



**SCENT-FREE**  
Policy OHS-18

## **2024 - Annual QMS Management Review Minutes and Outcomes**

**Date:** Tuesday March 5, 2024  
**Time:** 8:30AM – 12:30PM  
**Location:** Robinson Administrative Building, 3rd Floor, Training Room

### **Committee Members:**

Top Management (ref: OP – Element 9)

- Andrew Grice – General Manager, Environmental and Infrastructure Services
- Stephanie Davis – Director, Environmental Services
- Cody Vinnai – Manager, Water and Wastewater Operations
- Shaun Earls – Manager, Water and Wastewater Compliance (2023 QMS Rep)

Other Staff

- Darnell Lambert – Director, Engineering
- Mariana Balaban – Project Director, Environmental and Infrastructure Services
- Kristina Hall – Water and Wastewater Compliance Officer (current QMS Rep)
- Laura Keddie – Division Coordinator, Environmental and Infrastructure Services

### **Call to Order**

The meeting commenced with a brief slide show presentation explaining the implementation of the Municipal Drinking Water Licensing program, and the role of the Drinking Water Quality Management Standard as a component of that program. Licensing requirements include an Operational Plan based on the 21 elements of the DWQMS, and third party accreditation via audits. The current Norfolk County QMS Policy was reviewed.

**Action Items** – Compliance staff to consider a review and update of policy to make it more concise, while ensuring the main components are identified. (This could include engagement from the ES team.)

## **1. Incidents of non-compliance with applicable regulations;**

There was a recommendation from the MECP for the Port Dover DWS, as the max daily flow for the inspection period was at 90% capacity as permitted by the MDWL. The County will monitor flows during peak flow season and enforce water usage restrictions as required. Mariana requested that Shaun verify the max daily flow noted above, as it is higher than capability of facility.

There was also a recommendation from the MECP for the Simcoe DWS to continue to explore long-term alternative options for a more reliable source of water, which the County is addressing via the implementation of the Inter-Urban Water Supply Project.

There were two non-compliances (NC) issued in the Waterford DWS inspection in regard to notifications of adverse water quality incidents. The Provincial Officer recommended all Operators and ORO's be retrained on AWQI reporting and actions required. Consequently, staff attended an AWQI refresher course, and the internal AWQI procedure was revised and reviewed.

**Action Items** – Shaun to verify max daily flow noted in Port Dover DWS MECP inspection. *(UPDATE: Post-meeting verification of data confirmed that a SCADA communication error resulted in an incorrect value reported to the MECP. The max daily flow for the inspection period was well below the capacity as permitted by the MDWL. The MECP was informed of the error and provided with the corrected data.)*

## **2. Incidents of adverse drinking-water tests;**

All reportable Adverse Water Quality Incidents (AWQI's) for 2023 were reviewed, which included two in Delhi-Courtland, five in Port Dover, none in Port Rowan, three in Simcoe, and four in Waterford. All incidents were reported, and corrective actions were taken and approved by the MECP. (Drinking Water Operating Authorities are required by Provincial Legislation to report adverse conditions to both the Medical Officer of Health (MOH) and to the MECP Spills Action Centre.)

**Action Items** – None

## **3. Deviations from critical control point limits (CCP) and corresponding actions taken;**

Identifying and listing all CCP's in all five drinking water systems is a requirement of the Risk Assessment element of the DWQMS. There were no instances where a CCP was exceeded in 2023. It was noted that the SCADA alarms are tested twice a year.

Discussion took place regarding the cyber security status of the SCADA system, as well as physical security at the water facilities.

**Action Items** – Stephanie to verify status of previously allocated funding and update on what appropriate cyber security measures are to be in place.

#### **4. The effectiveness of the risk assessment process;**

As required by Element 7, a full risk assessment was conducted in 2023. The Risk Assessment procedure was reviewed, as well as the Hazard Identification & Risk Assessment Worksheet, which lists the hazards being evaluated and the risk priority rating scale. An explanation of how Control Measures (from a predefined "Controls List") mitigate risk was discussed. It was suggested to involve Engineering and Project Manager staff with the risk assessment review, and ensure they are aware of outcomes.

**Action Items** – Shaun/Kristina to formalize method to communicate outcomes to staff, and will continue using the risk assessment tool to track staff progress in addressing concerns related to cyber and physical security.

#### **5. Findings from internal and external audits;**

Findings from both the internal and external audits were reviewed. It was suggested to utilize staff more removed from Compliance and Water Operations to conduct or assist with future internal audits, and that the transfer of assets between departments would be a key process to audit. It was noted that the 2024 external audit will be an on-site reaccreditation audit.

**Internal Audit** – The internal audit produced zero "Non-Conformances", zero "Minor Non-Conformances" (MNC), and eight "Opportunities for Improvements" (OFI).

**External Audit** – The external audit produced zero "Non-Conformances", zero "Minor Non-Conformances" (MNC), and one "Opportunity for Improvement" (OFI) issued by the External Auditor.

**Action Items** – None

#### **6. Emergency preparedness and response based on mock emergencies;**

The next mock Emergency will be conducted as per the frequency stated in Element 18: Emergency Management. It was suggested that the next mock emergency be conducted as a full-scale scenario, rather than a desktop review. Scenarios discussed included a cyber attack (loss of communications, physical security implications, etc.), and a boat spill at an intake.

**Action Items** – Shaun/Kristina to ensure that the next scheduled mock emergency is a full-scale scenario.

#### **7. Operational performance;**

Performance and capacity concerns for each facility were reviewed, as well as updates regarding ongoing upgrades and capital projects. Moving forward Operational performance updates will be provided by the Manager, Water & Wastewater Operations and capital project status updates will be provided by the Project Director, EIS.

The installation of additional AFU's and anti-stagnation valves was discussed, with staff agreeing that they could be helpful in reducing distribution system maintenance and freeing up Operations staff time.

**Action Items** – Cody to investigate purchase & installation of additional AFU's and anti-stagnation valves.

## **8. Trends in the quality of raw water supply and drinking-water;**

Water quality sampling results and trends for 2023 were discussed, for both raw and treated drinking water.

The Simcoe DWS - Cedar Street Wells were discussed in detail, specifically the high sodium levels, trace amounts of volatile organics (no reportable conditions for 2023) and high iron levels which lead to quantity issues.

In Port Rowan staff continue to complete extra sampling in order to be more proactive in responding to changes in the raw water characteristics through out the seasons.

It was requested that 5-10 year trending (graphs, summaries) be provided in the next Management Review to enhance the discussion regarding water quality trends.

**Action Items** – Kristina to ensure trending is prepared and updated in advance of next year's meeting.

## **9. Previous management review meeting action items;**

Last year's Management Review meeting Actions Items were reviewed, and staff discussed the possibility of using Compliance Science to set up scheduled/automated reviews of Action Items.

**Action Items** – See Attachment B: Action Items 2023; Shaun/Kristina to investigate capability of Compliance Science. Kristina to schedule an opportunity to review Compliance Science with Andrew.

## **10. Updates on action items identified between Management Review Meetings;**

Staff continue to address action items identified at previous meetings, all action items are documented on the annual "Action Items" list.

**Action Items** – None

## **11. Changes to services, activities, regulations, etc. that could impact the QMS;**

The following items were discussed:

- Renewal applications are due this year for all MDWL's; which may results in new requirements (consequently the DWWP's will also be renewed/updated)

- New PTTW for the Delhi wells was received, there is a slight change in well monitoring requirements
- Still waiting on MECP approval for the Port Dover PTTW and Port Rowan PTTW, both expiring mid 2024 (new permits may also include new requirements)
- As the CLI-ECA program continues to evolve, it will require time/energy from Compliance staff

**Action Items** – Shaun to also follow up with MECP on the status of the Port Dover PTTW and provide an update to Mariana, as well as provide her with the Schedule C.

## **12. Consumer feedback;**

Staff discussed feedback from current and future customers and how issues, if any, were dealt with. There were no drastic changes to water quality issues with current consumers, a normal number of calls were received compared to previous years.

**Action Items** – None

## **13. Resources needed for QMS maintenance;**

Currently there is a Compliance Technologist position vacant, and there are several new staff members in the Environmental Services team. The addition of new staff and reorganization of the division continues to require extra time and effort to ensure adequate training, mentoring, and accurate updates to policies and procedures.

**Action Items** – None

## **14. Results of the infrastructure review;**

Throughout 2023 the Director, Environmental Services, Manager, Water & Wastewater Compliance, and Manager, Water & Wastewater Operations met to review and update the established work plan (outlining capital projects, smaller operations projects, purchasing needs, etc.).

Risk Assessment outcomes are also considered during the Infrastructure Reviews.

**Action Items** – Shaun/Kristina to ensure that the Infrastructure Reviews and Risk Assessments are scheduled in a manner that outcomes can be considered in capital project planning and budgeting processes.

## **15. The currency of the Operational Plan;**

The Operational Plan (O.P.) is kept current and accessible to staff via QMS software (Compliance Science). Staff are directed, via email, to review the specific elements pertaining to their position based on a predetermined schedule. If the O.P. undergoes a major change that affects day to day operations, staff will be notified immediately.

An annual public version of the O.P. is created and made accessible to the public on the County website, or review at a County facility.

The most current version of the O.P. is also submitted to NSF, for the annual audit.

**Action Items** – None

## **16. Comments - and suggestions made by personnel;**

Staff are involved in regularly scheduled meetings, and minutes are recorded to capture topics that have been discussed and decisions made through input and feedback from staff regarding all aspects of operations. In addition, Operators are consulted for input during facility upgrades and capital projects.

**Action Items** – None

## **17. Review Best Management Practices reviewed in the past year;**

Other topics that were brought up for discussion that could aid in the continual improvement of the QMS;

- Andrew noted that expanding the QMS (or mirroring the Water QMS) to Wastewater Operations would be valuable for the County. (There is currently a lack of documentation, specifically around roles & responsibilities.)
- Staff discussed ensuring that the Infrastructure Reviews and Risk Assessments are scheduled in a manner that outcomes can be considered in capital project planning and budgeting processes.
- Shaun has been meeting with the HNHU (MOH), Andrew requested that a larger meeting be facilitated (semi-annually), that would include Andrew, Stephanie and Shaun to help build the relationship between the two organizations.

**Action Items** – Stephanie/Shawn to investigate possibility of capital planning workshop(s).  
Shaun to arrange semi-annual meeting with HNHU, first to take place in the summer months.

**Meeting Adjourned**

