, staff consulted with LPH Epidemiologists, Health Promoters, Mental Health and Addictions Coordinator, and Manager of Clinical and Family Services.

**STRATEGIC PLAN**

The County of Lambton Strategic Plan speaks to the value and importance of a healthy community and supporting access to mental health and addictions services. Unregulated substance use is an issue that affects the entire community, and reducing risks and harms from substance misuse is a fundamental aspect of an overall healthy community approach.

LPH's Strategic Plan further identifies Mental and Physical Health in Early Life as a strategic priority for 2025-2029 acknowledging that by promoting healthy starts and supporting families LPH can prevent future health challenges, reduce inequities and strengthen community resilience.

### **CONCLUSION**

While recent data indicate some improvements in opioid-related harms both locally and nationally, substance use and the unregulated drug supply continue to present significant and inequitable health risks locally. Ongoing disparities, particularly among populations experiencing material deprivation, demonstrate the need for sustained, coordinated action. LPH will continue to play a key role in monitoring trends, supporting evidence-informed interventions, and working collaboratively with community partners to reduce stigma, enhance client services, and strengthen prevention throughout the life-course. Ongoing investment in upstream strategies and community capacity will be essential to improving health outcomes and ensure all residents can achieve their optimal health and well-being.

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 <p style="text-align: center;"><b>PUBLIC HEALTH SERVICES DIVISION</b></p>	
<b>REPORT TO:</b>	<b>WARDEN AND LAMBTON COUNTY COUNCIL</b>
<b>DEPARTMENT:</b>	<b>LAMBTON PUBLIC HEALTH</b>
<b>PREPARED BY:</b>	<b>Chad Ikert, Manager, Health Protection Lori Lucas, Supervisor, Health Protection</b>
<b>REVIEWED BY:</b>	<b>Kevin Churchill, General Manager Stéphane Thiffeault, Chief Administrative Officer</b>
<b>MEETING DATE:</b>	<b>July 2, 2026</b>
<b>INFORMATION ITEM:</b>	<b>Food Safety Program Update</b>

**BACKGROUND**

The Ontario Public Health Standards require public health departments to administer a comprehensive food safety management program, the goal of which is to improve the health of the population by reducing the incidence of food-borne illness. Lambton Public Health's ("LPH") Food Safety Program plays a critical role in regulating and monitoring food safety in Lambton County.

This report will provide an update on the department's Food Safety Program. Staff last reported to Council on this subject through the April 5, 2023 meeting report: *Food Safety Program Update*.

**DISCUSSION**

**DineSafe Lambton**

Overall, there are approximately 854 (year-round and seasonal) food establishments in Lambton County that are inspected under the *DineSafe Lambton* program. In 2025, Public Health Inspectors conducted 1,450 food premise inspections and achieved an overall inspection completion rate of 97.9 percent.

Refer to Appendix "A" for a list of statistical information related to LPH's Food Safety Program, which is made publicly available through LPH's public disclosure program known as *DineSafe Lambton*.

In 2025, food safety inspections resulted in the following:

- Thirteen (13) food establishments received a yellow (Conditional Pass) sign indicating the inspection revealed significant non-compliance with the Ontario Food

Premises Regulation. Overall, since inception of the program in 2010, 125 yellow signs have been issued due to significant non-compliance.

- Five (5) food establishments received a red (closed) sign indicating the inspection revealed conditions that represent an immediate health hazard to the general public. There has been a total of twelve red signs issued since the program began in 2010.
- All other inspections to date have resulted in green (pass) signs being posted indicating the inspection revealed substantial compliance with the Ontario Food Premises Regulation.

**Enforcement Activities**

In addition to the *DineSafe Lambton* program, LPH has policies and procedures to address non-compliance with the *Health Protection and Promotion Act* and related regulations and acts when food intended for human consumption may not be safe. Enforcement activities include issuing tickets (provincial offense notices) and/or condemning food. In 2025, three (3) tickets were issued, and food was condemned on 32 different occasions.

**Food Handler Training and Certification**

In 2025, ten (10) in-person food handler training and certification classes were held by LPH. A total of 325 food handlers were certified through LPH in 2025.

Compliance with food handler certification has remained high, with 96.34 percent of food premises having a certified food handler on-site during inspection. This is likely due to the previous success of Lambton County By-law No. 30 of 2010 *DineSafe Lambton* program, and the high uptake of food handler training completed by LPH in previous years.

**Community Education and Awareness**

Community education and awareness is an integral part of the food safety program. Public Health Inspectors promote food safety daily through routine inspections at food premises, during inspections at special events as well as regular visits to local Farmer's Markets. LPH provides food safety educational support and resources to community stakeholders and committees as requested.

Engagement with stakeholders provides an opportunity to promote the importance of food safety, especially relating to small children and youth. Public Health Inspectors also promote food safety messaging to the public by distributing educational materials, attending special events, and presenting to groups.

LPH continues to participate in the mobile market initiative that allows for the delivery of educational food safety information targeted at vulnerable populations.

**Healthy Menu Choices Act**

On January 1, 2017, the *Healthy Menu Choices Act, 2015* (“**HMCA**”) came into effect in Ontario. This new legislation requires all food service providers with 20 or more premises in Ontario to display the calories of food and drink items on their menus. The HMCA applies to any premise where food is available for immediate consumption, including convenience stores, movie theatres, grocery stores, and restaurants. Calorie information listed must be specific to the variety, flavor, and size of the item. This legislation aims to provide customers with information to help them make informed choices about what they eat and feed their families when dining out as well as helping raise public awareness about the calorie content of food and beverages prepared outside the home.

As per Ministry protocol, HMCA inspections will occur on a complaint basis only.

LPH works closely with the Ministry of Health and other public health units in Ontario to ensure a consistent approach to enforcement is used for any non-compliance issues. This remains important as this legislation focuses on "chain" food premises who receive all of their menus and menu boards from head office, therefore non-compliance issues would often be the same across the province.

**FINANCIAL IMPLICATIONS**

All costs associated with the Food Safety Program are cost-share funded between the province and municipality, as approved in LPH's 2026 Health Protection budget.

**CONSULTATIONS**

None.

**STRATEGIC PLAN**

Lambton's Food Safety Program is consistent with the missions, principles and values identified in the County of Lambton Strategic Plan 2024-2027, Area of Effort #3 *Community Development, Health and Wellness - Implementing, monitoring and updating community health and wellness-related plans and priorities.*


**CONCLUSION**

This report provides an update on LPH's Food Safety program. The Food Safety program plays a critical role in regulating and monitoring food safety in Lambton County with the ultimate goal of reducing the burden of food-borne illness in Lambton residents.

**Appendix "A"**

**Lambton Public Health  
Food Safety Program Statistics 2015-2025**

	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015
Total number of food premises	854	825	785	766	763	693	735	700	704	722	730
Number of high risk (3 inspections/year)	118	135	125	121	124	104	123	99	125	110	136
Number of medium risk (2 inspections/year)	334	261	284	343	331	205	251	219	225	227	304
Number of low risk (1 inspection/year)	275	311	266	302	197	265	250	272	248	266	290
Total number of seasonal premises	127	118	110	107	111	119	108	110	106	119	126
Percent of high risk (3 inspections/year)	99.2%	95%	98%	20%	3%	0%	98%	99%	100%	100%	98.5%
Percent of medium risk (2 inspections/year)	99.7%	99%	95%	45.2%	5%	10%	96%	100%	98.7%	100%	99.1%
Percent of low risk (1 inspection/year)	94.8%	96.8%	98.9%	92.8%	30%	40%	100%	100%	98.4%	100%	99.2%
Overall inspection completion rate	97.9%	96.9%	92.6%	59.9%	26.3%	40.6%	98%	99.7%	99%	100%	98.9%
Number of re-inspections conducted	94	52	59	34	14	35	91	66	75	77	90
Total number of food handlers certified	325	363	268	84	16	92	795	585	753	778	465
Number of food safety presentations conducted	1	2	1	0	0	1	4	8	8	21	9
Number of food-borne/enteric illnesses investigated	23	17	12	11	16	5	15	19	21	12	20
Number of consumer complaints investigated	111	35	77	50	21	24	59	58	47	46	40
Number of enforcement tickets issued	3	1	1	0	2	0	10	3	5	4	2
Number of yellow signs issued	13	6	7	4	0	6	15	7	3	4	9
Number of red signs issued	5	2	1	0	0	0	2	1	0	0	0

 <p style="text-align: center;"><b>PUBLIC HEALTH SERVICES DIVISION</b></p>	
<b>REPORT TO:</b>	<b>WARDEN AND LAMBTON COUNTY COUNCIL</b>
<b>DEPARTMENT:</b>	<b>LAMBTON PUBLIC HEALTH</b>
<b>PREPARED BY:</b>	<b>Dr. Karalyn Dueck, Medical Officer of Health Kevin Churchill, General Manager</b>
<b>REVIEWED BY:</b>	<b>Stéphane Thiffeault, Chief Administrative Officer</b>
<b>MEETING DATE:</b>	<b>July 2, 2026</b>
<b>INFORMATION ITEM:</b>	<b>Implementation of Jury Recommendations – Coroner’s Inquest – Blastomycosis</b>

**BACKGROUND**

On January 23, 2026, all Ontario Board of Health (“BOH”) Chairs received notice (**Appendix “A”**) from the Chief Coroner’s Office regarding a Coroner’s Inquest conducted from October to November 2025 in Constance Lake First Nation, in northeastern Ontario, referred to as Blastomycosis Inquest Q2025-31.

The purpose of this report is to provide Lambton’s BOH (County Council) information regarding the Blastomycosis Inquest Q2025-31 verdict and recommendations and Lambton’s BOH’s response to the Inquest’s recommendations directed at public health units.

**DISCUSSION**

**Coroner’s Inquest Jury Recommendations**

Inquest recommendations were determined following the deaths of five (5) individuals from Constance Lake First Nation from blastomycosis, which occurred between the end of 2021 to the beginning of 2022. In accordance with the *Coroner’s Act*, the Chief Coroner’s Office requested, but has no authority to require, that all BOHs respond to recommendations from the inquest jury by July 23, 2026, with notice sent to BOH Chairs and administrative/legislative contacts for all BOHs.

Lambton BOH provided their response to the Ministry of the Solicitor General (Office of the Chief Coroner) on June 25, 2026 (**Appendix “B”**). The response addresses the recommendations directed to public health units within the scope of Ontario’s local BOHs, having specific regard to the *Health Protection and Promotion Act*, 1990 and the current Ontario Public Health Standards.

**Blastomycosis**

Public Health Ontario notes that blastomycosis is an infection caused by a fungus (*Blastomyces*) that grows most commonly in moist soil and decaying wood and leaves. The fungus grows in some parts of North America, including areas of Ontario, particularly the north. When soil or the environment is disturbed by human activities or weather events, fungal spores may be released into the air, potentially causing infection. Approximately half of people exposed to the infection will develop symptoms of blastomycosis, developing between three (3) weeks to three (3) months following exposure. Symptoms include fever, cough, malaise, myalgia, joint pain, and night sweats, and potentially including skin lesions, ulcers, or subcutaneous nodules.<sup>1,2</sup> Lambton has not had any cases of blastomycosis over the past 10 years according to Public Health Ontario data from the Infectious Disease Trends in Ontario Tool.<sup>3</sup>

**FINANCIAL IMPLICATIONS**

All costs associated with the delivery of Lambton Public Health's programs and services are cost-share funded between the province and municipality and are included in LPH's approved 2026 budget.

**CONSULTATIONS**

County of Lambton's County Solicitor/Clerk was consulted in the preparation of this report.

**STRATEGIC PLAN**

Lambton Public Health's programs and services contribute to the County of Lambton Strategic Plan 2024-2027, Area of Effort #3, *Community Development, Health and Wellness - Implementing, monitoring and updating community health and wellness-related plans and priorities* and Area of Effort #5, *Partnerships*.

**CONCLUSION**

Lambton Public Health provides this information regarding the Coroner's Inquest recommendations (**Appendix "A"**), pertaining to the letter of response to the inquest recommendations within the scope of an Ontario BOH.

**References**

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Blastomycosis. [Internet]. Toronto, ON: King's Printer for Ontario. Retrieved June 19, 2026, from: <https://www.publichealthontario.ca/en/Diseases-and-Conditions/Infectious-Diseases/Respiratory-Diseases/Blastomycosis>.

Implementation of Jury Recommendations - (page 3)  
Coroner's Inquest – Blastomycosis

July 2, 2026

2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). PHO Webinar: Blastomycosis in Ontario: Public health and clinical considerations. [Internet]. Toronto, ON: King's Printer for Ontario. Retrieved June 19, 2026, from: [https://www.publichealthontario.ca/-/media/Event-Presentations/2022/pho-rounds-blastomycosis-ontario.pdf?rev=7bd1a76dab3d4d848c0e977fb0c5ca1c&sc\\_lang=en&hash=FDA3412CAE19ACCB98D9D9AD0EC75DF0](https://www.publichealthontario.ca/-/media/Event-Presentations/2022/pho-rounds-blastomycosis-ontario.pdf?rev=7bd1a76dab3d4d848c0e977fb0c5ca1c&sc_lang=en&hash=FDA3412CAE19ACCB98D9D9AD0EC75DF0).

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Infectious Disease Trends in Ontario Tool. [Internet]. Toronto, ON: King's Printer for Ontario. Retrieved June 19, 2026, from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Reportable-Disease-Trends-Annually>.

**Appendix "A"**



Office of the  
Chief Coroner  
  
Bureau du  
coroner en chef

**Verdict of Inquest Jury  
Verdict du jury de l'enquête**

Coroners Act - Province of Ontario  
Loi sur les coroners - Province de l'Ontario

We the undersigned / Nous soussignés,

\_\_\_\_\_ of / de Iroquois Falls, Ontario  
 \_\_\_\_\_ of / de Kapuskasing, Ontario  
 \_\_\_\_\_ of / de Iroquois Falls, Ontario  
 \_\_\_\_\_ of / de Cochrane, Ontario  
 \_\_\_\_\_ of / de Cochrane, Ontario

the jury serving on the inquest into the death(s) of / membres dûment assermentés du jury à l'enquête sur le décès de:

Surname / Nom de famille	Given Names / Prénoms	Aged / à l'âge de
Moore	Luke	43
Shaganash	Lorraine	47
Sutherland	Lizzie	56
Ferris	Mark	67
Taylor	Douglas	60

held at / tenue à Constance Lake, and virtual via Zoom, Ontario from / du October 15, 2025 to / au November 19, 2025

By / Par Doctor Michael B. Wilson Presiding Officer for Ontario / Président de séance pour l'Ontario

having been duly sworn/affirmed, have inquired into and determined the following:  
avons fait enquête dans l'affaire et avons conclu ce qui suit:

Name of Deceased / Nom du défunt	Luke Moore
Date of Death / Date du décès	November 19, 2021
Place of Death / Lieu du décès	Hôpital Notre-Dame Hospital, Hearst, Ontario
Cause of Death / Cause du décès	Acute blastomycosis pneumonia
By What Means / Circonstances du décès	Natural
Name of Deceased / Nom du défunt	Lorraine Shaganash
Date of Death / Date du décès	November 20, 2021
Place of Death / Lieu du décès	Health Sciences North, Sudbury, Ontario
Cause of Death / Cause du décès	Blastomycosis pneumonia complicated by acute respiratory distress syndrome and multiorgan failure
By What Means / Circonstances du décès	Natural
Name of Deceased / Nom du défunt	Lizzie Sutherland
Date of Death / Date du décès	November 21, 2021
Place of Death / Lieu du décès	Hôpital Notre-Dame Hospital, Hearst, Ontario

Cause of Death / Cause du décès	Blastomyces dermatitidis, hepatitis, splenitis, and peritonitis
By What Means / Circonstances du décès	Natural
Name of Deceased / Nom du défunt	Mark Ferris
Date of Death / Date du décès	November 30, 2021
Place of Death / Lieu du décès	North Bay Regional Health Centre, North Bay, Ontario
Cause of Death / Cause du décès	Multi-organ failure due to respiratory failure due to blastomycosis pneumonia
By What Means / Circonstances du décès	Natural
Name of Deceased / Nom du défunt	Douglas Taylor
Date of Death / Date du décès	January 23, 2022
Place of Death / Lieu du décès	Hôpital Notre-Dame Hospital, Hearst, Ontario
Cause of Death / Cause du décès	Respiratory failure due to blastomycosis bilateral pneumonia
By What Means / Circonstances du décès	Natural

Original signed\* by Foreperson / Original signé\* par le contremaître \_\_\_\_\_  
 \_\_\_\_\_  
 \*In-Person Inquests Only / Enquêtes en personne uniquement \_\_\_\_\_  
 \_\_\_\_\_  
 The verdict was received on November 19, 2025 Original signed\* by jurors / Original signé\* par les jurés  
 Ce verdict a été reçu le \_\_\_\_\_

Doctor Michael B. Wilson November 19, 2025  
 Presiding Officer's Name (Please print) / Date Signed / Date de la signature  
 Nom du président (en lettres moulées)

  
 Signature / Signature

We, the jury, wish to make the following recommendations: (see following page)  
 Nous, membres du jury, formulons les recommandations suivantes : (voir page suivante)



Office of the  
Chief Coroner  
  
Bureau du  
coroner en chef

## Verdict of Inquest Jury Verdict du jury de l'enquête

Coroners Act - Province of Ontario  
Loi sur les coroners - Province de l'Ontario

**Inquest into the death(s) of:  
L'enquête sur le décès de:**

Name of Deceased / Nom du défunt
Moore, Luke
Shaganash, Lorraine
Sutherland, Lizzie
Ferris, Mark
Taylor, Douglas

### JURY RECOMMENDATIONS RECOMMANDATIONS DU JURY

INQUEST INTO THE DEATHS OF LUKE MOORE, LORRAINE SHAGANASH, LIZZIE SUTHERLAND, MARK FERRIS, AND DOUGLAS TAYLOR

**Reconciliation and relationship building between Constance Lake First Nation, health care institutions, and public health organizations**

1. Hôpital Notre-Dame Hospital ("NDH"), Ornge, Public Health Ontario ("PHO"), the Ministry of Health, Northeastern Public Health ("NEPH"), and Indigenous Services Canada ("ISC") should commit to Joyce's Principle, which aims to guarantee to all Indigenous people the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional, and spiritual health, including the recognition and respect of Indigenous people's traditional and living knowledge in all aspects of health.
2. NDH will collaborate with Constance Lake First Nation ("CLFN") to determine how NDH's commitment to following and implementing Joyce's Principle will be displayed and expressed to NDH patients, visitors, staff, volunteers, service providers, and anyone else entering the hospital (e.g., posters, signage).
3. ISC and the Ministry of Health in collaboration with and under the lead of CLFN Chief and Council and the Jane Mattinas Health Centre ("JMHC") will ensure that the funding and infrastructure available to CLFN, ensures the delivery of healthcare services that meet the needs of members of CLFN.
4. NDH, Ornge, PHO, and NEPH should create and publish on their websites, within six months of this verdict, a plan to implement the Truth and Reconciliation Commission ("TRC") Calls to Action 22 and 23 as applicable.
5. The Ministry of Health should create and publish on their websites, within six months of this verdict, a plan to implement the TRC Calls to Action 18, 22, and 23.
6. ISC should continue publishing initiatives and developments to implement the TRC Calls to Action 18 to 23.
7. NDH should collaborate with CLFN community members, Chief and Council and JMHC to prepare within three months of this verdict, an updated First Nations, Inuit, Métis and Urban Indigenous Health Workplan, that was prepared as required by the NDH Hospital Service Accountability Agreement for 2024-25 with Ontario Health. The updated Health Workplan will include concrete strategies to improve outcomes for CLFN members, and creating culturally safe access to health care services, programs to foster Indigenous engagement, and relationship building to improve Indigenous health. A copy of the Workplan will be provided to CLFN community, Chief and Council and the JMHC.
8. NDH, Ornge, PHO, NEPH, and ISC will, to the extent that it is not already being provided, ensure applicable personnel are receiving Indigenous Cultural Safety Training and training on trauma-informed care within 12 months of this verdict.
  - a) This training will include but not be limited to board members, senior leadership and management staff, health care providers, and allied health professionals. Frontline staff should have priority when implementing this training.
  - b) This training will include teaching on the history and culture of the First Nations and Indigenous communities to whom these agencies provide services and the contemporary experiences of those communities in the health care system, and cover topics such as anti-Indigenous racism, managing implicit bias, understanding how emotional prejudice impacts decision making, and mitigating the harmful impact of stereotyping on health outcomes.
  - c) This training should be mandatory and opportunities for ongoing learning on these topics should be provided on an annual basis or more frequently.
9. With respect to Indigenous Cultural Safety Training, NDH will:
  - a) Collaborate with CLFN and JMHC so that members of CLFN can be involved in the planning and delivery of Indigenous Cultural Safety Training and trauma-informed health care training.
  - b) In recognition that cultural safety is a core clinical skill, take steps to explore that the completion of this training be a condition for credentialing of locum physicians working at the hospital. This should include consulting with the Ministry of

Health about the requirements for physicians involved in the Emergency Department Locum Program ("EDLP"). NDH to provide updates about steps taken to explore adding Indigenous Cultural Safety Training as a condition for credentialing of locum physicians to the Blastomycosis Inquest Implementation Committee.

10. The Ministry of Health and/or Ontario Health should consider ways to support health care providers and public health professionals, including physicians, nurses, and allied health professionals working in northern and remote regions of Ontario, being able to take Indigenous Cultural Safety Training and trauma-informed health care training, including by providing additional funding.

11. The Ministry of Health should consider requiring all health regulatory colleges to make Indigenous Cultural Safety Training a mandatory requirement for all regulated health professionals. This training should incorporate teachings on a "two-eyed seeing approach" to health care that incorporates both Western and Indigenous ways of knowing and conceptions of well-being.

12. The JMHC, with the support and assistance of the Matawa First Nations Management ("MFNM") Health Cooperative and ISC where requested, should request and secure funding to employ two full-time Indigenous Patient Navigators.

13. NDH to allocate and maintain funding for at least one Indigenous Patient Navigator who will work at NDH. This position should be filled by a person who is Indigenous and has knowledge of and/or connections to the history and culture of CLFN. The job description and responsibilities for the Indigenous Patient Navigator role at NDH will be co-developed with CLFN Chief and Council or JMHC (as determined by CLFN).

14. NDH should make an existing multipurpose room at the hospital a traditional healing room for Indigenous patients and families. The space will be designed to facilitate the use of Indigenous medicines, including smudging, and accessing support from Elders and Traditional Indigenous Healers. The space should be designed with the CLFN community and be dedicated to the memory of Luke Moore, Lorraine Shaganash, Lizzie Sutherland, Mark Ferris, and Douglas Taylor.

15. NDH to create a policy stating that smudging is permitted at NDH and how requests to smudge are to be facilitated. The policy will be communicated to all staff, including part-time and contract staff (e.g., locum physicians and agency nurses), and to patients. To communicate this policy to patients, NDH to post clear signs in English, French, Cree, Ojibwe and Oji-Cree stating that smudging is permitted at NDH. This should be clearly stated on NDH's website as well. Posters will also be provided to the JMHC.

16. NDH should collaborate with CLFN to explore the potential availability of having a tipi and sacred fire on the grounds of the hospital and ways to incorporate traditional teachings at the site.

17. NDH and CLFN should explore more avenues for communication and relationship-building, including regular meetings and circles. A collaborative approach will be taken to determine Terms of Reference for meetings (if any), who will participate, frequency and location of meetings, and whether minutes will be kept. Informal opportunities for relationship building will also be explored.

18. NDH should take steps to share information with CLFN members about the emergency room triage system. The information to be shared and the ways it can be shared will be developed in partnership with the JMHC.

#### **Emergency preparedness and response in Northern Ontario and First Nations communities**

19. The Ministry of Health and/or Ontario Health should develop a Northern Ontario Emergency Response Team comprised of health care professionals and public health professionals who can provide surge capacity to northern and remote communities in Ontario during public health emergencies. The development of this team should include strategies to recruit Indigenous health care professionals to serve on the Emergency Response Team.

20. The Ministry of Health and/or Ontario Health should hold a debrief after any complex multi-jurisdictional outbreak of a disease of public health significance involving a First Nations or indigenous community. This debrief should be held within six months of the outbreak being declared over and should include all local, provincial, and federal health institutions and agencies involved in the outbreak response. The First Nations community should be invited to participate and included in the planning and facilitation of the debrief.

21. NDH to continue to offer debriefing and provide mental health support services to all NDH staff, including those under contract i.e. locum physicians, agency nurses.

22. In appropriate circumstances, regarding the death of a patient, NDH will take steps to facilitate a debrief among individuals at NDH and other organizations involved in the clinical care of the deceased. The purpose of the debrief is to have an opportunity to discuss and identify any potential lessons learned.

23. NDH to review and update training provided to frontline health care providers to ensure that any health care providers who may be required to care for critical care patients can provide the best care possible if the patient cannot be transferred to a hospital with a higher level of care. This should include taking steps to arrange, wherever possible, for nurses employed by NDH to be registered for the C3 Concepts in Critical Care simulation course offered by Health Sciences North within one year of this verdict. The Ministry of Health should provide funding to NDH to permit such training.

24. The Ministry of Health should create an inventory of public health programs and services available to First Nation communities and compare the inventory to the Ontario Public Health Standards with the goal of identifying and improving access to public health services for First Nation community members. The Ministry of Health to share this inventory with ISC, and any applicable Tribal Council in relation to transferred communities.

25. CLFN, JMHC, and the MFNM Health Cooperative to inquire if there is an emergency response and evacuation plan in place for CLFN. If there is not, they should create such a plan in consultation with Nishnawbe Aski Nation ("NAN") and request that ISC provide any necessary support or assistance, if eligible, to develop an emergency response and evacuation plan.

26. CLFN, JMHC, and Matawa Tribal Council to consider applying for funding for the planning or training on emergency

preparedness and response, under ISC's Non-Structural Mitigation and Preparedness funding of the Emergency Management Assistance Program.

27. The Ministry of Health, local Boards of Health, and ISC to explore opportunities for relationship building among public health units and ISC, with a focus on responding to future public health emergencies in First Nation communities.

28. The Ministry of Health, local Boards of Health, applicable Tribal Councils, and ISC should meet to develop and establish clear roles and responsibilities, in response to future public health emergencies and outbreaks.

#### **Indigenous representation in health care governance and institutions**

29. NDH will create two permanent positions on its Board of Directors exclusively for members of CLFN, or individuals designated by CLFN. To promote and enable full CLFN participation in NDH governance, the hospital will take steps to:

- a) Make amendments to its Board by-laws as necessary.
- b) Change the list of qualifications on its website to remove that one of the qualifications for the CLFN Board Member is that the person be bilingual.
- c) Consult with CLFN about holding some of the NDH Board meetings at Constance Lake First Nation.

30. Within two months of this verdict, the NDH Board to expand the portfolios of one or two current board members to include engagement and relationship building with CLFN. This expanded portfolio will include areas such as:

- a) Engaging with CLFN Chief and Council about the implementation of the two board positions for CLFN members on the NDH Board of Directors. If agreeable to Chief and Council, this engagement may be done in part through attending and presenting on this board membership opportunity at the next possible Chief and Council meeting.
- b) Support recruitment of CLFN members to the NDH Board of Directors through circulating postings for the position and engaging with community members interested in applying for the role.
- c) Ensuring Chief and Council is updated about job positions at NDH to promote within their membership, attending CLFN in person to present on job opportunities, and offering support to community members interested in applying for such positions.

31. NDH and NEPH to explore ways to encourage and support Indigenous membership on their boards and advisory committees, including outreach opportunities with First Nation communities and urban Indigenous partners, coordinating with committee chairs or other people who are responsible for the appointment of members, and identifying and addressing existing or potential barriers to participation by First Nation communities.

32. NDH and CLFN to collaborate to arrange for in person community visits where youth and adults who are interested in working in hospital administration or the health care field can connect with hospital/health care professionals to learn about their work. NDH to also explore co-op placement, volunteer, and job shadowing opportunities for students from CLFN.

#### **Information sharing between organizations responding to public health emergencies in First Nations communities**

33. To support equitable, informed, and culturally respectful public health interventions and responses, the Ministry of Health should consider requiring local Boards of Health to collect race, ethnicity, and Indigenous identity data (where appropriate) for all diseases of public health significance, including blastomycosis. Data on Indigenous identity should be collected in partnership with Indigenous communities and aligned with OCAP data principles.

34. PHO, the Ministry of Health, and ISC should collaborate to establish a secure information sharing process (in alignment with OCAP data principles) among relevant public health agencies.

35. A trilateral table should be established for the First Nations Information Governance Centre. ISC and the Ministry of Health to engage in a process to explore and achieve the development of legislation, information sharing protocols, and/or a memorandum of understanding to address the collection, use, and disclosure of personal health information and personal information relating to members of First Nations communities and First Nations health data, including for research purposes, guided by OCAP principles. This process would include but not be limited to information sharing in times of a public health emergency and should include consultation with the Information and Privacy Commissioner of Ontario.

#### **Addressing health human resource capacity in Northern Ontario**

36. The Ministry of Health and/or Ontario Health should develop and implement a comprehensive strategy to ensure sustainable, full-time access to qualified health care providers and public health professionals, including physicians, nurses, and allied health professionals, in northern and remote regions of Ontario. At a minimum, the strategy will:

- a) Include consultations with health care providers working in northern and remote regions of Ontario to better understand what support they need and what steps can be taken to implement these supports.
- b) Prioritize placement of health care providers in facilities experiencing critical staffing shortages, including NDH.
- c) Streamline recruitment processes and practices and remove administrative impediments to attract qualified candidates.
- d) Provide targeted incentives (financial or otherwise) to encourage health care providers, including physicians, nurses, and allied health professionals, to work and remain in northern and remote regions of Ontario.
- e) Explore ways to limit reliance on locum physicians and nursing agencies to provide health care services in northern and remote regions of Ontario.

37. The Ministry of Health and/or Ontario Health should develop and implement, in collaboration with Indigenous communities, including CLFN, a recruitment and retention strategy to attract, hire, and retain First Nations, Inuit, Métis and Urban Indigenous people pursuing careers as health care providers and/or public health professionals, particularly in northern and remote regions of Ontario.

38. To ensure continued funding and expand the availability of the Virtual Critical Care ("VCC") Program to guarantee 24/7 access to remote consultations and support, the Ministry of Health should consider the creation of a full-time, dedicated position responsible for providing VCC services.

39. The CritiCall Ontario Program to conduct an internal review to confirm removal of any administrative barriers to accessing health care, ensuring that patients can continue to access the urgent and emergent care they need as close to home as possible.

40. The Ministry of Health and/or Ontario Health should establish, allocate, and maintain funding for a dedicated nurse practitioner and/or family physician (general practitioner) position to deliver care to CLFN members on a regular basis. The Ministry of Health should consult CLFN and MFNM during the development of such a position and through the recruitment process to ensure their needs and views are considered.

41. To enhance and ensure consistent ground transportation services for CLFN members to and from health care services in Hearst and surrounding areas, including outside of weekday daytime business hours, during weekends and holidays. ISC and the Ministry of Health should consult CLFN to ensure that their specific needs are considered and addressed. Where necessary, the Ministry and ISC should seek, secure, and maintain any required additional funding to sustain these transportation services.

42. The Ministry of Health and/or Ontario Health should explore expanding the availability of virtual care services at the JMHC including through the Ontario Telemedicine Network ("OTN").

43. The Ministry of Health to work with the MFNM Health Co-operative and Northern Ontario School Medicine ("NOSM") University to provide stable funding to ensure the continuation of the Remote First Nations Stream and support its expansion into other communities such as CLFN.

#### **Early identification, detection and treatment for blastomycosis**

44. MFNM Technical Services and Four Rivers Environmental Services Group ("Four Rivers") should explore additional funding opportunities that may allow Four Rivers to continue its work related to blastomyces and blastomycosis in CLFN and other MFNM communities, including but not limited to research, ongoing environmental sampling and testing, public education, and the development of an early warning system that could integrate artificial intelligence to monitor, identify, and alert to trends in real-time.

45. For any research work related to blastomyces and blastomycosis, MFNM Technical Services and Four Rivers will work with CLFN within three months of this verdict to create a plan for:

- a) Scheduling a meeting with the Canadian Institute of Health Research ("CIHR");
- b) Identifying potential partnerships with Canadian universities;
- c) Identifying potential Canadian professors and/or practitioners to supervise this research;
- d) Establishing a sampling and research hub in CLFN; and
- e) Outlining how the research will be conducted in alignment with OCAP principles.

46. MFNM and Four Rivers to explore with CLFN Chief and Council establishing a hub for blastomyces and blastomycosis research in CLFN. If such a hub is created, it should be community-led and governed.

47. Public health agencies (e.g., public health units, ISC, and First Nations health services providers such as Tribal Councils and community health centres, as applicable) should increase public education on symptoms and risk factors of blastomycosis, particularly in endemic areas. Messaging should be culturally safe, language-accessible, locally relevant, and developed in collaboration with First Nations communities (where appropriate) to incorporate local knowledge and lived experience, particularly regarding identifying potential environmental or activity-related risks.

48. To the extent that they are not already provided, PHO, the Ministry of Health, ISC, and local Boards of Health should, as appropriate to their mandates, provide education and resources to health care providers and public health professionals regarding diagnosis and treatment for blastomycosis, including, where appropriate, when to consider blastomycosis, aligned with current evidence, public health data, and clinical guidance.

49. PHO should explore acquiring access to the blastomyces urine antigen testing (a non-invasive adjunct to existing diagnostic methods for blastomycosis) in Ontario, with implementation to be led by PHO. Necessary funding should be secured and maintained by the Ministry of Health.

50. PHO should explore opportunities to increase access to clinical diagnostic methods for blastomycosis for Northern Ontario communities. Necessary funding should be secured and maintained by the Ministry of Health.

51. PHO to develop an Ontario Investigation Tool for blastomycosis to standardize information collected by public health agencies from cases of blastomycosis and support data entry and completeness in the provincial diseases of public health significance surveillance system (i.e., iPHIS). Consideration should be given to including questions specific to activities and interactions with the land reflecting the lived experience of members of First Nations communities.

52. The Ministry of Health to engage with the Ontario Ministry of Agriculture, Food and Agribusiness, and the Office of the Chief Veterinarian for Ontario and/or the Ontario Veterinary College to explore opportunities to review and analyze data on confirmed and clinical canid cases (e.g., in dogs) of blastomycosis in Ontario. Findings should be shared with PHO, local Boards of Health, ISC, and First Nation Tribal Councils as they may enable early warning for human cases.

53. NDH to incorporate education on blastomycosis in the hospital's orientation booklet for locum physicians working shifts at NDH. NDH and CLFN to collaborate in the preparation of a description of CLFN to be included in the hospital's orientation booklet for locum physicians.

54. The Ministry of Health should update the Exceptional Access Program ("EAP") to allow blastomycosis as an indication for coverage of posaconazole or isavuconazole in certain exceptional cases, where patients cannot tolerate itraconazole or voriconazole.

#### **Transfer to higher levels of care from First Nations communities in Northern Ontario**

55. The Town of Hearst should engage with CLFN, Ornge, and NDH to explore opportunities for joint advocacy for the purpose of attempting to secure public funding for the Hearst René Fontaine Municipal Airport (the "Hearst Aerodrome"), which may include funding for the following:

- a) Runway improvements, such as a runway extension and/or the construction of an additional runway;
- b) Upgraded runway lighting; and
- c) Enhanced on-site weather observation capability at the Hearst Aerodrome.

56. The Town of Hearst to continue exploring opportunities to secure an anchor tenant (e.g., a commercial or not-for-profit enterprise) for the Hearst Aerodrome for the purpose of enhancing the likelihood of obtaining ongoing public funding for the Hearst Aerodrome. The Town of Hearst to also engage with NAN for its input on potential anchor tenants.
57. The Town of Hearst should ensure that currently available de-icing and anti-icing services remain available at the Hearst Aerodrome on request to air operators.
58. The Town of Hearst should ensure that the Hearst Aerodrome's current winter maintenance services remain available on request to medical evacuation air operators at all times.
59. The Town of Hearst should continue applying communication protocols with NDH for the purpose of promoting timely patient transfers through the Hearst Aerodrome.
60. The Town of Hearst should continue with initiatives to collect anonymized statistics from NDH regarding patient transfers from the Hearst Aerodrome for the purpose of supporting the Town of Hearst's ongoing efforts to secure public funding for the Hearst Aerodrome.
61. The Town of Hearst should engage with CLFN, NAN, Ornge, and NDH to discuss best practices regarding operations at the Hearst Aerodrome to promote safe and timely medical transfers. Engagement will commence with a meeting between these parties within 90 days of the close of the Inquest, at which meeting the parties will discuss and attempt to agree on the appropriate mode and frequency of future engagement.
62. The Ministry of Health and Ornge should collaborate with referring, transporting, and receiving health care settings on how to best provide consistent and clear messaging about triage processes and triage status of specific patients. This collaboration will include considerations for health care staff in how to communicate triage decisions to patients and their families.
63. The Ministry of Health should expedite the funding of Ornge's rotor-wing fleet expansion to enable Ornge to further enhance capacity and decrease response times in Northern Ontario, enabling better operationalization of Ontario's Life or Limb policy in Northern Ontario.
64. The Ministry of Health and Ornge should develop a mechanism for evaluating Ornge's needs for rotor-wing aircrafts on an annual basis to ensure ongoing fleet enhancements in between update cycles.

#### **Oversight and accountability in health care delivery to members of First Nations communities**

65. NDH should collaborate with CLFN and JMHC to create an accessible and trackable process for concerns/complaints, whether written or verbal, to be raised by CLFN members.
66. The Ministry of Health and Ontario Health should explore creating an Indigenous Patient Ombudsperson to receive and address health care complaints from First Nations or Indigenous patients. This office should be Indigenous-led with the goal of resolving complaints from First Nations patients arising from their experiences in Ontario's public hospitals.

#### **Promoting holistic wellbeing for Constance Lake First Nation community members.**

67. CLFN to continue providing JMHC staff with mental health and other supports when a state of emergency is in place.
68. MFNM Technical Services to work with CLFN to develop and implement a plan within six months of this verdict for ongoing biannual monitoring of the drainage ditches in CLFN, particularly on the eastern side of the community near Wilmot Lake. As part of this monitoring, drainage ditches will be maintained to ensure they remain properly graded and clear of organic materials that may create growth-promotive conditions for blastomyces. MFNM Technical Services and CLFN will continue to seek assistance from ISC, and ISC will provide support where appropriate.
69. MFNM Technical Services will work with CLFN to develop a plan for conducting comprehensive inspections of houses in CLFN for mold, and how they plan to remediate any mold found within three months of this verdict. ISC to respond to requests for assistance or support made by MFNM Technical Services and CLFN where appropriate.
70. ISC, CLFN, Matawa, Ontario's Ministry of Natural Resources, private industry partners, and any other identifiable stakeholders should:
- Meet to identify steps that can be taken to address the growth of blue-green algae in Constance Lake;
  - Prepare a plan outlining those steps; and
  - Include in that plan a biannual inspection and review of the plan for blue-green algae remediation, within three months of this verdict.
71. Ontario's Ministry of Natural Resources and/or any responsible provincial ministry, and any private industry partners who contributed to the sawdust pile located at the entrance of the CLFN reserve, should work with CLFN to remove the sawdust pile.
72. MFNM Technical Services to provide CLFN Chief and Council reports of any inspection, investigation, and remediation of environmental health concerns in the CLFN community.
73. ISC should explore securing additional funding for the work outlined in recommendations 68-70 if funding is requested by MFNM Technical Services to implement these recommendations.
74. The Ministry of Health and ISC should explore providing sustained multi-year funding for Indigenous Health Transformation initiatives.
75. The Ministry of Health, ISC, NEPH, PHO, and CLFN should issue a formal endorsement of Indigenous health transformation as a collaborative process between ISC, the provinces and territories, and First Nations governments that supports First Nation communities' right to self-determination through the full control, design, delivery, and management of their own health services.

**Implementation and reporting**

76. NDH and CLFN will establish the Blastomycosis Inquest Implementation Committee to provide mutual accountability, exchange of knowledge, and to support both NDH and CLFN in implementing recommendations from this inquest.

- a) The Blastomycosis Inquest Implementation Committee should include representatives of NDH executive leadership, the CLFN Chief or a Council member, the JMHC IPN(s) and, if they wish to participate, family members of Luke Moore, Lorraine Shaganash, Lizzie Sutherland, Mark Ferris, and Douglas Taylor.
- b) The NDH CEO will report on the work of the Blastomycosis Inquest Implementation Committee in their monthly reports to the NDH Board.
- c) The Blastomycosis Inquest Implementation Committee will provide public updates every six months, commencing May 15, 2026, on the status of implementation of each recommendation. NDH will publish the update on its website, and CLFN will publish the update on its website and the community's Facebook page.
- d) NDH will explore opportunities to provide support to the Blastomycosis Inquest Implementation Committee, including access to internal resources for project management and communications.

77. Within 12 months of this verdict, NEPH, PHO and ISC will each prepare a status report on recommendations specific to public health matters addressed to them and provide a copy of this report to the Office of the Chief Coroner and to all parties with standing before the Inquest, and to NDH and CLFN to the attention of the Blastomycosis Inquest Implementation Committee.

**Additional Funding**

78. Province of Ontario, Government of Canada to provide funding to allow for the implementation of recommendations made in this inquest.

79. The Government of Ontario should consider establishing a legal fee reimbursement program for a First Nation to apply for certain costs of legal representation for an Inquest, in the interest of First Nation Access to Justice.

Personal information contained on this form is collected under the authority of the *Coroners Act*, R.S.O. 1990, C. C.37, as amended. Questions about this collection should be directed to the Office of the Chief Coroner, 25 Morton Shulman Avenue, Toronto ON M3M 0B1, Tel.: 416 314-4000 or Toll Free: 1 877 991-9959.  
Les renseignements personnels contenus dans cette formule sont recueillis en vertu de la *Loi sur les coroners*, L.R.O. 1990, chap. C.37, telle que modifiée. Si vous avez des questions sur la collecte de ces renseignements, veuillez les adresser au bureau du coroner en chef, 25, avenue Morton Shulman, Toronto ON M3M 0B1, tél. : 416 314-4000 ou, sans frais : 1 877 991-9959.

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**Appendix "B"**  
**Office of the County Warden**  
 789 Broadway Street, Box 3000  
 Wyoming, ON N0N 1T0

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 Toll-free: 1-866-324-6912  
 Fax: 519-845-3160

June 25, 2026

**Responses to Jury Recommendations  
 BLASTOMYCOSIS Inquest Q2025-31**

**BOARDS OF HEALTH  
 Lambton Public Health**

**RECOMMENDATION #:**

27 – 28, 33, 48, 52

<b>REC. #</b>	<b>ORGANIZATION'S RESPONSE</b>
27	<ul style="list-style-type: none"> <li>• The Ontario Public Health Standards (OPHS) require BOHs to “engage in multi-sectoral collaboration” to decrease health inequities and support population health outcomes. This includes fostering and creation of meaningful relationships with First Nation communities, starting with engagement through to collaborative partnerships to support public health priorities, including future emergencies and emerging issues of public health significance.</li> <li>• Work is ongoing locally, and at the provincial and federal levels, with First Nation communities and organizations to enhance relationships and to define roles for public health work, including for emergencies.</li> <li>• Lambton Public Health BOH commits to being an active and mindful participant in this local and broader public health sector coordination and in alignment with the requirements of the OPHS.</li> </ul>
28	<ul style="list-style-type: none"> <li>• Lambton Public Health BOH is committed to working at the local level to establish clear roles and responsibilities as needed and will support broader public health sector coordination to align efforts as discussions develop concurrently.</li> </ul>

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Responses to Jury Recommendations (page 2)  
BLASTOMYCOSIS Inquest Q2025-31


June 25, 2026

33	<ul style="list-style-type: none"><li>• The requirements for the collection of data for Diseases of Public Health Significance is specified in the Ontario <i>Health Protection and Promotion Act</i> (HPPA) Regulation 569; this requires public health sector coordination.</li><li>• Lambton Public Health BOH is committed to working with the province and following best practices to advance Indigenous data sovereignty and governance.</li></ul>
48	<ul style="list-style-type: none"><li>• Lambton Public Health BOH is committed to providing education and resources as appropriate, and will leverage public health sector regional and provincial coordinated processes and knowledge products.</li></ul>
52	<ul style="list-style-type: none"><li>• Implementation for this recommendation falls within the scope of the province.</li></ul>

Kevin Marriott

DocuSigned by:  
  
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Office of the County Warden  
Board of Health Chair  
Lambton Public Health

 <p style="text-align: center;"><b>PUBLIC HEALTH SERVICES DIVISION</b></p>	
<b>REPORT TO:</b>	<b>WARDEN AND LAMBTON COUNTY COUNCIL</b>
<b>DEPARTMENT:</b>	<b>LAMBTON PUBLIC HEALTH</b>
<b>PREPARED BY:</b>	<b>Chad Ikert, Manager, Health Protection</b>
<b>REVIEWED BY:</b>	<b>Kevin Churchill, General Manager Stéphane Thiffeault, Chief Administrative Officer</b>
<b>MEETING DATE:</b>	<b>July 2, 2026</b>
<b>SUBJECT:</b>	<b>Lambton Public Health Disclosure Program Expansion</b>

**BACKGROUND**

In October 2010, Lambton Public Health (“LPH”) implemented the food safety inspection disclosure program known as *DineSafe Lambton* which is comprised of two components: (1) posting colour-coded inspection summary signage on-site at food premises; and (2) posting summary inspection results of all food premises on the LPH website. The goal of this program is to give the public quick and easy access to results of food safety inspections; to help improve food safety standards; and to increase compliance with legislation.

When *DineSafe Lambton* was implemented in 2010, there was no provincial legislation that required the disclosure of public health inspection reports in food premises. Some municipalities and health units, including Lambton County and LPH, implemented local disclosure programs under municipal by-laws. Lambton County Council adopted municipal By-Law No. 30 of 2010 – *A By-Law to Regulate the Disclosure of Public Health Inspection Information to the Public and Regulate Mandatory Food Handler Certification*. The *DineSafe Lambton* program has been administered in accordance with this By-Law, which also includes a schedule of short-form wording and set fines under Part 1 of the *Provincial Offences Act* for offences and non-compliance.

In Ontario, a province-wide requirement for all public health units to post food safety inspection results online began in January 2018 under amendments to the *Health Protection and Promotion Act* (the “Act”) and the Ontario Public Health Standards. The provincial requirement for all food premises to publicly disclose the results of public health inspections as instructed by a public health inspector, came into effect on July 1, 2018, as part of the new *Ontario Regulation 493/17: Food Premises* under the Act. All public health units were required to post inspection results online beginning in January 2018 under amendments to the Ontario Public Health Standards. *Ontario Regulation 493/17* then added the province-wide requirement for food premises to display inspection results on-site as directed by public health inspectors.

The new *Ontario Regulation 493/17: Food Premises* under the Act also introduced provincial food handler certification requirements that require every operator of food service premise to ensure at least one food handler or supervisor on the premise has completed food handler training during every hour in which the premise is operating.

In addition to food premises, Ontario also made province-wide requirements under the Act to disclose public health inspection results for several other types of regulated premises including personal service settings (e.g., tattoo studios, piercing studios, nail salons); recreational water facilities (e.g., public pools and spas); and recreational camps.

The provincial on-site disclosure requirements under the Act do not stipulate a specific method for disclosure, only that such disclosure be performed as directed by a public health inspector.

Given the province-wide regulation on disclosure of public health inspections results, LPH is recommending to amend and update By-Law No. 30 of 2010 in the form of **Appendix A** attached, to remove duplication with provincial regulation and to stipulate the method of disclosure required for all regulated activities, consistent with LPH's past practice for food premises using colour-coded signage.

The purpose of this report is to:

- (1) provide an overview of how LPH has fulfilled the provincial disclosure requirements;
- (2) seek direction from the Board of Health (County Council) to amend By-Law No. 30 of 2010 (**Appendix A**) to include disclosure requirements for all provincially regulated premises under the Act; and
- (3) to seek direction to change the name of LPH's disclosure program from *DineSafe Lambton* to *Lambton Public Health Inspection Reports*.

## **DISCUSSION**

When the province-wide disclosure requirements for food safety inspection results came into effect in January 2018, it was determined that LPH's *DineSafe Lambton* program met all of the requirements and nothing further needed to be added or changed. However, to meet the online disclosure requirements for regulated, non-food premises including personal service settings, recreational water facilities, and recreational camps, LPH updated its disclosure website to provide summary inspection results for all routine and complaint-based inspections of these establishments.

Since province-wide disclosure requirements now also include certain regulated, non-food premises, LPH would like to change the name of its disclosure program from *DineSafe Lambton* to the more generic, all-encompassing name of *Lambton Public Health Inspection Reports*. See **Appendix 1-4** for examples of proposed signage with the new name. One of three coloured signs will still be posted on-site at all food premises, indicating the following:

- green (PASS) indicating substantial compliance with the Food Premises Regulations;
- yellow (CONDITIONAL PASS) indicating significant non-compliance with the Ontario Food Premises Regulation which may affect food safety; and
- red (CLOSED) indicating conditions which represent an immediate health hazard to the general public

For regulated, non-food premises including personal service settings, recreational water facilities, and recreational camps, a generic on-site posting sign will be used to direct the public on how to access inspection results on LPH's website. See Appendix 4 for an example of this generic posting sign.

To formally implement the program name change, and to include the disclosure requirements for regulated, non-food premises, By-Law No. 30 of 2010 will need to be amended and updated accordingly to include these changes. Provided that Council directs staff to amend By-Law 30 of 2010, the amended By-Law will be presented to Council at its September 2, 2026 meeting for consideration and direction.

If Council directs staff to amend By-Law No. 30 of 2010, LPH will provide educational initiatives to operators and the general public to improve awareness and understanding of:

- What has changed;
- The requirements for operators under the by-law; and
- The criteria for posting each of the coloured inspection summary signs at food premises and the generic sign used to direct the public on how to access inspection results of regulated, non-food premises on LPH's website.

## **FINANCIAL IMPLICATIONS**

All costs associated with the LPH disclosure program are cost-share funded between the province and municipality, as included in the approved 2025 LPH budget. Some Health Protection programs are eligible to receive 100% provincial grants for Infection Prevention and Control Hub coordination, and student Public Health Inspector practicums.

## **CONSULTATIONS**

In preparation of this report, the following individuals were consulted:

- General Manager, Public Health Services Division,
- Medical Officer of Health, LPH,
- Assistant Solicitor - Deputy Clerk, Legal Services & Clerks Dept,
- Communications and Public Affairs Consultant, LPH, and
- Health Protection Supervisors, LPH

**STRATEGIC PLAN**

The programs, services and activities delivered by LPH staff are consistent with the missions, principles and values identified in the County's Strategic Plan 2024-2027:

- Area of Effort #2 *Services and Communications* – through the provision of responsive services and programs.
- Area of Effort #3 *Community Development, Health and Wellness* – by implementing, monitoring and updating community health and wellness-related plans and priorities
- Area of Effort #5 *Partnerships* – cultivating sustainable relationships that include strategies to improve communication and understanding.

**CONCLUSION**

This report provides an overview of how LPH has fulfilled the provincial disclosure requirements and provides the Board of Health with a recommendation to amend By-Law No. 30 of 2010 to include disclosure requirements for regulated, non-food premises, and to change the name of its disclosure program from *DineSafe Lambton* to the more generic, all-encompassing name of *Lambton Public Health Inspection Reports*.

In addition to food premises, Ontario has also made province-wide requirements to disclose public health inspection results for several other types of regulated premises including personal service settings (e.g., tattoo studios, piercing studios, nail salons); recreational water facilities (e.g., public pools and spas); and recreational camps.

The goal of disclosure programs is to give the public quick and easy access to results of public health inspections; help to improve public health safety standards; and to increase compliance with public health legislation.

**RECOMMENDATIONS**

- a) That staff amend By-Law No. 30 of 2010 in the form of Appendix 1 attached, to include disclosure requirements for all provincially regulated premises under the *Health Protection and Promotion Act* and that such amendments be presented to Council at its September 2, 2026 meeting for consideration and direction.
- b) That the name of Lambton Public Health's disclosure program be changed from *DineSafe Lambton* to *Lambton Public Health Inspection Reports*, effective upon the passing of the by-law contemplated by paragraph a) above.

**Appendix 1 – Green Pass Sign**

 **Lambton  
Public Health** PASS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

This establishment has been inspected by Lambton Public Health  
in accordance with the Ontario Food Premises Regulation  
and passed the inspection on

Date: \_\_\_\_\_

Results of the previous inspection on

**Pass**     **Conditional Pass**     **Closed**

**Dr. Karalyn Dueck, MD MPH CCFP FRCPC**  
Medical Officer of Health  
LAMBTON PUBLIC HEALTH | County of Lambton

---

 **inspection**  
REPORTS



**Scan or Go Online**  
[LambtonPublicHealth.ca/inspections](https://LambtonPublicHealth.ca/inspections)

This placard is the property of The Corporation of the County of Lambton, Lambton Public Health ('LPH') and shall not be removed or altered in any way. LPH cannot and does not guarantee the same conditions are maintained at this establishment after this inspection date. It is the sole responsibility of the operator to maintain this establishment in accordance with the Ontario Food Premises Regulation.

**Appendix 2 – Yellow Conditional Pass Sign**



# CONDITIONAL PASS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

This establishment has been inspected by Lambton Public Health in accordance with the Ontario Food Premises Regulation and passed the inspection on

Date: \_\_\_\_\_

- Inadequate food temperature control
- Inadequate protection of food from contamination/adulteration
- Improper food handler hygiene/handwashing
- Unapproved food source and supply
- Inadequate pest control
- Improper storage/removal of waste
- Improper sanitation/design/maintenance of surfaces/utensils/equipment

Results of the previous inspection on

**Pass**       **Conditional Pass**       **Closed**

**Dr. Karalyn Dueck, MD MPH CCFP FRCPC**  
Medical Officer of Health  
LAMBTON PUBLIC HEALTH | County of Lambton

---





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**Appendix 3 – Red Closed Sign**

 **Lambton Public Health** CLOSED

BY ORDER OF THE MEDICAL OFFICER OF HEALTH under the authority of Section 13 of the Health Protection and Promotion Act, the establishment operating as

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_

is **CLOSED** until further notice from Lambton Public Health due to:

- Failure to protect food from contamination/adulteration
- Failure to prevent infestation of insects, rodents, and vermin
- Failure to maintain cleanliness and sanitation
- Failure to provide a constant supply of potable hot and cold water
- Failure to contain wastewater/sewage in a sanitary manner
- Failure to operate establishment free from serious health hazard
- Fire, flood, power failure

Results of the previous inspection on

**Pass**       **Conditional Pass**       **Closed**

**Dr. Karalyn Dueck, MD MPH CCFP FRCPC**  
Medical Officer of Health  
LAMBTON PUBLIC HEALTH | County of Lambton

---





**Scan or Go Online**  
[LambtonPublicHealth.ca/inspections](https://LambtonPublicHealth.ca/inspections)

This placard is the property of The Corporation of the County of Lambton, Lambton Public Health ('LPH') and shall not be removed or altered in any way. LPH cannot and does not guarantee the same conditions are maintained at this establishment after this inspection date. It is the sole responsibility of the operator to maintain this establishment in accordance with the Ontario Food Premises Regulation.

**Appendix 4 – Generic Posting Sign for Regulated, Non-Food Premises**



**Appendix "A"**

**THE CORPORATION OF THE COUNTY OF LAMBTON**

**BY-LAW NO. 30XX OF 20102026**

**"A By-Law to Regulate the Disclosure Of Food Safety On-Site Posting of Inspection Information To The Public And Regulate Mandatory Food Handler Certification" Notices"**

**WHEREAS** section 9 of the *Municipal Act, 2001* (hereinafter, the "MA") grants Council the capacity, rights, powers and privileges of a natural person and that, without limiting the generality of section 9 of the MA, section 11 of the MA specifically authorizes Council to pass By-Laws necessary or desirable for municipal purposes and in particular for the protection of the health, safety and well-being of persons and the economic, social and environmental well-being of the municipality;

**AND WHEREAS** the ~~*Health Protection and Promotion Act, R.S.O. 1990, c. H-7*~~ (as hereinafter, the "~~HPPA~~") defined) sets out numerous regulations applicable to, *inter alia*, ~~food~~the inspection of various premises ~~for~~ the purpose of ~~which is the protection and promotion of~~ public health; protection and promotion;

~~WHEREAS~~ subsection 10(2) of the ~~HPPA~~ authorizes The Corporation of the County of Lambton's Community Health Services Department to conduct health inspections of all food premises in Lambton County;

~~WHEREAS~~ at its September 2, 2009 meeting Council endorsed the requirements of mandatory food handler certification and the creation of a food safety disclosure program with elements including the posting of green, yellow or red signs at the entrance to food establishments in Lambton County in order to protect and promote the health of the public in Lambton County;

**Appendix "A"**

**AND WHEREAS** Council deems it desirable for the health, safety and well-being of the public to provide the public with information regarding the ~~food safety performance of food premises in Lambton County and require trained and certified food handlers in certain food~~performance of these inspected premises;

**NOW THEREFORE**, the Council of The Corporation of the County of Lambton enacts as follows:

**SHORT TITLE**

1. This By-Law may be cited as the "~~Lambton County Food Safety Inspection Disclosure and Certified Food Handlers~~Notice By-Law."

**DEFINITIONS**

2. In this By-Law:

~~2.1. "Accredited Program Act" means the Community Health Services Department's food handler certification program and such other equivalent food handler program certified by the Medical Officer of Health.~~

~~2.2. "Community Health Services Department" means the division or department of The Corporation of the County of Lambton responsible for public health matters and particularly the enforcement of the Health Protection and Promotion Act, R.S.O. 1990, c. H-7.~~

~~2.3. "Food" means food or drink for human consumption, and includes an ingredient of food or drink for human consumption.~~

**Appendix "A"**

~~2.4. "Food Establishment" means premises where Food:~~

- ~~a) is sold or offered for sale to the public;~~
- ~~b) is prepared for immediate consumption by the public; or,~~

~~2.5.2.1. is sold or served in a form that will permit immediate consumption by the public but does not include a private residence, dwelling, farm gates or food premises exempted from the application of *Food Premises, R.R.O. 1990, Reg. 562 enacted under the Health Protection and Promotion Act, R.S.O. 1990, c. H-7 (Ontario), and the regulations thereunder, as set out in section 2 of that Regulation. may be amended from time to time.*~~

~~2.6. "Food Handler Training Certificate" means a certificate, valid for a period of five (5) years from the date of issue, issued to a person by the provider of an Accredited Program certifying that the person has successfully completed that Accredited Program.~~

~~2.7. "Food Handling Premise" means High-Risk Establishments and Medium-Risk Establishments.~~

~~2.8. "Hazardous Food" means any Food that is capable of supporting the growth of pathogenic organisms or the production of the toxins of such organisms.~~

~~2.9. "High-Risk Establishments" means a Food Establishment where Hazardous Food is prepared and:~~

- ~~a) a process or processes to prepare Food that involves many steps is used;~~
- ~~b) Food frequently implicated as the cause of food-borne illness is stored, prepared and/or served;~~
- ~~c) Food that has been implicated or confirmed as a source of food-borne illness is stored, prepared and/or served; or,~~
- ~~d) Food that is served to a high-risk population based on age or medical condition(s) including establishments such as, without limitation, nursing homes, homes for the aged, hospitals and residential facilities.~~

**Appendix "A"**

~~2.10.2.2.~~ **"Lambton County"** means ~~the geographic jurisdiction of~~  
The Corporation of the County of Lambton.

~~2.3.~~ **"Lambton County Food Safety Food Premises"** means a food  
~~premises as defined in the Act.~~

~~2.11.2.4.~~ **"Inspection Report"** means an original copy of a completed,  
dated and signed inspection report of the latest inspection conducted  
by a Public Health Inspector ~~pursuant to the Act~~ that has been issued  
~~by the County~~ to an Operator of a ~~Food Regulated~~ Establishment.

~~2.12.2.5.~~ **"Lambton County Food Safety Inspection  
Summary Notice"** means ~~the an~~ original ~~colour~~ copy ~~sign of an~~  
~~inspection notice identifying the results of the Inspection Report~~ issued  
by ~~and belonging to the Community Health Services Department the~~  
~~County~~ to a ~~Food Regulated~~ Establishment, ~~substantially in the a~~ form  
~~depicted in one of attached as~~ Schedule "A", ~~Schedule "B" and~~  
~~Schedule "C"~~ to this By-Law, ~~as applicable.~~

~~2.13.~~ **"Medium-Risk Establishments"** means a Food Establishment where  
~~Hazardous Food, other than Hazardous Food as described in paragraph~~  
~~(i) of the definition of High-Risk Establishments, is prepared.~~

~~2.14.2.6.~~ **"Medical Officer of Health"** means ~~the~~ Medical Officer of  
Health" means ~~the Medical Officer of Health and Associate Medical~~  
~~Officer of Health for the Community Health Services Department~~  
~~of The Corporation of the County of Lambton for the County,~~ appointed  
under the ~~Health Protection and Promotion Act, R.S.O. 1990, c. H-7,~~  
~~as amended,~~ and includes any person acting on ~~his or her~~ their behalf.

~~2.15.2.7.~~ **"Operator"** means any Person ~~or Persons~~ who owns,  
occupies, manages, controls, governs or has responsibility for and  
control over the activity carried on within a ~~Food Establishment or Food~~  
~~Handling Premise, although there may be more than one operator~~  
~~of the Food Establishment or Food Handling Premise; Regulated~~  
~~Establishment.~~

**Appendix "A"**

2.8. "Person" includes an individual, a corporation, a partnership, a trust, an unincorporated organization, and the executors, administrators and other legal representatives of an individual.

2.9. "Personal Service Setting" means a personal service setting as defined in the Act.

2.10. "Public Pool" means a public pool as defined in the Act.

~~2.16.~~2.11. "Public Entrance" means the main entrance used by the public to enter a FoodRegulated Establishment.

~~2.17.~~2.12. "Public Health Inspector" means a public health inspector as defined in ~~the Health Protection and Promotion Act, R.S.O. 1990, c. H.7 and any other person assigned or appointed to administer or enforce this By Law~~ and includes a person employed by The Corporation of the County of Lambton whose duties include the enforcement of this By Lawthe Act.

2.13. "Recreational Camp" means a recreational camp as defined in O. Reg. 503/15: Recreational Camps under the Act.

2.14. "Regulated Establishment" means a Food Premises, Public Pool, Personal Service Setting or Recreational Camp.

~~2.18.~~2.15. "Sign Holder" means a sign holder issued by and belonging to the ~~Corporation of the County of Lambton~~, or other sign holder approved in writing by a Public Health Inspector.

**APPLICATION**

3. This By-Law shall apply to all FoodRegulated Establishments ~~and Food Handling Premises in Lambton County.~~

**POSTING AND PRODUCTION REQUIREMENTS**

4. Subject to Section ~~55~~ below, every Operator of a FoodRegulated Establishment shall ensure that the most recent ~~Lambton County Food Safety~~ Inspection ~~Summary issued by a Public Health Inspector~~Notice is immediately posted and maintained at all times in a Sign Holder ~~in a clearly~~

**Appendix "A"**

~~visible and conspicuous location~~located at ~~the~~their Public Entrance ~~of the Food Establishment. that is conspicuous and clearly visible to members of the public.~~

5. Where a ~~Food~~Regulated Establishment does not have a Public Entrance, every Operator of a ~~Food~~such Regulated Establishment shall ~~forthwith post and maintain~~ensure that the most recent ~~Lambton County Food Safety Inspection Summary~~Notice is immediately posted and maintained at all times in a Sign Holder located in a conspicuous place clearly visible to members of the public, ~~in a Sign Holder, which may include but is not limited to~~ at or near ~~the~~a pick-up window or other location where customers ~~of the Regulated Establishment~~ are served.

6. Every Operator of a ~~Food~~Regulated Establishment shall keep a copy of the most recent ~~Lambton County Food Safety~~ Inspection Report readily available ~~onsite~~on-site and shall immediately produce same for viewing, at no cost, upon request by a Public Health Inspector or member of the public.

7. No Person shall deface, alter or remove any ~~Lambton County Food Safety Inspection Summary~~Notice or Sign Holder posted in a ~~Food~~Regulated Establishment.

8. No Person shall deface or alter any ~~Lambton County Food Safety~~ Inspection Report.

**FOOD HANDLER TRAINING AND CERTIFICATION REQUIREMENTS**

~~9. Every Operator of a Food Handling Premise shall ensure that there is, at all times when the establishment is operating, at least one (1) holder of a valid~~

**Appendix "A"**

~~Food Handler Training Certificate supervising the preparation, processing, packaging, service and storage of food.~~

~~10. Every food handler, when working as the certified food handler supervising the preparation, processing, packaging, service and storage of food, shall produce for inspection his or her Food Handler Training Certificate upon request by a Public Health Inspector or the Medical Officer of Health.~~

**ENFORCEMENT**

~~11. A The Medical Officer of Health and any Public Health Inspector may enter and have access to, through and over any Food Regulated Establishment and Food Handling Premise, at any reasonable time, for the purposes outlined in section 12 below.~~

~~12. The purposes mentioned in section 11 include the following:~~

~~12.1. The purpose of enforcing this By-Law;~~

~~12.2. The enforcement of any section of this By-Law;~~

~~13.9.      The exercise of a power or the carrying out of a duty under this By-Law or under the Health Protection and Promotionthe Act, R.S.O. 1990, c. H-7 and regulations there under;.~~

~~13.1. The carrying out of a direction given under this By-Law or the Health Protection and Promotion Act, R.S.O. 1990, c. H-7.~~

**EXAMINATIONS**

~~14.10.      A Public Health Inspector may make examinations, investigations, tests and inquiries for a purpose mentioned in Section ~~44~~1 above.~~

**SAMPLES OR EXTRACTS**

**Appendix "A"**

~~15. A Public Health Inspector may make, take and remove or require the making, taking and removal of copies, samples or extracts related to an examination, investigation, test or inquiry for a purpose mentioned in section 11 above.~~

**DIRECTION**

~~16. A Public Health Inspector may require an Operator of a Food Establishment to cease the operation of or dismantle, or both, any equipment on or in the retail food business establishment, for the purpose of an examination, investigation, test or inquiry.~~

~~17.11. A Public Health Inspector may require an Operator of a FoodRegulated Establishment to return a Lambton County Food Safety and Inspection Summary Notice and Sign Holder to the Community Health Services DepartmentCounty.~~

~~18.12. An Operator of a FoodRegulated Establishment shall comply promptly with a requirementall requirements under Section 15 and 16.1.~~

**COPIES**

~~19. A copy of any written or recorded material related to an investigation, examination, test or inquiry and purporting to be certified by a Public Health Inspector is admissible in evidence in any action, proceeding or prosecution as proof, in the absence of evidence to the contrary, of the original.~~

**OBSTRUCTION**

~~20.13. No Person shall hinder or obstruct anthe Medical Officer of Health or a Public Health Inspector from lawfully carrying out a power, duty or direction under this By-Law or the Health Protection and Promotion Act, R.S.O. 1990, c. H 7Act.~~

## Appendix "A"

**ENFORCEMENT**

~~21. The Medical Officer of Health, a Public Health Inspector and Provincial Offences Officer may enforce all provisions of this By-Law.~~

**OFFENCES AND PENALTIES**

~~22-14. Any~~Every Person who contravenes any ~~of Sections 4, 5, 6, 7, 8, 9, 10, 15, 16, 17 or 19~~provision of this By-Law is guilty of an offence and upon conviction is liable, ~~for each day or part of a day that the offence occurs or continues,~~ to a fine ~~and such other penalty~~ as provided for in the *Provincial Offences Act*, R.S.O. 1990, c. P.33, as amended.

**PRECEDENCE AND SEVERABILITY**

~~15. By-Law No. 30 of 2010 is hereby repealed effective [date], 2026.~~

~~23-16.~~ Where this By-Law conflicts with any other By-Law of the ~~Corporation of the County of Lambton,~~ this By-Law shall take precedence to the extent of the conflict.

~~24-17.~~ Should any section, ~~paragraph(s)~~ or ~~provisions~~subsection(s) of this By-Law ~~including any part of any schedule hereof, or parts thereof,~~ be declared by a court of competent jurisdiction to be *ultra vires*, invalid or illegal for any reason, ~~the same shall not affect the validity of the By-Law as a whole.~~ such section(s), subsection(s), or parts thereof shall be severable from this By-Law and shall be deemed to be separate and independent therefrom.

~~25-18.~~ Nothing in this By-Law shall limit or be deemed a voluntary restriction upon any right, power or ability of the Medical Officer of Health ~~and/or a~~ Public Health Inspector under any statute, regulation, by-law or law in force in the Province of Ontario.

**Appendix "A"**

**COMING INTO FORCE**

~~26.19.~~ This By-Law, ~~save and except Sections 9 and 10, shall~~ come into force and effect on ~~October 1, 2010. Sections 9 and 10 come into force and take effect on May 1, 2011.~~ [date], 2026.

**SCHEDULES**

~~27.20.~~ Schedules ~~1, 2, 3 (as amended by the Community Health Services Department from time to time)~~ "A" and 4 "B" attached hereto form part of this By-Law.

This By-Law read a first, second, and third time and finally passed this ~~7th~~ [date] day of ~~July, 2010~~ [month], 2026.

~~Jim Burns~~ Kevin Marriott  
Warden

~~Stephane Thiffeault~~

~~Olivia Leger~~  
Clerk

Appendix "A"

Schedule 4 "A"

**County of Lambton  
Community Health Services Department**

PASS

---

Name

---

Address

---

This establishment has been inspected by the County of Lambton Community Health Services Department in accordance with the Ontario Food Premises Regulation and passed the inspection on,

Month/Day/Year

---

Results of the previous inspection on


Month/Day/Year

**Pass**     **Conditional Pass**     **Closed**


---

A copy of the most recent inspection report is available for review upon request at this establishment.

For further information contact the Community Health Services Department at 519 383-8331 or visit [www.lambtonhealth.on.ca](http://www.lambtonhealth.on.ca)




Dr. Chris Greensmith  
(A) Medical Officer of Health  
County of Lambton Community Health Services Department



County of Lambton

This placard is the property of The Corporation of the County of Lambton's Community Health Services Department ("CHSD") and shall not be removed or altered in any way. CHSD cannot and does not guarantee the same conditions are maintained at this establishment after this inspection date. It is the sole responsibility of the operator to maintain this establishment in accordance with the Ontario Food Premises Regulation.



**DineSafe**  
LAMBTON

Adapted and reprinted with permission from Durham Region Health Department.

to  
**By-Law No. [XX] of 2026**

**notice forms to be attached**

**Appendix "A"**

**Schedule 2 "B"**

**County of Lambton  
Community Health Services Department**

**CONDITIONAL PASS**

---

Name

---

Address

This establishment has been inspected by the County of Lambton Community Health Services Department  
in accordance with the Ontario Food Premises Regulation on,

Month/Day/Year

The following infractions must be corrected immediately and will be re-inspected within 72 hours.

- Inadequate food temperature control
- Inadequate protection of food from contamination/adulteration
- Improper food handler hygiene/handwashing
- Unapproved food source and supply
- Inadequate pest control
- Improper storage/removal of waste
- Improper sanitation/design/maintenance of surfaces/utensils/equipment

---


Results of the previous inspection on

Month/Day/Year

**Pass**     
  **Conditional Pass**     
  **Closed**


---

A copy of the most recent inspection report is available for review upon request at this establishment.  
For further information contact the Community Health Services Department at  
519 383-8331 or visit [www.lambtonhealth.on.ca](http://www.lambtonhealth.on.ca)





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Dr. Chris Greensmith  
*(A) Medical Officer of Health*  
County of Lambton Community Health Services Department



This placard is the property of The Corporation of the County of Lambton's Community Health Services Department ("CHSD") and shall not be removed or altered in any way. CHSD cannot and does not guarantee the same conditions are maintained at this establishment after this inspection date. It is the sole responsibility of the operator to maintain this establishment in accordance with the Ontario Food Premises Regulation.



Adapted and reprinted with permission from Durham Region Health Department.

**Appendix "A"**

Schedule 3

**County of Lambton  
Community Health Services Department**

**CLOSED**

BY ORDER OF THE MEDICAL OFFICER OF HEALTH under the authority of Section 13 of the Health Protection and Promotion Act, the establishment operating as

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ Date

is **CLOSED** until further notice from Community Health Services Department due to:

- Failure to protect food from contamination/adulteration
- Failure to prevent infestation of insects, rodents, and vermin
- Failure to maintain cleanliness and sanitation
- Failure to provide a constant supply of potable hot and cold water
- Failure to contain wastewater/sewage in a sanitary manner
- Failure to operate establishment free from serious health hazard
- Fire, flood, power failure

Results of the previous inspection on

**Pass**     **Conditional Pass**     **Closed**

For further information contact the Community Health Services Department at 519 383-8331 or visit [www.lambtonhealth.on.ca](http://www.lambtonhealth.on.ca)

*Chris Greensmith*

Dr. Chris Greensmith  
(A) Medical Officer of Health  
County of Lambton Community Health Services Department



This placard is the property of The Corporation of the County of Lambton's Community Health Services Department ("CHSD") and shall not be removed or altered in any way. CHSD cannot and does not guarantee the same conditions are maintained at this establishment after this inspection date. It is the sole responsibility of the operator to maintain this establishment in accordance with the Ontario Food Premises Regulation.



Adapted and reprinted with permission from Durham Region Health Department.

**Appendix "A"**

**Schedule 4  
to  
By-Law No. [XX] of 2026**

The Corporation of the County of Lambton

~~By-Law No. 30 of 2010~~

Part 1, Provincial Offences Act

Set Fine Schedule

<b>ITEM</b>	<b>COLUMN 1</b> Short Form Wording	<b>COLUMN 2</b> Provision Creating or Defining Offence	<b>COLUMN 3</b> Set Fine
<b>1</b>	Operator fail to post most recent copy of <del>Lambton County Food Safety</del> Inspection <del>Summary</del> Notice at Public Entrance	<del>s. 4</del> s. 4	<del>\$375.00</del> \$[***]
<b>2</b>	Operator fail to post most recent copy of <del>Lambton County Food Safety</del> Inspection <del>Summary</del> Notice in Sign Holder at Public Entrance	<del>s. 4</del> s. 4	<del>\$250.00</del> \$[***]
<b>3</b>	Operator fail to post most recent copy of <del>Lambton County Food Safety</del> Inspection <del>Summary</del> Notice at a <u>conspicuous and</u> clearly visible <del>and conspicuous</del> location where no Public Entrance available	<del>s. 5</del> s. 5	<del>\$375.00</del> \$[***]
<b>4</b>	Operator fail to post most recent copy of <del>Lambton County Food Safety</del> Inspection <del>Summary</del> Notice in a Sign Holder at a <u>conspicuous and</u> clearly visible <del>and conspicuous</del> location where no Public Entrance available	<del>s. 5</del> s. 5	<del>\$250.00</del> \$[***]
<b>5</b>	Operator fail to keep copy of most recent <del>Lambton County Food Safety</del> Inspection Report <del>onsite</del> on-site	<del>s. 6</del> s. 6	<del>\$375.00</del> \$[***]
<b>6</b>	Operator fail to produce for inspection most recent <del>Lambton County Food Safety</del> Inspection Report upon request	<del>s. 6</del> s. 6	<del>\$375.00</del> \$[***]
<b>7</b>	Deface, alter or remove <del>Lambton County Food Safety</del> Inspection <del>Summary</del> Notice	<del>s. 7</del> s. 7	<del>\$375.00</del> \$[***]
<b>8</b>	<del>Deface, alter or remove Sign Holder</del>	<del>s. 7</del>	<del>\$</del> [***]
<b>89</b>	Deface or alter <del>Lambton County Food Safety</del> Inspection Report	<del>s. 8</del> s. 8	<del>\$375.00</del> \$[***]
<b>910</b>	<del>Operator fail to have one (1) holder of valid Food Handler Training Certificate supervising preparation, processing, packaging, service</del>	<del>s. 9</del> s. 1	<del>\$375.00</del> \$[***]

**Appendix "A"**

	<del>and storage of food</del> <u>Operator fail to return Inspection Notice</u>		
<b>10</b>	<del>Certified Food Handler supervising preparation, processing, packaging, service and storage of food fail to produce Food Handler Training Certificate upon request</del>	<del>s. 10</del>	<b>\$50.00</b>
<b>11</b>	Operator fail to return <del>Lambton County Food Safety Inspection Summary</del> <u>Sign Holder</u>	<del>s. 16</del> <u>s. 1</u>	<b>\$250.00</b> <del>***</del>
<b>12</b>	Operator fail to return <del>an</del> <u>Inspection Notice and</u> Sign Holder.	<del>s. 16</del> <u>12</u>	<b>\$250.00</b> <del>***</del>
<b>13</b>	<del>Obstruction to the Medical Officer of Health or a Public Health Inspector's powers.</del>	<u>s. 13</u>	<del>***</del>

Note: the general penalty provision for the offences listed above is Section ~~24~~14 of By-Law No. ~~30~~XX of ~~2010~~2026, a certified copy of which has been filed.



CC 07-02-26



May 29<sup>th</sup>, 2026

Lambton County Council  
789 Broadway Street  
Wyoming, Ontario N0N 1T0

Dear Members of Lambton County Council,

**Re: Request for Resolution in Support of Sarnia-Lambton Economic Partnership Leading Lambton County's 2026 REDI Application**

The Ontario Ministry of Labour, Immigration, Training and Skills Development's Ontario Immigrant Nominee Program (OINP) has invited communities to submit an Expression of Interest (EOI) for the 2026-2027 Regional Economic Development through Immigration (REDI) initiative by June 5<sup>th</sup>, 2026.

The Sarnia-Lambton Economic Partnership (SLEP) successfully led Lambton County's participation in the 2025 REDI pilot. Through collaboration with local employers, municipalities, community partners, and stakeholders, the pilot achieved its targeted outcomes and resulted in 200 nominations to support local workforce needs in areas where identified labour force gaps had been identified and proven.

The REDI initiative provides an important opportunity to leverage economic immigration as a workforce development strategy to address ongoing labour shortages in key sectors across Lambton County. Key benefits include:

- Filling hard-to-fill positions through access to skilled newcomer talent
- Strengthening priority sectors including healthcare, manufacturing, skilled trades, transportation, and social services
- Supporting long-term economic growth and workforce sustainability in Lambton County
- Enhancing newcomer attraction and retention through coordinated community and employer supports

For clarity, this program is not designed to support positions that can be accommodated with the regions existing labour force, nor can positions be filled for below market value.

SLEP's leadership during the 2025 Pilot demonstrated that successful REDI implementation requires coordinated local leadership, employer engagement, newcomer support, and ongoing facilitation between community partners and businesses. Over the past year, SLEP has developed systems, tools, and resources to deliver the program more efficiently should Lambton County be selected again. These improvements include leveraging existing workforce attraction tools, digital resources, streamlined intake processes, administrative efficiencies to reduce operational demands while maintaining strong employer and newcomer supports.

SLEP anticipates that participation in the 2026 REDI initiative can be coordinated within its existing operating budget. As part of the Ministry's intake process, only one application may be submitted per Census Division; community consensus is therefore required to identify a lead organization to coordinate the initiative on behalf of Lambton County.

The REDI pilot is expected to run from late summer 2026 through December 2027.

Address: 1086 Modeland Road, Bldg. 1050, Ste. 100, Sarnia, ON N7S 6L2 | Phone: 519-332-1820 | Website: [sarnialambton.on.ca](http://sarnialambton.on.ca)

Should Lambton County be selected to participate in the initiative, SLEP will continue to work collaboratively with municipalities, employers, educational institutions, and community partners to support local implementation and workforce attraction efforts.

Accordingly, we respectfully request that Lambton County Council adopt the following resolution:

**“County Council hereby supports the Sarnia-Lambton Economic Partnership (SLEP) acting as the lead agency for Lambton County’s 2026 REDI application and, if successful, authorizes SLEP to work collaboratively with relevant government ministries, municipalities, employers, and community stakeholders to support the attraction, integration, and retention of newcomer talent through the REDI Pilot.”**

Thank you for your continued support and partnership in advancing workforce development and economic growth across our region. If you have any questions or require additional information, please contact me directly.

Sincerely,



Matthew Slotwinski  
CEO  
Sarnia-Lambton Economic Partnership

**MINUTES**  
**LAMBTON CREATIVE COUNTY COMMITTEE**

**Administrative Building, Committee Room #3**

**November 27, 2025**

Present: Barbara Prescott, Brian White, Dan Sageman, Ian Veen, Kristen Kilner-Holmes, Tracey Kingston (Chair). Electronically, Warden Kevin Marriot and Jeff Agar (1:46). Also, Andrew Meyer, Jessica Cohmer (Recording Secretary), and Tara Pounds.

Regrets: Beverly Bressette

1. Welcome/Call to Order

Chair, T. Kingston called the meeting to order at 1: 30 p.m.

2. Approval of the Agenda

Motion #1: B. Prescott / I. Veen: That the agenda be approved as presented.

Carried.

3. Declaration of Pecuniary Interest

Chair, T. Kingston asked members to disclose any conflict of interest at the time the funding applications are being presented.

The following disclosures were made, and those declaring removed themselves from the voting process at the appropriate time:

- I. Veen with regards to application #2161 Village of Oil Springs "*Historical Flags / Banners*"
- B. Prescott with regards to application #2139 Town of Petrolia "*Petrolia's Eats, Beats and Boutiques*"
- T. Kingston with regards to application #2151 Lambton Central Petrolia Optimist "*Mixed Media Arts Show*" and application #2155 Corunna Street Festival "*Corunna Club Car "Race"*"

4. Approval of Minutes – September 25, 2025

Motion #2 D. Sageman / B. White: That the Creative County Committee Minutes dated September 25, 2025, be accepted as presented.

Carried.

5. Review of Applications – 2026 Creative County Grant Program

Staff presented to the Committee a summary of the 2026 Creative County Grant Program applications for review and provided staff recommendations to allocate the 2026 grant program funding contribution amount totaling \$75,000.

The committee received a total of 40 applications, representing a funding request of \$239,701. The committee reviewed and discussed each application, making adjustments to the allocations based on eligibility and alignment with criteria.

Motion #3 D. Sageman / B. White: That the Committee accept the staff recommendations and amounts for the 2026 County-wide category, as presented, and approve the a total contribution of \$33,350 for the following projects:

- #2172 Cabin Fever – *2026 Music Release “No Back Page” and “Good Old Days”*, funding total of \$1,100;
- #2147 Sarnia Concert Association – *Community Outreach: Welcoming A More Diverse Audience to the Sarnia Concert Association*, funding total of \$1,500;
- #2157 Kettle Point Productions – *Summer Screening Party, KSPFN*, funding total of \$ 3,500;
- #2142 Morris Wazney / SHED 28 – *Bronze Monument to Celebrate 100 Years of Whyte Park in Forest*, funding total of \$10,000;
- #2160 Ausable Bayfield Conservation Authority – *Arkona Lions Museum Modernization & Accessibility Imitative*, funding total of \$5,000;
- #2139 Town of Petrolia – *Petrolia’s Eats, Beats and Boutiques*, funding total of \$3,250;
- #2173 Central Lambton Health Team – *Tuning In: Community Notes on Bridging Gaps Due to Loneliness*, funding total of \$5,000;
- #2143 Bluewater Wind Ensemble – *Fill the Hall*, funding total of \$4,000.

Carried.

Motion #4 K. Kilner-Holmes / B. White: That the Committee accept the staff recommendations and amounts for the 2026 Sarnia quadrant, as amended, and approve a total contribution of \$10,215 for the following projects:

- #2168 nuSarnia Foundation – *Village of Care: Community-Led Mural Celebrating Birth and Parenting Culture in Lambton County*, funding total of \$3,625;

- #2175 International Symphony Orchestra – *Music Brings Joy: A Sensory-Friendly Experience*, funding total of \$3,100;
- #2169 The Lawrence House Centre for the Arts – *Development and Networking Program for Artists*, funding total of \$2,040;
- #2164 Girl Guides – *Celebrating 100 Years of Girl Guides in Lambton County*, funding total of \$1,450.

Carried.

Motion #5 I. Veen / B. Prescott: That the Committee accept the staff recommendations and amounts for the 2026 North quadrant, as presented, and approve a total contribution of \$10,000 for the following projects:

- #2148 Arkona 150 Anniversary Committee – *Arkona 150 Anniversary Event*, funding total of \$5,000;
- #2150 Town of Plympton-Wyoming – *Celebrating 25 years of Plympton-Wyoming while Recognizing the Past that Shaped Us*, funding total of \$5,000.

Carried.

Motion #6 B. Prescott / D. Sageman That the Committee accept the staff recommendations and amounts for the 2026 Central quadrant, as amended, and approve a total contribution of \$10,000 for the following projects:

- #2161 Village of Oil Springs – *Historical Flags/Banners*, funding total of \$5,000;
- #2166 Moore Agricultural Society – *Heritage Mural Series*, funding total of \$5,000.

Carried.

Motion #7 I. Veen / K. Kiner-Holmes: That the Committee accept the staff recommendations and amounts for the 2026 South quadrant, as presented, and approve a total contribution of \$11,600 for the following projects:

- #2154 Corunna Kiwanis Club – *Corunna Library Mural, Welcome to Corunna!*, total funding of \$5,000;
- #2167 Inwood 150 Committee – *Inwood 150<sup>th</sup> Celebration Committee 2026 Music Festival and 2-Pitch Tournament*, funding total of \$3,350;
- #2165 Sombra Museum – *Frank Moffat Propeller, Outdoor Exhibit Installation*, funding total of \$2,000;
- #2155 Corunna Street Festival – *Corunna Club Car “Race”*, funding

total of \$1,250.

Carried.

In total, 22 of the 40 applications were recommended for some level of funding for a total grant contribution (including County-wide, Sarnia, North, Central and South quadrants) of \$75,165.

6. Unfinished Business

None.

7. New Business

None.

8. Scheduling of Meetings

Next meeting be for Thursday March 26, 2026 at 1:00 p.m. via electronic conferencing.

9. Adjournment

Motion #8 K. Kilner-Holmes / B. White: That this meeting be adjourned at 2:19 p.m.

Carried.



**BOARD OF DIRECTORS MEETING**

Tuesday, March 24th, 2026, 8:00AM

LOCATION: Online

**Attendance:**

Reaume-Zimmer, Paula	Noble, Peter
Lee, Adrienne	Bradley, Mike
Germain, Darryl	Pearson, Dean
Edlington, Angela	McEachran, Carrie
Thiffeault, Stephane	Plain, Jeff
Knapp, Tim	

Slotwinski, Matthew (CEO)  
Moore, Brittany (Executive Assistant)

<b>Regrets:</b>	McLaughlin, Michelle	Kardas, Rob
	Cayea, David	Young, Candace
	Marriott, Kevin	

**Call to Order**

Quorum Present

**Land Acknowledgement**

**Agenda**

- Approvals/Additions

**Motion:** To approve the agenda as submitted.

Moved by A. Edlington. Seconded by C. McEachran. Carried.

**Declaration of Conflict of Interest**

None declared.

**Approval of Minutes**

**Motion:** That the minutes of the Board Meeting held January 27th, 2026 be approved as submitted.

Moved by P. Noble. Seconded by S. Thiffeault. Carried.



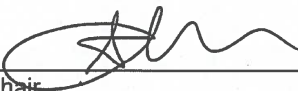
**New Business**


- None

**Motion to Adjourn**

Meeting adjourned at 8:42 AM.

Moved by T. Knapp. Seconded by P. Noble Carried.

  
Chair  
Adrienne Lee

  
Secretary  
Stephane Thiffeault



Sarnia-Lambton  
Board of Director's Meeting  
In Person-1455 Venetian Blvd, Point Edward  
April 16th, 2026

**MINUTES** of the meeting of Directors of TOURISM SARNIA-LAMBTON held in person, at Tourism Sarnia-Lambton on the 16<sup>th</sup> of April 2026, at the hour of 9:02am.

**Directors Present:** Adam Veen, Laura Boogemans, Kelly Provost, Stephan Thiffeault, Bev Hand, Matthew Slotwinski, Chrissy McRoberts and Kevin Marriott, Al Duffy and Angela Edlington. Nicola Harney attended online.

**Directors Absent/Regrets:** Rose Atkins

**Guests:** Linda Fiddy (TSL Accountant)

**1. Call to Order**

Chair Al Duffy called the meeting to order at 9:02am

**2. Declaration of Conflict of Interests**

Chair Al Duffy asked if any directors had any conflict to declare. No conflicts were mentioned.

**3. Approval of Minutes of March 5<sup>th</sup>, 2026**

UPON MOTION duly made by Matthew Slotwinski, seconded by Laura Boogemans and unanimously carried, IT WAS RESOLVED that the meeting minutes dated March 5<sup>th</sup>, 2026, be approved as presented.

**4. Business Arising from Prior Minutes**

Stephan Thiffeault suggested bringing the draft policy for reserving a spot for MAT partners to be on our board of directors as a representative.

**5. Financial Update**

- **Current Organization Financial Update:** Board members mentioned the financial report was becoming more detailed. Linda mentioned to the board she is currently using new software for the income statements; this will allow a better breakdown of expenses and income. It was questioned when TSL will be able to take over the accounting piece of the organization from the county. Linda explained that the transition for payroll for TSL will be by the end of next year and closer to June 2027 for the rest of the accounting because of working with new software and finding which will work best for our organization.
- **Decisions/ Action Items:** UPON MOTION made by, Chrissy McRoberts seconded by Matthew Slotwinski and unanimously carried, IT WAS RESOLVED The financial update was approved.
- **Mat Financial Report Update:** No questions or comments were received

**6. Operational Activities**

- **Director's Report:** Adam Veen presented TSL's director's report for the month of March- April 2026, highlighting updates on what TSL has been working on and the different events coming to arena. Regarding upcoming events in the area, it was mentioned that Vicky will be returning to help with the Granfondo event. TSL has been working with IPM and attending their meetings. The next FAM tour will be held in Lambton Shores/ Forest in the Spring. TSL has been involved in different meetings with organizations holding events in the area this past month such as Sliver stick, SOAR and helping SLEP with their Newcomer FAM tour. Adam Veen explained that there is an opportunity for TSL to provide a letter of interest in Sarnia Lambton to be chosen as a part of a Culinary Tourism stop. Adam Veen explained we would have to be pre-selected to receive further information on what the tour would include. When speaking on upcoming opportunities, Adam Veen expressed an interest in building Arg- tourism workshops in the area and creating a Farm Fresh Guide. There was also the conversation of creating a social media and storytelling workshop for local businesses to help bring more people to their business and the region. Stephane Thiffeault asked what TSL's role was with the IPM, it was explained that the IPM is still trying to narrow down their roles and figuring out where they require assistance or guidance. Bev Hand was interested in the Newcomer FAM tour and inquired about some more information for new residents in the area. Matthew Slotwinski will reach out to Bev Hand with more information.

- **Marketing Update:** Adam Veen presented the marketing update to the board, Adam shared that TSL is in the next phase with videography and photography, this will help build a yearly program and cover the whole region. TSL is also working on a digital Golf Guide, Farm Fresh Guide and working on a refresh for the Cheers to the Coast content.
- **Stakeholders Communication Plan/ Municipality Updates:** Adam Veen met with Todd Case to reintroduce himself and offered any assistance to them. Adam Veen has begun to visit the municipalities or in the process of meetings with each one over the next few months. Adam Veen explained these meetings are to help open the lines of communication and to reintroduce our organization to each municipality. It was also mentioned that there is a chair for TSL on the Sarnia-Lambton Chamber of Commerce. Bev Hand mentioned the meeting for Point Edward would be held on May, 26<sup>th</sup>, 2026

## 7. MAT Update

- **Sarnia:** Kelly Provost included an update on Sarnia, there will be a counsel meeting on April 27, 2026 to discuss the partnership with TSL regarding MAT. If Sarnia wishes to continue the partnership there will be a draft agreement made.
- **Lambton Shores:** Adam Veen presented the board with a document from Lambton Shores that was an overview of information regarding the MAT tax. Included in the package for Lambton Shores was a formal letter from Steve McAuley requesting Adam Veen be a part of their Municipal Services Corporation (MSC) committee and to be a representative for Tourism Sarnia Lambton.
- **Decisions/ Action Items:** UPON MOTION made by, Stephane Thiffeault seconded by Bev Hand and unanimously carried, IT WAS RESOLVED that Adam Veen would be a representative on the Lambton Shores Municipal Services Corporation. It was also suggested that we address and have an update on the MAT meetings with Sarnia and Point Edward at the May 28<sup>th</sup>, 2026 meeting.

## 8. AGM Update

- The board discussed a date to host the AGM that would be 15 months after the last AGM meeting. The chosen date was September 17<sup>th</sup>, 2026, all the board members approved. Now that a date is picked the board can move forward with planning. There was discussion of a time later in the date to entice more people from the public to come. There were suggestions from board members on how to have more people attend such as having a guest speaker, vendors and local businesses set up

displays. The board wants to create an inviting and welcoming event. It was mentioned to tie in our Farm Fresh guide as well. It was also recommended that we advertise and share information on the upcoming AGM on our social media. Al Duffy suggested putting together a committee to help host the event, Angela Edlington and Adam Veen agreed to be a part of the committee.

**9. Board Activities and Updates**

- There was a request for a change of date for our board meeting on August 20<sup>th</sup>, 2026 due to conflicts for members. It was resolved that the meeting would be moved to September 17<sup>th</sup>, 2026.

**11. In Camera**

An in-camera session was requested by Adam Veen.

UPON MOTION to begin with camera was made by Kelly Provost, seconded by Chrissy McRoberts and unanimously carried out.

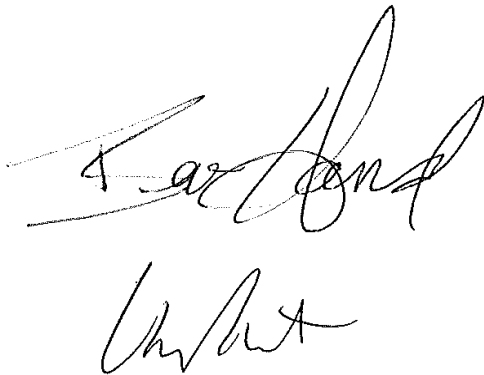
- There was a request for funds from a production company coming to the area. UPON MOTION to give the funds in the amount of \$10,000 was approved by Anglea Edlington, seconded by Chrissy McRoberts and unanimously carried out.
- There were complaints addressed about local establishments. No further action was needed.

**10. Next Meeting**

The next meeting is scheduled for the following date and time, and is to be held in person: May 28<sup>th</sup>, 2026

**11: Adjournment**

UPON MOTION duly made by " ", seconded by " " and unanimously carried, IT WAS RESLOVED that the meeting adjourned at 10:51am.

Two handwritten signatures in black ink. The top signature is larger and more stylized, while the bottom one is smaller and more compact.



**LONG-TERM CARE DIVISION**

<b>REPORT TO:</b>	<b>WARDEN AND LAMBTON COUNTY COUNCIL</b>
<b>DEPARTMENT:</b>	<b>ADMINISTRATION</b>
<b>PREPARED BY:</b>	<b>Michael Gorgey, General Manager</b>
<b>REVIEWED BY:</b>	<b>Stéphane Thiffeault, Chief Administrative Officer</b>
<b>MEETING DATE:</b>	<b>July 2, 2026</b>
<b>SUBJECT:</b>	<b>LTC Leadership Structure Review and Staffing Enhancement Proposal</b>

**BACKGROUND**

In 2025, the Long-Term Care Division completed its first division-wide employee engagement survey. Findings from the survey, combined with a review of critical incident trends, resident feedback, turnover data, and operational structures, identified opportunities to strengthen leadership capacity, improve evening and weekend supervisory presence, and better align leadership models across the Homes.

The long-term care environment has become increasingly complex due to increasing resident acuity, workforce pressures, increased regulatory expectations, and a growing emphasis on quality improvement and person-centred care. These factors require stronger on-site clinical leadership presence and more sustainable supervisory structures than currently exist within the Division.

The purpose of this report is to request approval for staffing enhancements within the Long-Term Care Division to address identified leadership and operational gaps and better support the evolving care needs of residents and the staff who provide that care. Council will receive additional information and context to the staffing enhancement request by way of an in-camera report, included in today’s package. That information is included in an in-camera report given that it is personal information about identifiable individuals.

The proposed changes are consistent with the broader direction of long-term care staffing policy in Ontario, where recent investments have focused on strengthening quality of care and workforce sustainability.

**DISCUSSION****1. Leadership Model Enhancement and Expanded Coverage**

Management has reviewed the current leadership structure at Lambton Meadowview Villa and North Lambton Lodge and identified opportunities to strengthen supervisory capacity, operational oversight, and support for front-line staff.

Expanded leadership coverage would place supervisory resources within the Homes during the periods where critical incidents are most likely to occur and when front-line staff and charge nurses report the greatest need for operational support. The current supervisory schedule is generally Monday to Friday from 0830 to 1630. A review of critical incidents determined that the majority of these incidents occur between 1600 and 2000 across the Homes, when leadership presence is limited. Increased evening and weekend leadership presence is expected to strengthen responsiveness to residents and families, improve support for staff, enhance oversight of care delivery, and reinforce a more person-centred and safe model of care.

In addition, it is expected that increased supervisory coverage during evenings and weekends will help reduce avoidable overtime through more proactive staffing management, earlier intervention in attendance and scheduling issues, and improved support for front-line staff and charge nurses.

Accordingly, management is requesting an increase of 3.0 FTEs within the Long-Term Care Division.

**2. Additional Registered Practical Nurse Coverage at North Lambton Lodge**

North Lambton Lodge currently operates with a non-business hours model in which the Registered Nurse is responsible both for overall charge accountability of the Home and for a resident neighbourhood assignment. Management has identified this as a significant role design concern.

Employee engagement survey results and exit interview feedback indicate that Registered Nurses at North Lambton Lodge experience difficulty balancing Home-wide charge responsibilities with medication administration and direct resident care responsibilities within a neighbourhood assignment. This dual responsibility has contributed to role strain and has corresponded with higher Registered Nurse turnover at North Lambton Lodge compared with the other two Homes.

Management is therefore proposing an increase of 40 hours per week of Registered Practical Nurse coverage at North Lambton Lodge. This change would allow the Registered Nurse during non-business hours to focus on overall charge accountability for the Home, consistent with the current practice model at Lambton Meadowview Villa and Marshall Gowland Manor.

Separating charge accountability from direct neighbourhood assignment responsibilities reflects a more sustainable and clinically appropriate model for non-business hours operations. Aligning the Registered Nurse role across the three Homes is expected to improve role clarity, reduce workload pressures, strengthen clinical oversight, and support staff retention.

**FINANCIAL IMPLICATIONS**

If the proposed staffing enhancements are approved, the increase to annual operating costs is currently estimated at approximately \$561,000. The estimated annual cost reflects the full financial impact of the proposed staffing enhancements, including all anticipated implementation and compensation-related costs. Management recommends funding these costs through accommodation revenue currently allocated to long-term care reserves.

The annual revenue from accommodations at the Homes is approximately \$900,000. Currently, a portion of these funds are allocated towards long-term debt, while the remaining portion is allocated to long-term care reserves for home capital improvement projects.

However, home capital improvement projects are also funded through the LTC Capital Reserve, which receives annual contributions in the amount of \$2 million. As such, Management is satisfied that this approach will not adversely impact the maintenance or condition of the Homes. Moreover, significant capital investments have been made across the Homes over the past several years, addressing many major infrastructure and building improvement needs. As a result, projected capital requirements in the near term are expected to be lower than historical levels, creating the flexibility to support these staffing enhancements while continuing to meet ongoing maintenance and asset renewal obligations.

Accordingly, the annual cost of the staffing enhancements can be accommodated within existing accommodation revenue allocations. No increase to the County levy is required to support this staffing enhancement. Future increases due to cost-of-living allowance would be funded similar to other employee positions - through the current funding model of Ministry of Long-Term Care funds, accommodation revenue and levy funds as required.

**CONSULTATIONS**

The proposal has been informed by the Long-Term Care leadership team's organizational review, critical incident analysis, employee engagement survey results, resident survey feedback, turnover data, and exit interview information from the Homes. The financial strategy has been reviewed by the County Treasurer, and Human Resources has been consulted regarding organizational structure and staffing implications.

**STRATEGIC PLAN**

In keeping with the Mission Statement of the County of Lambton, the programs provided by this Division contribute to the enhanced quality of life in Lambton County through building a community where residents are safe and healthy; feel a sense of belonging, pride, and purpose; and care for one another.

**CONCLUSION**

The organizational review identified deficiencies in the current leadership structure related to supervisory span of control, evening and weekend leadership presence, and the non-business hours Registered Nurse role design at North Lambton Lodge.

The proposed staffing enhancements represent a targeted operational investment intended to strengthen clinical leadership presence, improve oversight and support for front-line staff, and better align nursing leadership structures across the Division. The recommendations respond directly to identified operational pressures and support a more sustainable, responsive, and person-centred care model for residents, families, and staff.

The proposed annual investment of approximately \$561,000 can be contained through accommodation revenue currently directed to future capital reserves. Future increases due to cost-of-living allowance would be funded similar to other employee positions - through the current funding model of Ministry of Long-Term Care funds, accommodation revenue and levy funds as required.

**RECOMMENDATIONS**

- a) **That Staff be authorized to increase the staff complement in the Long-Term Care Division by 3.0 FTE to be funded through accommodation revenues received by the Long-Term Care Division (“Accommodation Revenue”) in the amount of \$453,234.**
- b) **That Staff be authorized to increase the Registered Practical Nurse coverage at North Lambton Lodge by forty (40) hours per week to be funded through Accommodation Revenues in the amount of \$107,467.**
- c) **That the ongoing costs associated with the staffing enhancements stipulated in paragraphs (a) and (b) above shall continue to be funded through the combination of Ministry of Long-Term Care funding, Accommodation Revenues, and through the general tax levy as required.**



**SOCIAL SERVICES DIVISION**

<b>REPORT TO:</b>	<b>WARDEN AND LAMBTON COUNTY COUNCIL</b>
<b>DEPARTMENT:</b>	<b>Homelessness Prevention and Social Planning</b>
<b>PREPARED BY:</b>	<b>Sarah Churchill, Program Supervisor</b>
<b>REVIEWED BY:</b>	<b>Melissa Fitzpatrick, General Manager Stéphane Thiffault, Chief Administrative Officer</b>
<b>MEETING DATE:</b>	<b>July 2, 2026</b>
<b>SUBJECT:</b>	<b>Homelessness Prevention Program Investment Plan</b>

**BACKGROUND**

In March of 2022, the Ministry of Municipal Affairs and Housing (“**MMAH**”) notified the County of Lambton and Consolidated Municipal Service Managers (“**CMSM**”) of the introduction of the Homelessness Prevention Program (“**HPP**”). This program consolidated and replaced several existing provincial programs that aim to prevent, address, and reduce homelessness. The new HPP was made effective April 1, 2022.

The HPP drives progress in addressing chronic homelessness through a broad range of local homelessness prevention and supportive housing activities. Funding provides housing assistance and support services to vulnerable populations to prevent chronic homelessness before it begins. Retention initiatives also support individuals to remain stably housed over time, preventing returns to homelessness. HPP also provides municipalities with the flexibility to provide longer-term rental assistance as appropriate. A comprehensive annual report was offered to County Council in May of 2026 that details the use and outcomes of HPP-funded programming, as one component of the Homelessness Prevention budget.

On June 5, 2026, The County of Lambton received its confirmed HPP funding allocation for the fiscal year 2026-2027. The allocation of \$5,615,600 is unchanged from the previous two years.

Under HPP guidelines, CMSM’s are required to submit an Investment Plan for review and approval by MMAH annually. This Investment Plan must also be approved by the CMSM’s local Council.

**DISCUSSION**

Through HPP funding, the County of Lambton Social Services Division will continue to fund community-based and internal initiatives that aim to prevent and reduce chronic homelessness. The goals of the HPP align with priorities outlined in Lambton's 10-Year Housing and Homelessness Plan 2026-2035, towards the goal that everyone in Lambton County has access to safe, suitable and affordable housing.

HPP builds on the Government of Ontario's mandate that communities maintain a local By-Name List of individuals and families experiencing homelessness and apply this list as a tool to monitor and measure housing-focused outcomes. The Lambton County By-Name List and Coordinated Access process enables staff at agencies throughout the county to apply a common intake and common assessment tool, resulting in coordinated service matches and referrals. This furthers Lambton's capacity to equitably allocate housing and homelessness services to those most in need.

The HPP Investment Plan comprises two parts:

1. A financial forecast and outline of the anticipated quarterly spending in the upcoming fiscal year and projected number of households assisted through the program year across all HPP service categories;
2. The HPP Proposed Plan, which provides written details on the proposed use of funds, including types of services and activities that will be funded under each service category.

**Community Outreach and Supportive Services - \$415,048**

- Staffing to support tenants at risk of homelessness or requiring community support,
- Transitional housing support offered by community partners to ensure successful tenancies,
- Indigenous, culturally safe homelessness prevention services delivered in-community,
- Food security,
- Community navigators offered by community partners to assist individuals and families to retain and find housing.

**Emergency Shelter Solutions - \$589,371**

- Provides base funding to the Inn of the Good Shepherd for the Good Shepherd's Lodge and The Haven Youth Shelter,
- Provides additional funds to the Inn of the Good Shepherd for operations of the Overflow Shelter.

**Housing Assistance - \$1,583,497**

- Funding for long-term rent supplements to ensure tenants have financial assistance to remain housed,

- Funding for rent and utility arrears to ensure tenants remain housed, provided to community agencies and internal county delivered programs,
- Funding for the Landlord Engagement position to work with landlords to deliver the rent supplement program,
- Additional funds to support last month's rent and transitioning costs for participants to secure permanent housing.

**Supportive Housing - \$2,746,904**

- Funding to domiciliary hostels to provide support, meals etc. to 30 individuals,
- Funding to Lambton Elderly Outreach to provide supportive housing within Retirement Homes in the County,
- Funding to community agencies to provide supports to ensure individuals retain their tenancies including mental health supports, youth support, and life skills training,
- Funding to provide rent supplements along with intensive case management services through various County programs.

**Administration - \$280,780**

- Funding to support key operations, including the local lived/living experience tables through honoraria, transportation, and project materials,
- Funding to support staff positions, which handle data, reporting, and IT needs,
- Funding to support professional services for the development of Lambton's 10-Year Housing and Homelessness Plan.

The total Homelessness Prevention Program funding is \$5,615,600 including \$5,334,820 for operating expenses and \$280,780 for administration (5% of the allocated budget as permitted by funding guidelines).

**FINANCIAL IMPLICATIONS**

The HPP is 100% funded through the Government of Ontario's MMAH. The County of Lambton's HPP allocation is \$5,615,600 for the 2026-2027 fiscal year. There is no financial impact to the County Levy.

**CONSULTATIONS**

Consultations have taken place with the General Manager of Social Services, and the Manager of Housing Services. Consultations with community service providers will continue, aligned to reporting guidelines from the Ministry of Municipal Affairs and Housing.

**STRATEGIC PLAN**

The activities of the Department support the Community Development Area of Effort #3 in the County of Lambton's Strategic Plan, specifically:

- Strengthening the County’s advocacy and lobbying efforts with other levels of government to raise the profile of the County and its needs to secure improved senior government supports, funding, grants, and other resources to meet emerging infrastructure and service needs;
- Consulting with the community and stakeholders on ways to increase housing options and affordability, and innovative programs and initiatives that focus on poverty reduction and promote social belonging;
- Supporting the development of a variety of affordable housing to meet demand;
- Implementing, monitoring and updating community health and wellness-related plans and priorities, including, but not limited to, the *10-Year Housing and Homelessness Plan*, *Community Safety & Well-Being Plan*, the Long-Term Care division’s mission, vision, and values, *Age Friendly Community Planning* framework, Lambton Public Health’s strategic priorities, the *Lambton Drug & Alcohol Strategy*, *Lambton EMS Master Plan*, and *Child Care and Early Years 5-Year Service System Plan*; and
- Advocating for, and supporting access to, mental health and addiction services.

**CONCLUSION**

Work will continue under the HPP to build local capacity to prevent homelessness and drive reductions in chronic homelessness. The HPP funding allocation beyond 2026-2027 is unknown at this time. Social Services Division staff, in close partnership with housing providers and community services, will continue to work to meet the need for housing and homelessness support and services in Lambton County.

**RECOMMENDATIONS**

**a) That staff be authorized to submit the proposed Homelessness Prevention Program (“HPP”) Investment Plan for the 2026-2027 fiscal year as follows:**

	Planned Financial Commitments by Quarter (\$)				
<b>Operating</b>	Q1 Apr-Jun	Q2 July-Sept	Q3 Oct-Dec	Q4 Jan-Mar	<b>Total</b>
Community Outreach & Support Services	125,012	125,012	82,512	82,512	\$415,048
Emergency Shelter Solutions	147,343	147,343	147,343	147,342	\$589,371

	Planned Financial Commitments by Quarter (\$)				
Housing Assistance	395,874	395,874	395,874	395,875	\$1,583,497
Supportive Housing	686,726	686,726	686,726	686,726	\$2,746,904
Total Operating	1,354,955	1,354,955	1,312,455	1,312,455	\$5,334,820
Administration Fees	70,195	70,195	70,195	70,195	\$280,780
<b>Grand Total</b>	<b>1,425,150</b>	<b>1,425,150</b>	<b>1,382,650</b>	<b>1,382,650</b>	<b>\$5,615,600</b>

- b) That staff be authorized to re-allocate program funds between the programs identified in paragraph (a) above, in response to local needs and the updated County of Lambton Housing and Homelessness Plan 2026-2035, to ensure full utilization of the HPP funding allocations.**



**MINUTES**  
**COMMITTEE OF THE WHOLE**  
**(Infrastructure & Development Services/Public Health Services –**  
**Emergency Medical Services/Cultural Services/Long-Term Care/Corporate**  
**Services/Finance, Facilities and Acquisitions/Social Services)**  
**June 17, 2026**

A meeting was held at the County Building at 9:00 a.m. on the above date.

Present

Chair K. Marriott and Members J. Agar, G. Atkinson, D. Boushy, A. Broad, T. Case, D. Ferguson, B. Loosley, S. Miller, D. Sageman and B. White attended in person. Members M. Bradley, D. Cook, B. Hand and C. McRoberts attended virtually. Various staff were present including the following General Managers: Mr. J. Cole, General Manager, Infrastructure & Development Services, Mr. K. Churchill, General Manager, Public Health Services, Mr. A. Meyer, General Manager, Cultural Services, Mr. M. Gorgey, General Manager, Long-Term Care, Ms. M. Fitzpatrick, General Manager, Social Services, Ms. K. Bettridge, County Treasurer, Ms. O. Leger, General Manager, Corporate Services, County Solicitor/Clerk and Mr. S. Thiffeault, Chief Administrative Officer.

Absent

B. Dennis and I. Veen.

Disclosures of Pecuniary Interest

Councillor B. Loosley declared a Pecuniary Interest concerning item 4. A) a) of the Committee of the Whole agenda dated June 17, 2026, regarding the Lambton EMS Master Plan Update, and item 1. A) b) of the In-Camera Committee of the Whole agenda dated June 17, 2026. Councillor B. Loosley recused himself from discussion on these matters.

INFRASTRUCTURE & DEVELOPMENT SERVICES DIVISION

Information Reports

**#1:** Miller/Case: That the following Information Reports from the Infrastructure & Development Services Division, be received and filed:

- a) Information Report dated June 17, 2026 regarding Pulse Creek Bridge Update.

b) Information Report dated June 17, 2026 regarding Public Consultation on Proposed Ministers Zoning Order - Cargill Sarnia Export Grain Terminal (DS 07-01-26).

Carried.

Reports Requiring a Motion

Report dated June 17, 2026 Regarding Fire Prevention Feasibility Review

#2: Feguson/Boushy:

a) That Council support the Development Services Department in undertaking a feasibility review and business case analysis regarding the establishment of Fire Prevention Inspection Services.

b) That a report outlining the feasibility, including costs, service charges and potential models, for the County to offer Fire Prevention Inspection Services be brought back to Lambton County Council for consideration at the September 16, 2026 Committee of the Whole meeting.

Carried.

Report dated June 17, 2026 Regarding Sarnia Organic Waste Collection

#3: White/Sageman:

a) Subject to paragraph (b) below, the County of Lambton will contribute \$100,000 per year toward the City of Sarnia Source Separate Organic Waste Processing Services program beginning in 2027 and prorated by month (at the monthly rate of \$8,333.33) for partial year implementation.

b) That the contribution contemplated in paragraph (a) above be subject to annual reviews and be subject to available diversion rate data and continued program participation, and be subject to the County saving no less than the amount of its contribution in waste disposal fees directly on account of the City's diversion of organic waste from landfill.

Carried.

PUBLIC HEALTH SERVICES DIVISION - Emergency Medical Services Department

Information Reports

Information Report dated June 17, 2026 Regarding Lambton EMS Master Plan Update

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**#4:** White/Ferguson: That the Information Report dated June 17, 2026 regarding Lambton EMS Master Plan Update, be received and filed.

Carried.

CULTURAL SERVICES DIVISION

Reports Requiring a Motion

Report dated June 17, 2026 Regarding Revised Circulation Policy

**#5:** Sageman/Atkinson: That Lambton County Council approve the Circulation Policy and its associated Schedules attached as Appendix "B" to this report.

Carried.

Report dated June 17, 2026 Regarding Bright's Grove Library Expansion Project

**#6:** White/Atkinson:

a) That Council approve the temporary closure of Bright's Grove Library to facilitate the City of Sarnia's expansion and renovation of the facility for the duration of the construction period ("Period of Closure").

b) That Council approve the transfer of 39 operational hours of staffing from Bright's Grove Library to Point Edward Library, Camlachie Library and Clearwater Library, and temporarily adjust the hours of operation at Point Edward Library and Camlachie Library, to meet expected increased demand serving Bright's Grove residents, during the Period of Closure.

c) That Council approve the use of available funds in the Bright's Grove Library Reserve in the amount of \$13,493.48 and available funds in the amount of \$30,000 previously dedicated toward the purchase of a service desk for Alvinston Library, to undertake the necessary design consultation work to furnish the expanded Bright's Grove Library with shelving and equipment.

d) That Staff include the remaining cost for furnishings, equipment, and a larger collection for the Bright's Grove Library in the 2027 draft budget for Council's review and consideration.

Carried.

Report dated June 17, 2026 Regarding Museums, Gallery and Archives Collections Management April 2026

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#7: Case/Loosley: That the Museums, Gallery and Archives Collections Management April 2026 Report be accepted, and items recommended for acceptance be approved for inclusion in the respective permanent collections.

Carried.

LONG-TERM CARE DIVISION

Information Reports

Information Report dated June 17, 2026 Regarding 2026 Quality Initiative Report for Long-Term Care

#8: Hand/Cook: That the Information Report dated June 17, 2026 regarding 2026 Quality Initiative Report for Long-Term Care, be received and filed.

Carried.

CORPORATE SERVICES DIVISION

Information Reports

Information Report dated June 17, 2026 Regarding Court Services - 2026 1st Quarter Activity and Statistical Report

#9: Miller/Atkinson: That the Information Report dated June 17, 2026 regarding Court Services - 2026 1st Quarter Activity and Statistical Report, be received and filed.

Carried.

Reports Requiring a Motion

Report dated June 17, 2026 Regarding Policing Grant Consultation

#10: Case/Atkinson: That the County discontinue the annual Policing Grant of \$600,000 paid to Lambton County member municipalities, effective 2027.

Motion was withdrawn by the mover.

#11: Bradley/White: That the Report dated June 17, 2026 regarding Policing Grant Consultation, be tabled for one year and that the Policing Grant continue for 2027.

Defeated.

#12: Case/Loosley: That the County of Lambton continue providing the annual Policing Grant to the Lambton County member municipalities.

Carried.

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Report dated June 17, 2026 Regarding Municipal Election: Restricted Acts

#13: Ferguson/Loosley: That the appropriate By-Law be presented to County Council for consideration and approval for the purpose of delegating authority for the restricted acts outlined in section 275(3) of the *Municipal Act, 2001* ("Restricted Acts") to the Chief Administrative Officer, or designate, from August 22, 2026 to November 14, 2026, but only if County Council is deemed prohibited, per subsections 275(1) and (2) of the *Municipal Act, 2001* from taking any Restricted Acts.

Carried.

SOCIAL SERVICES DIVISION

Information Reports

Information Report dated June 17, 2026 Regarding Child Care Facility Development Update

#14: Boushy/Atkinson: That the Information Report dated June 17, 2026 regarding Child Care Facility Development Update, be received and filed.

Carried.

Information Report dated June 17, 2026 Regarding Affordable Housing Update Report

#15: Sageman/Ferguson: That the Information Report dated June 17, 2026 regarding Affordable Housing Update Report, be received and filed.

Carried.

Reports Requiring a Motion

Report dated June 17, 2026 Regarding Closure of Emergency Overflow Shelter - Expansion at Inn of the Good Shepherd Shelter

#16: Bradley/White:

a) Subject to paragraph (b) below, that staff be authorized to grant The Inn of Good Shepherd (the "Inn") up to \$988,757 (the "Grant") to fund the expansion and renovations of the Inn's Lodge located at 950 Confederation Street, Sarnia, Ontario (the "Lodge") to add thereto 42 additional shelter beds (the "Project"), and that the grant be entirely funded from the Affordable Housing Reserve.

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- b) That staff be authorized to enter into a Grant Agreement and Restrictive Covenant with the Inn whereunder the Inn commits to make available a minimum of 60 emergency shelter bed and transitional housing space for a period of no less than 25 years at the Lodge, in exchange for the Grant, and that such agreement shall be registered on title to the Lodge's property.
  - c) That staff provide County Council with quarterly updates on the status of the Project.
  - d) That staff return to County Council following the completion of the Project and advise as to the status of the anticipated closure date of the Overflow Shelter located at 837 Exmouth St. in Sarnia, Ontario.

Carried.

IN-CAMERA

#17: Loosley/Sagemen: That the Chair declare the Committee go in-camera to discuss the following:

- a) to receive a report and provide instructions regarding an unsolicited offer received by a third party relating to an acquisition of County-owned land in the City of Sarnia, pursuant to s. 239(2)(c) and (k) of the *Municipal Act, 2001*.
- b) to receive a report and provide instructions regarding lease negotiations between the County and a third party relating to property in the City of Sarnia, pursuant to s. 239(2)(c) and (k) of the *Municipal Act, 2001*.

Carried.

Time: 9:34 a.m.

#18: (Motion to be dealt with at the Lambton County Council (CLOSED SESSION) meeting dated July 2, 2026.)

#19: (Motion to be dealt with at the Lambton County Council (CLOSED SESSION) meeting dated July 2, 2026.)

#20: Atkinson/Sage man: That the Chair declare the Committee go back into Open Session.

Carried.

ADJOURNMENT

#21: Loosley/Ferguson: That the Chair declare the meeting adjourned with the next meeting to be held on Wednesday, September 16, 2026, at 9:00 a.m. at the County Building, Wyoming, Ontario.

Carried.

Time: 9:45 a.m.

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Kevin Marriott, Chair

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Olivia Leger, Clerk

**MINUTES  
AUDIT COMMITTEE**

**June 17, 2026**

A meeting was held at the County Building at 10:00 a.m. on the above date.

Present

Chair D. Ferguson, Warden, K. Marriott. Members: B. Loosley, S. Miller, and Deputy Warden J. Agar attended in person. Councillor D. Cook attended virtually. Also present were Ms. L. Titus, Manager, Financial Administration Services, Ms. K. Bettridge, County Treasurer, Mr. S. Thiffeault, Chief Administrative Officer, and Ms. O. Leger, General Manager, Corporate Services, County Solicitor/Clerk.

Mr. Ferruccio Da Sacco and Mr. Shawn Phaneuf of BDO Canada LLP, attended the meeting.

Absent

None.

DISCLOSURES OF PECUNIARY INTEREST

None.

Appointment of Committee Chair

#1: Loosley/Marriott: That Councillor Dave Ferguson be appointed as Chair of the Audit Committee for 2026.

Carried.

Auditors Presentation

Ferruccio Da Sacco, Partner, A&A and Shawn Phaneuf, Manager, A&A, BDO Canada LLP, provided an overview of the draft audited 2025 Consolidated Financial Statements of The Corporation of the County of Lambton.

#2: Loosley/Miller: That the Auditors presentation regarding the draft audited 2025 Consolidated Financial Statements of The Corporation of the County of Lambton, be received and filed.

Carried.

Audit Committee - 17 Jun 2026

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Items for Discussion

2025 Consolidated Financial Statements and Reports

The Auditors of BDO Canada LLP presented The Corporation of the County of Lambton's 2025 Consolidated Financial Statements and Trust Funds Statements, and the Management Letter.

#3: Cook/Loosley: That The Corporation of the County of Lambton's 2025 Consolidated Financial Statements and Trust Funds Statements be received.

Carried.

#4: Miller/Agar: That BDO's Management Letter be received.

Carried.

Further Discussion

Mr. Thiffeault, Ms. Bettridge and Ms. Titus, left the meeting. Upon their departure, the Committee members and Auditors continued the meeting. Ms. Leger, Clerk, remained in the meeting for record keeping purposes.

A general discussion ensued between the auditors and members of the Audit Committee.

RECOMMENDATIONS

#5: Loosley/Marriott:

a) That the County of Lambton's Consolidated Financial Statements and Trust Fund Statements for the year ended December 31, 2025, be accepted and authorized for release and distribution.

b) That the Auditor's Management Letter be accepted as presented.

Carried.

ADJOURNMENT

#6: Loosley/Marriott: That the Chair declare the meeting adjourned.

Carried.

Audit Committee - 17 Jun 2026

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Time: 10:25 a.m.

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Dave Ferguson, Chair

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Olivia Leger, Clerk



**Infrastructure & Development Services Division**  
789 Broadway Street, Box 3000  
Wyoming, ON N0N 1T0

Telephone: 519-845-0801  
Toll-free: 1-866-324-6912  
Fax: 519-845-3872

June 4, 2026

Mr. Geoffrey Gladdy  
Regional Director  
West Region  
Ministry of Transportation  
659 Exeter Road  
London, ON N6E 1L3

Dear Mr. Gladdy:

**Re: Intersection Safety Improvements at Highway 40 and Bentpath Line**

At its June 3, 2026 meeting, Lambton County Council heard concerns regarding the safety and operation of the intersection of Highway 40 and Bentpath Line (County Road 2) and was asked to consider placing flashing beacons on the STOP signs at this location. This intersection and its associated signage and safety devices falls under the jurisdiction of the Ministry of Transportation.

As a result of these raised concerns, the County of Lambton is requesting that the Ministry of Transportation carry out an intersection review to identify and assess the potential application of improved safety measures at the above noted intersection. It is also understood that the Township of St. Clair has submitted a similar request to the Ministry.

A report prepared by the County of Lambton Infrastructure & Development Services Division regarding the subject intersection and action taken to engage the Ministry regarding its safe operation is expected to be received by Lambton County Council at its next scheduled meeting on July 2, 2026. Please reach out to our office to identify any planned actions, reviews, or outcomes prior to June 19, 2026 to have available information identified in the noted report.

In this regard, if there are any areas that the County of Lambton can assist with the Ministry's review, feel free to reach out to me directly to discuss further and coordinate.

Sincerely,

Jason Cole, P.Eng.  
General Manager

- c. Frank Hochstenbach, Manager, Regional Services and Relationships, MTO  
John Rodey, CAO, Township of St. Clair  
Jeff Baranek, Clerk/Deputy CAO, Township of St. Clair

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**THE CORPORATION OF THE COUNTY OF LAMBTON**

**BY-LAW NO. 15 OF 2026**

**"A By-Law to Temporarily Authorize the Delegation of Authority for Certain Acts"**

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**WHEREAS** section 275 of the *Municipal Act, 2001*, S.O. 2001, c.25, as amended (the "**Act**"), restricts acts that a Council can take after Nomination Day (August 21, 2026) and after Voting Day (October 26, 2026) until the last day of the current term of Council (November 14, 2026), if the Council is restricted in accordance with subsection 275 (1) of the Act;

**AND WHEREAS** section 23.1 of the Act, a municipality is authorized to delegate its powers and duties, subject to the restriction set out in Part II of the Act;

**AND WHEREAS** it is desirable for the Council of The Corporation of the County of Lambton to delegate certain powers and duties for the purpose of ensuring the efficient operation of The Corporation of the County of Lambton in the event that, and for so long as, the Council is restricted as a result of the operation of subsection 275(3) of the Act.

**NOW THEREFORE** the Council of The Corporation of the County of Lambton enacts as follows:

1. The authority granted to the Chief Administrative Officer in this By-Law shall be effective upon it being determined by the Clerk that the incoming Council for The Corporation of the County of Lambton will include less than three-quarters of the members of the outgoing Council ("**Lame Duck Period**") as determined by subsection 275(2) of the Act.
2. Where the Clerk has determined a Lame Duck Period applies, Council and the Chief Administrative Officer shall be notified in writing.

3. Upon the Clerk's notification stipulated in paragraph 2 above, the Chief Administrative Officer shall be authorized to exercise any of the restricted acts outlined in section 275 of the Act, as allowed under the Act, for which authority has not previously been delegated ("**Additional Authority**").
4. The Additional Authority delegated to the Chief Administrative Officer within this By-Law shall automatically cease as of 11:59 p.m. November 14, 2026 ("**Termination Date**") and as a result this By-Law shall be repealed as of the Termination Date.
5. No delegation of authority in this by-law shall constrain or limit, in any manner whatsoever, any delegation of authority existing in any other County of Lambton By-Law.
6. THIS BY-LAW shall come into force and take effect as stipulated herein.

THIS BY-LAW read a first, second and third time and finally passed this 2<sup>nd</sup> day of July, 2026.

\_\_\_\_\_  
Kevin Marriott  
Warden

\_\_\_\_\_  
Olivia Leger  
Clerk

**THE CORPORATION OF THE COUNTY OF LAMBTON**

**BY-LAW NO. 16 OF 2026**

**"A By-Law of The Corporation of the County of Lambton to confirm the resolutions and motions of Lambton County Council, which were adopted up to and including July 2, 2026"**

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**WHEREAS** it has been expedient that from time to time, the Council of The Corporation of the County of Lambton should enact the resolutions or motions of Council;

**AND WHEREAS** it is deemed advisable that all such actions which have been adopted by resolution or motion of Council only, should be authorized by By-Law;

**NOW THEREFORE**, the Council of The Corporation of the County of Lambton enacts as follows:

1. That all actions of Council which have been authorized by a resolution or motion of Council and adopted in open Council and that were recorded in the minutes of Council or the minutes of a Committee of Council and accepted by Council up to and including July 2, 2026, be hereby confirmed.

THIS BY-LAW read a first, second and third time and finally passed this 2<sup>nd</sup> day of July, 2026.

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Kevin Marriott  
Warden

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Olivia Leger  
Clerk

# ANNUAL COUNTY COUNCIL

## Luncheon

HOSTED BY  
*St. Clair Township*



WEDNESDAY  
SEPTEMBER 2,  
2026



St. Clair Parkway  
Golf Club  
132 Moore Line  
Mooretown

*Come Join us*  
ON THE  
**PATIO!**



*Social Hour*  
**11:30 AM**



*Lunch Served*  
**12:30 PM**



*Cost*  
**\$25**  
PER PLATE



*Spouses and  
Partners*  
ARE WELCOME



**RSVP** and to advise of any  
dietary restrictions to:

[tweeke@stclairtownship.ca](mailto:tweeke@stclairtownship.ca)

