

**Minutes of the Board of Health Regular Meeting**

Thursday, September 18, 2008

Board Room, Brockville Office

458 Laurier Boulevard

5:56 p.m. – 7:07 p.m.

Present: J. Butt, Chair  
B. Fletcher, Vice Chair  
J. Beckstead  
M. Campbell  
J. Fullarton  
D. Gordon  
K. Graham  
F. Kinsella  
A. Van Schie  
A. Carter, Medical Officer of Health  
J. Pearce, Treasurer  
H. Bruce, Recording Secretary

Regrets: A. Warren

Invitee: Joan Mays, Manager – Health Protection Department

B. Dalgleish – Director – Health Promotion Department  
J. Futchter – Director – Department of Clinical Services  
S. Gates – Director – Quality Improvement Department  
J. Hess – Director – Family Health Department  
J. Lyster – Director – Health Protection Department

R. Zajac, Recorder and Times  
M. Green

1. Call to Order:

J. Butt called the meeting to order and advised that A. Warren sends her regrets. Mr. Fletcher has to leave at 5:30 p.m. and we have a number of issues in the incamera session so he would like to go incamera first and then back to the regular meeting.

2. Approval of the Agenda:

It was moved by: M. Campbell

Seconded by: B. Fletcher

That: The agenda of the September 18, 2008 Regular Meeting be approved as revised.

Motion Carried.

The motion to move into incamera was read.

Incamera Meeting:

It was moved by: K. Graham

Seconded by: D. Gordon

That: This Board move into a closed session of the Board of Health as per the requirements of section 239 (2) of the Municipal Act due to the following:

- (a) the security of the property of the municipality or local board;
- (b) personal matters about an identifiable individual, including municipal or local board employees;
- x (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
- x (d) labour relations or employee negotiations;
- (e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
- (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- (g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another act. 2001, c. 25, s. 239 (2).

Motion Carried.

It was moved by: J. Fullarton

Seconded by: M. Campbell

That: This closed session rise and report.

Motion Carried.

The items from the rise and report are listed at item 12 in these minutes.

The regular meeting reconvened at 5:56 p.m.

J. Butt advised that there were a number of issues to discuss in the incamera session. He welcomed everyone back from the summer holiday.

3. Approval of Minutes:  
3.1. Approval of the Minutes from the Regular Board of Health Meeting held on June 19, 2008:

It was moved by: J. Beckstead

Seconded by: M. Campbell

That: The minutes from the Regular Board of Health Meeting held on June 19, 2008 be approved as circulated.

Motion Carried.

F. Kinsella referred to page 2 and the budget monitoring report. The question was raised if it was useful but there was no response. J. Pearce advised that it was not answered and no direction was given to staff, so the report was not prepared.

A. Van Schie asked J. Butt if he would consider modifying the agenda so that board members can depart by 7:00 p.m.? J. Butt advised that item 4 Business Arising needs to be dealt with. We will defer Joan Mays presentation as well as compliance. The accounts however, need to be approved.

Budgets need to be approved. The Board of Health Manual updates will be deferred. By-Law #4 will be dealt with. Item 7.10 Fee Schedule, Building Coding Act Part VIII has to be done and Dr. Carter's report and Item 8 Car Seat advocacy can be deferred.

4. Business Arising:  
4.1. Letter from Chief Medical Officer of Health (A) David Williams Regarding the LGLDHU Budget:

J. Butt referred to the letters and talked about the fact that D. Williams is willing to meet with him. J. Butt advised that he has not responded to him yet, but he will advise that he is delighted to meet with him. When he asked him for direction he stated that it is the Boards decision and the formula was the rationalization of the 5%. It is difficult when 85% of our budget is salaries. J. Butt will meet with him and tell him that we have very limited discretionary funds and the only solution could be providing him with a list of cuts to our mandatory programs.

- 4.2. Letter from David Caplan, MOHLTC regarding LGLDHU Budget:

A. Van Schie questioned next year we will not be guaranteed 5% unless we get population growth? Is he reading this right? Dr. Carter stated that the current formula is 3% across the board, plus 1% for population growth and 1% for low income. J. Butt stated that we have to find these things out. A. Van Schie suggested to J. Butt that this might be a topic you address with D. Williams.

J. Fullarton commented that she is uncomfortable with J. Butt's statement saying that we would not meet program obligations. We are striving every day to meet compliance, which is the direction of this Board. The expectation is that every day in every way we are trying to figure out how to serve this population with the resources that we have got – that has to be the philosophy moving forward.

A. Van Schie stated that when I hear that the government is giving us 100% funded programs and they are not, it reflects back on our budget and the mandatory programs. They are downloading 100% funded programs and not giving us 100% funding. Dr. Carter advised that the Board directed the staff to not implement the budget and therefore to not allow 100% compliance with mandatory programs. They directed staff to only implement the 8% budget which does not allow us to meet mandatory health programs and services.

J. Fullarton stated that the counter to that is that there is more than one way to deliver the programs. We need to do it differently so that we can do it within our funding. Dr. Carter advised that the difference is \$770,000 and there is no way that this staff on a \$10,000,000 budget can create \$770,000 worth of savings and meet the mandatory programs.

D. Gordon commented that the ministry is telling us to live by our budget and going to Toronto is not going to do anything. J. Butt asked to meet with D. Williams to see if there were any better or best practices that we could implement in our health unit and he agreed to meet with him but would not give him direction. We could say to the ministry that the health boards have become irrelevant and you have to take them over.

F. Kinsella stated that we get hung up on what is mandatory and what is not mandatory. He referred to the MHPSTG and advised that we have to go through the 4-way test; we can't be all things to all people.

4.3. Letter from Allison J. Stuart, Assistant Deputy Minister regarding LGLDHU Budget:

F. Kinsella referred to the letter in the package. Are these 100% funded?  
K. Graham stated that if you exceed the 100% funding envelope then you do have to go back to the municipalities.

4.4. Revised 2008/09 Language Express Program Budget:

J. Pearce advised that in June we approved the Language Express Budget and increased the allocated costs to that program. We had sponsored that program at a fee of \$6,500 per year. We put in an additional \$16,000 plus in the budget to get realistic allocated costs and advised that we could not continue to subsidize this program and that Language Express would have to come up with another sponsor. For this year we need to approve the budget at the lower rate.

J. Pearce advised that there will be discussions about the ongoing search for another sponsor. She recommends that we continue to carry them if they can't find a sponsor by yearend but charge the correct amount of money.

J. Fullarton asked what are the implications to our budget from this motion? J. Pearce stated that we were not counting on the additional revenue, so there are no budget implications for this recommendation.

It was moved by: F. Kinsella

Seconded by: A. Van Schie

That: The Board of Health approve the 2008/09 Language Express base budget submission in the amount of \$409,964.

Motion Carried.

5. Presentation:

5.1. Rabies:

**ACTION: The presentation was deferred until the October 16 meeting.**

6. Compliance Reporting:

6.1. Department of Clinical Services:

No questions were raised regarding the compliance reporting.

7. New Business:

7.1. Accounts Payable for May:

It was moved by: A. Van Schie

Seconded by: J. Beckstead

That: The Board of Health approve Health Unit Accounts Payables for the month of May 2008 in the amount of \$1,058,378.41.

Motion Carried.

7.2. Accounts Payable for June:

It was moved by: K. Graham

Seconded by: D. Gordon

That: The Board of Health approve Health Unit Accounts Payables for the month of June 2008 in the amount of \$1,033,941.52.

Motion Carried.

### 7.3. Accounts Payable for July:

It was moved by: D. Gordon

Seconded by: K. Graham

That: The Board of Health approve Health Unit Accounts Payables for the month of July 2008 in the amount of \$1,115,434,85.

Motion Carried.

M. Campbell questioned the conference costs. J. Pearce stated that a typographical error was made in the dollar value noted.

M. Campbell asked for information on the success of the SFO program. B. Dalgleish advised that when Y. Decoste presented at Board he gave a summary of the tobacco team and an in depth presentation was given by the youth. B. Dalgleish stated they have had a number of successes, and this group's work is being looked at as a model for the rest of the province. The Youth Advisor has been approached to counsel other groups.

K. Graham asked about the peer leaders for SFO, does that come out of the SFO envelope which is 100% funded? B. Dalgleish advised yes that is correct. There are scopes of service from the ministry that we are required to meet.

F. Kinsella asked about the \$23,250 for Ontario Works dental claims. J. Pearce advised that we get this money back from the United Counties.

### 7.4. Budget:

#### 7.4.1. Smoke-Free Ontario Budget:

J. Pearce advised that we have been waiting anxiously for the new financial database which is finally done and is housed through the University of Waterloo.

There is a small deficit that we are forecasting here and she has communicated this to the ministry. It is best for the Board to approve the budget as submitted and to ask for one time funding to cover the deficit. She understands that we will be turned down but we still need to ask.

M. Campbell asked about the \$3,458 above allocation, is this an example of 100% supposedly funded but in fact it will cost us \$3,458 more? J. Pearce advised yes, however when we ask for one-time funding they will give us some leeway on how to manage the current budget, which will allow us to balance the budget.

K. Graham stated that every time we add a little bit to the pot we run the risk of having to fund it. Dr. Carter advised that this is one of the programs that the ministry has paid 100% of the funding. We will be able to balance this one.

It was moved by: A. Van Schie

Seconded by: M. Campbell

That: The Board of Health approve the 2008 Smoke-Free Ontario Budget in the amount of \$383,525 and request additional funds in the amount of \$3,458 to cover this deficit.

Motion Carried.

7.4.2. Grant Terms and Conditions for Healthy Babies/Healthy Children 2008 Budget:

J. Pearce advised that this is a housekeeping item.

It was moved by: F. Kinsella

Seconded by: A. Van Schie

That: The Board of Health approve the grant terms and conditions for the Healthy Babies/Healthy Children 2008 budget in the amount of \$1,010,739.

Motion Carried.

7.4.3. Public Health Division One-Time Funding Request I&IT Requests 2008:

J. Pearce advised that at the end of June the ministry sent out a notice that they were accepting one time funding requests for IT purchases. We are planning to move the IT group upstairs in the vacated space and free up some meeting room space. We also intend to create a classroom for IT training as well. When we had training in Office 2007 in the spring we had to rent space in Smiths Falls and it became apparent that our training needs are ongoing. This funding envelope seemed an excellent opportunity to create a training centre in-house.

It was moved by: F. Kinsella

Seconded by: K. Graham

That: The Board of Health submit the one time IT Funding Request to the Ministry for approval.

Motion Carried.

7.5. The Cost of Healthy Eating in Leeds, Grenville and Lanark 2008:

This item was received as information.

7.6. Board of Health Manual Updates:

- V-45-0 – Negotiations - ONA, CUPE
- V-95-0 – Communications
- V-115-0/1 – List of Officers

- V-135-0/1 – Orientation of Board Members
- V-155-1/-1 – Public Appointments to Boards of Health
- V-175-0 - Internal Financial Controls
- V-185-1 – Grievances
- V-195-0 – Accounting for Municipal Share of Yearned Surpluses and Deficits
- VI-40 – Committee of the Whole
- VII-05 - Glossary

**ACTION: Approval of these items was deferred until the October 16 meeting.**

7.7. HUAM Updates:

- I-35 – Review
- III-05 – Historical Background
- III-15 – Health Unit Organizational Chart
- III-25 – Office of the Medical Officer of Health Organization Chart
- III-45 – Corporate Services Organization Chart
- III-95 – To Provide for Banking and Finance
- III-105 – To Provide for the Duties of the Auditor of the Board
- III-115 – To Provide for the Management of Property
- V-205-0 – Health Unit Plans
- V-335-0 – Purchasing
- V-385-0 – Key Control
- V-405-0 – Donation Revenue
- V-495-0 – Electronic Media & Services
- V-695-0 – Employee Classifications
- V-775-0 – Compensating Time – Non-Union Staff
- V-805-0 – Leave of Absence With Pay
- V-885-0 – Office Coverage – Support Staff
- V-895-0 – Employee’s Vehicle Insurance
- V-915-0 – Payment of Salary Increments
- V-1015-0 – Contract Negotiations

**ACTION: Approval of these items was deferred until the October 16 meeting.**

7.8. By-Law #4:

Dr. Carter advised that A. Warren is having significant difficulties attending meetings and she is asking that the Town of Gananoque replace her temporarily. We are asking that a change be made so that the Town of Gananoque can appoint an alternate member.

It was moved by: J. Fullarton

Seconded by: M. Campbell

That: The Board of Health amend By-Law #4 stating that "Alternate Members" may be appointed to the Board of Health by the municipality at the start of the term *or from time to time as required.*

Motion Carried.

F. Kinsella asked if bylaws need 3 readings. Dr. Carter advised that in the past we have not done this.

7.9. Board of Health Meetings:

- V-05-0 – Attendances for Meetings and Conferences

F. Kinsella referred to item 1.6 and asked how can an employee approve the expenses for the Chair of the Board? Dr. Carter advised that we do it all the time. J. Butt stated that we will come back to this.

J. Butt advised that if we still continue to have the extra 2 budget meetings, it might be possible to skip the November and March meetings. We would still have the same number of meetings.

Dr. Carter stated that she would like to discuss the December meeting. In the past, we have had a Christmas affair in December but there are several problems with this. Although it is a meeting we do very little business at the December meeting.

The format of the December meeting does cost the health unit money. We are offsite and have an incamera session so we must rent a private room. Staff and their spouses also attend the dinner, which costs the health unit money. She would suggest that it would be appropriate to change the format of the December meeting to a regular meeting here at the health unit. We would save money and get more business done. This would also allow us to skip the November meeting.

March is always a problem because there are a number of Board and staff members away at that time. She would like to propose that the November and March meetings be cancelled and have 2 extra budget meetings in January.

7.10. Fee Schedule, Building Code Act – Part VIII:

Dr. Carter advised that the fee schedule was approved in March by the Board when they approved the land control budget. We wish to make one change under maintenance inspections.

Originally they were included under site inspections and would have cost \$300. Our competitors are only charging \$110, but when the new legislation comes in they will have to come to us for approval after they pay the \$110. For this they will have to pay us an additional \$50 for a total of \$165.

We charge \$165 for a permit renewal. Because these septic reinspections are new we are recommending reducing our fee from \$300 to \$165. It is a balance.

A. Van Schie stated that we need to understand that this is not a 25% municipal funded budget; it is a 100% service budget as paid by those that receive the service. M. Green stated that if legislation comes through as anticipated next year, and if the municipality chooses to do it, approval is up to the principle authority and we are the principle authority dealing with the septic system program.

The minister will dictate who can or cannot do these inspections. We would be silly not to accept third party inspections. We do not have the staff to do all of them. We are the principle authority and log the inspections. Right now the legislation is not in place and we are trying to prepare for that in the year to come.

M. Campbell asked does this health unit have authority to override the municipal building official? M. Green advised that with regard to septic systems yes. It is in the Building Code Act.

A. Van Schie stated that Augusta Township has the ability to do the program and take on the liability. M. Campbell asked why are we so incensed about reinspecting septic systems and have no authority about inspecting wells? Dr. Carter advised that we have no authority to inspect wells. M. Green advised that the MOE has the authority over the drilling of wells. We spend all of this time and effort inspecting septic systems but you call the well driller, and all he does is tag it and reports it to the ministry. There is no provincial recruitment for well inspection. This is only required in North Grenville currently.

F. Kinsella complimented the staff for speaking to his council about inspections. J. Lyster stated that regarding wells, we do check well proximities to the septic systems.

It was moved by: M. Campbell

Seconded by: J. Beckstead

That: The Board of Health approve the amended Fee Schedule,  
Building Code Act – Part VIII as circulated.

Motion Carried.

#### 7.11. Almonte Public Meeting:

J. Butt advised that this was added to the agenda to establish a date. Dr. Carter and J. Butt looked at their schedule and selected October 29<sup>th</sup> and wanted to check with Mr. Fletcher to ensure that he was available. We have not heard from him. We will continue to pursue the October 29<sup>th</sup> date. F. Kinsella stated that there are some small rural municipal conferences taking place at the same time. If Mr. Fletcher can attend Dr. Carter and J. Butt will go with that date.

8. Advocacy:  
8.1. Car Seat Clinics:

**ACTION: This item was deferred until the October 16 meeting.**

9. Verbal Report of the Medical Officer of Health:

## **MOH VERBAL REPORT TO THE BOARD**

### **Cost Savings Efforts**

Staff are constantly looking for ways to reduce expenses and increase efficiency as much as possible. A number of external factors have occurred recently that have assisted us in these efforts, including the arrival of new equipment and the increased space available in both Brockville and Smiths Falls offices. Given the difficult state of our finances I thought the Board members would be interested in hearing about some of the most recent developments and a few that will be implemented in the months to come:

- As many publications as possible are printed in house. Now that we have new equipment, very high quality materials can be produced. For many publications we can save about half the cost by doing it in house.
- A printing process improvement team has developed guidelines for staff incorporating all new equipment so that the cheapest printing method is used whenever possible.
- Every effort is being made to reduce the cost of meetings, including using health unit facilities rather than commercial venues and reducing costs of refreshments. This has now become possible because the departure of United Counties has freed up more meeting space in the Brockville facility. Since the extra meeting space in Brockville is quite far away from some offices, teleconferencing is being used whenever possible to save travel costs and staff time.
- Some departments have decreased department and program meetings from 4 to 2 per month, decreasing travel costs and staff time.
- We have decreased the number of influenza clinics from 26 to 18 by decreasing the number of community clinics and canceling some clinics where response was low in the past. Community Primary Health Care is working to provide replacement service for those communities where we have reduced service.
- We have decentralized some services to both north and south locations to decrease travel costs. This is now possible because we have adequate space in both Smiths Falls and Brockville, although we have not yet fully developed the Brockville space. There will be significant efforts to develop the Brockville space over the coming months. Once developed, there may be some revenue to be gained from rental of meeting space.

- We cancelled our one annual all staff meeting in 2008 but will revive it in a modified format in 2009 as it met many valuable goals and objectives for the Health Unit and its staff.
- The Board Quarterly Report was eliminated in 2008 and replaced by distributing to Board members copies of our other publications. This eliminated duplicate publication of many articles and increased the Board members' exposure to Health Unit activities.
- A number of new efficiencies have been implemented in our payroll process including offering electronic delivery of pay stubs and applying payroll deduction for staff to reimburse the Health Unit for personal expenses. The payroll will become even more efficient in 2009 with the implementation of updated software for processing and reducing the numbers of cheques issued by combining reimbursement payments with payroll. With the new software, much of the payroll data entry will be imported electronically rather than manually.

The next chapter in our District Health Profile has been completed and mounted on our website. It covers Chronic Conditions and shows that our community bears a heavy burden of these diseases. I encourage all Board members to go to our website and look at the District Health Profile. You may be surprised at what you learn about our community.

## **Health Promotion Department**

### **Summer Safety Program**

The fourth annual Summer Safety Program was implemented from May to August 2008. The Summer Safety Team consisted of 4 university students who delivered injury prevention, physical activity and healthy eating messages to children ages 3-12, their parents/caregivers, and teachers. These messages were delivered using puppet shows and other age-appropriate activities, take-home packages for parents, and curriculum resources for teachers. Schools, daycares, Ontario Early Years Centres, day camps and festivals were the venues for 83 presentations. The program reached over 4500 children.

Data collected from teachers and caregivers were very positive and there was strong interest from the community to have the program delivered in the future.

### **Health Promotion School Team**

The Health Promotion School Team coordinated the development of a Health Unit wide school pamphlet that outlines: "who we are, what we do" and "how we do it". These pamphlets will be distributed to all schools and school councils through the PHN Consultants this fall. I have some here for you to see today.

Each school in LG&L has a PHN Consultant assigned to it. These nurses can help schools navigate Health Unit programs and services, and link them to the appropriate school health team professional. Also, they can assist schools to identify health concerns and can work with the school and their community to build a healthier school environment.

### **"Get WITH It" Program**

This "Walking In The Halls" (WITH) program is designed to give the community access to a safe place to be active throughout the colder months. The Health Unit is working with a number of partners to bring this program to Lanark.

Almonte High School will be making their school available to the public on Tuesday and Thursday evenings from 6:00 to 8:00 p.m., and Carleton Place High School is planning to provide two alternate days so there will be 4 days a week available for the communities of Almonte and Carleton Place. This will be open to all ages with no cost to the participants.

### **"I Didn't Know" Campaign**

The Health Unit, along with ERIN (Eastern Regional Injury Network), has been working over the past year to develop resources aimed at educating parents about the risks to children who ride/drive ATVs (All Terrain Vehicles). A poster and supporting pamphlet rack card were developed.

The campaign was launched early in the summer and included: mail outs (i.e., cover letter, poster and rack card) to 160 different community locations, a media release, a print ad, a website posting, and newsletter submissions. The Eastern Region received good media coverage on the issue including an interview with CBC Radio. I have some of the posters and pamphlets for you this evening. You will see the quality that we can now achieve in the materials that we produce in house.

### **Health Protection**

For a variety of reasons the Health Protection Department staff have been stretched to the extreme due to a number of issues, particularly the Listeria outbreak with its attendant food recall issues.

I would like to commend the staff for a job well done. The Listeria outbreak took a lot of time from other activities (approximately 200 hours for approximately \$8,000 in cost). Fortunately, we had no cases reported in our community.

The recent Listeriosis outbreak reminds us of the importance of vigilance in food safety in all segments of the food production process from the farm to the plate. The message that food should be from inspected sources needs to be emphasized and normalized. Uninspected home food preparation services could still be serving recalled Maple Leaf products. They represent a gap in our food safety armour.

For the first 6 months of 2008, the food premises completion rate was 43% so our projected rate for the year is 86%. Considering that we have 3 new PHIs to train, SDWS to implement, and HedgeHog to get started, this is very good.

There is an increase in the numbers of Legionella infections in the province. We are on heightened alert through communication to physicians and emergency rooms. No cases have been identified in LGLDHU after the date of the alert but we had 1 case earlier in the year.

The beach sampling/monitoring season is closing. We have had issues with large numbers of geese on some beaches increasing the bacterial counts.

- 5 beaches closed in Leeds and Grenville for a total of 5 weeks
- 11 beaches closed in Lanark County for a total of 11 weeks

We visited the Merrickville Water Treatment Plant and Waste Water Plant this summer to get first hand knowledge of the issues regarding their rusting wastewater tanks. This is a serious concern for all involved.

For WNV surveillance, we have had a quiet year with 1 positive crow, and no positive pools of mosquitoes to date. For Lyme Disease, we have had many ticks identified and 5 cases report contracting the disease in our community to date.

Andy Howarth, Manager Health Protection in Smiths Falls is on LOA for 1 year. We wish him well. Two student PHIs completed 12 weeks of field training with us this summer and will be writing their certification exam in October.

### **Clinical Services**

HPV and Hep B school immunization programs have started this week.

Flu season is fast approaching. Clinics will be starting later this year in the first week of November, and will be running until the week before Christmas.

Community groups have been organized in Carleton Place, Almonte, Kemptville, Brockville and Smiths Falls/Perth to plan primary care service delivery during a pandemic. There will be more communities involved in this process once these groups are running well.

Nurses along with the QI team will be conducting a needs assessment in the schools in regards to teaching of sexual health curriculum. We will be meeting with or surveying students, parents and teachers throughout the tri-county to determine the needs and then we will design a plan to meet those needs.

## Office of the MOH

It is hard to believe that I have been at the Health Unit for over 2 years now. It has been a wonderful learning journey for me and I am grateful to all of the staff and Board members who have contributed so much to my development over these years. Health Unit policy requires that I have a formal evaluation at this time. I am requesting that the Board conduct a 360 degree performance appraisal and development plan with me. This involves seeking input from those who report to me, my colleagues and the Board to whom I report. I am also requesting that this input be anonymous so that those participating feel fully free to express themselves. I will leave it up to the Board to decide how this might be achieved.

### 10. Correspondence:

An explanation of the correspondence received was distributed in the Board package.

### 11. Incamera Meeting:

Discussed previously.

### 12. Report from Incamera:

J. Butt reported on the incamera session.

#### Public Appointment Update:

It was moved by: J. Fullarton

Seconded by: M. Campbell

That: The Board of Health forward a recommendation to the Ministry requesting that Mr. Edward Wilson be selected to sit on the Board of Health as a Public Appointee.

Motion Carried.

#### Carleton Place Rental:

It was moved by: J. Beckstead

Seconded by: A. Van Schie

That: The Board of Health recommend that staff proceed with the acquisition of rental office space in Carleton Place.

Motion Carried.

### 13. Time, Date and Location of the Next Meeting:

The next meeting will be held on Thursday, October 16, 2008 at 4:00 p.m. in the Board Room of the Brockville office.

14. Adjournment:

It was moved by: J. Fullarton  
Seconded by: M. Campbell  
That: The meeting adjourn at 7:07 p.m.

Motion Carried.

\_\_\_\_\_  
J. Butt, Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
H. Bruce, Recording Secretary

\_\_\_\_\_  
Date

c: Board members  
HU offices  
Municipalities  
Shared Drive