



Board of Health

Governance Committee Board Report

Tuesday, March 26, 2019

(meeting held on Monday, March 04, 2019)

Information

1. Board By-Laws Index

All By-Laws of the Renfrew County and District Board of Health were reviewed in February several were identified that required further review and action. [By-Law 2013-02](#) regarding Banking and Finance was referred directly to the Resources Committee for review. Four by-laws are addressed in Resolutions below, all other by-laws require no further action.

2. Board Record Retention Policy

Committee reviewed the [record retention policy of the Board of Health of Kingston, Frontenac, Lennox & Addington](#). The Board Chair was directed to inquire of aPHa if further guidance could be provided on record retention policy development.

3. Board Retreat 2019

A draft agenda for the retreat was discussed. It is being circulated to partners for further input and will come forward to a future Board meeting. Staff were directed to distribute to Members the following documents for review in preparation for the retreat:

- A. [New Directions – Aboriginal Health Policy for Ontario](#)
- B. [Relationship with Indigenous Communities Guideline 2018](#)
- C. [Health Equity Guideline 2018](#)

Resolutions

1. Committee Work Plan 2019 Resolution: # 3 GC 2019-Mar-04

Moved by Chair
Seconded by Committee

Be it resolved that the Governance Committee amend its Committee Work Plan, to add a second item under Strategic as Board Decision Making Framework and replace that under Generative item a. with Indigenous Community Engagement.

Background

The [Work Plan](#), attached as Appendix A, requires amendment to reflect the change in direction for Board Retreat to have a morning session dedicated to initiating engagement with the Indigenous community of Renfrew County and District, and ensures the [Decision Making Framework](#) is addressed later.

2. Board By-Laws Resolution: # 4 GC 2019-Mar-04

Moved by Chair
Seconded by Committee

Be it resolved that the Governance Committee recommend that Board adopt a bylaw to repeal By-law 86-3.

Background

[By-Law 86-3](#), attached as Appendix B, prescribes the duties of the Medical Officer of Health. As Board will recall, Resolution#18 BOH 2018-Oct-30 directed that a CAO position be created and that administrative duties of the MOH/CEO will be reassigned to the new position. This has rendered By-Law 86-3 obsolete and requires it be repealed. Executive Committee has engaged Emond-Harnden to assist with development of job descriptions for the severed CAO and MOH/CEO positions. The current Acting MOH and Acting CEO have duties prescribed under Schedule 1: Responsibility assignments and shared duties Matrix for Acting MOH and CEO functions to October 24, 2019, on Page 8 of Dr. Robert Cushman's current contract.

Resolution: # 5 GC 2019-Mar-04

Moved by Chair

Seconded by Committee

Be it resolved that Board refer to Resources Committee By-law 91-01 as to current reporting on reserves does not appear consistent with the prescribed reserve accounts provided in By-law 91-01.

Background

[By-Law 91-01](#), attached as Appendix C, prescribes six specific reserve accounts to be held in a consolidated account and further prescribes how the funds may be invested and further prescribes proportional allocation of any interest earned. As a responsibility of Resources Committee, it is desirable that Board ascertain:

- A. compliance with By-Law 91-01, and
- B. actions required, if any.

Resolution: # 6 GC 2019-Mar-04

Moved by Chair

Seconded by Committee

Be it resolved that the Governance Committee recommend that Board adopt a by-law to repeal by-law 92-01.

Background

At one time Health Units were responsible under the Environmental Protection Act with respect to septic systems for:

- A. Carrying out inspections
- B. Issuance of Certificates of Approval
- C. Issuance of permits, and
- D. Making of Orders

[By-Law 92-01](#), attached as Appendix D, prescribes the fees for Inspections and Issuance of CoAs. Committee circulated to Healthy Environments Manager David Tantalo and received the following comment: *"This by-law is not applicable anymore for RCDHU. This service is provided by local municipal building officials, not health unit. Repeal by-law."*

Resolution: # 7 GC 2019-Mar-04

Moved by Chair

Seconded by Committee

Be it resolved that the Governance Committee recommend that Board refer to Resources Committee By-law 98-01 to determine the need to revise or repeal.

Background

[By-Law 98-01](#), attached as Appendix E, authorizes the short term borrowing of monies. As a responsibility of the Resources Committee it is desirable for Board to ascertain whether this by-law continues to provide authority, whether it is impacted by By-Law 13-02 and what action, if any, should be taken.

3. OPH—Cannabis Legalization and Regulation Branch

Resolution: # 9 2019-Mar-04

Moved by Chair

Seconded by Committee

Be it resolved that the Governance Committee recommends the RCDH Board support the 5 recommendations to Health Canada Cannabis Legalization and Regulation Branch submitted by Ottawa Public Health on Feb/20/2019 to the Strategic Policy Directorate with a copy submitted to our MP & OPH.

Background

Attached as Appendix F is a submission made by OPH in response to Health Canada's consultation on [Strict regulation of edible cannabis, extracts and topicals](#), attached as [Appendix G](#) and [H](#). The focus is on reducing the appeal of these products to young people. While the 60 day comment period ended February 20th, as edible cannabis products will be legal for sale not later than October 17th of this year, Committee believes it important for RCDHU to have a position on this issue.

Submitted by Governance Committee:

Chair: W. Matthews

Members: J. Visneskie Moore, C. Watt, P. Emon and M. Donohue

Renfrew County and District Health Unit
 "Optimal Health for All in Renfrew County and District"



Governance Committee Work Plan 2019

Revised: 2019-Mar-04

Priority	Task	Implementation/Activities	Time Frame	
			Start Date	Status
Fiduciary				
1.	MOH Recruitment	Prepare a report for the Board.	January	Incomplete
2.	a. Board Membership/Recruitment/Succession b. Board Knowledge/Skills Matrix and Gap Analysis	a. Monitor/Update b. Review/Update and Identify Gaps	On-going January	Complete Complete
3.	Board By-Laws	Review and update	February	Incomplete
Strategic				
4.	Standards for Public Health Programs and Services	MOH to address at Board Meeting	2018	Incomplete
Generative				
5.	Governance <i>Best Practices</i>	Board Retreat 2019 a. Board Decision making Framework b. Health Equity Report & Plan RC&DHU	January	Incomplete Date: Thursday, May 09, 2019
Other Priorities				
6.	Procedural By-Law 2018-02	Monitor and collate suggested revisions	January	June

Note:

1. Priorities conform to Committee Terms of Reference (TOR) and Board Work Plan 2019
2. Committee Work Plan will be shared with the Board annually.

DRAFT

THE RENFREW COUNTY AND DISTRICT BOARD OF HEALTH

BY-LAW NO. 86 - 3

A BY-LAW TO DEFINE THE MANAGEMENT
AND ADMINISTRATIVE DUTIES OF THE
MEDICAL OFFICER OF HEALTH

WHEREAS the Health Protection Act, RSO 1982, Section 55(1) and Section 55(2) provides that a Board of Health may pass by-laws respecting the management and administration of the Health Unit;

AND WHEREAS the Renfrew County and District Board of Health deems it desirable to define the management and administrative duties and responsibilities of the Medical Officer of health by by-law;

NOW THEREFORE the Renfrew County and District Board of Health hereby enacts as follows:

- A. The Medical Officer of Health shall carry out the responsibilities and requirements of the Health Protection Act RSO 1982.
- B. The management and administrative responsibilities of the Medical Officer of health (M.O.H.) as set out by by-law of the Renfrew County and District Board of Health (the Board) shall be as follows:

GENERAL

- 1. That the M.O.H. shall have general control and management of the administration of the affairs of the Renfrew County and District Health Unit and perform such duties as are hereinafter prescribed.
- 2. That the M.O.H. shall be responsible for the efficient administration of all the departments of the Renfrew County and District Health Unit and shall be responsible to the Board of health and all standing or special committees for such responsibilities.
- 3. That the duties, responsibilities and obligations imposed on the M.O.H. shall in no way be deemed to empower him to perform, do or direct any act or matter or to exercise any authority that would, to any extent whatsoever, encroach upon the legislative powers of the Board.
- 4. That the M.O.H. shall take direction from and be responsible to the Board and to its standing and special committees but he shall not be instructed or directed by or be responsible to any individual member of the Board. Notwithstanding the above, the M.O.H. shall consult with the Chairperson of the Board or any member of the Board with respect to any matter of concern to the Health Unit or to any of its committees.

GENERAL (Cont'd)

5. The annual performance appraisal of the M.O.H. (which shall be completed in October, annually) and personnel matters pertaining to the M.O.H. requiring approval shall be the responsibility of the Personnel Committee.

PERSONNEL ADMINISTRATION

6. Subject to Clause 13, the M.O.H. shall have the authority to recommend to the Board the appointment, employment, suspension or dismissal of Department Heads, including the granting of leave and reinstatement after leave or suspension. Notwithstanding the above, the M.O.H. may suspend a Department Head pending the Personnel Committee's and the Board's review and action.
7. The M.O.H. shall have authority to appoint, employ, and to suspend or dismiss employees for cause, excluding employees under sub-clause 6. and 7. not covered by collective bargaining agreements, and, without limiting the foregoing, he shall have authority to grant leave, to reinstate after leave or suspension, and to initiate disciplinary procedure.
8. The M.O.H. shall have the authority to appoint and employ and cease to employ all other employees, excepting employees under sub-clauses 6. and 7., in accordance with the procedures specified in any collective bargaining agreements in force, and to dismiss or suspend such employees for cause.
9. The M.O.H., upon consultation with the Staff Management Committee, may make recommendations to the Board through the Personnel Committee regarding the classifications, duties, responsibilities, evaluation, remuneration and benefits of any employees of the Health Unit, but in doing so, shall have due regard for the provisions of law and any collective agreement in force.
10. The M.O.H. shall have the ultimate responsibility for the administration of any collective agreements entered into between the Board and its employees, so long as those agreements remain in force and, in general, be responsible for wage and salary administration.
11. The M.O.H. shall participate in meetings pertaining to negotiations on collective agreements or meetings on any dispute or discussion arising therefrom.
12. The M.O.H. shall have management and administrative control and direction of all employees of the Health Unit and shall be accountable to the Board for exercising the responsibilities therein in a consistent, co-ordinated and equitable manner.

PERSONNEL ADMINISTRATION (Cont'd)

13. Notwithstanding Clause 12., the M.O.H. shall observe all laws and legal agreements, and without limiting the foregoing,
- (a) shall observe all collective agreements, contracts and by-laws of employment as may be in force;
 - (b) shall not act in violation of any statute or regulation of the Province of Ontario or the Dominion of Canada.

FINANCIAL ADMINISTRATION

14. The M.O.H. shall be responsible for general financial control over all departments of the Health Unit.
15. The M.O.H. shall ensure that the system of accounting in use by the Health Unit will promote:
- (a) the accurate recording of all money received and disbursed by the Health Unit;
 - (b) the accurate recording of all assets and liabilities and of all other accounting and financial transactions of the Health Unit in accordance with accounting principles generally accepted;
 - (c) the maintenance of sound financial controls over the assets of the Health Unit; and
 - (d) the effective monitoring of revenues and expenditures of the Health Unit in accordance with the approved estimates.
16. The M.O.H. shall:
- (a) direct the preparation and compilation of the annual estimates of revenues and expenditures, in accordance with the requirements of legislation and the instructions of the Board;
 - (b) direct the presentation to the Board of the annual estimates consisting of an operating budget for the current year, and a capital budget for the current year;
 - (c) ensure that Department Heads and other staff are responsible for the administration of the estimates as adopted by the Board;
 - (d) ensure that reports are regularly presented to the Board on the current status of the finances of the Health Unit and propose any necessary or advisable amendments to the approved estimates; and

FINANCIAL ADMINISTRATION (Cont'd)

16. (e) have prepared and submitted to the Board at the end of the fiscal year a complete report on the finances of the Health Unit for the preceding year.
17. The M.O.H. shall cause to set into place sound procedures for purchasing, for tendering and for entering into contracts involving the expenditure of funds or the acquisition or disposition of assets, and all departments shall observe such procedures.
18. The M.O.H. shall have authority without reference to the Board, to enter into expenditures of money not exceeding \$500.00 providing that such expenditure shall be reported to the Board at the next meeting of same.
19. The M.O.H. shall be responsible to assure that all accounts for payment are submitted to the Board provided that all accounts proposed for payment after the adoption of the annual estimates shall be authorized in the estimates.
20. The M.O.H. shall ensure that all real property and other property owned by or vested in the name of the Health Unit is adequately insured.
21. The M.O.H. shall be responsible to participate in the negotiation for the purchase, acquisition and sale of real property on behalf of the Board, provided that final authority for making or accepting offers shall rest with the Board.
22. The M.O.H. shall have authority to:
 - (a) make recommendations to the Board or a Committee or Committees thereof, with respect to the administration of any department of the health Unit;
 - (b) obtain from any Department Head or any Committee of the Board such information or reports with respect to their activities as the M.O.H. may consider advisable for maintaining or improving the standard of administration within the Health Unit;
 - (c) present to the Board or a Committee or Committees thereof, recommendations arising from departmental operations that require the Board's or the Committee's approval and to propose legislation or resolutions arising from such recommendations; and
 - (d) give effect to any decisions approved by the Board thereof concerning the organization or functioning of any department or of the administration as a whole.

FINANCIAL ADMINISTRATION (Cont'd)

23. The M.O.H. shall meet when necessary, but generally once a month, with such Department Heads of the Health Unit as he shall deem appropriate, at which time they may give consideration to any of the following matters:
- (a) co-ordination of departmental activities;
 - (b) recommendations concerning policies, plans, budgets, programs and legislation being submitted to the Board or one or more of its Committees;
 - (c) implementation of decisions made by the Board or one or more of its Committees;
 - (d) implementation of procedures, plans, programs, policies and organization arrangements;
 - (e) proposals made by the M.O.H. or any member of the staff of the Health Unit that will tend to the improvement of the administration of the Health Unit; and
 - (f) any other matters as may be deemed appropriate.
24. The M.O.H. may:
- (a) consult with Department Heads of the Health Unit and direct that appropriate reports be prepared for his consideration and for the consideration of the Board;
 - (b) consult with any person or firm retained by the Board, provided that funds for the purpose have been authorized in the estimates;
 - (c) determine, in consultation with the Chairperson of the Board, whether a matter is properly addressed to the Board or may be disposed of by the administration in accordance with the standing procedures and policies of the Board.

POLICY DEVELOPMENT, IMPLEMENTATION AND ADMINISTRATION

25. The M.O.H. shall participate in a Staff Management Committee consisting of the M.O.H. and all Department Heads. The function of this Committee shall be to overview, at the staff level, departmental organizational structure, reporting and communication structures, staff complements, requests for new classifications, recruiting procedures and policy changes. Any recommendation pertaining to the above functions shall be reviewed firstly by the Staff Management Committee and their written recommendations shall be forwarded to the appropriate Committee(s) or the Board.

POLICY DEVELOPMENT, IMPLEMENTATION AND ADMINISTRATION (Cont'd)

26. The M.O.H. shall co-ordinate and direct the preparation of plans and programs to be submitted through Committees to the Board for the development, reduction or improvement of services provided by the Health Unit and for the construction, maintenance, rehabilitation or disposition of the properties and facilities of the Health Unit.
27. The M.O.H. may present to the Board, or to any of its Committees, reports and information regarding progress and accomplishments in programs and projects undertaken by the Health Unit.
28. The M.O.H. shall receive communications, and forward to the Board or Committees such communications as are of concern to the Board or its Committees together with his recommendations, if any.
29. The M.O.H. shall ensure that efficient, effective and democratic procedures for administering the affairs of the Health Unit are established, maintained and enhanced, and he shall seek the Board's approval for such measures as he may deem appropriate.
30. In discharging his duties under Clause 29., the M.O.H. shall give particular attention to the following:
 - (a) ensure preparation of research and background of correspondence and other communications of concern to the Board or its Committees prior to their presentation to the Board or its Committees;
 - (b) the content and format of agendas, reports and minutes;
 - (c) the codifying of any Board or Committee, administration procedures and policy, ensuring convenient access to such policies and procedures;
 - (d) the presentation to the Board or its Committees, staff recommendations concurred
 - (e) the indexing and retention of all records, documents, correspondence, books of account, and legislation, and their legal disposition when of no further use in connection with regular administration.
31. The M.O.H. may be assigned such other duties, responsibilities, privileges and authorities as the Board may legally assign, provided that the M.O.H. shall have the right to request the Board's reconsideration of any such additional assignment and to propose alternative courses of action.

POLICY DEVELOPMENT, IMPLEMENTATION AND ADMINISTRATION (Cont'd)

32. The M.O.H. shall have the right and duty to address the Board or its Committees, with the consent of the Chairperson, on any matter where his advice will assist the Board or its Committees in its deliberations, subject to the following provisions;
- (a) where a member of the public, the press or a local board requests the M.O.H. to state an opinion on a matter that, in the view of the M.O.H. is a matter of legislative policy, the M.O.H. shall refer the request to the Chairperson or the Board;
 - (b) where the M.O.H. feels he is adequately prepared to provide advice or information, the M.O.H. shall respond to a request from a member of the Board for information or for an opinion concerning any matter before the Board or its Committees; and
 - (c) the M.O.H. shall neither vote nor attempt to influence the outcome of a vote by the Board or any of its Committees, except insofar as he is requested or provides his opinion pursuant to this clause.
- C. The salary, fringe benefits and working conditions of the M.O.H. shall be as established from time to time by resolution or by-law of the Board.
- D. This by-law shall come into force and take effect on the twelfth day of August , 198 6 .

READ a first time this twelfth day of August 1986

READ a second time this twelfth day of August 1986

READ a third time and finally passed
this twelfth day of August 1986.



RENFREW COUNTY AND DISTRICT HEALTH UNIT

BY-LAW NUMBER 91 - 01

A BY-LAW OF THE RENFREW COUNTY AND DISTRICT BOARD OF HEALTH TO ESTABLISH RESERVE FUNDS FOR THE PURPOSES OF THE OPERATION OF THE HEALTH UNIT.

Whereas Section 165(1) of the Municipal Act, R. S. O. 1980, c. 302 as amended, makes provision that every municipality as defined in the Municipal Affairs Act, may in each year provide in the estimates for the establishment or maintenance of a reserve fund for any purpose for which it has authority to spend funds;

And Whereas the Municipal Affairs Act, R. S. O. 1980, c. 303 as amended, section 1, includes in the definition of "municipality" a local board and a "local board" in said section includes a board of health;

And Whereas said Renfrew County and District Health Unit is a Board of Health under the provisions of the Health Protection and Promotion Act, S. O. 1983, c. 10, as amended;

And Whereas the Health Protection and Promotion Act, 1983 provides that every Board of Health is a corporation without share capital;

And Whereas Section 55 (1) of the said Act makes provision for a Board of Health to pass by-laws respecting management of its property, as well as banking and finance;

And Whereas it is deemed necessary for the Board of Health for the Renfrew County and District Health Unit to pass a by-law respecting the establishment and operation of reserve funds:

NOW THEREFORE THE BOARD OF HEALTH FOR THE RENFREW COUNTY AND DISTRICT HEALTH UNIT ENACTS AS FOLLOWS:

1. That Health Unit reserve funds shall be established and they are hereby established for the following purposes:

- Accommodation and Furnishing Reserve Fund;
- Equipment Reserve Fund;
- Contingency Reserve Fund;
- Pay Equity Provision Reserve Fund;
- Sick Leave Liability Equalization Reserve Fund;
- Nursing Program - Home Care Servicing Fund.

* Minutes of April 16, 1991 meeting indicate the passing of this By-law. *W.B.*

2. That the funds available at December 31st, 1990 which have been accumulated by means of reserve allowances, be assigned and deposited to the credit of the noted fund accounts in a consolidated Reserve Fund account to be established at a bank, or banks, as may from time to time be determined by the Board of Health, with such determination to be declared by resolution.

3. That for the purposes of the initial allocation of reserves to the credit of the said Reserve Fund account, the following deposit of funds shall be made:

Accommodation and Furnishing Reserve Fund	\$182,989.17 ✓
Equipment Reserve Fund	\$ 36,815.12 ✓
Contingency Reserve Fund	\$ 49,440.50 ✓
Pay Equity Provision Reserve Fund	\$ 27,454.00 ✓
Sick Leave Liability Equalization Reserve Fund	\$ 38,237.00 ✓
Nursing Program & Home Care Servicing Fund	\$ 21,658.93 ✓

356.594¹²

4. That in the estimates for each year the Board shall take into consideration the Fund requirements together with the need for increases or decreases in the balances therein, and shall make such provision as it deems appropriate, with the said increase or decreases to be authorized by by-law of the Board.

5. That, subject to any allocation which may be made by way of reduction or direction of the funds hereby established, all interest earned by way of the deposit of the aforesaid funds shall be credited to the various funds in direct proportion to the amount of the funds on deposit.

6. Subject to the authorization of the Board of Health, with such authorization to be declared by resolution of the Board, the Treasurer of the Health Unit shall invest the aforementioned funds by way of the purchase of Treasury Bills of the Government of Canada, or by deposit in the accounts of the Bank of record, or such other deposit as the Board of Health may authorize and shall be in such investments as a trustee may invest in under the Trustee Act.

7. This By-law shall come into force upon the date of the final passing thereof.

ACCOMMODATION AND FURNISHING RESERVE FUND.

This fund shall be established for purposes of the acquisition of land and buildings which are to provide for the various programs and activities of the Health Unit's operation; together with the expenditure of funds to meet the requirement for furniture and fixtures required for the operation of Health Unit Programs.

EQUIPMENT RESERVE FUND

This fund shall be established to meet the cost, in whole or in part, of the acquisition of vehicles, telephone, computer, printing, or other equipment required to assist or enhance the operations of the Health Unit.

CONTINGENCY RESERVE FUND

This fund shall be established to provide working funds for the operation of the Health Unit pending the receipt of grants, tax installments and other income. Further, the funds on deposit may be applied toward meeting the cost, in whole or in part, of any extraordinary cost or expenditure which the Health Unit may be called upon to make.

PAY EQUITY PROVISION RESERVE FUND

This fund shall be established to set aside those funds which the Pay Equity Act, S. O. 1987, as amended, requires be set aside to meet the provisions of the Act, and more specifically Section 13 (4) thereof.

SICK LEAVE LIABILITY EQUALIZATION RESERVE FUND

This fund shall be established to provide resources which are not otherwise available to meet a portion of the cost of the payouts of the accumulated balances in the sick leave entitlements of members of Health Unit staff.

NURSING PROGRAM - HOME CARE SERVICING FUND

This fund shall be established to provide resources which may be required to meet any future deficit in the cost of the provision of Public Health Nursing services to the Home Care Program.

First and Second reading this
1991.

day of

Third reading and passed this
1991.

day of

CHAIRMAN OF THE BOARD

MEDICAL OFFICER OF HEALTH

THE RENFREW COUNTY AND DISTRICT HEALTH UNIT

BY-LAW NO. 92-01

A By-law to prescribe fees for Inspections
and for the Issuance of Certificates of Approval
under the Environmental Protection Act

WHEREAS the Environmental Protection Act provides that a municipality that has entered into an agreement with Her Majesty the Queen in right of Ontario providing for the carrying out of Inspections, the Issuance of certificates of approval, the issuance of permits, or for the making of orders, respecting sewage systems, pursuant to the Environmental Protection Act, may prescribe and charge fees therefor;
and

WHEREAS an agreement for the above recited purposes dated April 1, 1975 was entered into by The Board of Health of The Renfrew County and District Health Unit.

NOW THEREFORE, the Board of Health of The Renfrew County and District Health Unit HEREBY ENACTS as follows:

1. In this by-law,
 - (a) "Class 4 sewage system" means a septic tank system;
 - (b) "Class 5 sewage system" means a sewage system which requires or uses a holding tank for the storage or retention of sewage at the site where it is produced prior to its collection and transportation to another site for final disposition;
 - (c) "Class 6 sewage system" means a sewage system in which sewage is treated in a proprietary aerobic sewage treatment plant;
 - (d) "Class A sewage system" means a Class 4, 5 or 6 sewage system that is designed to be capable of handling sewage flows in excess of 4,500 litres per day.
 - (e) "A filter bed" means the soil absorption system constructed as a filter bed located wholly in ground or raised or partly raised above ground as required by local conditions, to which effluent from a septic tank or proprietary aerobic sewage treatment plant is applied for treatment and disposal.
 - (f) "A re-inspection" means an additional inspection required by a contractor or installer of the Health Unit representative for the purpose of issuing a Use Permit.

(g) "Immediate family" means the child, son-in-law, daughter-in-law, parent, stepchild, grandchild or grandparent of an applicant or a person to whom the applicant stands in the place of a parent.

2. Subject to section 3, every person who makes an application described in Column 1 of Schedule "A" hereto annexed, shall pay to The Renfrew County and District Health Unit the fee set out opposite thereto in Column 2 of Schedule "A".
3. No fee shall be payable under this by-law in respect of:
 - (1) (a) a lot, block, parcel of land or residential unit served by a sewage works approved under the Ontario Water Resources Act;
 - (b) a lot, block or parcel of land that comprises a public highway;
 - (c) a portion of a lot, block, or parcel of land, designated for purposes of an easement, unless the easement is for the purpose of permitting the Installation of a Class 4, 5 or 6 sewage system.
- (2) In the case of an application for approval of a plan of subdivision under section 50 of the Planning Act, 1983, no fee shall be payable in respect of a lot or block that is more than 4 hectares in area.
- (3) In the case of an application for consent under section 52 of the Planning Act, 1983, no fee shall be payable in respect of a lot:
 - (a) that is more than 4 hectares in area; or
 - (b) that is part of the land on which the owner thereof resides and from which he derives his chief source of income by farming, where no person other than the applicant and one or more members of his immediate family are parties to the transaction in respect of which the application is made.
4. By-law No. 86-2 as enacted by the Board of Health of The Renfrew County and District Health Unit is repealed.
5. Schedule "A" hereto annexed, shall form part of this by-law.
6. This By-law comes into effect May 1, 1992.

Read a first time and second time this 21st day of April, A.D. 1992.

Read a third time and passed this 21st day of April, A.D. 1992.



CHAIRMAN



SECRETARY

SCHEDULE "A" TO BY-LAW NO. 92-01

Column 1 Type of Application	Column 2 Fee
1. For approval of a plan of subdivision under the Planning Act, 1983, Section 50	\$63.00 for each lot or block shown on the proposed plan of subdivision
2. For consent under the Planning Act, 1983, Section 52	\$63.00 for each lot proposed to be created and \$63.00 for each remainder lot
3. For authorization of a minor variance under the Planning Act, 1983, Section 44	\$63.00 for each application
4. For approval of a condominium under the Condominium Act, Section 50	\$128.00 for each on site sewage system that is proposed or installed
5. Certificates of Approval for Class 4, 5 or 6 sewage system.	\$96.00
6. A Class 4, 5 or 6 sewage system utilizing a filter bed.	\$128.00
7. A Class A system	\$156.00
8. For a re-inspection	\$32.00

RENFREW COUNTY AND DISTRICT HEALTH UNIT

BY-LAW NO. 98-01

Being a by-law to authorize the
short-term borrowing of monies for the purposes of the
Renfrew County and District Health Unit.

WHEREAS the Bank of Montreal (Pembroke, Ontario branch) has been appointed the bank for the Renfrew County and District Health Unit (hereinafter call the Corporation);

AND WHEREAS the Board of Health (hereinafter called the Board) of the Corporation deems it necessary to borrow money on a short term basis to meet, until revenues are received, its current expenditures of the year;

AND WHEREAS said borrowing is authorized by the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 at section 56 (1) (b) and section 56 (2) (b);

AND WHEREAS the Board has determined that the amount of said monies to be borrowed shall be no more than one-half the Corporation's estimated total budgetary expenditures for 1998;

BE IT THEREFORE ENACTED by the Board of Health of the Renfrew County and District Health Unit as follows:

1. (a) Either one of the Chair or Vice-Chair of the Board together with either one of the Medical Officer of Health or the Director of Corporate Services are hereby authorized on behalf of the Corporation to borrow from time to time by way of promissory notes, line of credit or overdraft, from the Bank of Montreal, a sum or sums of money to meet, until revenues are received, the current expenditures of the Corporation for the year, and to give, on behalf of the Corporation, to the bank a promissory note or notes, a line of credit or overdraft agreement, sealed with the corporate seal and signed by them for the monies so borrowed, and such other documentation as may be requested by the bank therefore, with interest, which may be paid in advance or otherwise.

- (b) the amount which may be borrowed pursuant to the authority of this By-law shall not in the aggregate, exceed one-half of the Corporation's estimated total budgetary expenditures for 1998.
2. All sums borrowed from the said bank shall, for the purposes aforesaid, with interest thereon, be a charge on the whole of the revenues of the Corporation for the current year and for all preceding years, as and when such revenues are received.
3. The Director of Corporate Services is hereby authorized and directed to apply in payment of all sums borrowed pursuant to the authority of this By-law from the said bank for any and all of the purposes mentioned herein, together with interest thereon, all of the monies hereafter collected or received on account or realized for the current year and preceding years and all of the monies collected or received from any other source, which may lawfully be applied for such purpose.

PASSED this 27 day of January, 1998

Marian Patterson
Chair

RENREW COUNTY AND DISTRICT HEALTH UNIT

Moved by Warder Stewart

Seconded by Barbara Carriere

That By-law Number 98-01 to authorize the short-term borrowing of monies for the purpose of the Renfrew County and District Health Unit be now introduced and read a first time.

CARRIED Marian Patterson
CHAIR

Moved by Warder Stewart

Seconded by Barbara Carriere

That By-law Number 98-01 to authorize the short-term borrowing of monies for the purpose of the Renfrew County and District Health Unit be now introduced and read a second time.

CARRIED Marian Patterson
CHAIR

Moved by Warder Stewart

Seconded by Barbara Carriere

That By-law Number 98-01 to authorize the short-term borrowing of monies for the purpose of the Renfrew County and District Health Unit be now introduced and read a third time, short and passed.

CARRIED Marian Patterson
CHAIR

February 20, 2019

Strategic Policy Directorate
Cannabis Legalization and Regulation Branch
Address locator: 0302B
Health Canada
Ottawa, ON K1A 0K9
cannabis@canada.ca

RE: Consultation: Strict regulation of edible cannabis, extracts and topicals

To whom it may concern,

As the City of Ottawa's Medical Officer of Health, I welcome the opportunity to provide feedback regarding the proposed regulation of edible cannabis, extracts and topicals.

I would like to acknowledge Health Canada for recognizing the importance of strict regulations and developing a legislative framework that aims to protect the health and safety of Canadians. Cannabis, in particular products that have high levels of tetrahydrocannabinol (THC), can cause negative health and social impacts. Through a public health approach to legalizing cannabis, the costs associated with the negative impacts of cannabis use can be mitigated.

High-potency cannabis use is associated with an increased severity of dependence, especially in young people.ⁱ People who use concentrates, such as hash oil, report more addictive behaviours and withdrawal symptoms.ⁱⁱ High THC-content products are generally associated with higher risks of various acute and chronic mental and behavioural problem outcomes.ⁱⁱⁱ It has also been reported that the use of high-potency cannabis has an increased risk of psychosis compared with low-potency cannabis.^{iv}

Youth who are under the age of 25 are particularly vulnerable to the risk of cannabis use because of the impact it can have on brain development. Early and regular cannabis use during adolescence has several negative health effects on cognition, behaviour and development.^v According to the 2018 Canadian Cannabis Survey, respondents under the age of 25 reported greater use of cannabis concentrates, extracts and edibles than those aged 25 or older.

Restricting the production and sale of cannabis edibles and extracts will be vital to mitigating harms from these products. Accordingly, I am pleased to submit recommendations that would further protect young people and others from the potential

harms of cannabis use in respect to edibles, extracts and topical products. Responses to the consultation questions are attached as Appendix 1.

Recommendation 1: Implement further restrictions to reduce the appeal among young people, accidental ingestion by children and risks of overconsumption.

As stated in the final report of the Task Force on Cannabis Legalization and Regulation, to protect the most vulnerable, the Federal government should prohibit any product that is deemed "appealing to children," including products that resemble or mimic familiar food items.^{vi}

The experience of Colorado and Washington State in legalizing cannabis has provided valuable lessons for how Canada should regulate cannabis and its related products. Following legalization, Colorado saw an increase of poisonings related to the overconsumption of edible products and increased calls to regional poison control centres and emergency room visits for accidental ingestion by children.^{vii} Stakeholders in Colorado expressed particular concerns about products that mimic popular brand-name snacks and candies as well as the packaging and attractiveness to youth. As such, Colorado implemented new regulations that included a limit of 10 mg of THC per dose; and a universal THC symbol stamped on cannabis edible; as well as prohibited the words "candy" or "candies" on packages, and the use of shapes that may appeal to children (i.e. animals, humans, or fruit). Washington State has implemented similar restrictions to edible cannabis products including restrictions on the shapes and colours of edibles, a required list of standard warnings on each label, and the use of the universal THC symbol, and a "not for kids" warning symbol.

The proposed regulations currently do not restrict the shape of cannabis edibles, which despite the strict packaging requirements, would make the physical appearance of cannabis edibles appealing to children and consequently more vulnerable to accidental ingestion.

In addition, given the research regarding the appeal of flavoured e-cigarette products, particularly among youth, flavouring agents should be prohibited in cannabis extracts. According to a systematic review of consumer preferences, adolescents consider flavour an important factor in their decision to try e-cigarettes.^{viii} Youth are more likely to initiate vaping flavoured e-cigarettes, especially fruit and sweet flavoured products.^{ix}

As such, I recommend that Health Canada apply additional restrictions to the proposed rules for the new classes of cannabis, including:

- **Prohibiting any product that resembles or mimics familiar food items, or is associated with a brand of food or candy and could be appealing to**

children, such as gummy bears, lollipops, chocolate bar or cookie brands, etc.

- Requiring all edible products be stamped, marked or imprinted with the standardized THC symbol on at least one side of the edible product, unless products are impracticable to stamp, mark or imprint, for example liquids.
- Prohibiting the use of flavouring agents in cannabis extracts.

Recommendation 2: Require that labels for all cannabis-infused products intended for ingestion include a health statement about the delayed onset of impairing effects and information on accidental ingestion or overconsumption.

When cannabis is ingested, the psychoactive effects can be delayed by 30 minutes or more. This delay can result in consumers accidentally consuming more cannabis product than they intend and can have undesirable effects. Consuming large amounts of THC can lead to acute impairment that could cause injury or harm.

As mentioned, Colorado experienced an increase of poisonings related to the overconsumption of edible products and increased calls to regional poison control centres and emergency room visits for accidental cannabis ingestion by children following the legalization of cannabis.^x This was predominantly due to poor packaging and labelling.^{xi} In cases of accidental ingestion or overconsumption, it is important that consumers know where they should turn to for help.

Colorado implemented new regulations following their experience with edibles and cannabis extracts. The new regulations included required health statements including a statement about the delayed effects on products intended for oral consumption. In addition, Colorado requires all cannabis labels to have a warning statement about the physical and mental health risk of cannabis use, risks for women who are pregnant or breastfeeding and the impaired ability to drive or operate machinery.

Washington State has implemented similar regulations requiring warning statements on all cannabis products. These required warning statements include risk of addiction; illegal to operate a motor vehicle while impaired; effects may be delayed by two or more hours; and two universal cannabis symbols (i.e. an universal THC and “not for kids” symbol). The “not for kids” universal symbol includes a toll-free number to the National Poison Help Line that connects the caller to their regional poison control centre.

As such, I recommend that Health Canada apply additional restrictions to the proposed regulations for the new classes of cannabis, including:

- **Requiring a health statement about the delayed onset of impairing effects on labels for all cannabis-infused products intended for ingestion.**
- **Requiring that information regarding low-risk cannabis use guidelines be provided on the product labels for all cannabis products (i.e. include web link to low-risk cannabis use guidelines).**
- **Requiring information on what to do in case of accidental ingestion or overconsumption, similar to requirements for non-prescription drugs, on the label for all cannabis-infused products.**
- **Creating a centralized access point for poison control centres, (e.g. nationwide toll-free Poison Help Line) to connect residents to the nearest regional poison control centre and subsequently, requiring this information be included on the label of all cannabis-infused products.**

Recommendation 3: Consider the use of the Canadian Drug Facts Table as the template for the required cannabis labelling information.

Health Canada introduced changes to non-prescription drug labels to improve the safe use of these drugs by making drug labels easier to read and understand. Through the Plain Language Labelling Initiative, Health Canada implemented changes that require non-prescription drugs to have a Drug Facts Table (DFT) on the outer label. The DFT is a standardised table, like the Nutrition Fact Table that is required on pre-packaged foods under the Food and Drug Regulations, which contains important information for consumers to understand the use and risks of the product.

As such, I recommend that Health Canada consider imposing a table format for the product information and health warnings for all cannabis-infused products, similar to the Drug Facts Table.

Recommendation 4: Prohibit the association of a cannabis product to a tobacco product or tobacco company.

The proposed regulations prohibit representations that would associate a cannabis product with an alcoholic beverage or company. Within its proposal, Health Canada states this is necessary given the known health risks associated with the concurrent use of alcohol and cannabis. However, there are no proposed restrictions to prohibit associations of a cannabis product with a tobacco product or company. Tobacco has well-known harmful health effects and contains nicotine, which is highly addictive.

Therefore, I recommend that Health Canada prohibit the representation of a tobacco product (i.e. cigarettes, e-cigarettes, cigar) or a tobacco company name or logo who manufactures tobacco products on all cannabis products.

Recommendation 5: Continue investments in research, population health surveillance, and public education campaigns in advance of, and following, the legalization of edibles, extracts and topicals.

Public education in advance of edibles, extracts and topicals becoming available is important to increase the awareness of the potential harms associated with delayed onset of effects with edible cannabis and the use of high-potency cannabis products. To expand the reach of Government of Canada campaigns, organizations across Canada could be included in the planning and dissemination of future campaigns. Government of Canada's public education campaigns would ideally address the spectrum of substance use, recognizing the importance to meet people where they are by including prevention and harm reduction messages.

Population health surveillance is vital for monitoring the public health impact of legislative changes as well as to identify priorities for health promotion and prevention. Monitoring the prevalence and rate of use of the different types of cannabis, as well as related health outcomes, such as overconsumption and mental health and behavioural consequences of cannabis use will provide needed information. Federal funding from the revenue of cannabis could be invested in provincial surveillance systems to leverage existing systems and to develop new ones.

Thank you again for this opportunity to provide comments and recommendations regarding the strict regulation of edible cannabis, extracts and topicals. Should you have any questions or wish to discuss the recommendations, please contact me at Vera.Etches@ottawa.ca or by telephone at 613-580-6744 ext. 23675.

Sincerely,

Dr. Vera Etches, MD, MHScM CCFP, FRCPC
Medical Officer of Health
Ottawa Public Health

Appendix 1

Consultation Questions on the proposed regulations for edible cannabis, cannabis extracts, and cannabis topicals

1. What do you think about the proposed THC limits for the new classes of cannabis products?

Ottawa Public Health (OPH) staff agree with the limit of 10 mg of THC per discrete dose based on experience and regulations put in place in Colorado and Washington State.

OPH staff urge the Federal government to invest in ongoing research to substantiate the appropriate measure for a “standard dose” of THC and how said standard dose of THC affects health.

2. Do you think the proposed new rules addressing the types of ingredients and additives that could be used in edible cannabis, cannabis extracts, and cannabis topicals appropriately address public health and safety risks while enabling sufficient product diversity?

OPH staff are in support of the rules addressing additives that can be used in edible cannabis, extracts and topicals. However, we recommend that further restrictions be included to protect public health and safety. Rationale for the recommendations were provided in the attached letter. It is recommended that Health Canada:

- Prohibit any product that resembles or mimics familiar food items, or is associated with a brand of food or candy and could be appealing to children, such as gummy bears, lollipops, chocolate bar or cookie brands, etc.
- Require all edible products be stamped, marked or imprinted with the standardized THC symbol on at least one side of the edible product, unless products are impracticable to stamp, mark or imprint, for example liquids.
- Prohibit the use of flavouring agents in cannabis extracts.

3. Do you think that the proposed rules for other classes of cannabis will accommodate a variety of oil-based products for various intended uses, even though cannabis oil would no longer be a distinct class of cannabis?

OPH staff agree with the regulations for cannabis extracts and that they are inclusive of oil-based productions intended for inhalation (vaping) and ingestion (capsules or oil).

4. What do you think about the proposed six-month transition period for cannabis oil? Is a six-month transition period sufficient?

There is no identified public health concern with the proposed six-month transition period.

5. What do you think about the proposed new rules for the packaging and labelling of the new classes of cannabis products?

OPH staff are supportive of the proposed regulations related to the packaging and labelling requirements for the new classes of cannabis. As outlined in the attached letter, OPH staff further recommend that Health Canada implement the following to strengthen the regulations to protect public health and safety:

- Require a health statement about the delayed onset of impairing effects on labels for all cannabis-infused products intended for ingestion.
- Require that information regarding low-risk cannabis use guidelines be provided on the product labels for all cannabis products (i.e. include web link to low-risk cannabis use guidelines).
- Require information on what to do in case of accidental ingestion or overconsumption, similar to requirements for non-prescription drugs, on the label for all cannabis-infused products.
- Create a centralized access point for poison control centres (e.g. nation-wide, toll-free Poison Help Line) to connect residents to the nearest regional poison control centre and subsequently, require this information be included on the label of all cannabis-infused products.
- Prohibit the representation of a tobacco product, (i.e. cigarettes, e-cigarettes, cigar), or a tobacco company name or logo who manufactures tobacco products on all cannabis products.
- Consider imposing a table format for the product information and health warnings for all cannabis-infused products, similar to the Drug Facts Table.

6. With respect to edible cannabis, what do you think about the requirement for all products to be labelled with a cannabis-specific nutrition facts table?

Canada's nutrition labelling regulations have been designed to provide a system for conveying information about the nutrient content of food in a standardized format,

which provides clear, uniform information to support consumers in making informed food choices.

OPH staff agree with the proposal that all cannabis infused food products be labelled with a cannabis-specific Nutrition Facts Table (NFT) and that it be modelled after the Standard Format NFT for pre-packaged food.

The cannabis-specific NFT should follow the same regulations and enforcement as the NFT on non-cannabis containing food products. All labeling information on cannabis products, including the cannabis-specific nutrition facts table, must be accurate, truthful and not misleading. OPH staff commend Health Canada's proposal to create a cannabis-specific NFT that contains the same nutrient information as other food products.

OPH staff agree with regulations that state that drinks and foods may not contain added vitamins or minerals, while THC extracts, often used in vaporizers, cannot contain sugars, colours or sweeteners. The addition/fortification of vitamins and minerals may lead consumers to believe this product is healthy.

7. What do you think about the proposal for the labelling of small containers and the option to display certain information on a peel-back or accordion panel?

OPH staff are supportive of the labelling considerations for small containers and allowing peel-back or accordion panels with the provision that the cannabis health warning messages, standardized cannabis symbol and information about the THC and CBD content would always be on the exterior display surface.

8. What do you think about the proposal that the standardized cannabis symbol would be required on vaping devices, vaping cartridges, and wrappers?

OPH staff are supportive of the requirement of the standardized cannabis symbol on pre-filled vaping devices, vaping cartridges and wrappers. OPH staff recommend that Health Canada provide specific requirements for the size and placement of the standardized label, similar to the requirements for the cannabis health warning messages.

9. Do you think that the proposed new good production practices, such as the requirement to have a Preventive Control Plan, appropriately address the risks associated with the production of cannabis, including the risk of product contamination and cross-contamination?

OPH staff do not have comments or recommendations related to this question.

10. What do you think about the requirement that the production of edible cannabis could not occur in a building where conventional food is produced?

OPH staff are in support of the requirement to ensure that the production of edible cannabis does not occur in the same building as other conventional food. This minimizes the risk of cross contamination or incorrect packaging when the two productions are physically separated.

11. What do you think about the overall regulatory proposal?

OPH staff are supportive of the overall regulatory proposal. However, there are several measures that should be implemented to further protect public health and safety as outlined in the previous questions and the letter attached.

12. Are there any additional comments you would like to share on the proposed regulations for the new classes of cannabis?

OPH staff do not have any additional comments.

13. Are there any additional comments you would like to share regarding the legalization and strict regulation of cannabis in Canada? For example, are there measures the Government could take to support individuals to be in compliance with the public possession limits for cannabis (i.e. 30 grams of dried cannabis "or equivalent")? Do you have views on how to minimize environmental concerns associated with packaging, while maintaining key aspects, such as child resistant packaging, that help to prevent accidental consumption?

OPH staff recommend that the Government of Canada continue with investments in research, population health surveillance, and public education campaigns in advance of, and following, the legalization of edibles, extracts and topicals. Key topics for education include the delayed effects of ingested cannabis and risks associated with the use of high-potency cannabis products, harm reduction messaging as outlined in the low-risk cannabis use guidelines, and about how to use the cannabis nutritional fact label and other accompanying labelling information to make informed choices.

Population health surveillance is vital for monitoring the public health impact of legislative changes as well as to identify priorities for health promotion and prevention. Monitoring the prevalence and rate of use of the different types of cannabis, as well as related health outcomes, such as overconsumption/poisonings and mental health and behavioural consequences of cannabis use will provide

needed information. Federal funding from the revenue of cannabis could be invested in provincial surveillance systems to leverage existing systems and to develop new ones.

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^{vi} Government of Canada. *A framework for the legalization and regulation of cannabis in Canada – The final report of the Task Force on Cannabis Legalization and Regulation*. 2016. Available from: <http://healthycanadians.gc.ca/task-force-marijuana-groupe-etude/framework-cadre/alt/framework-cadre-eng.pdf>

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^x Wang G S, Le Lait M C, Deakynne S J, Bronstein A C, Bajaj L, Roosevelt G. Unintentional pediatric exposures to marijuana in Colorado, 2009-2015. *JAMA Pediatric*. 2016;170(9).

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Backgrounder: Consultation on the strict regulation of additional cannabis products

From: [Health Canada](#)

Backgrounder

December 2018

Health Canada is launching a 60-day public consultation on draft regulations addressing additional cannabis products, namely edible cannabis, cannabis extracts and cannabis topicals.

The draft regulations are designed to better protect the health and safety of Canadians through strict regulatory controls and to enable the legal industry to displace the illegal market. These cannabis products will be permitted for legal sale under the Cannabis Act no later than October 17, 2019.

Stakeholders and Canadians who are interested in participating in the consultation are encouraged to review the draft regulations. This new consultation builds on the extensive consultations conducted by the Task Force on Cannabis Legalization and Regulation. Comments received from this consultation will be carefully reviewed, and the feedback will inform the development of the regulations. The online consultation will be open until February 20, 2019.

Edible cannabis

Draft regulations propose the following:

- Restricting the use of ingredients that could increase the appeal of edible cannabis to young persons, increase the risk of food-borne illness and accidental consumption, and encourage over-consumption.
- Placing a hard cap of 10 mg of THC on the amount of THC that could be in a package of edible cannabis.
- Requiring child-resistant and plain packaging for edible cannabis to lower the risk of accidental ingestion and making packages less appealing to young persons.
 - The label would need to display the standardized cannabis symbol and a health warning message.
 - It would be prohibited to make any claims respecting health benefits or nutrition on the label.
- Putting in place strict new manufacturing controls for the production of edible cannabis products to reduce the risk of food-borne illness; and
- Prohibiting the production of food and edible cannabis in the same facility to ensure the safety and integrity of Canada's food system.

Cannabis extracts

Draft regulations propose the following:

- Restricting the use of certain ingredients that could appeal to young persons, such as sweeteners and colourants, or ingredients that could encourage consumption, such as nicotine.
- Prohibiting certain flavours that are appealing to youth from being displayed on a product label, consistent with rules for other vaping products.

- Placing a hard cap on the amount of THC that could be in a unit of a cannabis extract—such as a capsule—of 10 mg of THC per unit. The total amount of THC in a package would be capped at 1,000 mg (e.g., 100 10-mg capsules).
- Requiring child-resistant and plain packaging for cannabis extracts. All packaging, as well as certain pre-filled accessories, such as a vape pen, would be required to display the standardized cannabis symbol.
- Prohibiting any claims respecting health benefits on the label.
- Putting in place strict new manufacturing controls for the production of cannabis extracts to control the quality of the products.

Cannabis topicals

Draft regulations propose the following:

- Like edible cannabis and cannabis extracts, restrictions would be placed on the types of ingredients that could be added to cannabis topicals.
- A hard cap of 1,000 mg of THC would be placed on each package of a cannabis topical.
- The packaging would need to be child-resistant and display the standardized cannabis symbol and a health warning message.
- Any claims respecting health benefits on the label would be prohibited.

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Date modified:

2019-01-10



PROPOSED REGULATIONS FOR ADDITIONAL CANNABIS PRODUCTS

We want to hear from you! Have your say at Canada.ca/Cannabis

	EDIBLE CANNABIS (SOLID)	EDIBLE CANNABIS (BEVERAGE)	CANNABIS EXTRACT (INGESTED)	CANNABIS EXTRACT (INHALED)	CANNABIS EXTRACT (CONCENTRATED THC)	CANNABIS TOPICAL
THC LIMIT	<ul style="list-style-type: none"> ▶ 10 mg of THC per package 	<ul style="list-style-type: none"> ▶ 10 mg of THC per container 	<ul style="list-style-type: none"> ▶ 10 mg of THC per unit (such as a capsule) or dispensed amount ▶ 1000 mg of THC per package 	<ul style="list-style-type: none"> ▶ 1000 mg of THC per package 	<ul style="list-style-type: none"> ▶ 1000 mg of THC per package 	<ul style="list-style-type: none"> ▶ 1000 mg of THC per package
PRODUCT RULES	<ul style="list-style-type: none"> ▶ No added vitamins, minerals ▶ Limits on caffeine ▶ No added alcohol 	<ul style="list-style-type: none"> ▶ No added vitamins, minerals ▶ Limits on caffeine ▶ No added alcohol 	<ul style="list-style-type: none"> ▶ No added vitamins or minerals ▶ No sugars, colours or sweeteners ▶ No nicotine or caffeine 	<ul style="list-style-type: none"> ▶ No sugars, colours or sweeteners ▶ No nicotine or caffeine 	<ul style="list-style-type: none"> ▶ No sugars, colours or sweeteners ▶ No nicotine or caffeine 	<ul style="list-style-type: none"> ▶ For use on skin, hair and nails ▶ Only cosmetic grade ingredients ▶ Not for use in eyes or on damaged skin
PACKAGING	<ul style="list-style-type: none"> ▶ Child-resistant ▶ Plain 	<ul style="list-style-type: none"> ▶ Child-resistant ▶ Plain 	<ul style="list-style-type: none"> ▶ Maximum package size of 90 mL for liquid extracts ▶ Child-resistant ▶ Plain ▶ Must have dispensing device if not in unit form 	<ul style="list-style-type: none"> ▶ Maximum package size of 90 mL for liquid extracts ▶ Child-resistant ▶ Plain 	<ul style="list-style-type: none"> ▶ Maximum package size of 7.5 g ▶ Child-resistant ▶ Plain 	<ul style="list-style-type: none"> ▶ Child-resistant ▶ Plain
LABEL	<ul style="list-style-type: none"> ▶ Standardized cannabis symbol for products containing THC ▶ Health Warning Message ▶ THC/CBD content ▶ Ingredient list ▶ Allergens ▶ Nutrition Facts Table 	<ul style="list-style-type: none"> ▶ Standardized cannabis symbol for products containing THC ▶ Health Warning Message ▶ THC/CBD content ▶ Ingredient list ▶ Allergens ▶ Nutrition Facts Table 	<ul style="list-style-type: none"> ▶ Standardized cannabis symbol for products containing THC ▶ Health Warning Message ▶ THC/CBD content ▶ Ingredient list ▶ Allergens ▶ Intended Use 	<ul style="list-style-type: none"> ▶ Standardized cannabis symbol for products containing THC (on label and directly on the vape cartridge) ▶ Health Warning Message ▶ THC/CBD content ▶ Ingredient list ▶ Allergens ▶ Intended Use 	<ul style="list-style-type: none"> ▶ Standardized cannabis symbol for products containing THC ▶ Health Warning Message ▶ THC/CBD content ▶ Ingredient list ▶ Allergens ▶ Intended Use 	<ul style="list-style-type: none"> ▶ Standardized cannabis symbol for products containing THC ▶ Health Warning Message ▶ THC/CBD content ▶ Ingredient list ▶ Allergens ▶ Intended use ▶ Directions for use ▶ Warning statement about not swallowing or using on broken skin
OTHER	<ul style="list-style-type: none"> ▶ Must not be appealing to kids ▶ No health or dietary claims ▶ No elements that would associate product with alcoholic beverages or brands of alcohol 	<ul style="list-style-type: none"> ▶ Must not be appealing to kids ▶ No health or dietary claims ▶ No elements that would associate product with alcoholic beverages or brands of alcohol 	<ul style="list-style-type: none"> ▶ Must not be appealing to kids ▶ No health claims ▶ No elements that would associate product with alcoholic beverages or brands of alcohol 	<ul style="list-style-type: none"> ▶ Must not be appealing to kids ▶ No health claims ▶ No elements that would associate product with alcoholic beverages or brands of alcohol 	<ul style="list-style-type: none"> ▶ Must not be appealing to kids ▶ No health claims ▶ No elements that would associate product with alcoholic beverages or brands of alcohol 	<ul style="list-style-type: none"> ▶ Must not be appealing to kids ▶ No health or cosmetic claims ▶ No elements that would associate product with alcoholic beverages or brands of alcohol

Disclaimer: This is not a complete list of proposed regulatory rules for each class of cannabis. It is also not a complete list of product examples. For more information on the proposed amendments to the *Cannabis Regulations*, please visit Canada.ca/Cannabis.