



Minutes of the Board of Health Regular Meeting

Thursday, June 18, 2009
Board Room, Brockville Office
458 Laurier Boulevard
4:00 p.m. – 7:07 p.m.

Present: J. Butt, Chair
S. Dodge
J. Earle
F. Kinsella
J. Lousley
A. Van Schie
A. Warren
A. Carter, Medical Officer of Health
J. Pearce, Treasurer
H. Bruce, Recording Secretary

Regrets: B. Fletcher
R. Haley
K. Graham

B. Dalgleish, Director, Health Promotion Department
J. Futch, Director, Department of Clinical Services
S. Gates, Director, Quality Improvement Department
J. Hess, Director, Family Health Department
J. Mays, Manager, Health Protection Department

R. Zajac, Recorder and Times
R. Cleary, S. Healey, T. Boileau, Y. Decoste, T. Anderson

Invitees: Raize the Truth Team – Logan Clow
Danielle Shewfelt, Public Health Nurse

1. Call to Order:

J. Butt called the meeting to order at 4:00 p.m. advising that this is the Board's last formal meeting before the summer break.

At the last meeting we talked about the funding with regard to the Raize the Truth program and we thought we would take this opportunity to thank the folks from Raize the Truth. Logan Clow is the representative from the group here today.

J. Butt stated that at the alPHa meeting held recently in Timmins he would like to report that every health unit in Ontario supported a resolution that was sent to the minister saying that alPHa urge the Premier and various ministers to commit to the goal of preserving and enhancing reduction in tobacco use and to reinstate funding to the 2008/9 levels for enhanced funding for tobacco control efforts in Ontario. This resolution also requested to continue to include the enhanced role of youth in health units as a key component in prevention programs with a planned evaluation. All of the efforts that Raize the Truth have been involved in were on the right track and alPHa perceived that the government made the wrong decision.

We know there has been a great change in advertising on the chewing tobacco and flavoured tobacco and clearly that was one of the efforts that our students were involved in promoting in the high schools. The picture campaign of what youth would look like at a prom with yellow teeth was another campaign. Their website had about 14,000 hits. The Raize the Truth team and Jenna Harvey's efforts will make a positive impact in our area. J. Butt stated that he hopes that the ministry listens and will look at the evidence presented at alPHa.

B. Dalglish advised that Logan Clow has been with Raize the Truth since the beginning. He has given great devotion to this issue and it has been a true pleasure working with him and the team over the years. B. Dalglish stated that he has great appreciation for their skills. We need to value our youth. He also acknowledged the efforts of Jenna Harvey and Yves Decoste who were a great part of this effort.

J. Butt stated that since this is our last formal meeting for the summer, it means that one of our longer term members of the Board will not be with us by the time of our next meeting. A. Van Schie joined the Board in 1994, and held the position of Board Chair 5 times and the position of Vice Chair 3 times. Since J. Butt has been on the Board A. Van Schie has made significant contributions and he will miss his counsel and wisdom. Since we are all here, he would like to thank Adrian on everyone's behalf for his long term service and present him with an official scroll. J. Butt also presented A. Van Schie with a health unit portfolio as a memento which lists the health unit's vision of healthy people in healthy communities.

A. Van Schie stated that during his time on the Board he has had the opportunity to serve with 3 MOH's, Dr. Allen, Dr. Gardner and now Dr. Carter as well as an inordinate number of staff members who have put their life into public health and health prevention. He appreciates all the support they have given him over the years. It is time for a change and a time for new blood. A. Van Schie thanked J. Butt for his support as well as that of other board members.

J. Butt stated that A. Van Schie's term does not officially end until September so we will call upon him over the summer to ask his advice and counsel which is important to all of us.

2. Approval of the Agenda:

It was moved by: A. Warren

Seconded by: J. Lousley

That: The agenda of the June 18, 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 May 21, 2009:

It was moved by: A. Van Schie

Seconded by: J. Lousley

That: The minutes of the May 21, 2009 Board of Health Regular Meeting be approved as circulated.

Motion Carried.

F. Kinsella commented on page 13 there is information about the health unit developing a training session regarding bloodborne infections. He brought this to the attention of Counties Council and they support this, so we will call the Fire Chiefs to ensure that we extend to the health unit as much cooperation as possible. He expressed his appreciation to the health unit for offering this program and advised that the health unit should expect the full support of all the Mayors from Leeds and Grenville.

3.2. Approval of the Minutes from the Board of Health Special Meeting held on June 3, 2009:

It was moved by: J. Lousley

Seconded by: A. Van Schie

That: The minutes of the June 3, 2009 Board of Health Special Meeting be approved as circulated.

Motion Carried.

The motion to move into incamera was read at 4:20 p.m.

It was moved by: J. Lousley

Seconded by: A. Van Schie

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.

The rise and report was read at 5:18 p.m.

It was moved by: A. Van Schie

Seconded by: J. Lousley

That: This closed session rise and report.

Motion Carried.

It was moved by: A. Van Schie

Seconded by: A. Warren

That: The amendments to the Design-Build Contract with AI Langman Construction (1998) Inc. requested by the builder be approved by the Board.

Motion Carried.

It was moved by: A. Van Schie

Seconded by: J. Lousley

That: The Board endorse staff to proceed with the recruitment and signing of a contract with a Project Manager to oversee the Smiths Falls building project.

Motion Carried.

It was moved by: A. Warren

Seconded by: S. Dodge

That: The Board of Health approve the Memorandum of Settlement between ONA Local 137 and the Leeds, Grenville and Lanark District Health Unit dated June 18, 2009.

Motion Carried.

J. Butt stated that we did also discuss a recommendation that we submit a name into the Public Appointments Secretariat for a new board member which the Board agreed to.

4. Presentations:

4.1. Get W.I.T.H. It:

B. Dalgleish introduced D. Shewfelt who is a PHN working in the Health Promotion Department. Danielle has been with the health unit over 10 years and has a lot of experience and expertise. She covers the area of Mississippi Mills and the Almonte region. J. Butt welcomed D. Shewfelt. D. Shewfelt gave a power point presentation to the Board. (see Appendix #1)

A. Warren stated that in Gananoque we have a group of seniors that walk on a regular basis in our arena, which could be a starting point for a partner. J. Butt thanked D. Shewfelt for her presentation.

S. Dodge stated that there is already a group that walks in South Grenville, and she would like to see this at the South Grenville High School. D. Shewfelt advised that this program runs through the winter months until March. S. Dodge suggested that Danielle come to speak to council. F. Kinsella advised that in Seeley's Bay a Swiss couple have designed a walking trail which is a summer program. F. Kinsella will talk to them and have them talk to C. Kasurak.

J. Lousley asked which additional schools are you looking to partner with? D. Shewfelt stated that we are waiting for interest to come from the community and some people have come forward already.

5. Business Arising:

5.1. Program Review Update:

Dr. Carter advised that this is just an information item. There is nothing in it that needs additional explanation. A. Warren advised that we have a meeting next week of the Program Review Steering Committee.

F. Kinsella asked is there any intention of coming to Council to talk about this? His contention is that it is well designed, but others do not agree. He would like County Council to have an overview. J. Butt and Dr. Carter agreed to present and asked F. Kinsella if he could coordinate a time that would be suitable for them.

5.2. Common Law Language/Forms:

J. Butt stated that he was trying to craft a document that would satisfy everyone's needs. He used the words common law language. Based on the input we received from board members we edited the information and gave board members the websites and references. We checked out the language of the legislation and that is the way the language is within the Act. We tried to qualify that on the input that we received from members.

At the end of the day we have had concerns about our confidentiality policy and the intention was to summarize this common law and basically have people confirm that they familiarized themselves with the documents and that they validate that they would adhere to them and respect other policies and procedures in the performance of their duties as a board member. According to Ostler this seems to be the way most Boards are going.

A. Warren stated that as we get into Bylaw #4 she has spoken to Dr. Carter and H. Bruce about some recommended changes. When we move down to item 1.1.9 we quote Section 139 of the Municipal Act and since not all of our board members are municipal representatives she has developed something that specifies what incamera meetings should say. A. Warren read her proposed changes to include in section 1.1.9. J. Butt stated that we just can't go into incamera because we want to; we can only go incamera if we deal with specific issues. Board members agreed to this friendly amendment.

J. Earle stated that he has some issues with V-225-0. This is a public Board and you have not mentioned that you have an obligation to represent the public. We meet like a society and decide what the public should do. No place in the duties does it talk about the fact that we are representing the public on the Board and this indicates a one directional policy.

J. Butt commented that one of the issues in the past has been a perception from some municipal appointees that they were not appointees but representatives of the group that they serve and you know that language and perception has been tested by both the lawyers from the Ministry of Health and locally by the United Counties legal advisor. The basic position is that regardless of the Board they assume that the municipality that one represents has some convention in place whereby they select appointees. So the legal position is when you are appointed to the Board of Health you in fact have a fiduciary responsibility to the Board. J. Earle stated you no longer have any obligations to the general public? J. Butt stated that is not so. The first thing is that your responsibility is as a Director of the Board. In fulfilling that responsibility the common law defines for Directors certain things. When you look at the definition of fiduciary and what this means, it in fact does talk about responsibility to the communities in which we serve. We disagree in the perception that you have regarding your role. We have counsel to show that your perception is wrong. The legal opinion that came forward from J. Simpson was very clear.

A. Warren stated that perhaps we are talking about semantics here. She suggested adding an introductory paragraph in meeting the mission, vision and values and listing them. J. Butt asked board members if that would cover off their concerns? Does anyone disagree with the alteration?

F. Kinsella referred to page 2 of the same policy and the statement that, A Director breaches their duty when the individual prefers the interest of a particular group, person or entity over the interest of the health unit as a whole, it is a statement that is hanging out there. J. Butt referred to page 1 of 2 stating it is up to each Director to determine this in good faith. The Board and others have validated this issue with legal counsel. It is an intrinsic thing; it lays out a framework in terms of how we go about things rather than using the existing policy. He thought this was a more 2009 approach to helping us go about our business.

F. Kinsella stated that he has no idea if someone is representing themselves or not. J. Butt gave an example, if Janet said she was appointed by the community of Kemptville and she has been directed by her community not to approve anything that exceeds half of 1% regardless of the healthcare agenda that would be pretty blatant. F. Kinsella commented that if she says that the unemployment rate in Kemptville is 10% and the people of Kemptville can't afford this, is she speaking for herself or the community? J. Butt stated that would be wonderful input and as a Director she would be providing us with information to make a more appropriate decision. F. Kinsella asked what happens if the council asks her to speak? J. Butt commented that we are fly specking. He did not come up with the words; they came right from the Act. It is the Corporations Act.

A. Van Schie left the meeting at 5:30 p.m.

J. Butt stated that we do have policies on the books that aren't working but if we don't change them we have to implement them. He was trying to craft a more democratic approach.

A suggestion was brought forward that F. Kinsella head up a committee to look into this further. The committee will consist of A. Warren, F. Kinsella and J. Butt.

ACTION: Recommended changes for the common law language will come back to the September meeting.

6. New Business:

6.1. Accounts Payable for April:

J. Pearce advised that all items are relatively on budget with the exception of the onetime costs discussed last time. \$16,500 was for the archive storage unit. \$10,000 was the down payment on the land and \$2,000 was for the TB Week initiative. TPDA devices were also purchased (\$20,000) which are funded by a ministry grant. A duplicate entry for the last item will be reversed in May.

It was moved by: F. Kinsella

Seconded by: J. Lousley

That: The Board of Health approve Health Unit Accounts Payable for the month of April 2009 in the amount of \$1,005,457.25.

Motion Carried.

6.2. Language Express Pre-School Speech & Language Audited Financial Statements:

J. Pearce advised board members that they will have 2 motions, 1 for the audited statements and 1 for the ministry settlement form.

It was moved by: J. Earle

Seconded by: S. Dodge

That: The Board of Health approve the Language Express Pre-School Speech & Language Audited Financial Statements as circulated.

Motion Carried.

6.2.1. Pre-School Speech & Language Program Settlement:

It was moved by: S. Dodge

Seconded by: A. Warren

That: The Board of Health approve the Pre-School Speech & Language Program Settlement as circulated.

Motion Carried.

6.3. FOCUS Audited Financial Statements:

J. Pearce advised that there is no settlement required for this program and there is a small deficit of \$24 at the end of the year.

It was moved by: A. Warren

Seconded by: S. Dodge

That: The Board of Health approve the Smiths Falls FOCUS Community Coalition Audited Financial Statements as circulated.

Motion Carried.

F. Kinsella stated that the fiscal year is March and it throws off your budgeting because you don't get approvals right away. Is it possible to have the fiscal year changed? J. Pearce stated that the government's year end is March 31 and most of ours are December 31 and it works better for us. There are challenges with the general ledger for March 31 year end programs. We have to transfer the expenses into a balance sheet and transfer them over. There are administrative issues. J. Pearce stated that if she had a preference she would make them December 31 but we can't make the decision.

6.4. Emergency Response Plan (ERP):

Dr. Carter advised board members that this plan is to be received as information. We do revise it on a regular basis, but it takes a lot of time. We do now have a final new revised ERP. This will now go out to all of our partners including all of the municipalities. We are trying to save money so we are letting people know that it is available on our website. Our health inspectors will take copies out to each municipality and in exchange get a copy of the municipalities plans because we are supposed to have a copy of each municipal plan as well. One of the requirements under the OPHS is that the Board be oriented to the ERP and we plan to do that early in the fall.

F. Kinsella asked for some clarification. During a pandemic, as a Mayor, he would turn to the MOH but in the last round of H1N1 his Emergency Measures Coordinator came to him and said we now have gloves and masks which we got from Toronto. He thought if he was going to get anything he would get it from the MOH. If there is a pandemic what role does he have and what role does Dr. Carter have?

J. Butt stated that ERP jurisdictions were one of the topics at the aPHa conference. On one hand they talk about the Emergency Management Civil Protection Act that covers human health, disease and epidemics. Dr. Carter commented that the Act covers all emergencies.

J. Butt stated that the Ministry of Health has a 24 hour clock grid and it will be posted on the aPHa website with the minutes. It says the order of things they will do, and they say that the system is based on the notion that the local response is the first response. F. Kinsella stated that he will call the MOH.

Dr. Carter is head of the Emergency Operations Centre (EOC) during health emergencies. She advised that the health unit has a MOU with all of the municipalities regarding how she would participate in all their EOC's if it was a wide spread emergency. If it is a local health emergency – chemical spill etc. – that is how we would manage it. As far as pandemic influenza, that is not a local issue and as soon as it involves more than one municipality then the province steps in and takes over. All of the pandemic activities are run out of Ottawa and are run nationally, and then provincially and then locally.

The EOC is actually national and provincial. So far with the pandemic we have not had any need to do an EOC locally because it has had minimal local effects. However if local effects were severe, then we would start up a local EOC to deal with the local issues. That is why you got sent the masks and gloves from the province. J. Fitcher advised Dr. Carter that we had one meeting of the EOC to test it out, but there was no representative from Leeds and the Thousand Islands. The expectation is that there will be an emergency declared by every municipality and they will have a specific role. We communicate with various groups around what needs to be done around a pandemic. We had a teleconference with municipalities through the MOU.

Most municipalities attended so that Dr. Carter got to speak with everyone about what was going on and what was in their contingency plan regarding business continuity – police, fire, ambulance, dealing with coroners, funeral homes etc. J. Butt stated that a lot of good information was shared with us at ALPHA. J. Futcher stated that the province has a plan and a clock and we have our plan and align it to their clock and municipalities need to align to our clock.

J. Butt stated that in the fall Dr. Carter will give an in-depth orientation to the plan. Dr. Carter advised that legally we are now in a pandemic, but we have not needed to have any more EOC meetings. It is however, an opportunity for everyone to look at their plan and we never know what is going to happen in the fall. F. Kinsella suggested bringing some people in when we have the training. J. Butt stated that if anyone wants to observe in the fall they are more than welcome.

6.5. Risk Management:

F. Kinsella referred to the risk management procedural document and the issue of communication. Leeds and Grenville has no one source of media when he looked at the external notification. It says people in the community deal with things in an emotional way. It says the better you can communicate with the public and give them the information the better off we will be. With so many radio stations and newspapers, how do we do it? What is the common thread?

Every township has their own website, why would we not all create a portal that says public health and when there is a health issue it takes them to the health unit website and lets Dr. Carter communicate with the public. This way we have a constant source, because the more people you have interfering with the message the more room for error there is.

J. Butt agreed this is a good idea. How could we make this work? Dr. Carter advised that our website is complete and we link to the provincial and federal websites as well. J. Butt asked should we write every municipality and tell them that they can link to us and give them that opportunity? F. Kinsella stated that we should set up a protocol for all of the Mayors to know. J. Butt suggested that we could begin the process right now. The Mayors think it is a great idea F. Kinsella stated.

Dr. Carter advised that they can just link to us, even without our permission. F. Kinsella stated that he would like a pandemic website in case of emergencies; he does not want to have to search. J. Futcher advised that this information is on the front page of our website, it says H1N1 influenza.

J. Butt advised that when we identify to the Mayors of our municipalities that they can link into our website, in that communication we can also point out that from our website there are other links. Dr. Carter stated that it doesn't matter what health emergency it would be, the information would be on the front page of our website. F. Kinsella stated that we then need to educate our communities about this. J. Butt stated that this is part of our media blitz.

Dr. Carter advised that our website is mentioned on everything we send out. A great way to reach the community is to send information home through school children for their parents and we have done this.

6.6. HUAM VI-270 -Terms of Reference for the Program Review Steering Committee:

Dr. Carter advised that the Program Review Steering Committee met and made suggestions for a few changes. Since the Board approves these terms of reference this needs to come back to the Board for final approval. F. Kinsella asked how many municipalities and community health partners are you going to have? Dr. Carter stated that we have 1 municipal, 1 community and 1 representative from the Board.

J. Earle stated that the initial estimate was \$400,000 to \$500,000 of staff time to do this program review but we don't have an outside source. He doesn't think we can have a credible study without an outside source. J. Butt advised J. Earle that he raised this at the last meeting and the Board thanked him for his opinion, but we disagree.

It was moved by: J. Earle

Seconded by: S. Dodge

That: The Terms of Reference for the Program Review Steering Committee (VI-270-huam) be approved as circulated.

Motion Carried.

7. Advocacy:

7.1. CINOT Funding Age 14-17 years:

B. Dalgleish presented to the Board. Last month R. Cleary did a presentation on oral health and access to care and this is related. The CINOT program assists families to help them get treatment for their children for dental health. This was promoted originally by the Middlesex London Health Unit to continue funding at 100% throughout 2010. The report outlines that the expansion program started in January of this year, and this now covers ages 14-17. Administration falls to the health units with no funding for the administration. This can be time consuming and we are required to use new software. We are concerned that the Ministry of Health Promotion base projected funding levels may not be truly reflective of the actual costs. We ask that the Board request continued funding.

It was moved by: F. Kinsella

Seconded by: J. Lousley

That: The Leeds, Grenville and Lanark District Board of Health request that the Ontario Ministry of Health Promotion continue to fund the CINOT Expansion dental program at 100% in 2010 in order to determine more accurate and reliable budget figures for the program before any further costs are downloaded to Health Units.

And That: A copy of the resolution be forwarded to the Honourable Dalton McGuinty, Premier of Ontario; the Honourable Margaret Best, Minister of Health Promotion; Ontario Boards of Health; and Linda Stewart, Executive Director, Association of Local Public Health Agencies.

Motion Carried.

J. Earle questioned what is the administration part of it and how much of the budget does that consist of? B. Dalgleish advised we now do screening up to the age of 13. With this expansion it will require us to do screening to age 17 and identify more children and they may need to take advantage of this funding. This affects our dental staff and our Program Assistant.

R. Cleary stated that Registered Dental Hygienists are required within 5 days to offer a dental screening up to the age of 17, and there is a lot of territory to cover. This is a huge expense. We are also mandated to provide preventive dental services.

The mandate is written such that Dental Hygienists are required to provide these dental services to these clients. Right now we are paying the Dentist to provide this service because 2 Dental Hygienists cannot provide it given the area. The administrative cost here is really dental hygiene services R. Cleary advised. There is no funding for more staff to provide the services.

Dr. Carter stated that the real point of the resolution is the fact that it is only 1 year that the province gives 100% funding for. Next year they will download 25% of the actual dental costs as well. The program could grow quite quickly through the second and third years and they base the funding download on the first year. At least they should hold off until they know what the real dental costs are.

J. Butt stated that we need to join the group and register our concerns.

F. Kinsella stated that we should expand this comment section to incorporate what Dr. Carter said about the first and second years. J. Butt stated that the staff will expand the commentary section to include Dr. Carter's comments and R. Cleary's input.

A. Warren stated that the actual line in the correspondence the Board received would suffice. J. Butt reviewed the correspondence letter.

8. Verbal Report of the Medical Officer of Health:

I would like to take this opportunity to inform the Board that I have decided to retire 1 year from now when I turn 65 years old. I know that it will take some time for the Board to recruit a suitable candidate so I have tried to give the Board sufficient lead time to accomplish this task. I also offer to assist in the recruitment process in any way that I can. If the Board wishes, I will take every opportunity to ask my colleagues whether they, or anyone they know of, might be interested in relocating to Leeds, Grenville and Lanark.

I realize that the Board spent a significant amount of money recruiting during the last vacancy and I hope to save the Board these costs this time.

I also will try to stay until a suitable replacement is found so that the Board will not have to recruit an Acting MOH. I will do all I can to make the transition go as smoothly as possible.

Novel H1N1 Influenza:

This virus continues to haunt us. Despite the fact that we are well past the time of year when we expect to see influenza disappear from our community, this strain continues to circulate. We have been spared the major outbreaks experienced in the larger centers so far but it is beginning to creep out of Ottawa onto our doorstep. The larger centers have seen the disease spread rapidly through schools. So far, we have seen only a few cases in individuals who have had contact with Ottawa based friends and relatives but the potential is there to start spreading rapidly through our schools. In addition the emergency departments of hospitals closest to the Ottawa area are seeing increased volumes. This may be, in part, because Ottawa residents are coming out of the city to escape the over-burdened emergency departments within the city.

So far our main actions since my last report have been to communicate with the school boards concerning hygiene to prevent spread. We have also sent communications home to parents with advice on how to avoid infection and how to respond if infected. We have stressed in both these letters and in direct communications to students that cases should not go to the emergency department unless advised to do so by their health care provider or Telehealth Ontario. We have also stressed that those who are well should continue to attend school or work. This message was designed specifically for high school students who thought they might avoid their final exams. It is to be hoped that, once school is out for the summer, circulation of the virus will decline as the main transmission pattern appears to be among school children.

For the fall return to school we are planning a blitz for all teachers and principals on hygiene issues, particularly hand cleansing and covering coughs as well as staying home if ill. A letter to all parents will follow immediately with the same messages. Schools are planning cleaning programs that emphasize surfaces touched by hands, including computer keyboards. We are very pleased with the tremendous cooperation that we have received from the school boards. They are very keen to participate in this effort to keep their students, teachers and the entire community healthy.

We also are almost certain that we will be involved in a major vaccination effort in the fall. We understand that the normal seasonal influenza vaccine will be available first, perhaps earlier than usual and perhaps in less quantity than usual. We do not know what implications this might have for our programs. We then believe that the vaccine against this Novel H1N1 virus will arrive late in the fall. We do not know exactly how, to whom or when it will be given but it will certainly involve significant health unit resources, no matter what the final plan looks like. In the midst of all this will come a push to get all of the high risk groups vaccinated against pneumococcal disease as this organism often takes advantage of a person with influenza to land the second, more serious blow which leads to complications, sometimes hospitalization and death. In addition, we may well have many reported cases requiring follow-up. As a result, nurses who have retired within the last three years from Clinical Services will be returning over the summer to be "retrained" in case they are needed to help out.

What this will cost us in terms of time lost from other programs, overtime and other expenses we cannot say at this time. However, we already know that our costs have been about \$70,000 to respond to this virus from the time it began circulating until the end of May. The vast majority of this was in staff time so represents time lost to other programs rather than outright expenses.

Layoffs:

We have been notified that the Smoke Free Ontario funding for the Youth Action Alliance will be eliminated as of September 1st. Because of this, we have had to give notice of lay off to the Peer Leader, reduce the hours of the Program Assistant to the Tobacco Program and cancel the contracts of the YAA students. We deeply regret having to do this. However, this 100% MHP funded program must be self sustaining. Given our difficulties meeting requirements in the public health 75% funded programs, we cannot use these funds to support a supposedly 100% funded program.

We have also not filled one position in the health protection program in order to maintain a vacancy in the Land Control Program. This program is self funded and is experiencing significant funding challenges as its revenue stream is dependent upon building activity in the community. This loss of capacity in the health unit can be seen as a direct result of the economic downturn.

Health Protection:

Small Drinking Water Systems

After many technical glitches, none of which are health unit based, we have finally been able to begin giving out Directives to our SDWS Operators. By Friday June 19th we will have issued 10 directives.

Next week Kim McCann has been asked to present at the 2nd Canadian Symposium on the Hygiene Profession & Science. Kim will be presenting a short synopsis about our response to Lyme Disease, the practical experiences and some of the problems faced, and the solutions.

Beach water sampling will begin next week as well as the mosquito trapping for WNV. Next Tuesday June 23 there will be an open house in the Smiths Falls office for Ron Flay who will be retiring after 35 years of service. Board members are invited to attend.

Health Promotion:

Bike Month

The Mississippi Mills Bike Month Committee is sponsoring several events promoting cycling throughout the month of June. One such event was the Bike Rodeo on Saturday, June 13. The event was a great success with 50 participants who learned with their parents how to check how well their bike helmet meets safety standards and how to adjust the helmet for the best support of the head. OPP officers had drills for the participants to assess road safety, hand signaling and bicycling skills. Approximately 25 helmets were given away to those who had helmets that were unsafe. Additional publicity was utilized by doing a radio interview for 'In Focus' at Lake 88 Radio and a guest on the 'A' Morning TV program, A Channel, Ottawa.

Clinical Services:

On May 29th in Carleton Place and June 5th in Brockville a total of 44 first responders (police, fire and ambulance) attended an infection control work shop developed by the PHNs in IC/CD. It is a requirement of both the new Public Health Standards and the old mandatory programs to ensure that a "designated" officer in each detachment has been trained in infectious diseases. We will be offering another opportunity, one evening in the fall for volunteer fire fighters. I want to commend Brenda Cartwright for her clerical support and Martina Flanagan and Melissa Sands for renewing the manual and for facilitating both days.

In May we received a new vaccine refrigerator for the office in Smiths Falls replacing a 12 year old fridge. This was funded by the MOHLTC. We are expecting three more refrigerators in the fall: a new double refrigerator for Brockville; a refrigerator to replace the 11 year old one in Almonte and a proper vaccine refrigerator for the Gananoque office. The new standards require that all offices be equipped with approved laboratory refrigerators and they must be replaced after 10 years. The need for increased capacity in Brockville was noted last year when the HPV vaccine for the school program was supplied in single dose syringes, creating a storage issue. Next fall we will be able to use the refrigerators in outer offices for vaccine storage, essential if we are to deliver a vaccine against novel H1N1 to the population.

The Care for Kids, child sexual abuse prevention program developed here in the early 90's is now being used as a resource by Prevent Child Abuse Georgia for adult education in abuse prevention. We have been partners for several years with Prevent Child Abuse Vermont which distributes the program in the US.

J. Butt commented about vaccine requirements in the fall and stated that at the ALPHA conference they gave us some statistics stating that 1 nurse could give 20 vaccines per hour. When you do the math, the numbers of people required are staggering. J. Futcher stated that we are already taking a look at 3 or 4 scenarios for fall. We may have more than average seasonal flu vaccine and the H1N1 vaccine will be ready by late November at the very earliest. We have scenarios planned for how we would manage this. We had a mass immunization exercise in 2007 and we normally immunized between 1,800-2,000 at a time in 8 hours for the larger clinics. The nurses do immunize 20 clients per hour. We usually immunize 16,000 per season and that takes us 6 weeks. All partners get involved with that. With pandemic flu it will be up to the health unit with our partners. We estimate that 160,000 will be immunized as quickly as possible and they may need 2 doses. It is a huge undertaking.

F. Kinsella asked how do we recoup the costs of \$70,000 for H1N1? Dr. Carter stated that the province in the past has compensated us for these things. When J. Butt and I go to the ministry on Monday we will definitely ask for compensation, however this eats into our program delivery not our budget.

9. Correspondence:

The correspondence was reviewed previously.

10. Incamera Meeting:

This was discussed previously.

11. Report from Incamera (if necessary):

This was discussed previously.

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

The next meeting is scheduled for Thursday, September 17, 2009 at 4:00 p.m. at the Smiths Falls office.

13. Adjournment:

It was moved by: F. Kinsella

Seconded by: J. Lousley

That: The meeting adjourn at 7:07 p.m.

Motion Carried.

J. Butt wished everyone a safe summer.

J. Butt, Chair

Date

H. Bruce, Recording Secretary

Date

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