



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

Thursday, October 15, 2009  
Board Room, Gananoque Office  
375 William St. S., Suite 200  
4:00 p.m. – 7:04 p.m.

Present: J. Butt, Chair  
B. Fletcher, Vice Chair  
S. Dodge  
J. Earle  
K. Giroux  
G. Grewal  
F. Kinsella  
J. Lousley  
L. Sowchuk  
A. Warren  
A. Carter, Medical Officer of Health  
J. Pearce, Treasurer  
H. Bruce, Recording Secretary

Regrets: K. Graham  
R. Haley  
  
J. Futch, Director of Clinical Services  
S. Gates, Director of Quality Improvement  
J. Hess, Director of Family Health  
R. Kavanagh, Director of Health Promotion  
J. Lyster, Director of Health Protection  
J. Mays, Manager, Health Protection

T. Boileau, St. Lawrence College Students

1. Call to Order:

J. Butt called the meeting to order at 4:00 p.m. He stated that G. Grewal has advised that he will be arriving late to the meeting and everyone else that said they were coming are in fact here.

J. Butt stated that we have some guests from St. Lawrence College in their third year of the degree nursing program. The group introduced themselves. Board members welcomed them to the meeting.

2. Approval of the Agenda:

J. Butt asked if there were any additions to the agenda.

It was moved by: K. Giroux

Seconded by: F. Kinsella

That: The agenda of the October 15, 2009 Regular Meeting be approved as circulated.

Motion Carried.

3. Approval of Minutes:

3.1. Approval of the Minutes from the Board of Health Regular Meeting held on September 17, 2009:

It was moved by: K. Giroux

Seconded by: F. Kinsella

That: The minutes of the September 17, 2009 Board of Health Regular Meeting be approved as circulated.

Motion Carried.

4. Business Arising:

4.1. Orientation to the Emergency Response Plan:

J. Lyster welcomed everyone stating that it is nice to see students from St. Lawrence College in attendance this evening. It is important for everyone to understand what the Board's and Dr. Carter's responsibilities are pertaining to emergency response. The handout from the Board of Health package was reviewed. J. Lyster distributed the emergency plan and presentation to Board of Health members. J. Lyster advised that this is based on the Ontario Public Health Standards. J. Lyster gave a power point presentation which is appended to the minutes as Appendix #1.

Our goal is to enable and ensure a consistent and effective response to public health emergencies and other emergencies that have public health impacts. One of the strong learning's from tabletop exercises was to let people know to call the Medical Officer of Health. F. Kinsella stated that from a municipal point of view it is the Mayor that declares the emergency, which is the political side not the administrative side. However, when it comes to health it is the administrative side that has the authority not the political side. What would be the role of the Chairman in an emergency or is there any? J. Lyster advised being communicated with would be his role. Dr. Carter has the legislative responsibility because of the HPPA and health hazards.

F. Kinsella asked what is the role of the Board in an emergency? The Chair is not the official spokesman for Dr. Carter. Dr. Carter advised that the emergencies are very different in their time spans.

If the time span allows, we can call a Board of Health meeting. That is why Dr. Carter updates the Board on H1N1. If it were a train wreck we would probably do it all after the fact.

A. Warren stated that when Gananoque had their last boil water issue there was no problem; Dr. Carter declared an emergency and everyone knew what their role was.

J. Lyster advised that the protocols and standards speak about specific public health emergencies. For the most part we handle them within the confines of health protection but there may be a time when there is a large food recall, or a large health hazard that we need help with. The health unit does have involvement in other types of emergencies and these involve the role of the MOH.

J. Earle and G. Grewal joined the meeting at 4:17 p.m.

Dr. Carter advised that the health unit does not have a role except to ensure safe food and water once a shelter is opened and people are in that shelter. We do not provide primary nursing care within that shelter. F. Kinsella asked who do we turn to? Dr. Carter stated that is up to your emergency planners. It is not our role to provide primary care.

J. Lyster stated that this plan was reviewed in 2009. It has been harmonized with the Ontario Public Health Standards (OPHS) and is harmonized with IMS. The key document for us is the resource binder that we are working on. The plan is the framework for our emergency response. We need to review and revise it at least once per year and distribute it to our partners generally by email. It is on our website. Each board member should have a copy and we provide new staff with a copy at orientation. The elements of our plan are basic and follow the OPHS.

J. Lyster referred to the chart on page 8 stating that since we are currently in an IMG situation we know that this chart needs to be leaner. Dr. Carter stated that just having this structure has been very valuable in the current H1N1 situation. J. Lyster has taken over as the health and safety officer for our clinics and this framework has worked well. J. Lyster stated that daily there are new things to put on the list.

F. Kinsella referred to page 5 and hazardous materials. Do you have all the hazardous material binders that the high schools gave out? We were required to give ours to the fire department. We did not give you any and I do not think you would want to store them all. J. Lyster advised that we would need a location of the hazardous sites. F. Kinsella stated that it would be all of the chemistry sites in schools. J. Lyster advised that once we get a GIS system it will make things much easier. J. Lyster reviewed page 5 stating that we determined this list by the top 10 emergencies and the details would be in our binder.

B. Fletcher joined the meeting at 4:25 p.m.

F. Kinsella asked do you come to a central site when you call an emergency? Dr. Carter advised that if it is a municipal emergency she goes to United Counties and participates in EOC. If it is health related she remains at the health unit.

L. Sowchuk asked are there any outbreaks of rabies in animals this year? Dr. Carter stated that we have had the odd animal case. We often get called after hours when someone is bitten by an animal that is possibly rabid. We make sure they handle the situation properly and help make the decision as to whether the person exposed needs vaccine. We keep the vaccine in our fridges. Whoever is on call needs to go to our fridge and deliver it to the place where the person is being cared for.

L. Sowchuk asked how rampant is rabies? Dr. Carter advised that we now have a new rabies in raccoons which comes from the United States. We have been fortunate that we have not had any cases now for 2 years but there are cases in New York and Quebec which is right at our borders. J. Mays advised that arial baiting still takes place in the areas where the bridges are. J. Lyster stated that our role is the human contact. Dr. Carter commented that the main rabies we have now is bat rabies. A certain proportion of bats are rabid and you can't get rid of that. Our role is preventive; once someone gets bitten we deal with the person to see if they need vaccine.

The on call schedule was reviewed. The test of the fan out system was discussed. Dr. Carter advised that our blackberries have both CB band as well as regular in case the cell phones go down in an emergency.

J. Lyster thanked the Board for their time and J. Butt thanked J. Lyster for her presentation.

B. Fletcher asked how often do you check that the plans from community partners have been kept up to date? J. Lyster advised that we are trying to review that now. B. Fletcher stated that the contact list will be the important thing. Right after an election would be a good time to check. J. Lyster advised that we have to do this quarterly.

F. Kinsella noted that on page 8 it states that the MOH is the incident manager, when would you ever call these other 4 major functions into action? Dr. Carter advised that we use them all the time. F. Kinsella stated that at the school board his job as Director was to call the Chair of the Board. We had our building people, transportation, public relations, and communications person. We went through 2 scenarios where we had a tornado hit Pinecrest School and a tanker overturn in Cardinal. We literally evacuated the school at the time as a tabletop exercise. It shows how much you rely on other sources. At what time would you ever need these people? Dr. Carter advised that we have used them at every single meeting we have relating to H1N1. We meet now weekly, if it were severe we would meet daily or twice a day. Staff have their roles and report back to tell the group what they have done. We have always used all of these people depending on the emergency. Dr. Carter stated that sometimes the emergency starts within a department and if they realize it is too big they contact her and she will call the IMG meeting.

J. Butt stated that he was remiss in not introducing our new Director of Health Promotion who is Rebecca Kavanagh. The Board welcomed her.

#### 4.2. Program Review Presentation (Situational Assessment Example):

S. Gates stated that it was suggested that an example be given to the Board. This example will be from step 2 when we are conducting a situational assessment. We are looking at all of the requirements in the OPHS and are doing a situational assessment based on need, impact, capacity, partnership and collaboration. She is going to present from the situational assessment on need and impact. Our data for need and impact will be informing our priority setting steps. For our assessment of need, we want to determine the burden of illness for our community. S. Gates gave a power point presentation. See Appendix #2.

S. Gates thanked health promotion staff for the hard work they have done on the situational assessments. T. Boileau is here tonight to help explain the process.

Morbidity is our first need criteria. We are looking at hospitalizations, and looking at the actual incidents of the disease. We also want to look at trends in our community. We want to compare to the province. For the example for workplace health chronic disease prevention we needed to identify all the morbidity causes that are targeted by this program – cancer, cardiovascular disease, type 2 diabetes. We had to obtain data on these 4 measures for morbidity. For tonight she has chosen colorectal cancer to give the board members data on. Looking at trends, in Leeds, Grenville and Lanark it has been stable from 1995-2005. The second criterion, mortality, for colorectal cancer was reviewed. The mortality rate is 25 per 100,000 people.

Our third criterion under need are risk factors. We are looking at different behaviours and environmental conditions that are risks for the disease being targeted. We are looking at the prevalence of these and the concept of population attributable risk. How much of colorectal cancer is caused by an unhealthy weight and unhealthy eating? 22% of our population has a greater BMI than 30, a risk factor for colorectal cancer.

The next criterion is the economic burden of illness. For colorectal cancer the direct costs are \$484 million per year. The cost of cancer in general is much higher.

The last criteria for need is the long term consequences if we did not do a requirement. The goal of public health is prevention and if we are doing something well we hope not to see high risk factors in our community. It is important to capture this concept in our assessment. We have been trying to use actual evidence for this.

J. Earle asked is this data for colorectal cancer collected every year for this review? S. Gates stated this is data we would collect, but the difference with this study is that we are doing it systematically for every program. The way we are doing it is unique to the study, but the fact that we are collecting it is not new.

S. Gates stated that all the data for morbidity and mortality is local data. If you go back to the risk factor slide that quotes the Italian study. We are looking at the research for attributable risk – we don't have local data on this.

J. Butt commented that he is actively involved in the Canadian Partnership Against Cancer and the concept is that the government poured in a bunch of money and the notion is that we would develop a better cancer control strategy for Canada. We found that there is very little Canadian data available. We have started initiating pan Canadian studies.

J. Butt stated that some 40% of the people in Ontario believe that they should only get screened when they have symptoms. S. Gates pointed out that we are in the prevention business. J. Butt commented it is tough to make that behavioral change without another strategy. We use the Italian and French data because they have much better data. F. Kinsella asked have you talked to the doctors? J. Butt stated yes. You might as well flip a coin as to the effectiveness of the screening F. Kinsella stated. J. Butt stated that education of the general public is a big issue; another issue is the delivery of health care by the province.

S. Dodge stated you have referred to 2 public health data bases, why the difference? Will this be a fluid program? She would think locally she would have more control over more up to date figures rather than 2005 statistics. S. Gates advised that these databases are provincial databases. We are using the most current year that we have available to us. You have identified one of the significant challenges of the review, current and local data. The purpose of the review is to look at our local content.

S. Gates advised that the RRFSS survey is our most current data. It is done every month and we initiate what is asked. The challenge with it is that we are changing modules all the time. We are hoping to do this on an ongoing basis and continue to revisit our local need. J. Earle stated that unless you implement a local or national program to make a change in the mortality rate then 4 year old data should not be any different than 1 year old data. S. Gates commented that is one of the reasons we looked at trends as well. F. Kinsella stated that he would add one word to local data and that is reliability. S. Gates stated that we struggle with small numbers locally.

S. Gates moved onto the effectiveness criteria. There are 4 criteria to look at interventions and how they impact on that burden of illness. What programs can we do to directly impact morbidity and mortality in our area?

Another criterion is appropriateness. We need to address the root causes before they develop. The more upstream we can be the better. The more root causes we can address the more effective we will be in the long run.

Exclusiveness is our last criteria under impact. This is looking at other regulations and the HPPA. For each intervention we are looking at pieces of legislation that mandate staff to do something. We are also looking at public health core competencies.

We are documenting all of this data in the situational assessment questionnaires. These 9 criteria will be scored and we have developed a weighting system. A final score will be given to each requirement and we will move forward into the resource allocation phase.

L. Sowchuk referred to the legislation on the prioritization criteria. Some of the private nursing homes are covered by private insurance not under WSIB, how do you legislate for everyone to be covered under WSIB? B. Fletcher stated that his township is self insured. L. Sowchuk asked would it not be better to be under WSIB? Dr. Carter stated that if we feel there should be certain legislation we should advocate for it. A perfect example would be under the food premises regulations to advocate that we feel that there are deficiencies in these regulations and people serving food should have to be certified as food handlers. We may bring this very soon to the Board to be sent to the Minister. That is how we try to influence legislation at the ground level. Once legislation is brought forward to parliament there is always a comment period for the public. When it is up for comment we often voice our opinion. We advocate at that point to get the legislation changed before it is even passed and we have been quite successful.

F. Kinsella asked could you put the © key at the bottom of every one of these pages? This should be copyrighted now. As long as it has the copyright sign on it, it is yours. He is quite serious about this. This is a major in-service training program for your staff which is based on research. This is terrific.

J. Lousley asked where do you stand right now? S. Gates advised that we are moving along quite quickly and might get the prioritization done by December depending upon H1N1. J. Butt thanked S. Gates for the presentation.

J. Earle stated that at the last meeting we did an H1N1 information session. It was stated that H1N1 did not have a higher rate than seasonal flu, but we keep putting everything on the back burner. Dr. Carter responded that we can't help but respond to population demands. In fact we are getting criticism that we are not doing enough for H1N1. The province and media are driving it. We have had to halt some of our activities, but the reason we can is because it is a short period of time. It is unfortunate but we have no option. We will then get back to our core business.

F. Kinsella stated that H1N1 is an opportunity to establish the health unit's authority. We need to promote our website. Dr. Carter advised that we have written letters to everyone to link to our website. All of our literature has our website on it and we refer to that. Dr. Carter is giving a talk at BGH this week and at the City Council the week after, which will give us quite a bit of exposure.

B. Fletcher suggested that in the future we might consider buying a space for the year in the Weekender.

#### 4.3. Common Law Language Changes

##### 4.3.1. Duties and Obligations of Directors:

J. Butt referred to the information in the package. Bolded on page 1 is the revision crafted because there was some feeling that we needed to use the words public and community. J. Butt read the revision. He asked does that capture what some of you thought was missing? J. Earle stated that the sentence seems awkward. A. Warren advised this is exactly the words that we have in the old one which we agreed that we would transfer at the last meeting. She stated that at the last meeting it was suggested that J. Earle might recommend some words as well but there has been nothing forthcoming. J. Butt read the statement.

**ACTION: The statement will be changed to read Board members shall represent the best interests of the public, the community's health, and the respective programs of the Leeds, Grenville and Lanark District Health Unit.**

F. Kinsella asked what is the difference between a policy and a by-law? Dr. Carter stated that the by-laws are the Boards by-laws and are required by the HPPA. The policies are additional rules that we follow. The board code of conduct did stand as a policy on its own.

F. Kinsella commented that in by-law #4 there is a whole section that outlines item 17.1 the role of the Chair. His question is why are we putting a by-law in a policy? It is already stated in the by-law.

F. Kinsella stated that he assumes that when he is signing this as a board member it states what he is prepared to do. Why did we put in the role of the Board Chair, this is not his role as a member. It is to make a positive contribution to the well being of the health unit. This is causing him some confusion. Maybe we should make a statement that as a member I will accept section 17, because there is a feeling that some members have not respected the role of the Chair.

J. Butt stated that we were trying to craft some type of agreement. Before we were asked to sign a confidentiality agreement and one board member said he could not sign it because he was guided by someone else. We could say so what, when you accepted to become a member of this Board you are guided by the common law, the law that governs directors. So people asked what is the common law, so he drafted some information. Then he was asked to get something down on one page that describes our duties and obligations. This is a document that each of us should be prepared to sign and that gives us the ticket to enter into the incamera discussions. We have to find something that is workable.

F. Kinsella stated that everything is workable. He does not see the need for 17.1, and 17.11 in the policy. He would make reference to it stating that as a board member he is aware of section 17 (Duties of Officers in by-law #4) and is prepared to respect the role of the officers. Then he can sign it.

J. Earle stated that he will have the city lawyer review that. He also asked what do the majority of the staff sign? F. Kinsella stated that they sign an employment contract. J. Earle stated that there seems to be an awful concern that the Board will go out and tell a state secret, what do the staff sign? J. Hess advised that they sign a confidentiality agreement. J. Earle stated that he has never read that agreement. J. Butt stated that he doesn't know whether it will help him do his job any better, but we can show it to you. It will be included in the next board package.

J. Butt advised that the Board has not made a big issue of this at all. You are the only person that did not sign the confidentiality agreement so he tried to find a more palatable way to deal with common law that would satisfy everyone's needs. If the Board passes the policy, the legal opinion of the city notwithstanding, we will ask you to sign it and if you refuse to sign the agreement the Board will have to make a decision on that regarding what they will do. J. Earle responded fair enough.

J. Butt read the motion.

**ACTION: H. Bruce will revise the Duties and Obligations of Directors as directed by the Board.**

J. Butt advised that we approved the duties at the last meeting. We need to approve the revisions and part b could be that we remove 17.1 but reference it in the document. The wording will read "As a board member I am aware of Section 17 Duties of Officers in By-Law #4 and am prepared to respect the role of the Officers".

It was moved by: J. Lousley

Seconded by: F. Kinsella

That: The Board of Health approve as further amended:

- Board members shall represent the best interests of the public, and community's health, and the respective programs of the Leeds, Grenville and Lanark District Health Unit.
- Rulings on procedural matters during Board meetings. (Robert's Rules)
- As a board member I am aware of Section 17 Duties of Officers in By-Law #4 and am prepared to respect the role of the Officers.

Motion Carried.

#### 4.3.2. By-Law #4:

Dr. Carter advised that this is really a housekeeping item to delete the references to the municipal act as requested by the Board at the last meeting.

F. Kinsella referred to page 3 which states that the videotaping of regular board meetings will be conducted whenever possible. He stated that we wanted to use surveillance cameras but we have to put up signs advising the public otherwise we have to get permission from the people to have them videotaped. The privacy laws prevent videotaping.

B. Fletcher stated that he would defer to those townships that have council on TV. J. Earle stated that this is different. F. Kinsella stated that he would like to refer to a lawyer and get it checked. J. Butt stated that we ought to clarify to see if we are covered under the privacy act and do we need a sign? J. Pearce stated would it not just be easier for us to post a sign to say that open board meetings are videotaped. It would be cheaper than getting a lawyer's advice.

It was moved by: F. Kinsella

Seconded by: J. Lousley

That: The Board of Health approve By-Law #4 as amended.

Motion Carried.

#### 4.4. Strategic Plan:

Dr. Carter advised that she mentioned last time that we have not had time to complete our activities under our current strategic plan and we feel there is a lot of benefit to pursuing the plan. Because of the program review and H1N1 we have not been able to complete the work on the strategic plan. We would like to get the Board to approve the extension of the strategic plan for 2 more years to get the benefit of it before we create a new one.

It was moved by: J. Lousley

Seconded by: L. Sowchuk

That: The Board of Health approve the extension of the Strategic Plan from 2010 to 2012.

Motion Carried.

#### 5. New Business:

##### 5.1. Accounts Payable for August:

J. Pearce advised that the front page format has been changed for clarification. She referred to the OMERS deductions and the delay.

There were 3 months worth of source deductions paid to the receiver general in August. There are mostly favourable variances in the financial summary. The unfavourable variances relate to the timing of payments.

It was moved by: L. Sowchuk

Seconded by: A. Warren

That: The Board of Health approve Health Unit Accounts Payable for the month of August 2009 in the amount of \$1,103,746.43.

Motion Carried.

## 5.2. Church Exemption Letter:

J. Butt advised that this letter was sent to church councils. J. Lyster and her staff extended an offer to help people understand the requirements. J. Lyster outlined the letter and attachment.

J. Lyster explained that the intent of this letter was for our due diligence. She goes back to the OPHS and the food safety program goal to reduce food borne illness. 50% of food borne illness comes from commercial kitchens and 50% comes from private homes. Hence we are encouraging our church groups to take advantage of some education.

Right now we have over 10 groups booked and we estimate that about 200 people will benefit from this education. J. Lousley asked where did you get your mailing list? She is the Chair of a church board and did not receive it. J. Lyster stated that if you could pass this information along it would be appreciated. We do not have all of the churches on a formal list.

L. Sowchuk stated that she knows of a corner store that has sold baked goods for 48 years and the health inspector said there was no date on the packaging. J. Lyster advised that labeling is a requirement for food products sold to the public. We do try to provide information to people. This is not our legislation it is under the CFIA.

G. Grewal asked does this mailing list include any other organizations? J. Lyster stated that we targeted churches. With fraternal organizations a lot of them have their kitchens inspected. J. Mays advised that we also do have many churches regularly inspected because they could be used in emergency response. Many have halls that they rent out as well.

B. Fletcher asked are the churches now part of the water checking? J. Lyster advised yes, if they are not on city water.

F. Kinsella asked what about service clubs, where do they fit? In the summer time that is a major activity. In Gananoque the 5 service clubs would benefit from this. J. Lyster stated that there is an obligation when you are having a public event to notify the MOH. F. Kinsella commented that we all post the signs but we are not sure about notification.

J. Mays advised that we worked last spring to meet with the CAO's and when they know there is a big event they need to notify us. Dr. Carter stated that the Board should know that the reason we put this in the Board package for information is because we had a complaint from one member of a church group who found this letter insulting and wished to come and address the Board. They are free to do so and have to notify us ahead of time. J. Lyster stated that there is no intent to insult anyone's grandmother. A lot of the older ladies have a good process. J. Lyster also stated that this individual also wanted local data. She advised that enteric illness is 56 per 100,000. She maintains because we have such good PHI's and good public education that is why we are only at 56/100,000. G. Grewal stated that it might be better to call just auxiliary organizations rather than targeting churches. J. Mays advised that the legislation targets churches.

### 5.3. HUAM Manual Changes:

#### 5.3.1. V-775-0 – Compensating Time – Non-Union Staff:

J. Pearce reviewed the policy and stated that non union staff only accumulate time, they never get paid out. The policy previously allowed for the rate of double time for work on Sunday or a statutory holiday, but there was never any acknowledgement of work on a Saturday. These premium rates will only be applied if the person has to work on a Saturday or Sunday. This will match what is done for the union.

F. Kinsella stated that he is surprised that you say there are no financial implications. Somewhere he saw a budget of \$35,000. J. Pearce stated that you are referring to the on call premium. This policy change refers to Saturday at premium rates. F. Kinsella stated it is all financial; holidays are times you are paying for. J. Pearce stated that there used to be a limit of 35 hours banked but most non union staff reach that easily. Dr. Carter advised that what is left as of March 31 can't be taken and it is gone.

J. Earle stated that there is a financial implication. He can't see how much time off in lieu is taken over the year. J. Pearce stated that a particular example of why this is important is that on a Saturday we might have a dietitian and a PHN at a breastfeeding event. One is non union and one is union and the union person is getting time and half and the non union person is not. S. Dodge asked when the non union staff are hired is there an expectation that there may be weekend work? If there is an expectation and that is part of their salary they accept that job based on that expectation. She doesn't feel overtime and double time should be acceptable. B. Fletcher questioned they are already getting their Sunday? J. Pearce replied yes. B. Fletcher stated then how do you get away with this, we are getting off lucky.

F. Kinsella commented that we talked about variable work times and not everyone needs to work 8:30 a.m.- 4:30 p.m. Does anyone have a variable work schedule? J. Pearce stated that we all have flexible work schedules.

For example, IT staff do a lot of their maintenance work at off hours and this is not required so it is not accumulated at time and a half, but if we have a power outage on a Saturday and they have to come in at that time they should get premium rates. If they choose to work on a Saturday they would get straight time. F. Kinsella asked who approves that? J. Butt commented that this is only in cases where the supervisor directs the employee to attend work, as opposed to someone that uses their own discretion.

B. Fletcher stated that it is the directed work or emergency and those would be signed off by the supervisor. J. Butt asked is it clear that it is directed or emergency work? Dr. Carter read the policy.

S. Dodge stated that she has no problem in an emergency situation, but she has a problem with time and a half and double time. She will not vote for this.

B. Fletcher advised that they already have double time for Sunday. B. Fletcher asked if somebody in the non union group accumulates 15 hours and they have not used it by the end of the year they lose it is that right?

Yes J. Pearce replied whereas a union person gets paid out automatically. F. Kinsella stated that overtime is an indicator that the workload is such that we might need another employee. He would like to look at these things.

**ACTION: J. Pearce will report at the next meeting.**

J. Butt suggested that this could be part of a quarterly review.

The motion was read.

It was moved by: A. Warren

Seconded by: L. Sowchuk

That: The Board of Health approve V-775-0 Compensating Time – Non Union Staff, as circulated.

3 board members were in favour with 7 opposed.

Motion Defeated.

5.3.2. V-1735-0 – Use of Cell Phones and Mobile Technology Devices While Driving:

J. Pearce advised that this will be enforced as of October 26 and we should have a policy in place.

It was moved by: A. Warren

Seconded by: L. Sowchuk

That: The Board of Health approve V-1735-0 - Use of Cell Phones and Mobile Technology Devices While Driving, as circulated.

Motion Carried.

5.3.3. V-1745-0 – Teleworking:

J. Pearce stated that this is a new policy. We have been working for several months to allow staff to work from home and we have an approval process ready to go with this. The policy must be approved by the Board.

It was moved by: L. Sowchuk

Seconded by: A. Warren

That: The Board of Health approve V-1745-0 - Teleworking, as circulated.

Motion Carried.

J. Earle asked is this intended to be the exception or the rule? J. Pearce stated that this would improve their productivity and it has to apply to the kind of work that they do. They have to come into the office on a regular basis.

J. Butt stated that as a Board we would be endorsing this policy and this is a strategy for work that would allow the staff to go about doing this. Dr. Carter commented that this could save us mileage and this saves staff time for visits. Everyone benefits. J. Butt asked is this something we are going to encourage or is it part of our work strategy? Dr. Carter stated that we encourage it if it suits and do not encourage it if it doesn't suit.

G. Grewal asked is there any reimbursement for internet connection? J. Pearce replied no there is not. K. Giroux asked how would workers compensation come into this? J. Pearce advised that part of the agreement is that staff would have to ensure that they have an ergonomic set up, but if they fall going downstairs we would be responsible. Dr. Carter advised that our biggest risk when they are out on the road driving, if they are in an accident that is WSIB.

5.3.4. V-1755-0 – Tangible Capital Assets:

J. Pearce stated that she is sure that most of you have already addressed this in your municipalities. This policy has been reviewed by our auditors and they are satisfied that it will meet our needs.

G. Grewal suggested making a second bullet under classification. (Land/Land betterments) Leasehold betterments were discussed. J. Pearce asked would the Board accept 10 years for leasehold betterments? The Board approved lesser of 15 years or length of lease.

It was moved by: J. Lousley

Seconded by: L. Sowchuk

That: The Board of Health approve V-1755-0 - Tangible Capital Assets, as amended.

Motion Carried.

6. Advocacy:

Nothing to report.

7. Verbal Report of the Medical Officer of Health:

**H1N1 Response:**

The health unit continues to respond to H1N1 while putting other activities on hold in order to do so. We have developed a communications team that has produced a large number of materials for various groups such as day cares, primary care offices and health care providers. These have all been put up on our website as well as being distributed via various channels. We have developed a method of prioritizing and responding to the many requests we receive for presentations and we have kept our 1-800 line staff up to date with answers to the many questions that come pouring in.

Meanwhile, we have cut back severely on many of our health promotion activities. This "emergency" has been a very unusual one in that it is very slow moving but just as demanding as any other emergency. Our emergency plans envisioned an emergency that would be over within 6 weeks and this one will last much longer than that so we have had to adapt our plans. For example, our emergency plan expected that we would stop all activities except the most vital. We have not had to do this, but we have had to cut back on about half of our activities.

We have purchased, implemented and tested the new IT system for mass immunization clinics, thanks to the very hard work of the many staff members involved. We are using the seasonal flu vaccine clinics that are now being held in our communities to pilot test and work the kinks out of the system. Since these clinics are relatively small, they present an excellent opportunity for this. Since large cases of IT equipment must be transported to every clinic, we have decided to rent vans to prevent injuries to staff members trying to lift them into trunks or back seats of cars. The MOHLTC has promised to cover such extraordinary costs of operating clinics and we are taking them at their word. They have already agreed in writing to fund the costs of purchasing the IT equipment.

There are still many unknowns, the major one being when and how hard our community is hit by this virus. So far we have not had a confirmed case since the spring. We have had some indication, through our syndromic and school absentee surveillance that there was more Influenza-like Illness in the Perth area so we increased the lab testing in that area and found no H1N1. We are now asking each emergency department in the region to test patients with appropriate symptoms so that we can identify the arrival of H1N1 as soon as possible.

Another unknown is how much of the H1N1 vaccine we will have to give ourselves and how much can be given by primary care. We are still awaiting the MOHLTC policy on prequalifying primary care providers to give the vaccine. Once that arrives, we will send it to our providers and only then will we know how many of them will be willing to give the vaccine to their patients. This and the proportion of the population who will choose to be vaccinated (another unknown) will dictate how much vaccine we must be prepared to give.

Another unknown is whether most recipients will need two doses or whether one will do. With so many unknowns, we really have no idea of the impact that the vaccination campaign will have on our staff. I hope to be able to tell you in November.

### **Health Protection:**

Two new Senior PHIs started, one in Smiths Falls and one Brockville, on October 13, 2009. These two positions were created through competition by upgrading the position of the successful candidates so no new FTE's are involved.

Rabies has been confirmed in an agricultural animal, but the source of the virus has not yet been identified. We have worked with CFIA to develop general communication to the public on this case. The processes in place worked well. In fact the Health Unit was complimented about promptness and responsiveness in organizing the treatment for all people involved.

Land Control is extremely busy. In fact, the reduced staff complement is finding keeping up with the workload a challenge. This is encouraging us to believe that this program can be back to normal by next year.

We are making good progress with visiting SDWS sites and issuing directives. Gradually all inspectors are becoming proficient in the program. We have actually found slightly fewer systems than were originally expected and our initial fears of finding many more have subsided.

Under Lyme Disease, there has been a reduction in the number of ticks handled this year as the MOHLTC now only tests ticks found on humans and refuses to test those found on animals. But there has been an increase in proportion of ticks associated with human contact that have tested positive this year from approximately 4% in 2008 to approximately 20% in 2009. We have worked hard to let people know what to do in the event that a tick is found on a person. We have had no human cases reported this year despite this concerning increase in the infection rate in the ticks.

### **Health Promotion:**

We have a new Director of Health Promotion, Becky Kavanagh, who started last week. Becky comes to us via an early return from a maternity leave. She is on leave from the Department of Clinical Services where she was the Manager primarily looking after Vaccine Preventable Disease and was located in Smiths Falls. Welcome back Becky.

Tobacco program:

The Stop study is rolling out a new program which will provide Zyban (a drug that assists in stopping smoking) free of charge to clients through participating Community Health Centers. Unfortunately, the 3 local CHC's are not participating. However, the centre for Addiction and Mental Health (CAMH) is also going to support clients through the web. Anyone not covered by a participating CHC will soon be able to sign up online to receive 10 weeks of either Zyban or Champix from their physician and get reimbursed as part of the online study. Regionally we will be concentrating on getting young adults to consider making a quit attempt this winter and getting them to consider doing so in conjunction with the Driven to Quit Challenge that should launch in December this year.

Bill C32 has recently been adopted, making significant changes to the federal Tobacco Act. Advertising restrictions come into effect immediately. The restrictions on manufacture and sales of flavoured cigars, cigarettes and blunts will take effect mid 2010.

Cigarillos will no longer be allowed to contain fruit and candy flavors and must be sold in packs of at least 20 like cigarettes instead of being sold individually as is the current practice.

The Supreme Court of Ontario made a favourable decision last week in the case of the Smokers Club previously operated by Mr. Kennedy in Smiths Falls. The appeal from Mr. Kennedy was denied upholding the Health Unit's interpretation of the law. The decision speaks to protecting all members of the public when they gather even in what was promoted as a private club. We will have to wait and see if Mr. Kennedy appeals to the Supreme Court of Canada.

A new resource produced by the Eastern Ontario Health Unit for the TCAN (Tobacco Control Area Network) east region will soon be available and promoted in all of our schools. The new resource is meant to help introduce tobacco discussion in the classroom and support the curriculum. The Dr. Crazy video and other resources will go to schools in 2010.

A few of our former peer leaders will be coming back to work on some projects with the Tobacco Coordinator funded by transitional funding provided to us by the Ministry of Health Promotion. This money is part of the Youth Engagement Strategy funds provided to Health Units.

Activities under the SFO Program for September included 86 premise inspections, 23 written warnings given, and 4 Part 1 charges issued.

Local municipal councilors, CAOs, planners, consulting engineers, community developers, as well as NGOs, environmental associations and public health professionals, have been invited to participate in a workshop at Merrywood Camp, October 21, 2009 titled Working Together to Build Healthy and Active Communities. The day will include a keynote address given by Kim Bergeron, PhD candidate, Queen's University, who has extensive experience developing collaborative efforts across diverse professions to create activity-friendly communities in Canada. The afternoon session will provide an opportunity for the development of local Community Action Plans. Board of Health members are invited to participate in this workshop if available on October 21<sup>st</sup>.

### **Family Health:**

This year the Health Unit participated in World Breastfeeding Week from October 1 - 7. Each year, this week is set aside to highlight the benefits of breastfeeding, and this year's theme is "**Breastfeeding Saves Lives: Protecting Infant Health Everyday and in Emergencies.**" It focuses on the protective effect that breastfeeding provides to babies,

mothers, families and the community. Breastfeeding also has the unique benefit of being able to protect infants and young children in times of crisis or emergency. An emergency could be any disruption to normal daily life, such as personal illness, power outage, ice storm, or any number of other man-made or natural disasters. Breastfeeding is important in an emergency situation because it provides a safe, readily available food supply for the infant, as well as antibodies to help prevent and treat illness. In an emergency, breastfeeding can save a child's life.

As part of World Breast Feeding Week 2009 the health unit partnered with La Leche League and the Ontario Early Years Center to facilitate the **Quintessence Breastfeeding Challenge** on Saturday October 3. This Challenge is a fun event in which a geographic area (province, state or territory) wins by having the most breastfeeding babies, as a percentage of the birthrate, "latched on" at 11 am local time. Tanis Brown PHN and Julie Larose witnessed the nursing mothers latch on at 11:00 am in Brockville.

### **Corporate Services:**

We have confirmed that the HST, when it is implemented in 2010, will be treated the same way as the GST is currently treated (we have all GST paid rebated), not the way the PST is currently treated (we pay PST). This means a 100% rebate for the health unit for all HST tax paid. This could save the health unit about \$80,000 in the cost shared budget annually as this represents the amount of PST that we currently pay. This will also save staff the PST they pay on their benefit premiums. It will also help some programs with very tight budgets such as Preschool Speech and Language and Land Control.

#### 8. Correspondence:

The correspondence as reviewed.

#### 9. Incamera Meeting:

The motion to move incamera was read at 6:56 p.m.

It was moved by: A. Warren

Seconded by: J. Lousley

That: This Board move into a closed session of the Board of Health due to the following:

- (a) the security of the property of the municipality or local board;
- x (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 board or committee may hold a closed meeting.

Motion Carried.

It was moved by: S. Dodge  
 Seconded by: F. Kinsella  
 That: This closed session rise and report.

Motion Carried.

10. Report from Incamera:

J. Butt advised that we received some reports for information.

11. Time, Date and Location of the Next Meeting:

The next meeting will be held on Thursday, November 19<sup>th</sup> at 4:00 p.m. in the Brockville office. F. Kinsella sent his regrets. B. Fletcher might not be able to attend as well.

12. Adjournment:

It was moved by: F. Kinsella  
 Seconded by: J. Lousley  
 That: The meeting adjourn at 7:04 p.m.

Motion Carried.

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

- c: Board members
- HU offices
- Municipalities
- Shared Drive