



Peer Review Report

Community Health Programs and Infrastructure Study Report (S20)

Municipality of South Bruce

April 25, 2023

Executive Summary

The Nuclear Waste Management Organization (NWMO) has been engaged in a multiyear, community driven process to identify a site where Canada's used nuclear fuel can be safely contained. The site selection process involves nine steps, with the process currently at Step 3 (Phase 2). The NWMO is now in its final screening process, and the two remaining siting areas currently being assessed under Step 3, Phase 2, are the Municipality of South Bruce (MSB) and the Township of Ignace, and their surrounding areas. The NWMO plans to complete all preliminary assessment work and to select one community/area to host the Adaptive Phased Management (APM) Project (Project) by 2023.

Building on previous work, engagement completed to-date, and MSB's 36 Guiding Principles, NWMO and MSB are working together to prepare a suite of studies which will be shared broadly with the community. The studies are being undertaken by NWMO or MSB, with some being joint efforts. The MSB has retained consultants (Deloitte LLP, Tract Consulting) to develop a number of studies and to peer review others (GHD Limited [GHD] team) developed by NWMO and their consultants (DPRA Canada [DPRA] team). The information acquired through the studies is expected to aid MSB make informed decisions about whether the Project is suitable for their community, and if they are willing to consider hosting it and under what circumstances and terms.

The Community Health Programs and Infrastructure Study Report (S20) is one of the studies being carried out by NWMO. The objectives identified in the Work Plan for the Community Health Programs and Infrastructure Study (December 2021; as amended March/October 2022) are to:

1. Describe the current health care system in and serving the Core Study Area¹
2. Identify potential effects on health programs and infrastructure arising from construction and operation of the Project in relation to effects associated with baseline population growth
3. Identify and describe preliminary considerations and potential options to enhance health care for the community and mitigate possible undesirable effects

The Study was peer reviewed by a Subject Matter Experts (SMEs) from GHD (Mark Jasper and Brigitte Masella) in combination with the GHD Leadership Team (Greg Ferraro and Ian Dobrindt), making up (the Peer Review Team [PRT]). This peer review has been undertaken on the framing and scope of the study, and the effects assessment, in accordance with the Peer Review Protocol process established jointly by MSB and NWMO. The PRT considered several documents and information in the peer review of the Community Health Programs and Infrastructure Study Draft Report to aid in their understanding, focus the peer review, and develop their findings.

The Study gained information from health service knowledge holder interviews and through research within the spatial boundaries for the Study. The Study summarizes the current challenges faced by health programs and infrastructure capacities and capabilities. The Study concludes that the Study Area is currently experiencing pressure in the areas of health care provision because of Bruce Power's Major Component Replacement (MCR) Project, the pandemic (and related infectious diseases), the increasing complexity of health care needs (e.g., for seniors and children), the lack of sufficient health care human resources, and the recent influx of new residents from southern Ontario. It is the view of the PRT that the Health Programs and Infrastructure Study Report satisfies the objective of characterizing the current state of health services within the Core Study Area.

The Study summarizes the key Project characteristics having the potential to effect health programs and services. Both potential negative and positive effects resulting from Project derived population increase are presented in the Study as being the most material. The PRT is of the opinion that in addition to population related effects, Project effects resulting from the direct, indirect, and induced population growth and changes to social programs can be

1. The Core Study Area includes the MSB, the Township of Huron-Kinloss, the Municipality of Brockton, the Township of North Huron, and the Municipality of Morris-Turnberry. This Core Study Area is identical to the Core Study Area used in the various Economic community studies (Keir Corp. 2022), and in metroeconomics (February 2022) South Bruce and Area Growth Expectations memorandum.

identified and assessed in consideration of relevant information provided in the companion Community Studies. The Study references Community Study findings in support of the characteristics identified.

The PRT is of the view and agrees with the Study findings that the overall change in the projected population resulting from the Project in comparison to the regional baseline population growth is relatively small. However, although the population change is expected to be relatively small, given the current pressures being experienced by health services locally and across Ontario and Canada, any addition to the population may further strain the system exacerbating the current health services challenges identified in the Study.

The study considers the effects of the population growth related to the Project on health programs and infrastructure. An assessment of changes to the social determinants of health, which could affect health and the health system are beyond the scope of the study. The Study and the PRT are aligned that to more fully conduct a health program and infrastructure effects assessment, a future study during the post-site selection Impact Assessment process could further address potential effects of the Project on health services, the social determinants of health (e.g., growing aging population and housing, worker, and community and provincial funding shortages), community health outcomes, and health systems.

The Study rightly makes mention of the Emergency Services Study, which outlines some of the challenges that health care programs and infrastructure will need to consider and undertake if the Project comes to South Bruce. One of the primary findings of the Emergency Services Study was that there is more work to be done to define the required capacities and capabilities of the future health care system.

The Study presents the current initiatives being planned by health care organizations to address certain challenges associated with the existing programs and infrastructure. The potential positive effects that the Project will bring can be leveraged to contribute and support the currently planned and future initiatives. The NWMO can further contribute to the future success of health programs and infrastructure services through a partnership with local/regional health care organizations, academic institutions and/or MSB.

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Acronyms

APM	Adaptive Phased Management
CNSC	Canadian Nuclear Safety Commission
CSR	Corporate Social Responsibility
CWB	Community well-being
DPRA	DPRA Canada Inc.
GHD	GHD Limited
IEC	Independent Environmental Consultants
MSB	Municipality of South Bruce
NWMO	Nuclear Waste Management Organization
PRT	Peer Review Team
RSIC	Radiation Safety Institute of Canada
SME	Subject Matter Expert

Scope and limitations

GHD have prepared this Report exclusively for the Municipality of South Bruce. All data and information contained herein is considered confidential and proprietary and may not be reproduced, published or distributed to, or for, any third party without the express prior written consent of GHD.

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1. Introduction

This report documents the peer review undertaken of the Community Health Programs and Infrastructure Study (S20) prepared by DPRA Canada Inc. (DPRA) dated April 20, 2023 (Final Report V5). The Nuclear Waste Management Organization (NWMO) has been engaged in a multiyear, community driven process to identify a site where Canada's used nuclear fuel can be safely contained. The site selection process involves nine steps, with the process currently at Step 3 (Phase 2). Step 3 is defined by two phases of preliminary assessments for each interested community. Phase 1 involved primarily desktop studies documenting the current socioeconomic conditions in the communities and then considering what might be the possible implications of the Adaptive Phased Management (APM) Project on community wellbeing (CWB) for each community and the wider area. For interested communities that successfully completed the initial screening in Phase 1, Phase 2 (the current phase) involves additional work to support conducting a preliminary assessment of potential suitability and narrowing the number of communities that have expressed an interest in partnering with NWMO.

The NWMO is now in its final screening process, and the two remaining siting areas currently being assessed under Step 3, Phase 2, are the Municipality of South Bruce (MSB) and the Township of Ignace, and their surrounding areas. The NWMO plans to complete all preliminary assessment work and to select one community/area to host the APM Project by 2023, which then marks the beginning of the fourth step of APM implementation². The selection of a final site will trigger the regulatory approvals phase of the APM Project. Federal approval under the Impact Assessment Act and licensing by the Canadian Nuclear Safety Commission (CNSC) under the Nuclear Safety and Control Act will be required. Meeting federal regulatory standards is imperative to achieve approval, and to withstand intense public and regulatory scrutiny.

Building on previous work, engagement completed to-date, and MSB's 36 Guiding Principles, NWMO and MSB are working together to prepare a suite of studies which will be shared broadly with the community. The list of studies is included in **Appendix A** grouped by similar topic area (MSB led, environment, infrastructure, and socio-economic). The studies are being undertaken by NWMO or MSB, with some being joint efforts. The MSB has retained consultants (Deloitte LLP, Tract Consulting) to develop a number of studies and to peer review others (GHD Limited [GHD] team) developed by NWMO and their consultants (DPRA). The information acquired through the studies is expected to aid MSB make informed decisions about whether the APM Project is suitable for their community, and if they are willing to consider hosting it and under what circumstances and terms.

The Community Health Programs and Infrastructure Study is one of the socio-economic studies being carried out by NWMO. The objectives identified in the Work Plan for the Community Health Programs and Infrastructure Study (December 2021; as amended March/October 2022) are to:

1. Describe the current health care system in and serving the Core Study Area³
2. Identify potential effects on health programs and infrastructure arising from construction and operation of the Project in relation to effects associated with baseline population growth
3. Identify and describe preliminary considerations and potential options to enhance health care for the community and mitigate possible undesirable effects

This report presents the results of the peer review undertaken on the Study. The peer review was undertaken in accordance with the Peer Review Protocol established jointly by the MSB and the NWMO.

Section 2 of this report elaborates on the Peer Review Protocol process followed to complete the peer review of the Study including the steps specifically followed and discussions held with NWMO and the DPRA team.

2. Nuclear Waste Management Organization, 2020. Moving Towards Partnership - Triennial Report 2017 to 2019.

3. The Core Study Area includes the MSB, the Township of Huron-Kinloss, the Municipality of Brockton, the Township of North Huron, and the Municipality of Morris-Turnberry. This Core Study Area is identical to the Core Study Area used in the various Economic community studies (Keir Corp. 2022), and in metroeconomics (February 2022) South Bruce and Area Growth Expectations memorandum.

As described in **Section 3**, the PRT considered several documents and information in the peer review of the Community Health Programs and Infrastructure Study to aid in their understanding, focus the peer review, and develop their findings.

The results and resolution of the PRT findings are outlined in **Section 4** starting with how the Final Report has been revised to address the comments on the previous draft versions of the Report. This is followed by a review of how the Study complies with the approved Work Plan and how the Study informs the applicable Guiding Principles. Lastly, the conclusions from the peer review are provided.

2. Peer Review Protocol

2.1 Objectives and Overview of the Peer Review Protocol Process

As mentioned, the peer review of the Community Health Programs and Infrastructure Study was undertaken in accordance with the Peer Review Protocol established jointly by the MSB and the NWMO. The Peer Review Protocol had the following established objectives:

1. To provide the community of the MSB with an independent review by qualified SMEs
2. To complete a peer review of NWMO's assessment of potential impacts and proposed benefits of locating the APM Project in MSB in comparison to existing conditions
3. To review how the potential impacts and proposed benefits adhere to the 36 principles that will guide the MSB's assessment of willingness to host the APM Project

With these objectives in mind, the Peer Review was conducted in a collaborative manner between the NWMO/DPRA team and the MSB/GHD team while maintaining independence during the process. **Appendix B** includes the Peer Review Protocol established in June 2021 and **Figure 2.1** summarizes the process followed.

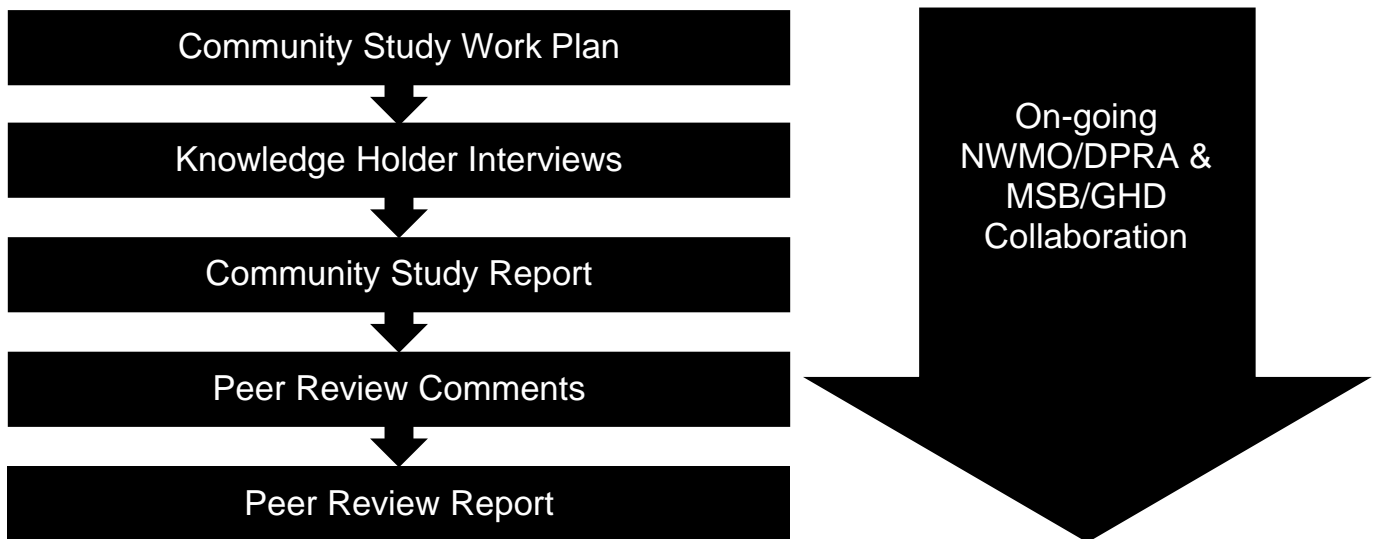


Figure 2.1 The Peer Review Protocol Process

With **Figure 2.1** in mind, the following identifies the primary activities carried out by the PRT:

Community Study Work Plan

- Review the Work Plan associated with the Community Study (CS) prepared by NWMO/DPRA (November 2022) to better understand the stated objectives
- Gain a greater understanding of the APM Project and area conditions including reviewing and providing comments on NWMO's Project design reports and considering responses received from NWMO
- Hold on-going discussions as required with the NWMO/DPRA team providing input where appropriate (e.g., data sources to be reviewed, study area boundaries, knowledge holders to be interviewed, etc.)
- Review and provide comments on the draft Work Plan associated with the CS prepared by the NWMO/DPRA team and consider responses received from the NWMO/DPRA team as part of them finalizing the Work Plan before its implementation

Knowledge Holder Interviews

- Attend Knowledge Holder interviews organized by NWMO to listen firsthand, ask questions, and seek clarifications. Review and provide comments on draft meeting minutes prepared by NWMO.
- Hold on-going discussions as required with the GHD Leadership Team (e.g., receive Project updates and information, ask questions, seek clarification, etc.)

Community Study Report

- Attend CS Draft Report Status Update Meetings organized by the NWMO/DPRA team
- Review the CS Draft (V1) Report prepared by the NWMO/DPRA team
- Review the CS Revised Draft (V2) Report prepared by the NWMO/DPRA team
- Review the CS Final (V3) Report prepared by the NWMO/DPRA team
- Review the CS Final (V4) Report prepared by the NWMO/DPRA team
- Review the CS Final (V5) Report prepared by the NWMO/DPRA team

Peer Review Comments

- Develop a preliminary list of comments including initial impressions, observations, and any potential issues and/or concerns with the CS Draft Report based on several documents and information as described in **Section 3**
- Attend a CS Draft Report Check-in Meeting with the GHD Leadership Team and MSB to discuss the preliminary list of comments and confirm those to be provided to the NWMO/DPRA team
- Provide the preliminary list of comments on the CS Draft Report to the NWMO/DPRA team for their understanding of the PRT's initial impressions, observations, and any potential issues and/or concerns
- Attend a CS Draft Report Working Session with the NWMO/DPRA team to discuss the preliminary list of comments and work through them collectively in a collaborative manner. Through the Working Session some comments were determined not to be applicable to the CS based on the clarifying discussions. In addition, through the Working Session it was agreed that those comments associated with the Draft Report's structure, or to such items like how sources or exhibits are referenced, or spelling and grammar, would be excluded and the focus would be more on content and substance as it related to the final Work Plan.
- In some situations, it was agreed to between the GHD Leadership Team/MSB and the NWMO/DPRA team that certain sections of the CS Draft Report or the entire document itself should be revised and resubmitted for review because of the nature and extent of the preliminary comments provided. In the situations of the entire document, the formal set of comments were held pending receipt of the revised CS Draft Report. Upon receipt, the revised CS Draft Report was reviewed, the preliminary comments updated accordingly for submission, and further discussions were held between the GHD Leadership Team/MSB and the NWMO/DPRA team prior to formal comments being submitted.
- Submit the formal set of comments on the CS Draft or Revised Draft Report to the NWMO/DPRA team for their review and responses

- Review the responses from the NWMO/DPRA team to the formal set of comments and ensure there were no significant outstanding issues and/or concerns

Peer Review Report

- Prepare the draft Peer Review Report and submit to MSB for review
- Finalize the draft Peer Review Report based on any comments received and provide to MSB

2.2 Key Activities Associated with the Peer Review of the Community Health Programs and Infrastructure Study

With the preceding process in mind, **Table 2.1** lists the key activities associated with the Peer Review carried out by the PRT comprising the SMEs from GHD (Mark Jasper and Brigitte Masella) in combination with the GHD Leadership Team (Greg Ferraro and Ian Dobrindt) for the Community Health Programs and Infrastructure Study prepared by DPRA. The Community Health Programs and Infrastructure Study was initiated by DPRA following finalization of the Work Plan in November 2022 and culminated in the Final (V5) Report being submitted to GHD on April 20, 2023.

Table 2.1 Key Activities Associated with the Peer Review of the Community Health Programs and Infrastructure Study

Key Activities	Date	Parties Involved
Review of the Draft V1 Southwestern Ontario Community Health Programs and Infrastructure Study Work Plan (S20) issued by DPRA (September 29, 2022)	September 2022 – October 2022	GHD (Mark Jasper, Brigitte Masella, Greg Ferraro, and Ian Dobrindt)
Review of the Draft V2 Southwestern Ontario Community Health Programs and Infrastructure Study Work Plan (S20) issued by DPRA (October 21, 2022)	October 2022 – November 2022	GHD (Mark Jasper, Brigitte Masella, Greg Ferraro, and Ian Dobrindt)
Review of the Final V3 Southwestern Ontario Community Health Programs and Infrastructure Study Work Plan (S20) issued by DPRA (November 2, 2022)	November 2022 – December 2022	GHD (Mark Jasper, Brigitte Masella, Greg Ferraro, and Ian Dobrindt)
Review of Community Health Programs and Infrastructure Study Report (S20) – Draft V1 – Southwestern Ontario Community Study issued by DPRA (December 20, 2022)	December 2022 – February 2023	GHD (Mark Jasper, Brigitte Masella, Greg Ferraro, and Ian Dobrindt)
Peer Review Team Check-in Meeting to review/confirm preliminary comments	December 22, 2022	GHD (Mark Jasper, Brigitte Masella, Greg Ferraro, and Ian Dobrindt)
Issuance of the Peer Review Team preliminary comment disposition table on the Draft Report	January 11, 2023	GHD (Mark Jasper, Brigitte Masella, Greg Ferraro, and Ian Dobrindt)
Peer Review Team and DPRA Project Update Meeting to discuss/understand the preliminary comments	January 12, 2023	GHD (Mark Jasper, Brigitte Masella, Greg Ferraro, and Ian Dobrindt), NWMO (Charlene Easton and Tim Weber), and DPRA (Vicki McCulloch, Tracy Farmer, and Samuel Hanig)
Issuance of the Peer Review Team formal comment disposition table on the Draft Report	January 24, 2023	GHD (Mark Jasper, Brigitte Masella, Greg Ferraro, and Ian Dobrindt)

Key Activities	Date	Parties Involved
Issuance of DPRA Team responses to Peer Review Team's formal comments on the Draft Report	February 7, 2023	DPRA (Vicki McCulloch)
Review of Community Health Programs and Infrastructure Study Report (S20) – Revised Draft V2 – Southwestern Ontario Community Study issued by DPRA (February 13, 2023)	February 2023 – March 2023	GHD (Mark Jasper, Brigitte Masella, Greg Ferraro, and Ian Dobrindt)
Review of Community Health Programs and Infrastructure Study Report (S20) – Final V3 – Southwestern Ontario Community Study issued by DPRA (March 14, 2023)	March 14 –21, 2023	GHD (Mark Jasper, Brigitte Masella, Greg Ferraro, and Ian Dobrindt)
Review of Community Health Programs and Infrastructure Study Report (S20) – Final V4 – Southwestern Ontario Community Study issued by DPRA (March 28, 2023)	March 28 – April 3, 2023	GHD (Greg Ferraro, and Ian Dobrindt)
Review of Community Health Programs and Infrastructure Study Report (S20) – Final V5 – Southwestern Ontario Community Study issued by DPRA (April 20, 2023)	April 20 - 24, 2023	GHD (Greg Ferraro, and Ian Dobrindt)

3. Key Documentation and Information Reviewed

As stated, several documents and information were considered by the PRT in carrying out the Peer Review Protocol. **Table 3.1** lists the key documents and information considered by the PRT in the review of the Community Health Programs and Infrastructure Study. Although not listed in Table 3.1 various community study companion reports provide pertinent information for a wider understanding Project characteristics, effects and options for enhancements and mitigations.

Table 3.1 Key Documents and Information Considered in the Peer Review of the Community Health Programs and Infrastructure Study

Document Name/Information	Author/Source/Date	Description/Application
Implementing Adaptive Phased Management 2021 to 2025	Nuclear Waste Management Organization (NWMO) (March 2021)	Reviewed to understand the Project planning timelines. The PRT provided comments (November 18, 2021) for NWMO's consideration and response (January 27, 2022).

Document Name/Information	Author/Source/Date	Description/Application
Knowledge Holder Interviews (Grey Bruce Public Health, Huron Perth Public Health, South Bruce Grey Health Centre, Bruce County Human Services, Bruce County Long Term Care & Senior Services, Teeswater Medical Centre Development Steering Committee, Grey-Bruce Ontario Health Team (formerly Southwest Local Health Integration Network), Huron Perth and Area Ontario Health Team (former LHIN), Canadian Mental Health Association, Grey Bruce, Resilience Huron Perth Mental Health Services (part of CMHA), Listowel-Wingham Hospitals Alliance, Grey Bruce Health Services (several hospital sites, including Owen Sound))	NWMO (July 2021 – December 2022)	Attended in-person to listen firsthand, ask questions, and seek clarifications as part of gaining an understanding of key knowledge holders' perspectives on the Project. Reviewed and provided comments on draft meeting minutes prepared by NWMO prior to their issuance to meeting attendees.
Deep Geological Repository Conceptual Design Report – Crystalline / Sedimentary Rock (APM-REP-00440-0211-R000)	NWMO (September 2021)	All members of the PRT reviewed the Executive Summary to obtain an understanding of the below ground facility. Subsequently, additional sections of the Report were reviewed, by certain members of the PRT as appropriate, to obtain a greater level of understanding specific to their areas of study (e.g., Facility Design and Operation, Aggregate Resources Study, Local Traffic Effects Study, Waste Management, etc.). The PRT provided comments (November 18, 2021) for NWMO's consideration and response (January 27, 2022).
APM 2021 DGR Lifecycle Cost Estimate Update Summary Report (NWMO-TR-2021-11 R001)	NWMO (September 2021)	Reviewed to better understand the scope and magnitude of the Project components. The PRT provided comments (November 18, 2021) for NWMO's consideration and response (January 27, 2022).
Community Studies Planning Assumptions	NWMO (October 18, 2021)	Reviewed to understand certain parameters for the Project. The PRT provided comments (November 18, 2021) for NWMO's consideration and response (January 27, 2022).
South Bruce and Area Growth Expectations Memo	metroeconomics (February 7, 2022)	Reviewed to understand the assessment of the potential for economic and demographic growth over the period from 2022 to 2046 of the Core Study Area including MSB both from the perspectives of growth independent of the Project as well as the result of the Project.
Southwestern Ontario Community Health Programs and Infrastructure Study Work Plan (S20)	DPRA Canada Inc. (November 2, 2022)	Reviewed to understand the purpose and outcome of the Community Health Programs and Infrastructure Study including its linkages to other Community Studies, scope and assumptions, approach, and key information sources/data collection.
Community Health Programs and Infrastructure Study Report (S20) – Draft V1 - Southwestern Ontario Community Study	DPRA Canada Inc. (December 20, 2022)	The draft output/deliverable from completing the final Work Plan for review by the PRT.
Community Health Programs and Infrastructure Study Report (S20) – Revised Draft V2 - Southwestern Ontario Community Study	DPRA Canada Inc. (February 13, 2023)	The revised draft output/deliverable from completing the final Work Plan for review by the PRT.

Document Name/Information	Author/Source/Date	Description/Application
Community Health Programs and Infrastructure Study Report (S20) – Final V3 - Southwestern Ontario Community Study	DPRA Canada Inc. (March 14, 2023)	The revised output/deliverable from completing the final Work Plan for review by the PRT.
Community Health Programs and Infrastructure Study Report (S20) – Final V4 - Southwestern Ontario Community Study	DPRA Canada Inc. (March 28, 2023)	The revised output/deliverable from completing the final Work Plan for review by the PRT.
Community Health Programs and Infrastructure Study Report (S20) – Final V5 - Southwestern Ontario Community Study	DPRA Canada Inc. (April 20, 2023)	The final output/deliverable from completing the final Work Plan for review by the PRT.

4. Peer Review Findings and Resolution

4.1 Comments on the Community Health Programs and Infrastructure Study

The PRT provided formal comments to NWMO/DPRA team on January 24, 2023 in the form of a memo and comment disposition table (**Appendix C**). As per on-going discussions between the PRT and the NWMO/DPRA team, the focus of the peer review and resolution of comments was to be on those of a more substantive nature. As a result, while **Appendix C** lists all the formal comments on the Community Health Programs and Infrastructure Study, **Table 4.1 (3rd column)** lists only those comments of a more substantive nature in the Comment Disposition Table.

In reply, NWMO/DPRA provided a documented response on February 7, 2023 describing how and where the formal comments will be addressed in the Final Report (V3, V4, V5) (**Table 4.1, 4th column**). Upon receiving the Final versions of the Report (V3, V4, and V5), the PRT reviewed it to ensure the documented responses were, in fact, incorporated into the Community Health Programs and Infrastructure Study (**Table 4.1, 5th column**).

Table 4.1 Community Health Programs and Infrastructure Study Draft Report Comment Disposition Table

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
1	1.3 Purpose and Scope	<p>Both option 1 and option 2 in Section 6.2 have paragraphs that describe alignment with MSB Guiding Principle #16.</p> <p>Guiding Principle #16 is not included in section 1.3 and suggest that it should be added.</p>	<p>Principle 16: “The NWMO will implement the Project in a manner that promotes diversity, equality and inclusion.”</p> <p>In Section 1.3 (Purpose and Scope) DPRA used the MSB’s Feb 2022 table that aligns principles with studies; Principle 16 was not identified by MSB as being aligned with the Health Programs and Infrastructure Study. However, we will add to revised draft V2.</p>	Content has been added. The comment has been satisfactorily addressed.
2	1.3.3 Temporal Boundaries	<p>We suggest that the “Current Period” be delineated, as 2016 (to) 2022 should be defined and its relevance explained, because it is presently 2023; therefore, the “Current Period” is now in the past.</p> <p>The “site preparation phase” and the “design and construction (phase)” for the near-term boundary should also be defined. The term “construction phase” used for the mid-term boundary is different from the related term for the near-term boundary.</p> <p>“Pre-construction” is used later in the report (e.g., Section 4.1). It should be defined in Section 1.3.3 or deleted if inappropriate to the Temporal Boundaries for the Study. We recommend that consistent terminology be used and defined for the reviewer’s understanding.</p>	<p>This is the standard temporal boundaries used for all of the earlier CS reports, which were completed in 2022.</p> <p>The use of 2016 - 22 for ‘Current Period’ reflects that existing conditions information may be dated during this period. At the time of writing draft V1 of this report in Dec. 2022, ‘2023’ did not apply.</p> <p>The ‘near-term’ used in all other CS assumed 2023 site selection – acknowledge that for this later community study, the timeframe is now 2024 for site selection. The date for the beginning of the near-term will be changed in V2 from 2023 to 2024 to reflect the timing of site selection; the mid-term period start date will change from 2023 to 2024.</p> <p>We note that based on comments on other studies completed in late 2022, that ‘<i>design and...</i>’ has been removed from the near-term period in the temporal boundaries (e.g., in the <i>Emergency Services</i> Study). The same edit will be made for this report.</p>	The explanation is satisfactory to the PRT. However, the public may require a broader description of what Project activities are planned to take place in each phase.

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
			<p>In Section 4.1, the term 'pre-construction' is used to indicate that the Project's Centre of Expertise is operational prior to the Construction phase and marks a milestone in terms of Project workforce. The 'pre-construction' terminology is consistent with the NWMO's <i>Community Studies Planning Assumptions</i> (October 2021), and was utilized in several other community studies reports (e.g., <i>Emergency Services, Workforce Development, Housing Needs and Demand Analysis Study, Regional Economic Development</i>). However, the wording will be revised in S. 4.1 of V2: "The near-term pre-construction phase is characterized by the in-moving of NWMO staff to the community from their current office location in Toronto. This phase of the Project will be closely associated with permitting and licensing activities and it also will involve both on-site and off-site initiatives. In the latter case an office and Centre of Expertise will be made operational..."</p>	
3	2 Methodology	<p>The definition of the Study scope is not clear. The scope appears to focus on assessing Project effects on health services derived from Project-related population growth. It is unclear if the scope focuses on the potential effects on health care workers only or on the community as a whole (e.g., the Study assesses only the potential effect of perception/concern relative to the risk of radiation exposure on health care workers). Several other factors in addition to population growth could affect health services (e.g., changes to the natural or socio-economic environment caused by the Project that may affect physical or mental health; potential widening of the economic divide resulting in aggravated health conditions for vulnerable populations).</p>	<p>The <i>scope</i> of the study is based on the objectives in the Statement of Work, as stated in S. 1.3 of the report. In particular, Objective #2 states: "<i>Identify potential effects on health programs and infrastructure arising from construction and operation of the Project in relation to effects associated with baseline population growth</i>". The Section 2 methodology describes <i>how</i> the study was undertaken.</p> <p>The study focuses on the community as a whole. Changes to the natural or socio-economic environment that may affect mental or physical health are beyond the scope of this study – this study is considering effects of the Project on health programs and infrastructure related to population growth, not technical risk or</p>	<p>In reference to the first paragraph of DPRA's response, a study scope does not necessarily equate to study objectives. The former is often more detailed than the latter, as it defines the boundaries of the study and the aspects that will be considered.</p> <p>V5 of the Study clarifies the objective of the Study is to assess only the Project effects associated with population growth. The Study also states "Programs and infrastructure supporting both physical and mental health conditions will be considered." It is unclear how the Study achieves this.</p> <p>In reference to the second paragraph of DPRA's response, the Study scope remains unclear despite the explanations provided. For example, the beginning of the paragraph states that the Study focuses on</p>

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
		<p>Please refer to Comment No. 11 on direct and indirect effects.</p> <p>We recommend that the scope of the Study be more clearly defined.</p>	<p>effects on health care workers or the community as a whole.</p> <p>The draft V1 report does deal in a limited fashion with perceptions of risk in S. 5.1.2 ('Potential Negative Project Effects' in the Preliminary Analysis/Effects Assessment). The S. 5.1.3 Potential Enhancements and Mitigation Measures includes ongoing provision of information/ education.</p> <p>We note that this area is also a 'nuclear region' with Bruce Power /Bruce Nuclear Generating Station present for decades – there is no indication that its presence has directly affected perceptions of risk in a way that materially affects provision of health services.</p> <p>Examining these additional factors is beyond scope of this study, and could be explored in a future study / during the Impact Assessment process if the Project is located in the South Bruce Area.</p> <p>See also the response to comment 11, below.</p>	<p>the community as a whole, but the end of the paragraph seems to say the opposite. It remains unclear how assessing the Project effects only from a population perspective equates to considering the community as a whole.</p> <p>The PRT notes that environmental or socio-economic changes that might affect health (physical or mental) are beyond the Study scope. Yet, population growth in the context of a major project is a change that can potentially affect many things including mental health and as such further work to more fully assess the Project effects is recommended.</p> <p>V5 of the Study more clearly defines the scope to better align with the assessment undertaken.</p> <p>See also the PRT's response to DPRA's response to Comment #11.</p>
4	2.3.1 Knowledge Holder Interviews	<p>It is the opinion of the peer review team that this paragraph implies that this information is outside of the purpose and scope of the Study. It is believed that the questions related to the companion Emergency Service Study are directly related to all three objectives of the Study and are directly associated to health programs and infrastructure as it related to the proposed project.</p> <p>It is recommended that "Emergency Services Study (e.g., designated hospitals</p>	<p>The noted wording will be deleted from that paragraph.</p>	<p>Content has been removed. The comment has been satisfactorily addressed.</p>

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
		for radiological emergencies)” be removed as it is a core element of the objectives.		
5	3.1 Existing Conditions	The explanation that “the term ‘health services’ is used to refer to both health programs and infrastructure” should be given at the outset of the report, and the defined nomenclature should be respected throughout the report.	This explanation will also be included at the beginning of the report in S.1.3 ‘Purpose and Scope’.	The term “health services” has been defined in the Study. Comment has been addressed.
6	3.1.2 Health Services in Surrounding Local/Regional Communities	The Kincardine and Southampton hospitals have specific infrastructure and training to receive and treat patients with radiological exposures. This was identified in the Emergency Services Study (IEC and DPRA, 2022). The peer review team suggests this is relevant information needed to define the existing conditions (objective 1) for this Study and should be added to Table 8 and Table 9, accordingly.	Agreed – this information will be added to Tables 8 (SBGHC) and 9 (GBHS). See also response to #7 below.	Content has been added. The comment has been satisfactorily addressed.
7	3.2.2 Additional Services Outside the Study Area	Radiation decontamination information presented in this section is associated with facilities that are already defined in Section 3.1.2. The peer review team suggests this statement may be interpreted by the reader to be a different or an additional facility. It is recommended that this information be added to Table 8 and Table 9 in Section 3.1.2 and removed from this specific section.	Agreed, see also response to #6 above.	Content has been removed. The comment has been satisfactorily addressed.
8	4 Relevant Project Characteristics	The first paragraph limits the relevant Project characteristics to workforce numbers/characteristics and origin/residence. Several other factors could have implications for health services (refer to Comment No. 3). Depending on the clarification of the Study scope (as recommended in Comment No. 3), the	See also response to comment 3 above re: consideration of ‘other factors’ beyond population growth (study objective #2). Risk perception was included (e.g., p. 49) as it was mentioned as a potential effect by one knowledge holder during an interview. The other workforce-related aspects (e.g., wages, age, COL) cited in the comment are beyond the scope of this study.	See the PRT’s response to DPRA’s response to Comment #3. DPRA’s response that such aspects as wages, age and cost of living are beyond the Study scope (first paragraph) should be clarified. Section 4 of the Study concludes under Population Projections “ <i>While there may be in-migration of workers during the</i>

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
		<p>relevant Project characteristics may need to be revised.</p> <p>In any case, we recommend that the interrelations between the relevant Project characteristics and the potential effects be clarified. For example, how is the perception/concern relative to the risk radiation exposure addressed in Section 5 related to the workforce?</p> <p>Notwithstanding the preceding, other workforce-related aspects should be identified (e.g., wages for construction and operations workers; age of workforce) as well as larger socio-economic aspects (e.g., cost of living, worker shortage).</p> <p>The notion that the completion of the Bruce Power MCR project will result in a surplus of skilled labour for the Project and not result in a population increase continues to be contrary to the demographic trend presented by metroeconomics.</p> <p>In addition, some linkages between the relevant Project characteristics and companion Community Studies are overlooked (e.g., the Local Hiring Effects Study and Strategy, which is not named, refers to possible labour force shortages due to retirements).</p> <p>In brief, the illustration of interrelations between sources of potential Project effects and health services (programs and infrastructure) would help to ensure that potential effects are not overlooked or not sufficiently addressed.</p>	<p>We do not understand the statement that “<i>The notion that the completion of the Bruce Power MCR project will result in a surplus of skilled labour for the Project and not result in a population increase is contrary to the demographic trend presented by metroeconomics</i>”. This comment was not in the January 11 preliminary comments, and as such we did not have an opportunity to discuss with the PRT. Section 4.1 of the report does not make such a statement, though it does note the synchronization of stages of the MCR Project and the NWMO’s Project, as per the <i>Workforce Development Study</i>.</p> <p>While cost of living is not directly relevant to the study objectives, it is mentioned indirectly in terms of housing, knowledge holder interviews in S. 5.</p> <p>The draft report does note the general and health-care-specific worker shortage. For example, during knowledge holder interviews, the Ontario Health Teams and Family Health Teams in the study area noted that family doctors do not have the capacity to accept any new patients at this time, so any increase in population (associated with the Project or not) will result in increased pressure on emergency departments for primary care services.</p> <p>The <i>Local Hiring Effects Study and Strategy</i> addresses the health care workforce, and retirements, only at a very high level; the report will be reviewed, and any relevant information added to the V2 revised report. For example, Action 7 (Explore the Federal Sectoral Workforce Solutions Program for the reskilling, upskilling, and transition of workers into high-demand occupations and</p>	<p><i>construction and operations phases, the overall change in population resulting from the Project in comparison to the regional baseline population is relatively small. However, the distribution of the workforce in the MSB and neighbouring communities has important social and economic implications</i>”.</p> <p>Although identified, the PRT agrees that the worker population growth will have social and economic considerations including worker shortage are not assessed in this Study.</p> <p>As per the fifth paragraph of DPRA’s response, the PRT notes that the reference to an aging workforce in the Local Hiring Effects Study and Strategy has been added to Section 3.2, which, on that topic, concludes that the local health system will be further challenged in the near future due to the current lack of human resources in the health care sector and expected upcoming retirements. In light of that addition, statements made later in the report about the expectation that the Project-derived population growth may put further pressure on health care could be adjusted to refer also to the pressure of upcoming retirements and corresponding worker shortages.</p>

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
			<p>target sectors, including health, clean energy and construction.) in Goal 1 (Create a Strong Local Talent Pipeline) may be integrated into the <i>Health Programs and Infrastructure Study</i>.</p> <p>Examining some of these factors is beyond scope of this study, and could be explored in a future study / during the Impact Assessment process if the Project is located in the South Bruce Area.</p>	
9	5.1 Potential Changes to Health Programs and Infrastructure	<p>The first paragraph states that the Project is not expected to result in substantial additional demand on existing health services (programs and infrastructure). We note that the Project's effects might aggravate certain aspects of community health regardless of the change in population (see Comment No. 3).</p> <p>Also, this statement does not seem to consider the programs and infrastructure that are absent from the local project service area as identified in the Emergency Services Study (IEC and DPRA, 2022). This could include separate infrastructure needs for patients with radiological contamination at local hospitals, new skill acquisition, and/or specialized equipment for hospital and ambulatory staff. The peer review team believes these programs and infrastructure would be considered to be a substantial additional demand on the existing healthcare services and suggests text be added to identify these capability deficiencies.</p>	<p>See the response to comment #3 above, in terms of considering factors beyond population growth.</p> <p>This paragraph will be revised in V.2 to reflect clarifications in terms of emergency services relevant to health programs and services (e.g., separate infrastructure needs for patients with radiological contamination at local hospitals, new skill acquisition, and/or specialized equipment for hospital and ambulatory staff). For example, though there are 2 existing sites offering decontamination, and there may be additional needs in the future with further study. In addition, a sub-section will be added to S. 5.1.2 re: Potential Additional Infrastructure Needs - Radiological Contamination to address these needs.</p>	See the PRT's response to DPRA's response to Comment #3.

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
10	5.1 Potential Changes to Health Programs and Infrastructure	The third paragraph refers the reader to the Vulnerable Populations and Social Programs studies “for more information on potential Project changes affecting the programs for these populations.” Please identify the findings of those studies the reader should reference. We also recommend that the findings referenced be linked where appropriate to the potential effects identified in Sections 5.1.1 and 5.1.2.	Third paragraph reads: “ <i>Because vulnerable populations are a sub-set of the Study Area population and because the delivery of social programs are so closely linked to health programs and services, refer to the Vulnerable Populations and Social Programs studies for more information on potential Project changes affecting the programs for these populations.</i> ” We will add a high-level synthesis of relevant findings concerning health programs and infrastructure from the <i>Vulnerable Populations and Social Programs</i> report.	The added synthesis of the relevant findings concerning health services in the Vulnerable Populations and Social Programs report is helpful.
11	5.1 Potential Changes to Health Programs and Infrastructure	We suggest that an overview be provided of how potential positive and negative effects are generated so that the logic is systematic, traceable, and understandable to the reviewer. For example, possibly start with direct Project effects aligned with the defined spatial and temporal boundaries for the Study and then move to indirect Project effects drawing in salient information from the companion Community Studies. The results of such could be summarized in a table and then elaborated upon in the text for increased reader understanding. At present, it is not clear to the reader on how the 5 positive effects and 4 negative effects are generated or why. Also, please clarify the statement in Section 5.1 that both the potential positive and negative effects may occur across all the temporal boundaries and become more pronounced as the Project progresses. Does that mean that the potential negative effects will worsen with time?	This version of comment 11 was not in the January 11 preliminary comments, and as such we did not have an opportunity to discuss with the PRT. We note that based on discussions with NWMO and the peer review team on the draft V1 of the <i>Vulnerable Populations and Social Programs</i> report, Figures 3 and 4 related to direct and indirect positive and negative effects were deleted from the report. Consideration of direct and indirect effects, particularly in the context of the spatial and temporal boundaries and companion community studies reports have not been done in the earlier studies. This more complex analysis could be explored in a future study / during the Impact Assessment process if the Project is located in the South Bruce Area. Clarifying text will be added that both the potential positive and negative effects may occur across all the temporal boundaries and become more pronounced as the Project progresses, though it is noted in V1	Response noted. Clarifying text is helpful. Discussing Project effects become more pronounced as Project progresses important to identify and include and supports the option of the Social Monitoring Program.

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
			that this relates to cumulative population growth and maturation of initiatives associated with the Project.	
12	5.1.1 Potential Positive Effects	Under “Economic Prosperity,” the relationship between the prosperity of local businesses and health programs and infrastructure needs to be explained because it is not clear. Businesses do not seem to be addressed in the baseline data, nor identified as a relevant Project characteristic in relation to health programs and infrastructure.	As discussed at the meeting with the Peer Review Team on January 12, the Economic Prosperity subsection will be removed from 5.1.1.	PRT comment satisfactorily addressed.
13	5.1.2 Potential Negative Effects	Under “Increasing Housing Pressure and Inequity,” the relationships between the housing market pressures and economic divide and health programs and infrastructure need to be explained because they are not clear.	DPRA will review the wording and refine in V2 draft report to clarify the focus/issue- this issue is with respect to housing the healthcare workforce/staff. This may also be added to the existing conditions section.	The sentence referring to housing market pressures and economic divide has been deleted; therefore, the comment no longer applies.
14	5.1.2 Potential Negative Effects	Under “Perception/Concern re: Risk of Radiation Exposure,” the assessment does not consider the perception/concern of community members, which could have an effect on health programs and infrastructure, possibly greater than that identified for health care staff.	Community members are acknowledged in the first sentence of this section. Section 5.1.3 ‘Potential Enhancements and Mitigation Measures’ notes “Ongoing Project and radiation safety education and awareness campaigns would help to address any resident concerns or perceptions of risk (NWMO, 2022a).” The V2 report will note that the Centre of Expertise could be a venue for these activities. See responses to comments 3, 8 above, and 15 below.	See the PRT’s response to DPRA’s response to Comments #3, 8 and 15. The first sentence of the section in question states simply that current or potential future residents may be concerned about potential radiation exposure, while the second and third sentences refer specifically to concerns of health care workers and their families, noting the potential difficulty in recruiting health care workers fearful of potential radiation exposure. The added text in the revised report identifies mitigating measures to address perception of risk.
15	5.1.2 Potential Negative Effects	“Increasing Pressure on Health Services” seems to consider only an increased demand on the part of incoming workers (as explained in Comment No. 3, increased demand could occur otherwise) and is limited to noting that “any increased demand will further challenge the provision of services.” The question of the adequacy	See also the response to comments 3, 8, 11,14 above. In our view, the categories ‘Increasing Pressure on Health Services does not overlap with ‘Perception / Concern re: Risk of Radiation Exposure’, unless perhaps in	See the PRT’s response to DPRA’s response to Comments #3, 8, 11 and 14. The PRT finds that its comment has not been adequately addressed. All the potential negative effects identified could

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
		<p>of the potential effects categories identified arises. For example, the category “Increasing Pressure on Health Services” overlaps with the category “Perception/Concern re: Risk of Radiation Exposure” in that the latter also refers to increased pressure on health services/staff. Is the former category not in and of itself the principal topic for the assessment of potential negative effects and should, therefore, be broken down into (sub)categories? See Comment No. 11 for further related information.</p>	<p>the sense of the provision of mental health services.</p> <p>We also note the decades-long presence of Bruce Power/the nuclear industry in the region (see response to comment #3 above).</p> <p>We note that the issue of perception of risk by health care workers was raised by one knowledge holder who was interviewed twice (one for VP/SP study, and again for the Health Programs and Infrastructure study), and no other knowledge holder raised this issue.</p> <p>The demand for services is related to capacity; the health care system is already in crisis/at or over capacity – but there is no unique type of pressure or exacerbation from the Project. The Project does not change the nature of the pressures on the system (with the possible exception of need for additional radiation decontamination facility(s) at hospitals other than Kincardine/Southampton), but may result in a small increase in pressure due to the incremental change in population.</p>	<p>result in increasing pressure on health services in one form or another.</p> <p>In reference to the last paragraph of DPRA’s response, the PRT comment did not imply that the Project could change the nature of the pressures experienced by the health care system. It should be noted the demand for services and the current and future gaps are related to both capability and capacity.</p> <p>PRT agrees the assessment carried out in this Study is not sufficient to identify unique pressures or effects from the Project but is sufficient to conclude the Project can exacerbate a number of the current challenges and gaps.</p>
16	5.1.3 Potential Enhancements and Mitigation Measures	<p>Where it is stated that the provision by NWMO of health care services to their employees (e.g., through their employee benefits package/EAP) may reduce pressure on some local/regional health services, please clarify how that may be the case.</p>	<p>V2 revised draft report will have added text from the DGR CDR (Sept. 2021) that notes that the site will include some Project health facilities/services, e.g., “Nursing station and first aid area with consultation rooms and a doctor’s office. A fulltime nurse practitioner will be on duty for all shifts.” (p.37) as either a new 4.1 or 4.4.</p>	<p>The comment no longer applies because Section 5.1.3 was deleted.</p>

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
17	6.1 Overview of Options	<p>The first paragraph states that the Project is not expected to result in substantial additional demands being placed on existing health services (programs and infrastructure).</p> <p>This statement does not seem to consider the health programs and infrastructure that are absent from the local project service area as identified in the Emergency Services Study (IEC and DPRA, 2022). This could include separate infrastructure needs for patients with radiological contamination at local hospitals and new skill acquisition and specialized equipment for hospital and ambulatory staff.</p> <p>The peer review team suggests an additional sentence be added to identify these deficiencies.</p>	<p>V2 revised draft report will include additional text/clarification in the introductory paragraph re: new/closer infrastructure/training with respect to radiation-related injuries/emergencies (as per Option 4 from the Emergency Services Study, as noted on p. 56 of the V1 Health Programs and Infrastructure report).</p>	<p>The Overview of Options in the Final Report (V5) sets the stage describing how NWMO can participate and contribute to enhancing potential positive effects and work to mitigate negative effects.</p> <p>The Study indicates the options are linked and derived from other community studies. Options identified and described and the potential for NWMO's participation is relevant and beneficial to addressing the challenges identified.</p> <p>The previous comments have been satisfactorily addressed.</p>
18	6.2 Relevant Options from the Emergency Services Study	<p>The peer review team finds the descriptive paragraph confusing and recommends that it should be simplified so the reader understands that NWMO will be supporting emergency service providers in implementing programs and infrastructure needed to support the Project as defined in Guiding Principle #28 and #32</p> <ul style="list-style-type: none"> - #28: "The NWMO will prepare a review of the existing emergency services in South Bruce and provide appropriate funding for any additional emergency services required to host the Project in South Bruce." - #32: "The NWMO, in consultation with the Municipality and other local and regional partners, will prepare strategy to ensure there are sufficient community services and amenities, including health, child-care, educational and recreational facilities, to accommodate the expected population growth associated with hosting the Project in South Bruce." 	<p>V2 draft revised report will include refined wording in this regard – see also responses to comments 19, 20 below.</p>	<p>Content has been both removed and added to show the intended alignment with Guiding Principles #28 and #32. The comment has been satisfactorily addressed.</p>

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
		The existing wording is missing context and may lead readers to believe that the community organizations may be required to address these gaps independently.		
19	6.2 Relevant Options from the Emergency Services Study - ES Option 4	<p>The following peer review comment from the Emergency Services Study (IEC and DPRA, 2022) remains outstanding in the final Peer Review Report and applies specifically to the content, as follows.</p> <p>Comment:</p> <p>The many options in this section are constructed with the public emergency service or agency listed with the primary responsibility to initiate and complete the suggested action and none of the options outline what the intent is for funding or taking on these potential implementations. Is this the intent of the report or should NWMO (leadership/ support/ responsibility) be added to change this interpretation? (GHD and RSIC, 2022).</p> <p>The peer review team suggests that this information be paraphrased to identify the “what is to be implemented” and omit the “who will be completing the tasks” so the content of the Study aligns with the MSB Guiding Principles #28 and #32.</p>	<p>V2 draft revised report will include refined wording in this regard.</p> <p>Note – MSB’s principle alignment table identifies principles 10 and 32 for the Health study; principle 28 is specific to the <i>Emergency Services</i> study (we understand that study is related to this <i>Health Programs and Infrastructure</i> study).</p> <p>28: “The NWMO will prepare a review of the existing emergency services in South Bruce and provide appropriate funding for any additional emergency services required to host the Project in South Bruce.”</p> <p>See also the response to comment 18 above, and 20 below.</p>	Content has been refined. The comment has been satisfactorily addressed.
20	6.2 Relevant Options from the Emergency Services Study - ES Option 5	<p>The following peer review comment from the Emergency Services Study (IEC and DPRA, 2022) remains outstanding in the final Peer Review Report and applies specifically to the content, as follows.</p> <p>Comment:</p> <p>The many options in this section are constructed with the public emergency service or agency listed with the primary responsibility to initiate and complete the suggested action and none of the options outline what the intent is for funding or taking on these potential implementations.</p>	See response to comments 18, 19 above.	Content has been refined. The comment has been satisfactorily addressed.

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
		<p>Is this the intent of the report or should NWMO (leadership/ support/ responsibility) be added to change this interpretation? (GHD and RSIC, 2022).</p> <p>The peer review team suggests that this information be paraphrased to identify the “what is to be implemented” and omit the “who will be completing the tasks” so the content of the Study aligns with the MSB Guiding Principles #28 and #32.</p>		
21	6.2 Specific Options – Option 1b	Why limit health care scholarships, mentorships and networking opportunities to students who are interested in pursuing careers in the nuclear energy sector with a focus on medical interventions, if the Project may add pressure to health services generally?	The revised V2 draft report will revise the wording of 1b to also include more general health care scholarships, mentorships and networking opportunities, as well as those related to careers in the nuclear energy sector (with a focus on medical interventions). Will also review the options section to determine if the future Teeswater Medical Centre can be more explicitly addressed.	The comment has been satisfactorily addressed.
22	7 Summary	Material changes to the Study in response to the above Comments could result in changes to Section 7.	Agreed, these will be reflected in the revised draft V2 of the Study report.	The comment has been satisfactorily addressed.

4.2 Comments on Adherence to the Work Plans

The Community Health Programs and Infrastructure Study substantively complies with the approved Work Plan as indicated in **Table 4.2**. The Study satisfies the objective of characterizing the current state of health services within the MSB area, identifies both positive and negative potential effects of the Project, and lists a couple of options to enhance health care and mitigate potential undesirable effects. The Study, however, does not adequately define its scope, nor fully describe the methodology used to identify Project effects or sufficiently access and use salient socio-economic information and findings from the companion Community Studies. At present, it is not clear how the four positive effects and five negative effects, together with the two options, were generated other than stating they are most material.

The PRT is of the opinion that the Project effects resulting from the direct, indirect and induced population growth and changes to social infrastructure should be identified and assessed in consideration of relevant information provided in the companion Community Studies. The PRT also finds that the Study focuses primarily on the increase in population in assessing Project effects. In conducting the effects assessment, other relevant factors could be more fully considered, such as a growing aging population and housing, worker, and community and provincial funding shortages. The Study does leverage content and findings from the Emergency Services Study and outlined some of the challenges that health care programs and infrastructure will need to consider and undertake if the Project comes to South Bruce.

Table 4.2 Adherence to the Work Plan

Step #	Step	Description of Activities	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Initial Feedback to DPRA Comments
Step 1	Data Collection –Secondary/ Primary; updated Project assumptions; information from other related community studies	<p>a. Resource review</p> <ul style="list-style-type: none"> • Identify and review relevant resources for MSB and neighbouring communities that speak to the state of current health programs and infrastructure (including current issues and challenges) and to existing plans for health care expansion for organizations providing services in and to residents of the Core Study Area including: <ul style="list-style-type: none"> ○ Public and private hospitals, clinics, hospices, etc. ○ Community rehabilitation support services ○ Community mental health and addiction services ○ Community health centres and community care services ○ Eye care and dental care professionals; and ○ Other considerations deemed appropriate from preliminary desk-top investigations and findings from other relevant community study reports. 	<p>a. Complete</p> <p>b. Partially complete. The report identifies a number of interviews and sources that were not complete at the time of the Study. The Final report should include this information.</p>	V2 draft revised report will be updated to reflect the current state of data collection as of February 2023.	b. Additional Interviews were completed and content added to the report. This can now be considered “Complete”.

Step #	Step	Description of Activities	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Initial Feedback to DPRA Comments
		<p>b. Conduct interviews with key knowledge holders</p> <ul style="list-style-type: none"> Identify knowledge gaps based on data previously collected for other social community studies, as well as the Work Plan <p>Create data collection tools that support the collection of information regarding the current state and future plans for health programs and infrastructure (including barriers).</p>			
Step 2	Review Outputs from Other Studies	Take into consideration data and findings from other studies that are pertinent to the subject study	Partially complete. Findings from the associated studies that identify the potential effects on the community are not directly used as a basis to identify the additional health services and infrastructure effects and additional actions that may be required if the Project comes to South Bruce.	The V2 draft revised report will be updated to reflect consideration of other pertinent studies – see for example the response to comment #8 above.	The Report now identifies the relevant content from the Emergency Services Study. This can now be considered “Complete” from this Study’s perspective.
Step 3	Analysis and assessment, identification of effects management options	<p>a. Considering the findings from the MSB’s growth expectations/ targets (population, housing/ residency scenarios – metroeconomics, 2022) and the Workforce Development, Housing Needs and Demand Analysis, Emergency Services and Vulnerable Populations/ Social Programs studies for the Project, assess and describe the extent of possible effects or needs associated with health care services and infrastructure to determine Project derived changes</p>	<p>The Study does not fully address the potential effect of the Project on the delivery of the health services and programs due to health care worker shortage resulting from lack of skilled labour (Local Hiring Study), affordable/adequate housing (Housing Needs Study) and community services in general. The Study acknowledges that at this stage, there is insufficient information to provide details on the Project’s effects on the local emergency service requirements. NWMO recognizes that further studies will be required to determine the necessary emergency response provisions</p>	These matters are addressed in the responses to several comments in Table 1 (e.g., 8, 10, 16, 17), and the response to the Step 2 comment above.	<p>a. Complete</p> <p>b. Complete</p>

Step #	Step	Description of Activities	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Initial Feedback to DPRA Comments
		<ul style="list-style-type: none"> b. Working session with PRT to review data collection, gaps, preliminary findings 	<p>for the core study area to support the Project.</p> <p>The Study does not adequately address the possible Project effects or needs of vulnerable populations or social programming associated with health care services, programs and infrastructure.</p>		
Step 4	Observations and Conclusions	<ul style="list-style-type: none"> a. Identify options to contribute to meeting the need for incremental expansion/plans to enhance the health infrastructure and health programs, attract residents to the area, and or mitigate health concerns and prepare summary of materiality considerations for options. Note links to other community studies. b. Assess options for consideration by the Municipality of South Bruce, the NWMO and nearby neighboring municipalities. c. Working session with PRT to review preliminary draft report findings including options prior to issuing draft report. 	<ul style="list-style-type: none"> a. Complete, may need to be updated once Step 2 and 3 are refined. b. Complete, may need to be updated once Step 2 and 3 are refined. c. Not completed 	<ul style="list-style-type: none"> a. Agreed b. Agreed c. The Dec. 12, 2022 'check-in' included high-level options; a meeting was held Jan 12, 2023 to review the options in draft V1 prior to preparation of draft V2. 	<ul style="list-style-type: none"> a. Complete b. Complete c. Complete

4.3 Municipality of South Bruce's Guiding Principles

The Community Health Programs and Infrastructure Study informs select principles of the 36 guiding principles established by MSB. The Municipality published a Project Visioning report based on community workshops held in January 2020 that identified areas of community concern and opportunities. Based on the Project Visioning report and further public consultation, MSB passed a Council resolution endorsing the 36 principles that will guide their assessment of willingness to host the APM Project. In light of their importance to MSB, the principles have been individually linked to each of the studies as appropriate to ensure that they were fully considered or accounted for in completing the work (**Appendix D**).

Three of the 36 principles are linked to the Community Health Programs and Infrastructure Study: numbers 10, 16, and 32. **Table 4.3** lists the principles and how the Community Health Programs and Infrastructure Study informs those principles. While guiding principle number 28⁴ is specific to the Emergency Services Study, it is closely aligned with the Community Health Programs and Infrastructure Study.

Table 4.3 The Principles Associated with the Community Health Programs and Infrastructure Study

Principle # and Description	Consideration of the Principle in the Study
10. The NWMO will identify the potential for any positive and negative socio-economic impacts of the Project on South Bruce and surrounding communities and what community benefits it will contribute to mitigate any potential risks.	The Perception/Concern re: Risk of Radiation Exposure found in section 5.1.2 align with Guiding Principle #10, as demonstrated in the following example: <ul style="list-style-type: none"> – Individuals (current or potential future residents) may be concerned about potential radiation exposure and/or its effect on the environment during transportation of used nuclear fuel and/or at the Project site. More specifically, health care services staff (and their families) may have concerns if additional radiation decontamination facilities are identified as being needed during future planning. It may be difficult to recruit and/or retain health care staff who are fearful of potential radiation exposure from two regional sites housing used nuclear fuel (the Bruce Nuclear Generating Station, and the Project).
16. The NWMO will implement the Project in a manner that promotes diversity, equality and inclusion.	The Study findings and the peer review are aligned in identifying the need for future study to further address potential effects of the Project on health services, the social determinants of health, community health outcomes, and health systems which includes the potential Project changes to vulnerable populations. Options identified can work to promote diversity, equality and inclusion of vulnerable populations.
32. The NWMO, in consultation with the Municipality and other local and regional partners, will prepare a strategy to ensure there are sufficient community services and amenities, including health, child-care, educational and recreational facilities, to accommodate the expected population growth associated with hosting the Project in South Bruce.	The relevant options from the Health Programs and Infrastructure Study align with Guiding Principle #32, as demonstrated in the following example: <ul style="list-style-type: none"> – Three of the thirteen options identified in the <i>Emergency Services Study</i> align with the objectives identified in the <i>Community Health Programs and Infrastructure Study</i>. These three aligned options (#1, #4, #5) have the NWMO working with and supporting emergency service providers (e.g., affected municipalities and counties, health care organizations, Ontario, federal regulators,) during the pre-construction phase and into construction and operations phases. This would include: <ul style="list-style-type: none"> • Engagement and information sharing on the specific needs of the Project (e.g., response plans, infrastructure, training) • The plans of emergency service providers, and the requirements of them, if any, with respect to the Project • Specific topic areas include (but are not limited to): <ul style="list-style-type: none"> – Which hospital(s) may be selected to have nuclear capabilities – The need for a decontamination room and associated equipment – Training

4. Guiding principle number 28: The NWMO will prepare a review of the existing emergency services in South Bruce and provide appropriate funding for any additional emergency services required to host the Project in South Bruce.

Principle # and Description	Consideration of the Principle in the Study
	<ul style="list-style-type: none"> - Future needs including additional ambulance stations, paramedics, ambulances and equipment

4.4 Conclusions of the Peer Review

It is the view of the PRT that the Health Programs and Infrastructure Study Report satisfies the objective of characterizing the current state of health services within the Core Study Area. The Study concludes that the Core Study Area is currently experiencing pressure in the areas of health care provision because of Bruce Power’s Major Component Replacement (MCR) Project, the pandemic (and related infectious diseases), the increasing complexity of health care needs (e.g., for seniors and children), the lack of sufficient health care human resources, and the recent influx of new residents from southern Ontario.

The Study identifies potential positive and negative effects of the Project, related to Project derived changes to population and lists three options for NWMO to participate in enhancing health care and to mitigate potential undesirable effects. The Study concludes that benefits to health services resulting from the Project, include the following:

- Increased municipal tax base and influence on provincial per-capita funding
- Increased pool of workers
- Higher paying jobs
- Improvements in telecommunications infrastructure

The Study further concludes that potential adverse effects to health services resulting from the Project include the following:

- Competition for employees
- Increasing housing pressure and health staff recruitment
- Perceptions/ concerns regarding risk of radiation exposure
- Increasing pressure on health services
- Potential additional infrastructure and training needs for radiological contamination

The potential Project derived changes to community health programs and infrastructure are noted within the Study to occur across all phases of the Project. The Study also concludes however that the actual changes cannot be fully predicted at this time.

PRT Views

The PRT agrees with the Study’s findings that the overall change in the projected population resulting from the Project in comparison to the regional baseline population growth has the potential to be relatively small. However, given the current pressures being experienced by health services locally and across Ontario and Canada, any addition to the population may cause further strain to the system and exacerbate the current challenges identified in the Study. The Study notes that the distribution of the workforce in the MSB and neighbouring communities has important social and economic implications. The PRT believes the potential negative effects that will be realized are consistent with the current challenges identified.

The Study considers the effects of the population growth related to the Project on health programs and infrastructure. An assessment of changes to the social determinants of health, which could affect health and the health system are beyond the scope of the Study. The PRT is of the opinion that the Project effects resulting from the direct, indirect, and induced population growth can be further identified and assessed in consideration of relevant information provided in the companion Community Studies. The Study identifies the close link between health services and the delivery of social programs. In conducting the effects assessment, other relevant factors could be more fully considered, such as a growing aging population and housing, worker, and community and provincial funding shortages. In light of this, the PRT is in agreement with the Study’s conclusion that if the Project is located in South Bruce, a future study during the

post-site selection Impact Assessment process could further address potential effects of the Project on health services, the social determinants of health, community health outcomes, and health systems.

The Study does leverage content and findings from the Emergency Services Study and outlines some of the challenges that health care programs and infrastructure will need to consider and undertake if the Project comes to South Bruce. The Study provides an option for the NWMO and MSB to provide timely Project information to local/regional government and health care program and service providers through ongoing outreach and engagement. The engagement will provide the opportunity to share and discuss information that may affect health care delivery and may support current and future health system planning. However, one of the primary findings of the Emergency Services Study was that there is more work to be done to define the required capacities and capabilities of the future health care system.

The Study presents the currently planned initiatives by health care organizations to address certain challenges associated with the existing programs and infrastructure. The potential positive effects that the Project brings can be leveraged to contribute and support the currently planned and future initiatives. The NWMO can further contribute to the future success of health programs and infrastructure services through a partnership with local/regional health care organizations, academic institutions and/or MSB.

Appendices

Appendix A

List of Socio-Economic Community Studies

Appendix A. List of Socio-Economic Community Studies

ID	Study Name	Study Proponent	Lead Consultant
E01	Local Economic Development Study & Strategy	MSB	Deloitte
E02	Economic Development Program - Youth	MSB	Deloitte
E03	Local Hiring Effects Study & Strategy	MSB	Deloitte
E04	Demographics	MSB	Deloitte
E05	Agricultural Task Force/Agricultural Business Impact Study	MSB	Deloitte
E06	Fiscal Impact and Public Finance	MSB	Watson & Associates Economists
E07	Tourism Industry Effects & Strategy	MSB	Deloitte
E08	Housing Needs and Demand Analysis Study	NWMO, MSB	Keir Corp.
E09	Labour Baseline Study	NWMO	Keir Corp.
E10	Workforce Development Study	NWMO	Keir Corp.
E11	Regional Economic Development Study	NWMO	Keir Corp.
E12	Property Value Monitoring Program		
I21	Aggregate Resources Study	NWMO, MSB	Keir Corp.
I22	Infrastructure Baseline and Feasibility Study	NWMO	Morrison Hershfield
I23	Local Traffic Effects Study	NWMO	Morrison Hershfield
I24	Road Conditions Effects Study	NWMO	Morrison Hershfield
S13	Effects on Recreational Resources	MSB	Tract Consulting
S14	Local/Regional Education Study	NWMO, MSB	DPRA
S15	Land Use Study	NWMO, MSB	DPRA and MHBC
S16	Social Programs Study	NWMO, MSB	DPRA
S17	Emergency Services Study	NWMO	DPRA and IEC
S18	Vulnerable Populations Baseline and Effects Study	NWMO	DPRA
S19	Effects on Community Safety		
S20	Community Health Programs and Health Infrastructure Study	NWMO	DPRA

Appendix B

Peer Review Protocol

South Bruce Consultants Peer Review Protocol

Protocol for Peer Review Process

1. The scope of the peer review is variable for each NWMO study (Study). The scope and objective of each Study is variable. The Study may include development of information, data and documents in the form of a:

- Statement of Work
- Work plan
- Baseline conditions
- Modeling/prediction/forecast of future conditions
- An assessment of impact/benefits

Not all NWMO studies will include each of the above listed elements. While a collaborative peer review approach is to be used, it is important to maintain independence during the peer review process.

2. Develop an initial understanding of NWMO inputs to conducting the Study including timing, availability and sources of information.
3. Meet with NWMO and their consultants to
 - compile a list of information/documents that will need to be reviewed as part of the Peer Review
 - compile a list of parties/agencies providing information for use in preparing the Study
 - identify additional information/sources that may be pertinent to the Study
4. Undertake an initial review of the information/documents assembled and developed for the Study
 - Peer review of the SoW will include information and data pertaining to some or all of the following elements:
 - i.) Statement of Work (SoW)
 - ii.) Work plan
 - iii.) Baseline conditions
 - Provide questions/comments to NWMO on the available information/documents and ensure they have been adequately addressed with the community in mind.
5. Conduct peer review of the Study findings as they are developed which may include the following:
 - i.) Project design(s)
 - ii.) Modeling of future conditions
 - iii.) Impact assessment approach
 - iv.) Impact assessment findings
 - v.) Analysis of reliability
 - If warranted, work with NWMO and their consultants to conduct a site visit
6. Meet with NWMO and their consultants to:
 - Seek clarifications of the information/documents reviewed
 - Ensure a full understanding of the assessment approach and findings
 - Present the preliminary peer review findings (concurrences and concerns)



- Provide questions/comments and peer review findings and ensure they have been adequately addressed with the community in mind.
7. Review NWMO draft reports
 - Complete a detailed review of the draft reports
 - Identify omissions and/or inconsistencies if they occur with SOW and Work Plan
 8. Prepare draft Peer Review Report for submission to South Bruce for comments.
 - Include a summary of peer review observations, findings, and comments
 9. South Bruce will review with RedBrick for communications to public
 10. Finalize and present the Peer Review Report to South Bruce and NWMO
 11. Each consultant will need to provide a presentation of the findings of the peer reviews to the CLC.

Table of Contents for Peer Review Report

1. Introduction
 - a. State the purpose of the Peer Review Report (Report)
 - b. Provide capsule summary of the proposed Project
 - c. Identify the NWMO Study that is being peer reviewed
 - d. Identify the NWMO Statement of Work for completing the Study (i.e., SOW from EOI or update)
 - e. Identify participants involved in conducting the Study
 - f. Identify the time period the Study work and Peer Review was carried out
2. Peer Review Objectives and Process
 - a. State objectives for conducting the Peer Review which include
 - i. To provide the community of SB with independent review by qualified subject matter experts
 - ii. To complete a peer review of the NWMO Assessment of potential impacts and proposed benefits in comparison to existing conditions
 - iii. To review how the potential impacts and proposed benefits adhere to the 36 principles that will guide the assessment of willingness to host the Project.
 - b. Describe the Peer Review Process Undertaken
 - i. Describe the Peer Review process that was carried out.
 - ii. List activities completed (e.g., site visits, work plan review, data review, report review, meetings, etc.)
3. Documentation and Information Reviewed
 - a. List NWMO study specific information reviewed which may include:
 - i. Scope of work
 - ii. Detailed work plan
 - iii. Baseline Conditions
 - iv. Assessment Approach
 - v. Assessment Findings
 - b. List parties/agencies involved in providing information into the study
 - c. List all documents/meetings/data/additional information and include a short summary of each
4. Peer Review Findings and Resolution
 - a. Baseline Conditions Report (concurrences and concerns and resolution)

- b. Impact Assessment (IA) Report
 - i. IA approach (concurrences and concerns and resolution)
 - ii. IA findings (concurrences and concerns and resolution)
 - c. Conclusions of peer review
 - d. Adherence to the 36 principles which are pertinent to the study
5. Summary

Appendix C

Peer Review Comments Memo



Memorandum

March 03, 2023 – updated April 24, 2023

To	Dave Rushton/Steve Travale, Municipality of South Bruce		
Copy to			
From	Greg Ferraro and Ian Dobrindt/AD/mma	Tel	+1 519 884 0510
Subject	Community Health Programs and Infrastructure Study (S20) Draft Report V1 – Peer Review Comments	Project no.	11224152-MEM-43

1. Introduction

This memo provides the Municipality of South Bruce (South Bruce) peer review team’s comments on the Community Health Programs and Infrastructure Study (S20) Draft Report (Draft Report; V1) prepared by DPRA Canada Inc. (DPRA) (December 20, 2022) for your consideration and internal circulation as per the South Bruce Nuclear Exploration Project joint study review flow process. In addition, the memo will be submitted to the Nuclear Waste Management Organization (NWMO) and their consultants (DPRA) by GHD Limited (GHD) as per the peer review protocol process.

2. Peer review approach

The peer review of the Draft Report was carried out by GHD. The peer review process was completed in alignment with the peer review protocol that was developed to support a collaborative approach between NWMO and South Bruce while maintaining independence during the process. In accordance with the peer review protocol process, GHD (Subject Matter Experts) and GHD (Lead Consultant) considered the following information during our individual reviews of the Community Health Programs and Infrastructure Study Draft Report:

- Southwestern Ontario Community Health Programs and Infrastructure Study Work Plan (S20), prepared by DPRA (November 2, 2022)
- Knowledge holder interviews
- Discussions held at the December 12, 2022 check-in meeting and follow-up comments provided on December 14, 2022
- Peer review comments on NWMO’s draft project description for South Bruce community studies memo prepared by GHD Limited (November 18, 2021) and responded to by NWMO (January 27, 2022)
- South Bruce and area growth expectations memo prepared by metro economics (February 7, 2022)
- Pertinent baseline and effects assessment information provided in companion Community Study /Peer Review reports

GHD reviewed the Draft Report having the following questions in mind:

- Are there any significant concerns, issues, and/or omissions with the Draft Report?
- What are our initial observations/impressions on the Draft Report?
 - Has the work plan been complied with?
 - Has pertinent information gained from knowledge holder interviews been included?
 - Has a previous NMWO response of deferring a peer review team comment to the Draft Report task been complied with?
 - Have peer review comments made during the community study workshops been addressed?
 - Does the Draft Report reflect the most current information available?

GHD held an internal 10-day Peer Review Check-In Meeting working through the preceding questions. Following this, we shared our initial observations/preliminary comments with NWMO and their consultant during a discussion on January 12, 2023, where questions were asked, clarifications were sought, and suggestions were offered. Following this discussion, our substantive comments were finalized as listed in the Comment Disposition Table (**Table 1**).

3. Peer review comments

As stated above, the comment disposition table (**Table 1**) lists our combined comments on the Draft Report. It is understood that NWMO and their consultants will provide responses to these comments and address each comment where appropriate as part of finalizing the report.

Based on completion of the peer review and follow up discussions with NWMO and their consultants, the inputs presented in the Draft Report are found to support the overall objectives:

1. Describe the current health care system in and serving the Core Study Area¹
2. Identify potential effects on health programs and infrastructure arising from construction and operation of the Project in relation to effects associated with baseline population growth
3. Identify and describe preliminary considerations and potential options to enhance health care for the community and mitigate possible undesirable effects

In general, the study as described in the Draft Report substantially complies with the work plan in terms of study areas and information developed and included. **Table 2** summarizes the peer review's assessment of the Work Plan.

¹ The Core Study Area includes the MSB, the Township of Huron-Kinloss, the Municipality of Brockton, the Township of North Huron, and the Municipality of Morris-Turnberry. This Core Study Area is identical to the Core Study Area used in the various Economic community studies (Keir Corp., 2022), and in metroeconomics (February 2022) South Bruce and Area Growth Expectations memorandum.

Table 1 Community Health Programs and Infrastructure Study Report Comment Disposition Table

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
1	1.3 Purpose and Scope	<p>Both option 1 and option 2 in Section 6.2 have paragraphs that describe alignment with MSB Guiding Principle #16.</p> <p>Guiding Principle #16 is not included in section 1.3 and suggest that it should be added.</p>	<p>Principle 16: “The NWMO will implement the Project in a manner that promotes diversity, equality and inclusion.”</p> <p>In Section 1.3 (Purpose and Scope) DPRA used the MSB’s Feb 2022 table that aligns principles with studies; Principle 16 was not identified by MSB as being aligned with the Health Programs and Infrastructure Study. However, we will add to revised draft V2.</p>	Content has been added. The comment has been satisfactorily addressed.
2	1.3.3 Temporal Boundaries	<p>We suggest that the “Current Period” be delineated, as 2016 (to) 2022 should be defined and its relevance explained, because it is presently 2023; therefore, the “Current Period” is now in the past.</p> <p>The “site preparation phase” and the “design and construction (phase)” for the near-term boundary should also be defined. The term “construction phase” used for the mid-term boundary is different from the related term for the near-term boundary. “Pre-construction” is used later in the report (e.g., Section 4.1). It should be defined in Section 1.3.3 or deleted if inappropriate to the Temporal Boundaries for the Study. We recommend that consistent terminology be used and defined for the reviewer’s understanding.</p>	<p>This is the standard temporal boundaries used for all of the earlier CS reports, which were completed in 2022.</p> <p>The use of 2016 - 22 for ‘Current Period’ reflects that existing conditions information may be dated during this period. At the time of writing draft V1 of this report in Dec. 2022, ‘2023’ did not apply.</p> <p>a.</p> <p>b. The ‘near-term’ used in all other CS assumed 2023 site selection – acknowledge that for this later community study, the timeframe is now 2024 for site selection. The date for the beginning of the near-term will be changed in V2 from 2023 to 2024 to reflect the timing of site selection; the mid-term period start date will change from 2023 to 2024.</p> <p>We note that based on comments on other studies completed in late 2022, that ‘<i>design and...</i>’ has been removed from the near-term period in the temporal boundaries (e.g., in the <i>Emergency Services</i> Study). The same edit will be made for this report.</p>	The explanation is satisfactory to the PRT. However, the public may require a broader description of what Project activities are planned to take place in each phase.

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
			<p>In Section 4.1, the term 'pre-construction' is used to indicate that the Project's Centre of Expertise is operational prior to the Construction phase and marks a milestone in terms of Project workforce. The 'pre-construction' terminology is consistent with the NWMO's <i>Community Studies Planning Assumptions</i> (October 2021), and was utilized in several other community studies reports (e.g., <i>Emergency Services, Workforce Development, Housing Needs and Demand Analysis Study, Regional Economic Development</i>). However, the wording will be revised in S. 4.1 of V2: "The <i>near-term pre-construction phase</i> is characterized by the in-moving of NWMO staff to the community from their current office location in Toronto. This phase of the Project will be closely associated with permitting and licensing activities and it also will involve both on-site and off-site initiatives. In the latter case an office and Centre of Expertise will be made operational..."</p>	
3	2 Methodology	<p>The definition of the Study scope is not clear. The scope appears to focus on assessing Project effects on health services derived from Project-related population growth. It is unclear if the scope focuses on the potential effects on health care workers only or on the community as a whole (e.g., the Study assesses only the potential effect of perception/concern relative to the risk of radiation exposure on health care workers).</p> <p>Several other factors in addition to population growth could affect health services (e.g., changes to the natural or socio-economic environment caused by the Project that may affect physical or mental health; potential widening of the economic divide resulting in aggravated health conditions for vulnerable populations).</p>	<p>The <i>scope</i> of the study is based on the objectives in the Statement of Work, as stated in S. 1.3 of the report. In particular, Objective #2 states: "<i>Identify potential effects on health programs and infrastructure arising from construction and operation of the Project in relation to effects associated with baseline population growth</i>". The Section 2 methodology describes <i>how</i> the study was undertaken.</p> <p>The study focuses on the community as a whole. Changes to the natural or socio-economic environment that may affect mental or physical health are beyond the scope of this study – this study is considering effects of the Project on health programs and infrastructure related to population growth, not technical risk or</p>	<p>In reference to the first paragraph of DPRA's response, a study scope does not necessarily equate to study objectives. The former is often more detailed than the latter, as it defines the boundaries of the study and the aspects that will be considered.</p> <p>V5 of the Study clarifies the objective of the Study is to assess only the Project effects associated with population growth. The Study also states "Programs and infrastructure supporting both physical and mental health conditions will be considered." It is unclear how the Study achieves this.</p> <p>In reference to the second paragraph of DPRA's response, the Study scope remains unclear despite the explanations provided. For example, the beginning of the paragraph states that the Study focuses on</p>

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
		<p>Please refer to Comment No. 11 on direct and indirect effects.</p> <p>We recommend that the scope of the Study be more clearly defined.</p>	<p>effects on health care workers or the community as a whole.</p> <p>The draft V1 report does deal in a limited fashion with perceptions of risk in S. 5.1.2 ('Potential Negative Project Effects' in the Preliminary Analysis/Effects Assessment). The S. 5.1.3 Potential Enhancements and Mitigation Measures includes ongoing provision of information/ education.</p> <p>We note that this area is also a 'nuclear region' with Bruce Power /Bruce Nuclear Generating Station present for decades – there is no indication that its presence has directly affected perceptions of risk in a way that materially affects provision of health services.</p> <p>Examining these additional factors is beyond scope of this study, and could be explored in a future study / during the Impact Assessment process if the Project is located in the South Bruce Area.</p> <p>See also the response to comment 11, below.</p>	<p>the community as a whole, but the end of the paragraph seems to say the opposite. It remains unclear how assessing the Project effects only from a population perspective equates to considering the community as a whole.</p> <p>The PRT notes that environmental or socio-economic changes that might affect health (physical or mental) are beyond the Study scope. Yet, population growth in the context of a major project is a change that can potentially affect many things including mental health and as such further work to more fully assess the Project effects is recommended.</p> <p>V5 of the Study more clearly defines the scope to better align with the assessment undertaken.</p> <p>See also the PRT's response to DPRA's response to Comment #11.</p>
4	2.3.1 Knowledge Holder Interviews	<p>It is the opinion of the peer review team that this paragraph implies that this information is outside of the purpose and scope of the Study. It is believed that the questions related to the companion Emergency Service Study are directly related to all three objectives of the Study and are directly associated to health programs and infrastructure as it related to the proposed project.</p> <p>It is recommended that "Emergency Services Study (e.g., designated hospitals for radiological emergencies)" be removed as it is a core element of the objectives.</p>	The noted wording will be deleted from that paragraph.	Content has been removed. The comment has been satisfactorily addressed.

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
5	3.1 Existing Conditions	The explanation that “the term ‘health services’ is used to refer to both health programs and infrastructure” should be given at the outset of the report, and the defined nomenclature should be respected throughout the report.	This explanation will also be included at the beginning of the report in S.1.3 ‘Purpose and Scope’.	The term “health services” has been defined in the Study. Comment has been addressed.
6	3.1.2 Health Services in Surrounding Local/Regional Communities	The Kincardine and Southampton hospitals have specific infrastructure and training to receive and treat patients with radiological exposures. This was identified in the Emergency Services Study (IEC and DPRA, 2022). The peer review team suggests this is relevant information needed to define the existing conditions (objective 1) for this Study and should be added to Table 8 and Table 9, accordingly.	Agreed – this information will be added to Tables 8 (SBGHC) and 9 (GBHS). See also response to #7 below.	Content has been added. The comment has been satisfactorily addressed.
7	3.2.2 Additional Services Outside the Study Area	Radiation decontamination information presented in this section is associated with facilities that are already defined in Section 3.1.2. The peer review team suggests this statement may be interpreted by the reader to be a different or an additional facility. It is recommended that this information be added to Table 8 and Table 9 in Section 3.1.2 and removed from this specific section.	Agreed, see also response to #6 above.	Content has been removed. The comment has been satisfactorily addressed.
8	4 Relevant Project Characteristics	The first paragraph limits the relevant Project characteristics to workforce numbers/characteristics and origin/residence. Several other factors could have implications for health services (refer to Comment No. 3). Depending on the clarification of the Study scope (as recommended in Comment No. 3), the relevant Project characteristics may need to be revised. In any case, we recommend that the interrelations between the relevant Project	See also response to comment 3 above re: consideration of ‘other factors’ beyond population growth (study objective #2). Risk perception was included (e.g., p. 49) as it was mentioned as a potential effect by one knowledge holder during an interview. The other workforce-related aspects (e.g., wages, age, COL) cited in the comment are beyond the scope of this study. We do not understand the statement that “ <i>The notion that the completion of the Bruce Power MCR project will result in a surplus of skilled labour for the Project and not</i>	See the PRT’s response to DPRA’s response to Comment #3. DPRA’s response that such aspects as wages, age and cost of living are beyond the Study scope (first paragraph) should be clarified. Section 4 of the Study concludes under Population Projections “ <i>While there may be in-migration of workers during the construction and operations phases, the overall change in population resulting from</i>

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
		<p>characteristics and the potential effects be clarified. For example, how is the perception/concern relative to the risk radiation exposure addressed in Section 5 related to the workforce?</p> <p>Notwithstanding the preceding, other workforce-related aspects should be identified (e.g., wages for construction and operations workers; age of workforce) as well as larger socio-economic aspects (e.g., cost of living, worker shortage).</p> <p>The notion that the completion of the Bruce Power MCR project will result in a surplus of skilled labour for the Project and not result in a population increase continues to be contrary to the demographic trend presented by metroeconomics.</p> <p>In addition, some linkages between the relevant Project characteristics and companion Community Studies are overlooked (e.g., the Local Hiring Effects Study and Strategy, which is not named, refers to possible labour force shortages due to retirements).</p> <p>In brief, the illustration of interrelations between sources of potential Project effects and health services (programs and infrastructure) would help to ensure that potential effects are not overlooked or not sufficiently addressed.</p>	<p><i>result in a population increase is contrary to the demographic trend presented by metroeconomics</i>". This comment was not in the January 11 preliminary comments, and as such we did not have an opportunity to discuss with the PRT. Section 4.1 of the report does not make such a statement, though it does note the synchronization of stages of the MCR Project and the NWMO's Project, as per the <i>Workforce Development Study</i>.</p> <p>While cost of living is not directly relevant to the study objectives, it is mentioned indirectly in terms of housing, knowledge holder interviews in S. 5.</p> <p>The draft report does note the general and health-care-specific worker shortage. For example, during knowledge holder interviews, the Ontario Health Teams and Family Health Teams in the study area noted that family doctors do not have the capacity to accept any new patients at this time, so any increase in population (associated with the Project or not) will result in increased pressure on emergency departments for primary care services.</p> <p><i>The Local Hiring Effects Study and Strategy</i> addresses the health care workforce, and retirements, only at a very high level; the report will be reviewed, and any relevant information added to the V2 revised report. For example, Action 7 (Explore the Federal Sectoral Workforce Solutions Program for the reskilling, upskilling, and transition of workers into high-demand occupations and target sectors, including health, clean energy and construction.) in Goal 1 (Create a Strong Local Talent Pipeline) may be</p>	<p><i>the Project in comparison to the regional baseline population is relatively small. However, the distribution of the workforce in the MSB and neighbouring communities has important social and economic implications</i>".</p> <p>Although identified, the PRT agrees that the worker population growth will have social and economic considerations including worker shortage are not assessed in this Study.</p> <p>As per the fifth paragraph of DPRA's response, the PRT notes that the reference to an aging workforce in the Local Hiring Effects Study and Strategy has been added to Section 3.2, which, on that topic, concludes that the local health system will be further challenged in the near future due to the current lack of human resources in the health care sector and expected upcoming retirements. In light of that addition, statements made later in the report about the expectation that the Project-derived population growth may put further pressure on health care could be adjusted to refer also to the pressure of upcoming retirements and corresponding worker shortages.</p>

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
			<p>integrated into the <i>Health Programs and Infrastructure Study</i>.</p> <p>Examining some of these factors is beyond scope of this study, and could be explored in a future study / during the Impact Assessment process if the Project is located in the South Bruce Area.</p>	
9	5.1 Potential Changes to Health Programs and Infrastructure	<p>The first paragraph states that the Project is not expected to result in substantial additional demand on existing health services (programs and infrastructure). We note that the Project's effects might aggravate certain aspects of community health regardless of the change in population (see Comment No. 3). Also, this statement does not seem to consider the programs and infrastructure that are absent from the local project service area as identified in the Emergency Services Study (IEC and DPRA, 2022). This could include separate infrastructure needs for patients with radiological contamination at local hospitals, new skill acquisition, and/or specialized equipment for hospital and ambulatory staff. The peer review team believes these programs and infrastructure would be considered to be a substantial additional demand on the existing healthcare services and suggests text be added to identify these capability deficiencies.</p>	<p>See the response to comment #3 above, in terms of considering factors beyond population growth.</p> <p>This paragraph will be revised in V.2 to reflect clarifications in terms of emergency services relevant to health programs and services (e.g., separate infrastructure needs for patients with radiological contamination at local hospitals, new skill acquisition, and/or specialized equipment for hospital and ambulatory staff). For example, though there are 2 existing sites offering decontamination, and there may be additional needs in the future with further study. In addition, a sub-section will be added to S. 5.1.2 re: Potential Additional Infrastructure Needs - Radiological Contamination to address these needs.</p>	See the PRT's response to DPRA's response to Comment #3.

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
10	5.1 Potential Changes to Health Programs and Infrastructure	The third paragraph refers the reader to the Vulnerable Populations and Social Programs studies “for more information on potential Project changes affecting the programs for these populations.” Please identify the findings of those studies the reader should reference. We also recommend that the findings referenced be linked where appropriate to the potential effects identified in Sections 5.1.1 and 5.1.2.	Third paragraph reads: “ <i>Because vulnerable populations are a sub-set of the Study Area population and because the delivery of social programs are so closely linked to health programs and services, refer to the Vulnerable Populations and Social Programs studies for more information on potential Project changes affecting the programs for these populations.</i> ” We will add a high-level synthesis of relevant findings concerning health programs and infrastructure from the <i>Vulnerable Populations and Social Programs</i> report.	The added synthesis of the relevant findings concerning health services in the Vulnerable Populations and Social Programs report is helpful.
11	5.1 Potential Changes to Health Programs and Infrastructure	We suggest that an overview be provided of how potential positive and negative effects are generated so that the logic is systematic, traceable, and understandable to the reviewer. For example, possibly start with direct Project effects aligned with the defined spatial and temporal boundaries for the Study and then move to indirect Project effects drawing in salient information from the companion Community Studies. The results of such could be summarized in a table and then elaborated upon in the text for increased reader understanding. At present, it is not clear to the reader on how the 5 positive effects and 4 negative effects are generated or why. Also, please clarify the statement in Section 5.1 that both the potential positive and negative effects may occur across all the temporal boundaries and become more pronounced as the Project progresses. Does that mean that the potential negative effects will worsen with time?	This version of comment 11 was not in the January 11 preliminary comments, and as such we did not have an opportunity to discuss with the PRT. We note that based on discussions with NWMO and the peer review team on the draft V1 of the <i>Vulnerable Populations and Social Programs</i> report, Figures 3 and 4 related to direct and indirect positive and negative effects were deleted from the report. Consideration of direct and indirect effects, particularly in the context of the spatial and temporal boundaries and companion community studies reports have not been done in the earlier studies. This more complex analysis could be explored in a future study / during the Impact Assessment process if the Project is located in the South Bruce Area. Clarifying text will be added that both the potential positive and negative effects may occur across all the temporal boundaries and become more pronounced as the Project progresses, though it is noted in V1	Response noted. Clarifying text is helpful. Discussing Project effects become more pronounced as Project progresses important to identify and include and supports the option of the Social Monitoring Program.

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
			that this relates to cumulative population growth and maturation of initiatives associated with the Project.	
12	5.1.1 Potential Positive Effects	Under “Economic Prosperity,” the relationship between the prosperity of local businesses and health programs and infrastructure needs to be explained because it is not clear. Businesses do not seem to be addressed in the baseline data, nor identified as a relevant Project characteristic in relation to health programs and infrastructure.	As discussed at the meeting with the Peer Review Team on January 12, the Economic Prosperity subsection will be removed from 5.1.1.	PRT comment satisfactorily addressed.
13	5.1.2 Potential Negative Effects	Under “Increasing Housing Pressure and Inequity,” the relationships between the housing market pressures and economic divide and health programs and infrastructure need to be explained because they are not clear.	DPRA will review the wording and refine in V2 draft report to clarify the focus/issue- this issue is with respect to housing the healthcare workforce/staff. This may also be added to the existing conditions section.	The sentence referring to housing market pressures and economic divide has been deleted; therefore, the comment no longer applies.
14	5.1.2 Potential Negative Effects	Under “Perception/Concern re: Risk of Radiation Exposure,” the assessment does not consider the perception/concern of community members, which could have an effect on health programs and infrastructure, possibly greater than that identified for health care staff.	Community members are acknowledged in the first sentence of this section. Section 5.1.3 ‘Potential Enhancements and Mitigation Measures’ notes “Ongoing Project and radiation safety education and awareness campaigns would help to address any resident concerns or perceptions of risk (NWMO, 2022a).” The V2 report will note that the Centre of Expertise could be a venue for these activities. See responses to comments 3, 8 above, and 15 below.	See the PRT’s response to DPRA’s response to Comments #3, 8 and 15. The first sentence of the section in question states simply that current or potential future residents may be concerned about potential radiation exposure, while the second and third sentences refer specifically to concerns of health care workers and their families, noting the potential difficulty in recruiting health care workers fearful of potential radiation exposure. The added text in the revised report identifies mitigating measures to address perception of risk.
15	5.1.2 Potential Negative Effects	“Increasing Pressure on Health Services” seems to consider only an increased demand on the part of incoming workers (as explained in Comment No. 3, increased demand could occur otherwise) and is limited to noting that “any increased demand will further challenge the provision of services.” The question of the adequacy	See also the response to comments 3, 8, 11,14 above. In our view, the categories ‘Increasing Pressure on Health Services does not overlap with ‘Perception / Concern re: Risk of Radiation Exposure’, unless perhaps in	See the PRT’s response to DPRA’s response to Comments #3, 8, 11 and 14. The PRT finds that its comment has not been adequately addressed. All the potential negative effects identified could

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
		<p>of the potential effects categories identified arises. For example, the category “Increasing Pressure on Health Services” overlaps with the category “Perception/Concern re: Risk of Radiation Exposure” in that the latter also refers to increased pressure on health services/staff. Is the former category not in and of itself the principal topic for the assessment of potential negative effects and should, therefore, be broken down into (sub)categories? See Comment No. 11 for further related information.</p>	<p>the sense of the provision of mental health services.</p> <p>We also note the decades-long presence of Bruce Power/the nuclear industry in the region (see response to comment #3 above).</p> <p>We note that the issue of perception of risk by health care workers was raised by one knowledge holder who was interviewed twice (one for VP/SP study, and again for the Health Programs and Infrastructure study), and no other knowledge holder raised this issue.</p> <p>The demand for services is related to capacity; the health care system is already in crisis/at or over capacity – but there is no unique type of pressure or exacerbation from the Project. The Project does not change the nature of the pressures on the system (with the possible exception of need for additional radiation decontamination facility(s) at hospitals other than Kincardine/Southampton), but may result in a small increase in pressure due to the incremental change in population.</p>	<p>result in increasing pressure on health services in one form or another.</p> <p>In reference to the last paragraph of DPRA’s response, the PRT comment did not imply that the Project could change the nature of the pressures experienced by the health care system. It should be noted the demand for services and the current and future gaps are related to both capability and capacity.</p> <p>PRT agrees the assessment carried out in this Study is not sufficient to identify unique pressures or effects from the Project but is sufficient to conclude the Project can exacerbate a number of the current challenges and gaps.</p>

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
16	5.1.3 Potential Enhancements and Mitigation Measures	Where it is stated that the provision by NWMO of health care services to their employees (e.g., through their employee benefits package/EAP) may reduce pressure on some local/regional health services, please clarify how that may be the case.	V2 revised draft report will have added text from the DGR CDR (Sept. 2021) that notes that the site will include some Project health facilities/services, e.g., "Nursing station and first aid area with consultation rooms and a doctor's office. A fulltime nurse practitioner will be on duty for all shifts." (p.37) as either a new 4.1 or 4.4.	The comment no longer applies because Section 5.1.3 was deleted.
17	6.1 Overview of Options	<p>The first paragraph states that the Project is not expected to result in substantial additional demands being placed on existing health services (programs and infrastructure).</p> <p>This statement does not seem to consider the health programs and infrastructure that are absent from the local project service area as identified in the Emergency Services Study (IEC and DPRA, 2022). This could include separate infrastructure needs for patients with radiological contamination at local hospitals and new skill acquisition and specialized equipment for hospital and ambulatory staff.</p> <p>The peer review team suggests an additional sentence be added to identify these deficiencies.</p>	V2 revised draft report will include additional text/clarification in the introductory paragraph re: new/closer infrastructure/training with respect to radiation-related injuries/emergencies (as per Option 4 from the Emergency Services Study, as noted on p. 56 of the V1 Health Programs and Infrastructure report).	<p>The Overview of Options in the Final Report (V5) sets the stage describing how NWMO can participate and contribute to enhancing potential positive effects and work to mitigate negative effects.</p> <p>The Study indicates the options are linked and derived from other community studies.</p> <p>Options identified and described and the potential for NWMO's participation is relevant and beneficial to addressing the challenges identified.</p> <p>The previous comments have been satisfactorily addressed.</p>
18	6.2 Relevant Options from the Emergency Services Study	<p>The peer review team finds the descriptive paragraph confusing and recommends that it should be simplified so the reader understands that NWMO will be supporting emergency service providers in implementing programs and infrastructure needed to support the Project as defined in Guiding Principle #28 and #32</p> <ul style="list-style-type: none"> - #28: "The NWMO will prepare a review of the existing emergency services in South Bruce and provide appropriate funding for any additional emergency services required to host the Project in South Bruce." 	V2 draft revised report will include refined wording in this regard – see also responses to comments 19, 20 below.	Content has been both removed and added to show the intended alignment with Guiding Principles #28 and #32. The comment has been satisfactorily addressed.

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
		<p>– #32: “The NWMO, in consultation with the Municipality and other local and regional partners, will prepare strategy to ensure there are sufficient community services and amenities, including health, child-care, educational and recreational facilities, to accommodate the expected population growth associated with hosting the Project in South Bruce.”</p> <p>The existing wording is missing context and may lead readers to believe that the community organizations may be required to address these gaps independently.</p>		
19	6.2 Relevant Options from the Emergency Services Study - ES Option 4	<p>The following peer review comment from the Emergency Services Study (IEC and DPRA, 2022) remains outstanding in the final Peer Review Report and applies specifically to the content, as follows.</p> <p>Comment:</p> <p>The many options in this section are constructed with the public emergency service or agency listed with the primary responsibility to initiate and complete the suggested action and none of the options outline what the intent is for funding or taking on these potential implementations. Is this the intent of the report or should NWMO (leadership/ support/ responsibility) be added to change this interpretation? (GHD and RSIC, 2022).</p> <p>The peer review team suggests that this information be paraphrased to identify the “what is to be implemented” and omit the “who will be completing the tasks” so the content of the Study aligns with the MSB Guiding Principles #28 and #32.</p>	<p>V2 draft revised report will include refined wording in this regard.</p> <p>Note – MSB’s principle alignment table identifies principles 10 and 32 for the Health study; principle 28 is specific to the <i>Emergency Services</i> study (we understand that study is related to this <i>Health Programs and Infrastructure</i> study).</p> <p>28: “The NWMO will prepare a review of the existing emergency services in South Bruce and provide appropriate funding for any additional emergency services required to host the Project in South Bruce.”</p> <p>See also the response to comment 18 above, and 20 below.</p>	Content has been refined. The comment has been satisfactorily addressed.

Comment Number	Report Section Reference	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Responses to DPRA Comments
20	6.2 Relevant Options from the Emergency Services Study - ES Option 5	<p>The following peer review comment from the Emergency Services Study (IEC and DPRA, 2022) remains outstanding in the final Peer Review Report and applies specifically to the content, as follows.</p> <p>Comment:</p> <p>The many options in this section are constructed with the public emergency service or agency listed with the primary responsibility to initiate and complete the suggested action and none of the options outline what the intent is for funding or taking on these potential implementations.</p> <p>Is this the intent of the report or should NWMO (leadership/ support/ responsibility) be added to change this interpretation? (GHD and RSIC, 2022).</p> <p>The peer review team suggests that this information be paraphrased to identify the “what is to be implemented” and omit the “who will be completing the tasks” so the content of the Study aligns with the MSB Guiding Principles #28 and #32.</p>	See response to comments 18, 19 above.	Content has been refined. The comment has been satisfactorily addressed.
21	6.2 Specific Options – Option 1b	Why limit health care scholarships, mentorships and networking opportunities to students who are interested in pursuing careers in the nuclear energy sector with a focus on medical interventions, if the Project may add pressure to health services generally?	The revised V2 draft report will revise the wording of 1b to also include more general health care scholarships, mentorships and networking opportunities, as well as those related to careers in the nuclear energy sector (with a focus on medical interventions). Will also review the options section to determine if the future Teeswater Medical Centre can be more explicitly addressed.	The comment has been satisfactorily addressed.
22	7 Summary	Material changes to the Study in response to the above Comments could result in changes to Section 7.	Agreed, these will be reflected in the revised draft V2 of the Study report.	The comment has been satisfactorily addressed.

Table 2 Assessment of the study work plan - Table 1. Community Health Programs and Infrastructure Study Approach

Step #	Step	Description of Activities	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Initial Feedback to DPRA Comments
Step 1	Data Collection –Secondary/ Primary; updated Project assumptions; information from other related community studies	<p>a. Resource review</p> <ul style="list-style-type: none"> • Identify and review relevant resources for MSB and neighbouring communities that speak to the state of current health programs and infrastructure (including current issues and challenges) and to existing plans for health care expansion for organizations providing services in and to residents of the Core Study Area including: <ul style="list-style-type: none"> ○ Public and private hospitals, clinics, hospices, etc. ○ Community rehabilitation support services ○ Community mental health and addiction services ○ Community health centres and community care services ○ Eye care and dental care professionals; and ○ Other considerations deemed appropriate from preliminary desk-top investigations and findings from other relevant community study reports. 	<p>a. Complete</p> <p>b. Partially complete. The report identifies a number of interviews and sources that were not complete at the time of the Study. The Final report should include this information.</p>	V2 draft revised report will be updated to reflect the current state of data collection as of February 2023.	b. Additional Interviews were completed and content added to the report. This can now be considered “Complete”.

Step #	Step	Description of Activities	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Initial Feedback to DPRA Comments
		b. Conduct interviews with key knowledge holders <ul style="list-style-type: none"> • Identify knowledge gaps based on data previously collected for other social community studies, as well as the Work Plan Create data collection tools that support the collection of information regarding the current state and future plans for health programs and infrastructure (including barriers).			
Step 2	Review Outputs from Other Studies	Take into consideration data and findings from other studies that are pertinent to the subject study	Partially complete. Findings from the associated studies that identify the potential effects on the community are not directly used as a basis to identify the additional health services and infrastructure effects and additional actions that may be required if the Project comes to South Bruce.	The V2 draft revised report will be updated to reflect consideration of other pertinent studies – see for example the response to comment #8 above.	The Report now identifies the relevant content from the Emergency Services Study. This can now be considered “Complete” from this Study’s perspective.

Step #	Step	Description of Activities	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Initial Feedback to DPRA Comments
Step 3	Analysis and assessment, identification of effects management options	<p>a. Considering the findings from the MSB’s growth expectations/ targets (population, housing/ residency scenarios – metroeconomics, 2022) and the Workforce Development, Housing Needs and Demand Analysis, Emergency Services and Vulnerable Populations/ Social Programs studies for the Project, assess and describe the extent of possible effects or needs associated with health care services and infrastructure to determine Project derived changes</p> <p>b. Working session with PRT to review data collection, gaps, preliminary findings</p>	<p>The Study does not fully address the potential effect of the Project on the delivery of the health services and programs due to health care worker shortage resulting from lack of skilled labour (Local Hiring Study), affordable/adequate housing (Housing Needs Study) and community services in general.</p> <p>The Study acknowledges that at this stage, there is insufficient information to provide details on the Project’s effects on the local emergency service requirements. NWMO recognizes that further studies will be required to determine the necessary emergency response provisions for the core study area to support the Project.</p> <p>The Study does not adequately address the possible Project effects or needs of vulnerable populations or social programming associated with health care services, programs and infrastructure.</p>	<p>These matters are addressed in the responses to several comments in Table 1 (e.g., 8, 10, 16, 17), and the response to the Step 2 comment above.</p>	<p>a. Complete</p> <p>b. Complete</p>

Step #	Step	Description of Activities	Comments from Peer Review	How and Where Comments are Addressed	Peer Review Initial Feedback to DPRA Comments
Step 4	Observations and Conclusions	<ul style="list-style-type: none"> a. Identify options to contribute to meeting the need for incremental expansion/plans to enhance the health infrastructure and health programs, attract residents to the area, and or mitigate health concerns and prepare summary of materiality considerations for options. Note links to other community studies. b. Assess options for consideration by the Municipality of South Bruce, the NWMO and nearby neighboring municipalities. c. Working session with PRT to review preliminary draft report findings including options prior to issuing draft report. 	<ul style="list-style-type: none"> a. Complete, may need to be updated once Step 2 and 3 are refined. b. Complete, may need to be updated once Step 2 and 3 are refined. c. Not completed 	<ul style="list-style-type: none"> a. Agreed b. Agreed c. The Dec. 12, 2022 'check-in' included high-level options; a meeting was held Jan 12, 2023 to review the options in draft V1 prior to preparation of draft V2. 	<ul style="list-style-type: none"> a. Complete b. Complete c. Complete

Appendix D

36 Guiding Principles

South Bruce Guiding Principles for NWMO's Site Selection Process

The Nuclear Waste Management Organization (NWMO) is seeking an informed and willing host for a deep geologic repository (DGR) to safely store Canada's used nuclear fuel, and a Centre for Expertise. To guide its work, South Bruce held a comprehensive visioning process in 2019 and 2020 to get input on what people cared about most in relation to the Project. The process, in addition to other community input and feedback resulted in the creation of 36 Guiding Principles which focus on safety for people and the environment, ensuring the Project brings meaningful benefits to the community, and ensuring the municipality has a voice in decision-making.

The principles were adopted by Council resolution and they have guided municipal activities and engagement related to the Project. South Bruce is seeking NWMO commitments on how it would meet or address these 36 expectations and aspirations for the Project. This is a key step in determining whether the Project is right for the community and will help people make an informed decision when a public referendum is held to measure willingness to be a host community.

Safety and the Natural Environment



1. The NWMO must demonstrate to the satisfaction of the Municipality that the Project will be subject to the highest standards of safety across its lifespan of construction, operation and into the distant future.
2. The NWMO must demonstrate to the satisfaction of the Municipality that sufficient measures will be in place to ensure the natural environment will be protected, including the community's precious waters, land and air, throughout the Project's lifespan of construction, operation and into the distant future.
3. The NWMO must demonstrate to the satisfaction of the Municipality that used nuclear fuel can be safely and securely transported to the repository site.
4. The NWMO will ensure that the repository site will not host any nuclear waste generated by other countries.
5. The NWMO must commit to implementing the Project in a manner consistent with the unique natural and agricultural character of the community of South Bruce.
6. The NWMO will minimize the footprint of the repository's surface facilities to the extent it is possible to do so and ensure that public access to the Teeswater River is maintained, subject to meeting regulatory requirements for the repository.
7. The NWMO must commit to preparing construction management and operation plans that detail the measures the NWMO will implement to mitigate the impacts of construction and operation of the Project.

People, Community and Culture

8. The NWMO must demonstrate to the satisfaction of the Municipality that it has built broad support for the Project within the community of South Bruce.
9. The Municipality will, in collaboration with community members, develop and establish an open and transparent process that will allow the community to express its level of willingness to host the Project.
10. The NWMO will identify the potential for any positive and negative socio-economic impacts of the Project on South Bruce and surrounding communities and what community benefits it will contribute to mitigate any potential risks.
11. The NWMO, in consultation with the Municipality, will establish a property value protection program to compensate property owners in the event that property values are adversely affected by the NWMO's site selection process and the development, construction and/or operation of the Project.
12. The NWMO, in consultation with the Municipality, will establish a program to mitigate losses to business owners in the event that their business is adversely affected by the NWMO's site selection process and the development, construction and/or operation of the Project.
13. The NWMO, in partnership with the Municipality, will develop a strategy and fund a program to promote the agriculture of South Bruce and the surrounding communities.
14. The NWMO, in partnership with the Municipality, will develop a strategy and fund a program to promote tourism in South Bruce and the surrounding communities.
15. The NWMO, in partnership with the Municipality, will commit to implement programs to engage with and provide opportunities for youth in the community, including investments in education and the provision of scholarships, bursaries and other incentives for youth to remain in or return to the community.
16. The NWMO will implement the Project in a manner that promotes diversity, equality and inclusion.
17. The Municipality recognizes the important historic and contemporary roles Indigenous peoples have and continue to play in the stewardship of the lands we all call home and will, in the spirit of Reconciliation, work with the NWMO and local Indigenous peoples to build mutually respectful relationships regarding the Project.
18. The NWMO will commit to relocate the working location of a majority of its employees to South Bruce as soon as it is reasonably practicable to do so after the completion of the site selection process.
19. The NWMO will, in consultation with the Municipality, establish a Centre of Expertise at a location within South Bruce to be developed in conjunction with the Project.

Economics and Finance

20. The NWMO, in consultation with the Municipality, will commit to implementing a local employment and training strategy with the objective of ensuring that the majority of employees for the Project are located within South Bruce and surrounding communities.
21. The NWMO, in consultation with the Municipality, will commit to implementing a business opportunities strategy that will provide opportunities for qualified local businesses to secure agreements that support the Project and that requires the NWMO to take all reasonable steps to create opportunities for qualified local businesses to benefit from the Project.
22. The NWMO will commit to implementing a procurement strategy for the Project that gives preference to the selection of suppliers who can demonstrate economic benefit to South Bruce and surrounding communities.
23. The NWMO will enter into an agreement with the Municipality providing for community benefit payments to the Municipality.

Capacity Building

24. The NWMO will cover the costs incurred by the Municipality in assessing community well-being and willingness to host the Project.
25. The NWMO will fund the engagement of subject matter experts by the Municipality to undertake peer reviews of Project reports and independent assessments of the Project's potential impacts on and benefits for the community as determined necessary by the Municipality.

26. The NWMO agrees to cover the costs of the Municipality's preparation for and participation in the Project's regulatory approval processes, including the Canadian Nuclear Safety Commission's licencing process and the assessment of the Project under the Impact Assessment Act (or other similar legislation), that are not otherwise covered by available participant funding.
27. The NWMO will fund the Municipality's preparation of a housing plan to ensure that the residents of South Bruce have access to a sufficient supply of safe, secure, affordable and well-maintained homes.

Services and Infrastructure

28. The NWMO will prepare a review of the existing emergency services in South Bruce and provide appropriate funding for any additional emergency services required to host the Project in South Bruce.
29. The NWMO will prepare an infrastructure strategy that addresses any municipal infrastructure requirements for the Project and will commit to providing appropriate funding for any required upgrades to municipal infrastructure required to host the Project in South Bruce.
30. The NWMO will prepare a review of the existing and projected capacity of South Bruce's road network and will commit to providing appropriate funding for any required upgrades to the road network.
31. The NWMO will enter into a road use agreement with the Municipality that identifies approved transportation routes during construction and operation of the Project and ensures proper funding for maintenance and repair of municipal roads and bridges used for the Project.

Services and Infrastructure (continued)

32. The NWMO, in consultation with the Municipality and other local and regional partners, will prepare a strategy to ensure there are sufficient community services and amenities, including health, child-care, educational and recreational facilities, to accommodate the expected population growth associated with hosting the Project in South Bruce.
33. The NWMO will comply with the Municipal Official Plan and zoning by-law and seek amendments to the Official Plan and zoning by-law as necessary to implement the Project.

Regional Benefits

36. The NWMO must demonstrate to the satisfaction of the Municipality that the Project will benefit the broader region outside of the community of South Bruce, including local Indigenous communities.

Governance and Community Engagement

34. The NWMO will provide the Municipality with an ongoing and active role in the governance of the Project during the construction and operation phases of the Project.
35. The NWMO will continue to engage with community members and key stakeholders to gather input on community vision, expectations and principles, including concerns, related to the Project.



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Reach out anytime with your questions, comments, concerns, or if you are seeking more information. We would be happy to hear from you!

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