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. 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:	Health Canada		
IA Contact:	Julie Boudreau Impact Assessment Specialist	Telephone:	
		Email:	ia-ei@hc-sc.gc.ca

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:

Not applicable

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:

Not applicable

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.**
HC-01	Draft TISG section 5.6, sub-section 5.6.2 Effects on the atmospheric, acoustics, and visual environment [pdf pg. 34]	The Initial Project Description indicates the site preparation phase is estimated to take seven years and includes the "*development of temporary and/or permanent site access infrastructure including railway access, highway and road access, and/or in-water*	Health Canada recommends the following additions to the Guidelines in bold: Sub-section 5.6.2 9th bullet, 2nd sub-bullet: o "increased road**, and/or rail** traffic";

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.
		docks/wharfs to support transportation of major components". Increased rail use during site preparation could result in highly impulsive noise, such as shunting or coupling, and low frequency noise, and is recommended for consideration in the assessment of human health effects. The following addition is suggested for clarity (see next column).	
HC-02	Draft TISG section 6.2, sub-section 6.2.2, sub-section 6.2.2.1 Effects on biophysical determinants of health [pdf pg. 65]	While Health Canada supports the use of the Canadian Ambient Air Quality Standards (CAAQS) as the most stringent criteria for air quality, it should be noted that some CAAQS values are not entirely "health-based" and should not be used to fully estimate health risks. For a quantitative risk assessment, Health Canada recommends using the World Health Organization (WHO) global air quality guidelines for fine particulate matter ($PM_{2.5}$) and nitrogen dioxide (NO_2) (24-hour and annual averaging periods). These guidelines have been set at the lowest exposure level to an air pollutant above which the WHO is confident that there is an increase in adverse health effects. Adding the health-based approach to the TISG would help inform health-based recommendations for air quality management (see next column).	Health Canada recommends the following additions to the Guidelines in bold: Sub-section 6.2.2.1, insert a new footnote linked to the 1st sub-bullet: o "air quality*****" ***For non-threshold contaminants (e.g., $PM_{2.5}$ and NO_2), or when the predicted concentrations approach or exceed applicable air quality guidelines and standards, it is suggested that modelled concentrations be compared to health-based air quality values, when available (e.g., WHO Global Air Quality Guidelines).**
HC-03	Draft TISG section 9, sub-section 9.1 Risk assessment [pdf pg. 90]	**The guidelines for assessing radiological health effects under accidental release scenarios are overly narrow, as they focus primarily on acute effects associated with an inappropriately high dose range. As a result, they do not provide adequate dose ranges to support the assessment of both acute and long-term human health effects.**	Health Canada recommends the following additions to the Guidelines in bold: Sub-section 9.1, 6th bullet: • "describe **acute and** long-term consequences of accidental releases (i.e., as shown from studies of major nuclear accidents); o the notional range of 1–10 Gy to describe the effects of acute exposure should be used **for acute effects on non-human biota**;

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.
		The notional dose range of 1-10 Gy for assessing acute human health effects from an accident scenario is inappropriately high and may instead be intended for non-human biota. As currently worded, the statement that "the notional range of 1–10 Gy to describe the effects of acute exposure should be used" is limited to acute radiation syndrome and does not require description of doses outside this range. The TISG should require an explicit description of the methodology used to model all projected doses, including both acute and long-term exposures. For acute human health exposures, more appropriate dose criteria are provided in the International Atomic Energy Agency's General Safety Guide 2, Table 2 (IAEA GSG-2, 2011). Additionally, long-term impacts, including contamination of country/traditional foods, may arise from substantially lower doses. Stochastic effects to human health at these lower doses should be characterized. The following additions are proposed to ensure both acute and long-term human health effects are adequately addressed (see next column).	o **the generic criteria identified in Table 2 of "Criteria for Use in Preparedness and Response for a Nuclear or Radiological Emergency" (IAEA GSG-2, 2011) should be used to describe the acute effects on human health;** o **the generic criteria identified in the "Ontario Provincial Nuclear Emergency Response Plan" (Annex Q) should be used to describe the long-term human health effects from lower levels of dose;**"