

May 5, 2026

Impact Assessment Agency of Canada (IAAC) - Tailored Impact Statement for the Proposed New Nuclear at Wesleyville Project

On behalf of Northumberland Hills Hospital (NHH), we appreciate the opportunity to provide input to the federal impact assessment process for the proposed New Nuclear at Wesleyville Project. This submission is offered in the spirit of collaboration, community stewardship, and a shared commitment to ensuring that growth (economic, industrial, or population-based), does not compromise the health and well-being of the people we serve today or the tens of thousands of people who will be required to support and sustain the Wesleyville construction in the future. As the President & CEO and Board Chair of Northumberland Hills Hospital, we write from the perspective of Northumberland County's largest hospital and a key partner within the local health system.

From a hospital and health-system leadership perspective, the draft guidelines are comprehensive and robust, particularly with respect to environmental health risks, radiological exposure, Indigenous health, and social determinants of health. There are, however, several areas where further clarification or additional emphasis may enhance their completeness from a healthcare system standpoint.

1. Health System Readiness and Surge Capacity (Major Gap)

While the guidelines require assessment of demand on healthcare services, they do not explicitly require:

1. Hospital surge capacity modelling (Emergency Department, Intensive Care Unit, burn/trauma, oncology, pediatrics)
2. Baseline vs. projected bed occupancy, staffing ratios, and critical care capacity
3. Ability of regional hospitals to absorb:
 - Mass casualty events
 - Radiological exposure cases
 - Large-scale evacuations
4. Time-phased impacts during construction vs. operation vs. accidents

Recommendation 1: Require a Health System Impact and Surge Capacity Assessment, co-developed with surrounding hospitals and public health units, including worst-case accident scenarios.

2. Radiological Emergency Medical Preparedness

Emergency management is discussed at a high level, but clinical readiness is not.

Missing elements:

1. Availability of large-scale radiation injury triage capability
2. Access to:
 - a. Potassium iodide
 - b. Decorporation agents
 - c. Radiation dosimetry and lab support
3. Hospital decontamination infrastructure
4. Training requirements for clinicians, paramedics and other first-responders
5. Mutual aid agreements with tertiary/quaternary centres

Recommendation 2: Explicit evaluation of hospital-based radiological emergency preparedness, including training, equipment, pharmaceuticals, and inter-hospital transfer pathways.

3. Long-Term Health Surveillance and Cancer Monitoring

Baseline cancer rates are required, but there is no mandated long-term surveillance framework tied to the project.

Missing Elements:

1. Commitment to longitudinal cancer registry analysis
2. Paediatric and reproductive health tracking
3. Monitoring of rare cancers and latency effects
4. Transparent governance of surveillance data

Recommendation 3: Require a long-term, independently governed health surveillance program funded over the lifecycle of the project, including post-closure.

4. Workforce Sustainability for Healthcare

The assessment identifies workforce pressures generally, but healthcare workforce impacts are not singled out.

Missing Elements:

1. Competition for skilled labour (nurses, paramedics, mental health/addiction experts, trades)
2. Competition for primary care providers (general practitioners, nurse practitioners)
3. Housing affordability effects on healthcare staff retention
4. Burnout risk during prolonged construction or emergency readiness periods

Recommendation 4: Include a healthcare workforce impact analysis, including recruitment, retention, housing, and occupational stress.

5. Medical Supply Chain and Infrastructure Resilience

The guidelines do not assess:

1. Vulnerability of medical supply chains during disruptions

2. Fuel, power, water redundancy for hospitals
3. Cold-chain dependencies
4. Cybersecurity or infrastructure interdependence with the nuclear facility

Recommendation 5: Require assessment of healthcare infrastructure resilience, including backup power, water, supply chains, and interdependencies.

In conclusion, while the Guidelines provide a comprehensive framework for environmental and population health considerations and appropriately recognize hospitals and healthcare facilities as essential system partners, there is an opportunity to more clearly articulate the health system's role as an active partner in preparedness and response. Greater clarity regarding the defined roles of hospital leadership, public health medical officers, regional emergency medical services, primary care, mental health and addictions, as well as the establishment of standing mechanisms for coordination, escalation, and decision-making, would strengthen governance, accountability and preparedness. In addition, further emphasis on health-system readiness including hospital surge capacity, clinical preparedness for radiological events, and long-term health surveillance would enhance alignment between project planning and healthcare system capabilities, recognizing that hospitals are front-line responders in both routine operations and low-probability, high-impact scenarios.

Sincerely,



Susan Walsh, President & CEO



Cyndi Gilmer, Board Chair

Cc. Philip Lawrence, MP, Northumberland-Clarke; The Honourable Sylvia Jones, Deputy Premier and Minister of Health, Ontario; The Honourable David Piccini, MPP, Northumberland-Peterborough South; Bob Crate, Warden, Northumberland County; Scott Ovenden, Ontario Health Chief Regional Officer East and Toronto Region; Ontario Health Team of Northumberland Collaboration Council; Olena Hankivsky, Mayor, Port Hope; and, Northumberland Hills Hospital Board of Directors and General Medical Staff Association.