



THE REGIONAL MUNICIPALITY OF NIAGARA
COUNCIL WEEKLY CORRESPONDENCE DISTRIBUTION

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Friday, March 6, 2026

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If you require any accommodations for a disability in order to attend or participate in meetings or events, please contact the Accessibility Advisor at 905-980-6000 ext. 3252 (office), 289-929-8376 (cellphone) or accessibility@niagararegion.ca (email).

Memorandum

CWCD 2026-29

Subject: Summary of Active Bid Solicitations

Date: Friday, January 9, 2026

To: Regional Council

From: Bart Menage, Director, Procurement Services

Please be advised that the Bid Solicitations included in Appendix 1 are currently active.

As per the Procurement By-law 2025-57, section 19. Reporting, item 19.1 The Director, Procurement Services shall:

(a) report to Council on a weekly basis via Councillor Weekly Correspondence Distribution:

(i) a summary of active Bid Solicitations.

Respectfully submitted and signed by

Bart Menage
Director, Procurement Services

Appendices

Appendix 1 Summary of Active Bid Solicitations

Bid Number	Name	Closing Date
2026-RFSQ-12	Road Reconstruction of Regional Road 49 (McLeod Road) Between Oakwood Drive and Wilson Crescent, City of Niagara Falls	March 04, 2026
2025-RFP-76	Consulting Services for the Development of a Sustainable Procurement Framework and Social Procurement Policy	March 05, 2026
2025-RFP-178	Regional Road 50 (Niagara Street), Riverbank Street to Regional Road 27 (West Main Street), Welland – Bridge Replacement, New Underground Infrastructure, and Roadway Reconstruction	March 11, 2026
2025-RFSQ-230	Towing Services	March 16, 2026
2025-T-37	Dain City Sewage Pumping Station Rehabilitation	March 18, 2026
2025-T-44	Port Colborne Water Treatment Plant UV Upgrades	March 18, 2026
2026-T-14	Thorold Transportation Building Renovation Project – Construction Contractor	March 20, 2026
2026-T-1	RR77 Fourth Ave Slope Stabilization	March 23, 2026
2026-RFP-21	Transportation Biennial Bridge Condition Study Engineering Services for Bridge and Culvert Inspection	March 26, 2026
2026-T-2	Supply & Installation of Decals on Niagara Transit Commission Vehicles	March 27, 2026

Memorandum

CWCD 2026-30

Subject: Linhaven Garden Communication

Date: Friday, March 6, 2026

To: Regional Council

From: Henri Koning, Commissioner, Community Services

Recently, some concerns have been raised about the outdoor / green space that will be available for residents at the new Linhaven Long-Term Care home. To provide clarification about the future space, a letter was shared with residents and families of Linhaven to address this concern this week.

The letter is attached for your reference (Appendix 1).

Respectfully submitted and signed by

Henri Koning, MHSc
Commissioner, Community Services

Appendices

Appendix 1 Letter dated March 2, 2026 to families and community members

Subject: Update on Green Space in the New Linhaven Long-Term Care Home

March 2, 2026

Dear Families and Community Members,

We are aware of concerns being expressed about the outdoor/green spaces that will be available for residents at the new Linhaven home. We would like to provide clear and accurate information to address these concerns.

We want to assure you that the design of the new home continues to prioritize outdoor access. The landscaping and layout are planned to support mobility, safety, therapeutic engagement, and meaningful and enjoyable outdoor experiences for residents and families.

The existing Linhaven includes two secured courtyards:

- The “Rose Garden” – approximately 1,300 square metres
- The “Martindale Courtyard” – approximately 850 square metres

The new home will continue to provide large outdoor space designed for residents’ needs. The new secured courtyard will be approximately 1,250 square metres and has been thoughtfully designed with:

- Accessible walking paths
- A large gazebo equipped with a sound system
- Garden beds and portable raised planters
- Seating and shaded areas to support comfort and safety

In addition, residents will have access to:

- A second courtyard with approximately 930 square metres
- A second-floor terrace of approximately 290 square metres overlooking two courtyards
- Resident-accessible balconies for each resident home area
- Accessible walkways with benches installed around the entire facility to support outdoor walks

The project team has worked with Family Council and members of the Residents Council on plant selection for the new courtyards and on the tree preservation plan, in collaboration with the landscape architect.

We remain committed to transparency and to ensuring the new Linhaven home reflects the needs and voices of those who live, work, and visit here. If you have any further questions, please do not hesitate to reach out.

Sincerely,



Paolo Varias
Director, Seniors Services



Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Food Handler Training and WEC Food Premises

2026-02-05

BACKGROUND

The [Ontario Food Premises Regulation 493/17](#) (section 32) requires all operators of a food premises to have at least one food handler or supervisor on the premises who has completed food handler training during every hour in which the premises is operating. Food handler training can help increase food safety knowledge among food handlers, potentially reducing the risk of foodborne illness. It is evident in a study by Insfran-Rivarola, et. al (2020) that concluded food safety training has a significantly positive impact on knowledge, attitudes, and practices of food handlers towards food safety and hygiene. These findings highlight that food handler training, and knowledge is critical in reducing risks of contamination and preventing the incidence of foodborne illness.

Food handler training and certification is offered through Ontario public health units or providers that is recognized by the Ontario Ministry of Health. To ensure food handler training programs are readily available and affordable for local food premises, the Windsor-Essex County Health Unit currently offers a free online Food Handler course in English and French, as well as Spanish, Chinese and Arabic to meet the needs of our diverse community. In addition, there is a Food Handler manual providing course material to help food premises staff and operators to prepare for the certification exam. Numerous in-person food handler certification exams are made available in multiple languages throughout Windsor and Essex County (WEC) for a \$10 fee.

Compliance to food handler certification is monitored and enforced by Public Health Inspectors (PHIs). In 2024, routine inspections of high- and moderate-risk food premises within WEC found that 1312 out of 1349 facilities were in compliance with food handler certification requirements, representing a compliance rate of 97%. As of October 2025, compliance improved to approximately 99.8% with 632 out of 633 facilities meeting the certification requirements. If food premises owners and operators are not in compliance with the food handler certification requirement, PHIs can take enforcement actions resulting in a monetary fine of \$385. In WEC, there was a positive trend of compliance observed with 37 tickets issued in 2024, down to one ticket issued in 2025 suggesting progressive enforcement can help improve compliance.

Although the provincial requirement is to have a minimum of one certified food handler on-site at all times, the total number of certified staff is left to the operator's discretion. PHIs may also recommend additional certified staff based on the type of food premises and the type of foods prepared. Evidence suggests that food premises with more certified food handlers onsite at any given time demonstrate higher compliance with food safety regulations. In a study by Barros et al., 2020, it was shown that increasing the number of certified food handlers can enhance overall compliance and improve premise

food safety. Maintaining multiple certified food handlers on-site throughout all operating hours also ensures that knowledge of food safety practices is consistently applied, even during peak hours, staff absences, or turnover. Local municipalities can further strengthen existing food safety practices by enacting bylaws that mandate a higher number of certified food handlers in food premises. This proactive approach ensures continuous oversight, enhances operational efficiency, and promotes best practices in food handling.

PROPOSED MOTION

Whereas, food premises owners/operators are required to have at least one certified food handler on-site during all operating hours as set out in the O. Reg. 493/17

Whereas, safe food handling practices is necessary to prevent foodborne illnesses and protect the health of the public; and

Whereas, it is recognized that food handler training, and certification increases food safety knowledge and promotes improved food handling practices; and

Whereas, local data indicates that enforcement of O. Reg. 493/17 in food premises within WEC has resulted in increased compliance with certified food handler requirements; and

Now therefore be it resolved that the Windsor-Essex County Board of Health recommends that all WEC municipalities consider developing or updating by-law requirements for the licensing of food premise operators to include a requirement for the ongoing maintenance of 10% (at minimum) staff food handling certification rate during all hours of operation.



Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Digital Dependence Support and Prevention in Pre-School and School Aged Children

2026-02-05

BACKGROUND

Digital technology is an integral part of the daily lives of children and youth making it vital for them to learn safe and healthy ways to engage with technology. Digital technology has significantly impacted Canadian youth's mental health, with both positive and negative effects. Positive use of digital platforms provides opportunities for social connection, access to information, and educational resources for mental well-being. Conversely, research on digital technology use by children and youth shows a link to negative effects on mental health such as depression, anxiety, chronic stress, and low self-esteem.

According to the Canadian Paediatric Society (2022), several trends related to young children are reported with increased technology use including decreased levels of physical activity, sleep, and an increase in sedentary behaviour. Evidence does not support that the use of technology at a young age improves learning. Children under 5 years old learn best by interacting with family members and caregivers.

Problem technology use (PTU) is a general term for using digital technology such as video games and social media, in ways that can negatively affect a person's health and well-being related to their physical health, mental health, and social relationships (CAMH, 2024). Locally, most youth in grades 7 to 12 spend at least 3 hours a day on screens, with over half reporting 5 or more hours. Social media use is also high: 90.3% of youth spend at least 2 hours per day and 23.9% reporting spending 5 or more hours, which is similar to the provincial rate of 23.4%. Usage is highest among students in Grades 9 and 10. Further, only 32% are meeting physical activity guidelines and 62% report not getting enough sleep on school nights (OSDUS, 2023).

Public health has a role in the promotion of healthy development and prevention of harm by supporting digital literacy, resilience, and safe online environments. By educating youth about healthy online behaviors, critical thinking, and digital citizenship, they can navigate digital spaces more safely and responsibly. Parents/caregivers who model healthy screen use and strategies such as family media plans and screen-free times can help families to prevent and address PTU (Lahti et. al., 2024). A coordinated, community wide approach involving families, educators, service providers, municipalities and community organizations strengthens prevention efforts and supports consistent messaging across environments where children and youth live and learn.

PROPOSED MOTION

Whereas, nearly all children in Canada are exposed to screens by the age of 2, and limiting technology at a young age is important as early screens use can impact language and cognitive development as well as social emotional health; and

Whereas, locally in Windsor-Essex County, 82% of youth in grades 7 to 12 report spending 3 hours or more a day on screens; displacing important health behaviours like being active, adequate sleep, outdoor play, and in-person social interactions; and

Whereas, promoting digital literacy is essential in mitigating negative social, emotional, developmental, and overall health effects of technology use; and

Whereas, parents, caregivers, and educators play a critical role in modeling positive technology habits and supporting digital literacy; and

Whereas, addressing problematic technology use requires a comprehensive, community-driven approach involving collaboration between childcare centers, schools, families, healthcare providers, and policymakers to create supportive environments and interventions; and

Now therefore be it resolved that the Windsor-Essex County Board of Health encourages community partners working with pre-school and school aged children to collaborate on the co-development of strategies that help build healthy technology habits and manage digital use; and

FURTHER THAT, the Windsor-Essex County Board of Health will lead collaborative efforts with schools, childcare centres, and community partners to provide consistent messaging and strategies to reduce problematic technology use and its effects on emotional regulation, mental health, sleep, physical activity, and relationships; and

FURTHER THAT, the Windsor-Essex County Board of Health calls on local healthcare providers to integrate conversations about technology use and its effects on development and well-being into well-baby visits and annual checkups; and

FURTHER THAT, the Windsor-Essex County Board of Health recommends that healthcare providers and community organizations provide parents/caregivers tools and resources to identify signs of problematic technology use and guidance on how to seek appropriate support.

Key References

1. Canadian Pediatric Society, Digital Health Task Force. (2019). Digital media: Promoting healthy screen use in school-aged children and adolescents. *Pediatric Child Health*, 24(6):402–408
2. Michelle Ponti, Canadian Paediatric Society, Digital Health Task Force. (2022). Screen time and preschool children: Promoting health and development in a digital world. *Pediatrics & Child Health*, 28(3):184–192
3. Centre for Addiction and Mental Health [CAMH]. (2024). *Youth, Smartphones and Social Media Use*. Retrieved from <https://kmb.camh.ca/uploads/0b9d214a-e13a-4f9c-8240-3dc057bb81f4.pdf>
4. Centre for Addiction and Mental Health. (2023). Ontario Student Drug Use and Health Survey (OSDUHS).
5. Lahti, H., Kulmala, M., Hietajärvi, L., Lyyra, N., Kleszczewska, D., Boniel-Nissim, M., ... & Paakkari, L. (2024). What counteracts problematic social media use in adolescence? A cross-national observational study. *Journal of Adolescent Health*, 74(1), 98-112.



Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT –

Premise Licensing for WEC Municipalities

2026-02-05

BACKGROUND

The food and personal service industries are significant contributors to the Windsor-Essex County's (WEC) economy. These businesses are regulated under the [Health Protection and Promotion Act \(HPPA\)](#) and must comply with [Ontario Regulation 493/17 for Food Premises](#) and [Ontario Regulation 136/18 for Personal Service Settings](#) respectively. Similarly, retailers that sell tobacco and vapour products are regulated under the [Smoke-Free Ontario Act \(SFOA\)](#), 2017 and must comply with [Ontario Regulation 268/18](#). Together, these regulatory frameworks establish minimum standards for food safety, infection prevention and control, and youth access restrictions for age-restricted products. The Windsor-Essex County Health Unit (WECHU) conducts inspections to ensure these types of businesses are compliant with these regulations to help prevent foodborne illnesses, bloodborne infections, other infectious diseases, and unlawful sales of tobacco/vapour products to youth. In accordance with provincial requirements, owners and operators must notify the WECHU prior to opening a new business to request an inspection.

Food premises have been linked to outbreaks when pathogens enter and grow in food through improper food handling, preparation, and storage practices.¹ According to Public Health Ontario, pathogens such as campylobacter, *Listeria monocytogenes*, salmonella, *E. coli*, Norovirus and Yersinia are the most common causes of foodborne illness in Ontario, that can lead to severe gastrointestinal disease, hospitalization, and even death.² Currently, the WECHU inspects 3,058 fixed food premises annually, including institutional facilities, restaurants, home-based, and rental kitchens. Uninspected home-based food businesses continue to present a public health concern as many operate without notifying the local health unit. In the absence of such notification, the WECHU cannot verify compliance with regulatory requirements and may pose a risk to the public.

Personal service settings (PSS) such as nail salons and tattoo studios have been associated with the transmission of bloodborne infections such as hepatitis B, hepatitis C, and HIV, as well as other infectious organisms including *Staphylococcus aureus* when adequate infection prevention and control measures are not practiced.³ The PSS that offer procedures that are invasive (breaking the skin or touching mucous membranes) poses an increased risk of infection when contaminated equipment or hands touch non-intact skin. The WECHU inspects 589 PSS, which includes 50 home-based premises. Some home-based businesses may remain uninspected when the WECHU does not receive notification which could potentially increase the risk of infection transmission within the community.

Youth access to tobacco and vapour products also represents a significant and growing public health concern. In 2023, 17.1% of local students in Grades 7–12 who participated in the Ontario Student Drug Use and Health Survey (OSDUHS) reported vaping in the past 12 months. Despite restrictions prohibiting the

sale of vapour products to individuals under 19, 25.6% of youth who vaped indicated that they purchased products from a store, and 43.4% reported obtaining them from a friend (OSDUHS, 2023). Locally, 886 youth access inspections for tobacco and vapour products were conducted in 2025, resulting in 19 charges for selling vapour products to a person under 19 and 12 charges for selling tobacco products to a person under 19. While Canada caps nicotine at 20 mg/mL, the WECHU seized 1,148 vapour products in 2025 that were above the limit. Nicotine exposure during adolescence impairs brain development and can worsen anxiety and depression.^{4,5,6} These trends underscore the need for strong local licensing controls to support compliance among local tobacco and vape product vendors.

Although inspections are mandated through provincial regulation, a key challenge in WEC is maintaining an accurate inventory of the total number of food premises and PSS that are open and operating, that require inspections. Several municipalities in Ontario, including the City of Windsor, have a formal licensing framework through enacted by-laws, in which food premises, PSS, and tobacconist must obtain a business licence before operating. However, this licensing framework is not consistently utilized across the WEC. In municipalities without licensing, the WECHU must rely on indirect methods such as complaints from the public, and incidental observations by Public Health Inspectors to identify new establishments. Over the past three years, the WECHU received 111 complaints about food premises operating without inspection in our region, consisting of 28 fixed and 83 home-based facilities. During the same period, complaints also identified 33 personal service settings consisting of 23 fixed and 10 home-based operations that were similarly operating without inspection. These complaints have been critical in identifying uninspected premises and in minimizing potential public health risks. However, relying on complaints as the primary response for inspections is not sufficient. There needs to be a more proactive, systematic approach to ensure that new premises operating within the WEC jurisdiction are identified and inspected in a timely and consistent manner.

Introducing municipal licensing throughout WEC for all food premises, personal service settings that offer invasive services, and tobacco vapour product retailers would strengthen this approach by establishing a consistent and structured framework in WEC. Licensing would ensure that the WECHU is notified whenever a new business applies to operate, allowing inspections to occur prior to opening. This early engagement provides an opportunity to educate operators, confirm that food safety and infection prevention and control practices are in place, and verify that facilities are following the regulations. It would also help maintain a complete inventory of facilities operating within WEC.

PROPOSED MOTION

Whereas, the WECHU has a mandate under the [Ontario Regulation 493/17 for Food Premises](#), [Ontario Regulation 136/18 for Personal Service Settings](#), and [Ontario Regulation 268/18](#) for Smoke-Free Ontario to inspect these premises; and

Whereas, improper food handling, preparation, and storage practices at food premises are among the most common contributing factors to foodborne illness caused by pathogens such as *Salmonella*, *E. coli*, *Listeria monocytogenes*, and Norovirus; and

Whereas, personal service settings offering invasive procedures can present risks of infection and transmission of bloodborne pathogens when proper infection prevention and control practices are not consistently followed; and

Whereas, nicotine poses a significant threat to the physical and mental health of youth by interfering with brain development and worsening symptoms of anxiety and depression; and

Whereas, indirect inventory collection methods such as complaints from the public and incidental observations to identify new premises in WEC is not a comprehensive strategy to ensure inspections are timely and complete.

Now therefore be it resolved that the Windsor-Essex County Board of Health recommends local municipalities adopt licensing frameworks that require inspections to be conducted at food premises, personal service settings, and tobacco and vapour retailers prior to operation.

References:

1. Centre for Disease Control (CDC). (n.d). [Preventable causes of outbreaks](#)
2. [Public Health Ontario \(2025\). Food Safety.](#)
3. Public Health Ontario (2019). Guide to Infection Prevention and Control in Personal Service Settings
4. Government of Canada. (2025, November 21). *Consider the consequences of vaping*. Retrieved from <https://www.canada.ca/en/services/health/campaigns/vaping.html>
5. Lechner, W. V., Janssen, T., Kahler, C. W., Audrain-McGovern, J., & Leventhal, A. M. (2017, March). Bi-directional associations of electronic and combustible cigarette use onset patterns with depressive symptoms in adolescents. *Preventive Medicine*, 96, 73-78.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC5510594/>
6. Vermeer, J., Leatherdale, S., & Patte, K. (2025). *COMPASS Windsor-Essex County Health Unit Report*. University of Waterloo.



BOARD OF HEALTH

MOTION: 2026-19

Support For Transitioning To The Combined Dtap HB IPV Hib Vaccine Into Ontario's Publicly Funded Immunization Schedule To Strengthen Early Protection against Hepatitis B

DATE:	February 25, 2026
MOTION MOVED BY:	D. McConnell
SECONDED BY:	S. Hagman

BACKGROUND

The publicly funded immunization schedule for Ontario currently recommends/funds immunization against Hepatitis B in grade 7 (12 years of age). These immunizations are delivered by Public Health Nurses in schools over two appointments at least 6 months apart. Drawbacks of this approach include high delivery costs within schools, multiple injections over the life course, and children are unprotected from hepatitis B for the first 12 years of life.

This is not the same approach in all provinces. British Columbia, Yukon, Northwest Territories, Nunavut, Quebec, New Brunswick, and PEI have hepatitis B programs that immunize children in infancy. For example, in British Columbia infants receive a combination vaccine protecting against 6 diseases including hepatitis B, where Ontario provides infants with a combination vaccine against 5 diseases with the hepatitis B vaccine given much later in grade 7. A shift to a similar program in Ontario would protect our children earlier and provide long-term cost-savings.

PROPOSED MOTION

WHEREAS hepatitis B (HB) infection acquired in infancy and early childhood carries the highest risk of chronic infection compared to other ages, with up to 95% of unvaccinated infants and approximately 50% of children infected before five years of age developing chronic HB, compared to 5–10% of those infected in adolescence or adulthood¹; and

WHEREAS chronic HB infection can result in serious long-term health consequences, including cirrhosis, liver failure, and liver cancer, leading to significant morbidity, mortality, and health-system costs; and

WHEREAS Ontario currently administers HB vaccine primarily in Grade 7, leaving children susceptible to infection during their first 12 years of life, when they are at most vulnerable to chronic HB infection²; and

WHEREAS surveillance data from Public Health Ontario indicate that HB infections continue to occur among children in Ontario prior to adolescence, including Canadian-born children, often due to missed prenatal screening, incomplete post-exposure prophylaxis, household exposure to undiagnosed carriers, travel, or immigration from regions of higher HB prevalence³; and

WHEREAS universal infant HB immunization at 2, 4, and 6 months of age would significantly reduce the period of vulnerability from approximately 12 years to the first six months of life and better

protect infants and children in higher-risk circumstances, including those living with chronic carriers, attending child care, or from families who have immigrated from other countries with higher prevalence of HB; and

WHEREAS the National Advisory Committee on Immunization (NACI) has concluded that HB vaccination in infancy provides long-lasting protection, with durable immune memory persisting even when antibody levels decline, and does not recommend routine booster doses for immunocompetent individuals who complete a full infant series^{1,3,4}; and

WHEREAS the cost of providing 3 doses of the DTaP-HB-IPV-Hib vaccine (combination vaccine against 6 diseases) in infancy is comparable or lower in cost than the currently utilized schedule of administering the DTaP-IPV-Hib vaccines (combination vaccine against 5 diseases) in infancy and HB vaccines in grade 7; and

WHEREAS a recent analysis modelling Ontario's HB immunization strategies found that introducing a universal infant HB vaccine program would prevent more acute and chronic pediatric HB infections in Ontario, and would save health care dollars, particularly when the vaccine is administered through the combination DTaP-HB-IPV-Hib vaccine⁵; and

WHEREAS long-term cost-savings will be realized through the administration of a combination vaccine which requires less visits to a healthcare provider over the life course and less in-school vaccine delivery; and

WHEREAS routine infant immunization programs tend to have higher coverage than school-based programs alone, so it can be anticipated that a combined DTaP-HB-IPV-Hib vaccine administered routinely at the 2, 4 and 6 month well-baby visits would have higher uptake than the grade 7 program⁵ resulting in increased herd immunity; and

WHEREAS this change would further align Ontario's HB vaccination schedule with that of other Canadian jurisdictions such as British Columbia, Yukon, Northwest Territories, Nunavut, Quebec, New Brunswick, and PEI, ensuring more infants and children are protected earlier against HB infection⁴; and

THEREFORE BE IT RESOLVED THAT The Board of Health for the District of Algoma Health Unit calls upon the Ontario Ministry of Health to amend the publicly funded immunization schedule to incorporate the DTaP-HB-IPV-Hib vaccine in order to strengthen early protection against HB, reduce preventable chronic infections, and advance health equity for children and families across Ontario; and

FURTHER THAT, the Minister of Health, the Office of the Chief Medical Officer of Health, and local MPPs be so advised; and

FURTHER THAT, The Board of Health sponsors a resolution to further promote this change to the publicly funded schedule at the ALPHa AGM.

References:

1. National Advisory Committee on Immunization. Update on the recommended use of Hepatitis B (HB) vaccine, 2017, Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/update-recommended-use-hepatitis-b-vaccine/update-recommended-use-hepatitis-b-vaccine-eng.pdf>
2. Publicly Funded Immunization Schedules for Ontario, current edition. 2022, Available from: <https://www.ontario.ca/files/2024-01/moh-publicly-funded-immunization-schedule-en-2024-01-23.pdf>

3. Public Health Ontario. Hepatitis B Immunization Technical Report. 2017, Available from: https://www.publichealthontario.ca/-/media/Documents/H/2017/hepb-technical-report.pdf?rev=441f1e45ffc74b878685409780228e98&sc_lang=en
4. Canadian Immunization Guide, Evergreen Edition. Hepatitis B Chapter, 2024, Available from: [Hepatitis B vaccines: Canadian Immunization Guide - Canada.ca](https://www.canada.ca/en/health-services/minister/public-health/services/immunization/canadian-immunization-guide)
5. Biondi MJ, Estes C, Razavi-Shearer D, Sahdra K, Lipton N, Shah H, Capraru C, Janssen HLA, Razavi H, Feld JJ. Cost-effectiveness modelling of birth and infant dose vaccination against hepatitis B virus in Ontario from 2020 to 2050. CMAJ Open. 2023 Jan 10;11(1):E24-E32. Available from: <https://www.cmajopen.ca/content/11/1/E24>

Suzanne Trivers

Board of Health Chair:



Carried ☒ Defeated ☐

RECORDED VOTE:

Sally Hagaman	:	In Favour ☐	Opposed ☐
Julila Hemphill	:	In Favour ☐	Opposed ☐
Donald McConnell	:	In Favour ☐	Opposed ☐
Luc Morrisette	:	In Favour ☐	Opposed ☐
Sonny Spina	:	In Favour ☐	Opposed ☐
Sonia Tassone	:	In Favour ☐	Opposed ☐
Suzanne Trivers	:	In Favour ☐	Opposed ☐
Jody Wildman	:	In Favour ☐	Opposed ☐
Natalie Zagordo	:	In Favour ☐	Opposed ☐

March 3, 2026

SENT ELECTRONICALLY

**City of Hamilton
Haldimand County
Regional Municipality of Niagara
Local Area Municipalities**

RE: Request for Support: Coordinated Spring Flood Preparedness Communications

As we move into the spring thaw period, NPCA is requesting your leadership in supporting a coordinated approach to flood preparedness communications.

Seasonal conditions—including significant winter snowfall, potential rapid snowmelt, rainfall, and frozen ground—may elevate flood risk in the coming weeks, particularly in low-lying areas and near watercourses. Clear, consistent messaging across jurisdictions is essential to ensuring residents are informed and prepared.

We respectfully ask for your support in:

- Sharing [NPCA's flood preparedness messaging](#) through municipal communication channels.
- Circulating social media posts to broaden reach within your communities.
- Displaying the attached digital advertisement within municipal facilities and community hubs where feasible.
- [Reinforcing key preparedness messaging](#) through council communications and community updates, as appropriate.

NPCA continues to actively monitor watershed conditions through snowpack assessments, real-time water level monitoring, and weather tracking. Flood outlooks, advisories, or warnings will be issued as warranted.

Residents are encouraged to monitor conditions at npca.ca/flood-status, follow NPCA on social media, download the [Alertable app](#) for real-time notifications, and report drainage concerns to their municipality.

Your support ensures a unified and proactive approach to public safety during the spring thaw. Thank you for your continued collaboration and leadership.

Sincerely,



Melanie Davis, M.A.
Manager, Office of the CAO & Board
Niagara Peninsula Conservation Authority



The Groundhog Says Early Spring.

**NPCA Says:
Check Flood Conditions.**



ALERTABLE

npca.ca/flood-status





March 05, 2026

In This Issue:

- Opportunity: AMO Board of Directors Election 2026-2028.
- Take a look at AMO's Responding to Constituents Handguide.
- Recording: Unlock AMO's New Workforce Development Campaign Assets.
- Market Diversification and Trade Resiliency Initiative.
- AMO Conference Early Bird Rates End Thursday, March 12.
- Supporting your Run for Municipal Office in 2026: Resources and Workshops.
- Indigenous Candidates Thinking of Running for Office.
- Workshop: Lead through crisis with confidence.
- The All Risk Municipal Grant Application Deadline is May 1.
- BPS Energy Data Reports due July 1, 2026.
- Blog: Why Canadian Municipalities Must Rethink Cybersecurity in the Age of AI.
- Reduce Employee Group Benefits Costs.
- Apply now: AMCTO-Mitacs Municipal Innovation Internship Program.
- Free Intersectoral Action Training Series to enhance well-being in Ontario.
- Careers.

AMO Matters

We encourage all Council members and senior municipal employers to consider a leadership role on AMO's Board of Directors for the 2026-2028 term. Please find preliminary information on this opportunity [on the AMO website](#). Further information will be released in spring 2026 when nominations open.

AMO's [Responding to Constituents Handguide](#) includes tools to help reduce escalation, set boundaries, offers sample response language, and foundational policies to back you up. This is one of seven guides found within [AMO's Leading with Respect Handguides](#), which all provide practical tools to help councils and staff manage conflict and foster a culture of civility.

In case you missed it, check out this week's recording of AMO's Municipal Workforce Development Project webinar that walks you through how to leverage the brand new [Make Your Municipal Move](#) campaign assets and ready-made templates to drive local engagement through your own channels. [Watch the webinar recording here](#).

Provincial Matters

The governments of Canada and Ontario are accepting applications from February 17 to March 17 for [new funding](#) to help local businesses grow international and domestic sales under the Market Diversification and Trade Resiliency Initiative.

Education Opportunities

Are you joining us for the AMO Conference in Ottawa this year? Now is the time to register to access delegation meeting opportunities, networking, learning and more. [Secure your spot before next Thursday](#), March 12th at 6 pm for early bird rates.

AMO is offering programs designed to support aspiring candidates and returning elected officials. Whether you are considering your first run for office, seeking re-election, represent an underrepresented community, or a youth, we have a program tailored for you. Resources range from helping you make the decision to run or run again, to building your team, crafting your message, and getting out the vote, and includes the *Lead Where You Live* guide for key steps in the process. Register for workshops and access resources [here](#).

AMO has expanded their Healthy Democracy Leadership Series. AMO is offering a series of workshops for urban Indigenous peoples' thinking about running for municipal office in the October 2026 elections. These sessions will provide insights and strategies to build your understanding and confidence around how to become a candidate and running a campaign. [Register here](#).

Municipal leaders need to know what to say and do during a crisis. Join us March 11th & 12th for a two half-day course that will give you the tools frameworks, and confidence to lead your community through an emergency. [Secure Your Spot](#).

LAS

The *All Risk Municipal Grant – Investing in Municipal Risk Resiliency* recognizes and supports innovative risk management practices within Ontario municipalities. [Submit your ideas by May 1](#) for a chance to receive \$10,000 towards your projects.

Only 4 short months until your [annual energy reports](#) are due to the Ministry of Energy and Mines. The LAS [Energy Planning Tool \(EPT\)](#) make this easy, especially if you are part of our [Electricity](#) and/or [Natural Gas](#) programs. Don't wait - get started on your reporting today. Not sure where to start – join the Ministry's webinar on either [April 28](#) or [May 26](#) from 11a-12p, or contact BPSsupport@ontario.ca.

AI-enabled attacks are the number one defining trend that could reshape the Ontario municipal threat environment as municipalities increase their AI usage. Learn what AI

cyber threats are and how to mitigate the risks by reading our latest blog contributed by our CIMOM program partner, ISA Cybersecurity. [Click here](#).

The LAS Group Benefits program offered by Mosey & Mosey helps reduce your employee group benefit costs. The plan offerings are customizable to your municipality's needs, and quotes are free of charge. [Visit our website for more information](#).

Municipal Wire*

Don't miss your chance to apply for the next intake of the AMCTO-Mitacs Municipal Innovation Internship Program. This program offers municipalities a cost-effective way to identify, advance, and address innovation or research challenges by partnering with a post-secondary student interested in a career in local government. To learn more or to submit an application, [Click Here](#).

The Public Health Agency of Canada (PHAC) and Tamarack Institute are offering public health units, governments, and others a [virtual learning series](#) on strengthening collaboration to enhance well-being in Ontario.

Careers

[Manager of Legal - Town of Innisfil](#). Closing Date: March 9, 2026.

About AMO

AMO is a non-profit organization representing almost all of Ontario's 444 municipal governments. AMO supports strong and effective municipal government in Ontario and promotes the value of municipal government as a vital and essential component of Ontario's and Canada's political system. Follow [@AMOPolicy](#) on Twitter!

AMO Contacts

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[Conferences/Events](#)

[Policy and Funding Programs](#)

[LAS Local Authority Services](#)

[MEPCO Municipal Employer Pension Centre of Ontario](#)

[ONE Investment](#)

[Media Inquiries](#)

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