

**Federal Review Team – Comment Form – draft Integrated Tailored Impact Statement Guidelines and draft Permitting Plan**

**New Nuclear at Wesleyville Project**

**Response required by: May 7, 2026**

Please submit the completed form by May 7, 2026, via email to [wesleyville@iaac-aeic.gc.ca](mailto:wesleyville@iaac-aeic.gc.ca). In order to be posted on the Registry, and to align with the Official Languages Act, IAAC is requiring that your submission be provided in French and English. Please note that this is your opportunity to tailor the draft Integrated Tailored Impact Statement Guidelines.

|                    |   |            |  |
|--------------------|---|------------|--|
| Department/Agency: | Public Health Agency of Canada (PHAC)   |            |  |
| IA Contact:        | PHAC Impact Assessment<br>Kelsey Lucyk, Manager,<br>Intersectoral Partnerships and<br>Initiatives | Telephone: |  |
|                    |   | Email:     | <a href="mailto:impactassessment-evaluationimpact@phac-aspc.gc.ca">impactassessment-evaluationimpact@phac-aspc.gc.ca</a> |

**Section 1 – Draft Permitting Plan:**

1. Confirm that all applicable legislative and regulatory oversight that may apply to the project, under the authority of your department or agency, is accurately listed in the draft Permitting Plan.

**Insert response here:**

N/A. PHAC has no legislative and regulatory oversight authorities that may apply to the project and is not listed in the draft Permitting Plan.

2. Indicate whether your department or agency has identified any power that it will be unable to exercise to allow the project to proceed, in whole or in part. For more information, please refer to subsection 17(1) of the IAA.

**Insert response here:**

N/A. PHAC has no power that it will be unable to exercise to allow the project to proceed.

**Section 2 – Draft Integrated Tailored Impact Statement Guidelines:**

1. Please review the [draft Integrated Tailored Impact Statement Guidelines](#) (the Integrated Guidelines) sections that are applicable to your department’s or agency’s mandate.
2. Using the table below, given the context of the project, please provide any comments and include your recommendation for how the final Integrated Guidelines should be adapted to address your comments.
  - Please indicate any corrections, additions or deletions that should be made to the text including considerations of submissions from First Nations and other Indigenous communities that are relevant to your departmental expertise. Please provide a clear context and rationale for your recommendations, including how their implementation would help focus the assessment on, and resolve, key issues relevant to federal decision-making.
  - Federal expert advice should be solution oriented and commensurate to the context of the project. Advice should be informed by risk-based prudence and evidence in the proponent’s Initial Project Description, Summary of Issues, Response to the Summary of Issues, and publicly available information, with a strong reliance on well-understood mitigation measures, existing guidance, and regulatory instruments that will manage effects. Advice should also be informed by a clear understanding of the project and the local biophysical and socio-economic context. In doing so, departments and agencies are encouraged to ensure that information requirements are proportionate, clearly justified, and practicable within the context of the impact assessment process and associated timelines (i.e., GoC 3-year target for nuclear projects). Advice should focus on outcomes and the information necessary to support sound decision-making, while maintaining flexibility in how requirements may be met. Departments and agencies are also encouraged to avoid duplication with existing regulatory instruments and to identify opportunities to streamline the draft Integrated Guidelines, including proposing the removal or consolidation of requirements where effects can be effectively addressed through existing legislative, policy, or permitting frameworks.
3. *Strategic Questions to Inform Advice*
  - *What knowledge/information does your department have in relation to the key issue? Does your department have any ongoing or upcoming relevant studies/initiatives? What information/action might support mitigating/resolving issues?*
  - *Do we have a good understanding of the pathways of effects? Which key VCs or pathways of effects are missing? Do we have common ground on what the key issues are?*
  - *What federal and provincial tools can be leveraged to resolve issues and avoid duplicating efforts? How can we use existing regulatory frameworks to build confidence in predictions and outcomes?*

| Department – Comment ID (e.g., ECCC-01) | Draft Integrated Guidelines Section (and subsection, if available)   | Context and Rationale (provide an explanation of your comments)   | Recommendation: provide text to be inserted or deleted. Be specific on the location within the draft Integrated Guidelines that the text would be added/deleted.   |
|---|--|---|--|
| PHAC-01                                 | Subsection 6.3.2.1, 4th bullet: <i>“consider potential effects related to greater propagation of infectious diseases</i> | <i>(i) Recommended relocation of the bullet within the TISG: Infectious disease (including STIs) risks to the community relate more principally to a public health (vs community well-being) outcome; therefore, this consideration would be more appropriately included under subsection 6.2.2.2 rather than subsection 6.3.2.1.</i> | <b>Subsection 6.3.2.1 – DELETE</b> the 4 <sup>th</sup> bullet ( <i>“consider potential effects related to greater propagation of infectious diseases and gender-based violence;”</i> )<br><br><b>Subsection 6.2.2.2 – INSERT</b> the following as the 7 <sup>th</sup> bullet, immediately after the current bullet that begins |

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|---|--|---|---|
|   | <i>and gender-based violence;”</i>   | <p><b>(ii) Recommended TISG text insertion:</b><br/>           While increased infectious disease risk is not specifically raised as a concern in the Summary of Issues document, general concerns were expressed about “increased risk to vulnerable populations...due to a potential influx of transient workers.” It would be prudent from a public health perspective to consider the potential implications of such an influx on community-level infectious disease risk, including sexually transmitted infection (STI) risk. Deletion of the current reference to gender-based violence (GBV) would avoid conflating infectious disease and GBV risks within this same bullet, especially as GBV risk is addressed elsewhere in subsection 6.2.2.2.</p>  | <p>“describe potential effects of project conditions...”: <i>“consider potential effects related to greater propagation of infectious diseases (e.g., sexually transmitted infections) due to immigration and/or working conditions;”</i></p>   |
| PHAC-02                                 | Subsection 6.2.2.2, 4 <sup>th</sup> bullet: <i>“identify any emotional or social stress factors that may result from the project...”</i> | <p>The recommended text insertion would ensure that the assessment of project-related emotional and social stress factors reflects the cumulative context in which the project would occur. The Port Hope region has experienced a long history of radioactive waste contamination and ongoing remediation and waste management activities (e.g., Port Hope Area Initiative), which may influence baseline community perceptions of risk, institutional trust, and long-term safety.</p> <p>Introduction of the current proposed project into this unique regional context may affect mental health and wellbeing, independently of actual radiological exposure, through pathways related to psychosocial stress, skepticism of regulatory processes, and perceived lack of control over their living environment. Explicit consideration of these factors would support a more complete assessment of potential health effects.</p> | <p><b>Subsection 6.2.2.2 – INSERT</b> the following text to the 4<sup>th</sup> bullet: <i>“identify any emotional or social stress factors that may result from the project, particularly (a) concerns regarding perceived public safety risks due to the project or due to potential accidents or malfunctions to those living in proximity to the project, and (b) cumulative effects on perceived risk and associated mental health and wellbeing among local communities and First Nations and other Indigenous communities in the context of ongoing cleanup and long term management of historic low level radioactive waste, along with other past and present non-nuclear development activities, in the region;”</i></p> |

*Insert as many rows as applicable*