



### Minutes of the Board of Health Regular Meeting

Thursday, November 19, 2009

Board Room, Brockville Office

458 Laurier Boulevard

4:00 p.m. – 7:35 p.m.

Present: J. Butt, Chair  
M. Campbell  
S. Dodge  
J. Earle  
K. Giroux  
K. Graham  
G. Grewal  
J. Lousley  
L. Paine  
L. Sowchuk  
A. Warren  
A. Carter, Medical Officer of Health  
J. Pearce, Treasurer  
H. Bruce, Recording Secretary

Regrets: B. Fletcher  
R. Haley  
F. Kinsella

R. Kavanagh, Director of Health Promotion  
J. Hess, Director of Family Health  
J. Fitcher, Director of Clinical Services  
S. Gates, Director of Quality Improvement  
J. Lyster, Director of Health Protection

T. Boileau, R. Cleary, M. Moir

#### 1. Call to Order:

J. Butt called the meeting to order at 4:00 p.m. and formally welcomed L. Paine to his first meeting. J. Butt stated that he is a provincial appointee, representing the north part of our territory. We are now up to the full complement of provincial representatives and we are delighted to have Larry here.

2. Approval of the Agenda:

It was moved by: S. Dodge

Seconded by: M. Campbell

That: The agenda of the November 19, 2009 Regular Meeting be approved as revised.

Motion Carried.

3. Approval of Minutes:

3.1. Approval of the Minutes from the Board of Health Regular Meeting held on October 15, 2009:

It was moved by: K. Giroux

Seconded by: J. Lousley

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

Motion Carried.

4. Presentations:

4.1. Family Health:

J. Hess gave a power point presentation regarding Healthy Babies Healthy Children. This is a 100% funded program from the Ministry of Children and Youth Services. However, rent, phones, and general administration support cannot be charged to the program. J. Hess outlined the program. See appendix #1. Healthy Babies Healthy Children is listed in the OPHS under disease prevention. There are varying levels of service within the program.

J. Earle joined the meeting at 4:09 p.m.

The goals of the HB/HC Program in relation to high risk families, was discussed. The blended model of service delivery was discussed. The family home visitor is the main contact.

M. Campbell commented that you refer to the 48 hour contact, what do you do with midwives? J. Hess advised that we have an agreement with them. The goal of the contact is to give them a link to the community, the client has the choice. M. Campbell asked do midwives report to you? J. Hess stated that all midwives must complete the Parkin which is how we get notification. M. Campbell asked family home visitors, are these employees of the health unit? J. Hess replied yes they are.

J. Earle stated that the high risk are the minority. How do you interact with social services and employment and education? They have no idea about credit cards and interest rates. Also regarding nutrition when they get their social services cheque they often fill their grocery cart with expensive low quality processed foods.

J. Hess advised that the birth cohort is 1400 per year who reside in the area. Of those the government predicts 25% will have some level of risk and 12% we would refer onto other services. Approximately 6% would be in the at risk home visiting HB/HC program. We have about 150 families in Leeds, Grenville and Lanark who are in the high risk visiting program. Some of them we may have had for 3-5 years. They are eligible until their youngest child is 6. Some we are visiting more intensely, once a week, to once a month to once every 3 months.

J. Hess stated that we have a sheet, and the family home visitor works on a family budget with them. We do that with all families. Some are given credit counseling and credit support with the Employment and Education Centre. The nurse's role is more physical health and she deals with breastfeeding and postpartum issues. Nutrition is always an issue. We run Good Food for a Healthy Baby which is funded through Health Canada and run by Connections for women who are pregnant and at risk. Through that program they work on trying to have a healthy baby. They work with food coupons and vouchers for food. Our nutritionist also works with these families. Many of them don't know what broccoli and green beans taste like. We have purchased mini food processors and a can opener for these families.

We work hard through the family home visitor to work on trying to improve their nutrition. We also have a cookbook called the basic shelf cookbook. The family home visitor might take them to a grocery store and to a food bank. We try to show value for money spent on quality food. There is a lot of work to do.

G. Grewal asked are the statistics you gave specific to this health unit? J. Hess advised that they work out to be pretty accurate. That is what the province predicted. G. Grewal asked how do we compare to the province? J. Hess stated that we are pretty much on track. We are following around 6% of the birth cohort. Risk can be a poor birth outcome, preterm birth etc.

M. Campbell commented that some of these ladies refuse your approach, how many? J. Hess stated that it is hard to tell. We did an evaluation in 2005 of the home visitor program and looked at how do we get at those people who say no to our services? There are not too many of those. M. Campbell stated that his concern would be that they are probably higher risk or more vulnerable. J. Hess advised that those that we don't have a relationship with are often involved with CAS and are reluctant to get involved with another organization.

K. Giroux asked did we ever talk about increasing the timeframe for high risk people? Did we ever think of putting the time from 48 to 24 hours? J. Hess stated that 48 hours is our requirement from the province, but there are some that are called before that. It is a manpower issue. In our area not everyone goes home within 48 hours.

G. Grewal asked would you ever get a referral from social services? J. Hess replied yes, a referral could come from social services, CAS, or kindergarten teachers. There are lots of entry points into the system.

J. Butt thanked J. Hess for her presentation.

5. Business Arising:

5.1. Employee Confidentiality Agreement:

J. Butt stated that we were asked at the last meeting if our employees were asked to sign a statement respecting confidentiality and in your package is a copy. No questions were raised.

5.2. V-775-0 – Compensating Time – Non-Union Non-Management Staff:

J. Butt stated that based on the discussion that we had at our previous meeting, please note that this revised policy is presented dealing with non-union non-management staff only. The second point is that board members also wanted to know about the impact of this policy. J. Pearce advised that the level of compensating time in staffs' bank at the end of October for non-union staff is 1207 hours banked, 637 of those were management, leaving 569 for non-union non-management. Of the 569 hours, 74.5 of these hours were Saturdays. We are looking to compensate non-union non-management the same as the unions are, at time and a half. 31.5 of the 74.5 hours were the individual's choice, not driven by the supervisor. There were 14 hours that were scheduled events. There were 29 hours where our IT staff had to prepare for clinics for the H1N1.

M. Campbell asked what does that translate to in dollars? J. Pearce advised that there is no pay out in dollars; it is only to be taken in time. They would take time off. There would be no budget impact. J. Butt stated that currently policy would provide for compensating time on Monday – Friday. The policy request change is for work assigned on Saturdays to non-union non-management staff. The union gets a cash payout for compensating time. There is no choice for non-union non-management; it is time in lieu.

M. Campbell asked how many employees are we talking about? J. Pearce replied about 18 staff. M. Campbell would suggest that it is a very generous consideration. These are salaried employees. J. Butt stated that these would be fulltime salaried non-union non-management people. Dr. Carter advised that the 14 hours worked at time and a half would have meant one more day off for one person. It is not a big issue, but it is a fairness issue because they work side by side with someone that is getting time and a half. J. Earle commented that it is a slippery slope. J. Butt stated that we are already compensating the union staff according to this policy.

J. Earle asked why would this not be opened up to management next year? J. Butt advised that there are only 3 groups - union, non-union non-management and management. This would bring the second group in parity with the union. J. Pearce stated that the only hours worked on a Sunday were IT's because of a power outage. J. Hess gave an example of the Go Girls training. Facilitator training had to happen on a Saturday. This included both a PHN and a dietitian. The PHN was getting time and a half and the dietitian was getting straight time. There is unfairness there.

What happens in an organization is that you get resentment. There is that potential and that is what we are trying to prevent. L. Paine stated that public health is not 9 to 5; in terms of fairness we have a responsibility to treat all employees fairly. Why not? L. Sowchuk stated that with the recession, she doesn't believe there should be any more money going out. Dr. Carter stated that we will bring a policy back for management later.

It was moved by: J. Earle

Seconded by: K. Giroux

That: HUAM Policy V-775-0 Compensating Time – Non-Union Non-Management Staff be approved as circulated.

Motion Carried.

### 5.3. Program Review Progress Report:

S. Gates gave a verbal progress report. Since October we have had very little progress. The program review has had to be put on hold until January because of H1N1 and our clinics. We did plan to start our prioritization the first week of November. On October 20<sup>th</sup> we decided to postpone it while our clinics were going on. At that time we were still hopeful that we would get to prioritization in November. However, since then the situation changed on a daily basis with H1N1 and we are still having to do clinics. We have more clinics starting today and they will be running until December 3. Then we have seasonal flu and school immunization to think about. Staff in the program review team are still working on their situational assessment questionnaires between their H1N1 duties. J. Butt thanked S. Gates for her report.

## 6. New Business:

### 6.1. Accounts Payable for September:

J. Pearce advised that the total amount is just over \$1,000,000 with 2 payments to the Receiver General. The payments to OMERS are still lagging. We send them the advice slip and they defer taking the payments out of our bank account.

The largest item was the first payment to our contractor of \$63,000 for Smiths Falls and our insurance renewal was just over \$70,000. It was about \$400 more than last year. For the most part there are positive variances.

We have done our yearend forecast and are under budget. However, it is hard to say where we will be with the H1N1 situation. The ministry is awarding \$10 per shot and will pay extraordinary costs over and above that. The ministry also said they will reimburse any costs relating to redeployment of anyone from a 100% funded program.

M. Campbell asked about the HST. J. Pearce advised that she attended a session in Gananoque with a speaker from the Ministry of Finance and they advised that for an organization like ours the HST will be treated the same as GST, so it will actually be a savings for us. We will get the 13% back, compared to 5% now. The savings for us would be about \$80,000. We have always expensed PST on our goods.

L. Paine asked are the WSIB costs ongoing? J. Pearce advised that it is paid monthly based on payroll.

J. Earle stated that 2 meetings ago we heard Dr. Carter give a presentation on H1N1, yet we have seen how it has taken on a life of its own. Now we are talking about cost, assuming that it has not created any higher mortality than the other flu how did we let it spiral into a crisis? Dr. Carter advised that we have no option but to do what the ministry decides. It has to do with the vaccination program and has somewhat to do with the disease reporting and infection control aspects of what we do and around our role in opening and closing assessment centres. The primary costs have been around vaccination. At the national level it has been decided that it will be offered to every Canadian as fast as the vaccine arrives, it is what our population wants. From a death point of view, we are having fewer deaths, but those dying are younger healthier more productive people.

J. Butt stated that as someone who has volunteered along with J. Lousley, it is a phenomenal experience to see how all of the staff have worked together to serve our public and provide a service that they demand. A vast majority of the people when they leave say thank you. When the MOH from Ottawa presented his budget they gave him a standing ovation and approved his budget as he submitted it. J. Butt stated that he has had a great number of people say to him that when this health unit puts together its budget that there will be a greater understanding within the Board of the value of public health within this community. Time will tell. If you want to see the value of public health and service delivery show up at one of the clinics.

It was moved by: K. Graham

Seconded by: J. Lousley

That: The Board of Health approve Health Unit Accounts Payable for the month of September 2009 in the amount of \$1,063,564.82.

Motion Carried.

#### 6.2. 2010 Interim Levy:

J. Pearce advised that this is just a housekeeping item. Before the end of the year she has to advise the obligated municipalities what the cash flow requirements are for 2010. She is asking that the levy remain as it is until the budget is completed.

K. Graham stated that we need to send Lanark County a message on what the real range is as soon as possible. J. Pearce advised that she has done the best estimate that she can. We have a collective agreement to negotiate in the spring and have not discussed non union salaries to date. She sees about a \$260,000 increase in salary and benefits, combined with savings from HST and an increase in travel costs. We should save \$85,000 with the HST and travel costs will be \$40,000 for a net savings of about \$50,000 and for an increase of \$210,000. CINOT will be downloaded; it will be \$100,000 more which makes a total of \$310,000. That is a 3.1% increase to the levy.

Deliberations are happening at SMC next Wednesday to decide what can be reduced and what must be added. That is at current staffing levels. J. Butt stated that as soon as we can move to fix the levy we should. K. Graham stated that 2% is probably low. He has no problem sending an email to P. Wagland. J. Pearce stated that she will advise P. Wagland and K. Greaves at the County.

J. Pearce needs to communicate something before the end of the year or there is no obligation to pay. K. Graham indicated that the counties in Lanark have projected 2% and it would be prudent to let them know. J. Pearce advised that our staffing level is not adequate to deliver services. J. Earle stated that in Brockville we set our staff with a guideline of 2%, if there is an exception to that we will look at it. We expect 2%. There are at least 500 more people unemployed this year than last year.

K. Graham stated that although Smiths Falls is not a member of the county, their levy for the health unit is the Board's decision. It would be helpful to inform them for their projection.

S. Dodge stated that she would like to see the number in the motion. J. Lousley wondered what it was for her information.

G. Grewal asked is there any harm in mentioning a range? J. Pearce stated that it is subject to future discussions of this Board. K. Graham stated that we have not had any negative feedback from municipalities in the past. J. Butt stated that we are doing due diligence by following our practice.

It was moved by: J. Lousley

Seconded by: L. Paine

That: The 2010 Interim Municipal Levy be maintained at the 2009 level, until the 2010 Public Health Budget is approved by the Board of Health. Following budget approval, the Board of Health will revise the 2010 levy as required.

Motion Carried.

### 6.3. 2008/2009 Health Unit Operational Plans:

Dr. Carter advised that we have a strategic plan and every year we report to the Board on our progress and we use this format. We normally report in the spring, but this year due to the program review we suspended all activities on the strategic plan and decided to put together 2008/2009 and are reporting to you now what we accomplished over the 2 year period.

Usually we bring forward the plan for next year at the same time but because of H1N1 this will follow. This is the result of those activities. At the last board meeting it was approved that the strategic plan be extended to 2012.

M. Campbell asked if the webmaster position is IT? Dr. Carter advised that they are in the QI department and it is a full time position. The person who works in this job is innately involved in each of our departments. It is a complex flow of information and we have to have a full time permanent person in this position. J. Butt stated that we have a webmaster that serves the needs of the health unit. M. Campbell asked would it be cheaper if you hired an intern? Dr. Carter responded no it would not be effective to hire an intern. This person requires a good knowledge of the organization. Frequently we see changes to our site J. Butt advised and we are posting information for the public that has to be timely and accurate. M. Campbell stated that there is funding available for interns. Dr. Carter advised that they will not fit because of the expertise we need. Understanding our organization is imperative along with information flow.

It was moved by: M. Campbell

Seconded by: S. Dodge

That: HUAM II-60 - 2008/2009 Health Unit Operational Plans be approved as circulated.

Motion Carried.

#### 6.4. Lanark Village Water:

J. Butt stated that this is a very important piece of information that we as a Board need to hear about. It forms part of our due diligence plan. He turned the meeting over to J. Lyster and M. Moir.

J. Lyster projected a map of Lanark Village. She advised that M. Moir is our expert and has worked with us since 1975. There are approximately 1,000 people living there. M. Moir advised that essentially the village is a bowl, he described the soil. J. Lyster advised that she is here to inform the Board of our duties around certain situations.

The water quality of Lanark Village has been a problem over the last 40 years. At least 3 MOH's have written to councils advising that groundwater is contaminated and that there needs to be a communal solution. We need to inform the public of the situation. The last time water sampling was done was 2006, and 30% of the wells tested were contaminated. We do not have jurisdiction over private wells. We have a responsibility to educate and inform people about their wells. That is why we are here tonight. J. Lyster asked if there were any questions regarding the Board Report?

J. Earle stated that there are 2 proposals out there, one supported by municipal representatives for a communal system to be funded one-third, one-third, one-third and the second proposal calls for individual treatment for individual houses supported by the MP and MPP. J. Butt advised that is correct. This report suggests that we are supporting the communal system. J. Butt stated at this point you are not voting on this. There is that issue that you describe.

We know that a contamination and pollution issue exists in Lanark Village. To protect us as a Board, staff have to do something. They have had legal advice and this letter is part of that process. The health unit will provide the residents of Lanark Village with the information necessary. That is what we plan to do.

J. Lyster stated that we are looking after the now with communication and education to the residents. We are talking about a basin that contains everything that is going in it. This has happened over 40 years. J. Lyster advised that we will be helping with a survey. M. Campbell asked we are talking about contaminants with saw mills? M. Moir stated that the saw mill is on the other side of the river. J. Lyster advised that the counts are total coliform and E.coli. M. Campbell stated that geese are a source of E.coli. M. Moir advised that in groundwater that would not happen. J. Lyster stated that we are talking about postage sized lots. There are 40 holding tanks and now they need to truck the septage to Ottawa.

G. Grewal asked is there some obligation on the health unit once the household has provided a sample, do you need to advise MOE? J. Lyster stated that is considered personal information. One MOH advised the real estate board stating that people buying a property in Lanark Village need to know that situation. We are keeping our eye on the target and informing the population. There is work that needs to be done. A lot of research and information has been done by Lanark over time.

M. Moir advised that this has been studied since 1963. There were 2 rounds where the province paid to have old wells filled and new wells dug and it made no difference in the quality of water.

S. Dodge asked what is our liability? J. Butt advised that he will share this with the Board in the incamera session. J. Butt stated that he has spoken to some of the decision makers although it is not our role. Cash is an issue, size is an issue, and they have to figure out what strategy to use to make this a most compelling case. The money is there, it is just the case has not been made strongly enough. J. Lyster advised this is a determinant of health and has economic development potential.

#### 6.5. Low Income Dental Program:

R. Kavanagh gave a brief summary of the program and stated that we were informed of the announcement on October 13<sup>th</sup> for submission on November 30<sup>th</sup>. They want us to develop a program that is ongoing. We received a letter from the ministry and our deadline has been extended until January 29<sup>th</sup>. We do have a few more meetings planned with community partners, but there are still a lot of unknowns. They have said think outside the box and come up with a program that is sustainable and meets the needs. She developed a model which she included for the Board's information. K. Graham asked it is 100% funded, is this for the first 2 years? R. Kavanagh advised that they do have it in their budget to fund 100% until 2012.

R. Cleary joined the meeting.

R. Kavanagh advised that we received funding from the federal government a few years ago for dental equipment and we have that equipment. We are eligible for up to \$500,000 for retrofitting, and it would cost \$97,000. R. Cleary advised that this is a basic restorative clinic. We are looking for acute, urgent and basic services. The ministry has not decided what they will be offering and working groups will be established to determine the services, restoration, extraction and preventive services. This is for clients 18 and under. J. Butt stated that as a director's role, we have been asked to approve our participation in this program. K. Giroux asked how do you determine low income families? R. Kavanagh stated that they will be determining this at the province. There are a lot of unknowns.

It was moved by: L. Sowchuk

Seconded by: A. Warren

That: The Board of Health approve the Health Unit's participation in the expanded Low Income Dental Program.

Motion Carried.

#### 6.6. Appointment of Nominating Chair:

We are coming up to the AGM in January and we need to have a person that we call the nominating committee. This is a single person chosen by the Board to identify potential candidates to be the Board Chair and Vice Chair for the elections in January. K. Graham advised he is prepared to look after nominations.

It was moved by: A. Warren

Seconded by: L. Sowchuk

That: Ken Graham is appointed the Nominating Committee Chair for 2010.

Motion Carried.

#### 6.7. Extension of 2009 Grant Terms and Conditions:

J. Pearce advised now that we have received our public health approval for 2009 we are required to sign a terms and conditions for receiving the grant before they will ensure that the cash flow continues.

It was moved by: A. Warren

Seconded by: L. Sowchuk

That: The Board of Health approve that the Public Health 2009 Grant Terms and Conditions remain in effect until the 2010 Grant Terms and Conditions are signed, in order to ensure uninterrupted cash flow for 2010.

Motion Carried.

6.8. HUAM Manual Changes:

6.8.1. V-1765-0 - Business Continuity:

This is a new policy which needs Board approval. This reflects our practice and is our commitment to doing this regularly.

M. Campbell asked in a normal year are we doing trial exercises with municipalities? One of the issues that arises is that an employee of the health unit will come to the exercise but does not have the authority to make a decision. Can Dr. Carter give us direction? This is very crucial. J. Butt stated that is a different issue, this is an attempt to place a policy on the books articulating what our practice has been and what the standards require.

Mel's question might be another agenda item at another time. He is talking about participation in mock disasters. J. Lyster advised that we met with Lanark County CENC's on Tuesday and United Counties CENC's on Wednesday and the understanding will be the role of the MOH and communication.

It was moved by: L. Sowchuk

Seconded by: A. Warren

That: The Board of Health approve V-1765-0 Business Continuity as circulated.

Motion Carried.

6.9. Land Control Fees 2010:

J. Pearce advised that last year we identified that the land control program had exhausted its surplus and the Board agreed to increase the fees. They were increased as of January 1, 2009. The activity levels are unpredictable in this program.

At the end of October there was a \$62,000 surplus but that is not enough to carry the program through the winter months. There are a number of strategies; one of those is reallocating staffing levels. The other issue is the fees and we are still one of the lowest in our region so the recommendation is that we increase the fees as of April 1, 2010 by 10%. That would generate about another \$44,000 which covers a support staff position.

M. Campbell stated that he would challenge a 10% increase. J. Earle asked do we charge GST on fees? J. Pearce advised that there are some fees that do and some that do not. J. Earle stated that could mean 18% when the HST hits. Dr. Carter stated that only about half the fees attract GST.

K. Graham commented that there is no GST on septic approval. That is cheap compared to other areas. KFL&A is getting out of the business because they have some senior people getting ready to retire. His concern is that the home improvement tax credit has stimulated a lot of activity. Septic approval is covered which may have been a deciding factor this year in replacements. In the area he does not see a lot of growth, he worries about the future of the program and if it is sustainable.

One way to make it sustainable would be to increase the fees. He is prepared to support this.

L. Paine asked will this be affected by the combined tax? J. Pearce advised that if it has GST it will have HST. G. Grewal asked are all of these services non mandatory? Dr. Carter commented that if you want to build a house in a rural area with no sewage system, you have to have a septic system. G. Grewal asked is this mandated that the health unit provide this service? Dr. Carter stated no, this whole program is not mandatory. She supports that we continue, as it gives us capacity and we are a very small health unit. Another benefit is that the people who are going out and doing this work are our eyes and ears in the community. They see new things that we should know about as a health unit. There is a financial benefit to us at times, sometimes this program actually runs a deficit and other times it runs a profit. We can cushion them and they can cushion us. We do get money from this program to support our administrative services.

L. Paine asked is it generating revenue for this year? J. Pearce stated that it will probably break even this year. The allocated costs are \$65,000 a year so if we were to cancel this program we would have to find that money in the Public Health Budget. J. Lyster stated that the program is holding its own because we are doing it on the backs of 2 inspectors rather than 4. It is very stressful for them, the hours and intensity of their work.

G. Grewal asked what was the reason for increasing fees in 2009? J. Pearce stated the program was in deficit. S. Dodge asked how long has the health board been doing this and historically what have the increases been? J. Pearce stated that in 1998 this program was transferred from the Environmental Protection Act. There was an increase in 2006, 2009, and this one was forecasted.

J. Earle stated that this is a bit like a seasonal business. Building is way down all over but renovations are up because of the stimulus. Trying to forecast that for next year is difficult, the stimulus package might not be there and there might not be a huge increase in building. No matter how much we increase it can this program be sustained? J. Lyster stated that in February or March we go into more detail with land control. She could show the ups and downs over the years. This could be a more detailed conversation in February or March.

L. Paine asked if there was the need could we look at increasing fees in the spring? If you are holding your own we don't need an increase right now. What is wrong with the status quo? J. Pearce advised that we need to give 90 days notice of a fee increase. J. Butt stated that we will not meet until the third Thursday in January. M. Campbell asked J. Pearce to confirm for the Board what items will need HST.

**ACTION: J. Pearce will confirm what items need HST.**

M. Campbell brought forward a motion to table this item until January.

It was moved by: M. Campbell

Seconded by: L. Paine

That: The Board of Health table this motion until the January 2010 meeting.

Motion Carried.

6.10. V-1775-0 – Compensating Time During Declared Emergencies/Pandemics:

J. Pearce advised that she indicated earlier that she participated in a teleconference with the ministry regarding H1N1 costs. The health units asked what about management overtime and would that be reimbursable to health units? Management overtime has grown to such a high level it will be impossible for many people to recover that time in any way. If it is in our local policy to pay management overtime it will be reimbursed by the ministry. Two health units have policies that allow for payment of management overtime in emergency situations. That is why this proposal was brought to the Board. J. Pearce reviewed the policy with board members.

Dr. Carter advised that it is not just management; it is non union staff as well. If they were to make any attempt to take this as compensating time by the end of March we would be in shutdown mode for January, February and March. That would be a disservice to our community. The province has agreed to cover this. A large amount of time was spent because of the way the province rolled some of this out. It is fair that they should cover this. This policy would allow the non union staff who currently cannot take overtime in pay but must take it in compensating time to be paid out instead for their overtime. The money would come directly from the province to cover this. J. Butt advised there has to be an emergency declared or pandemic. He reviewed the policy. The 2 critical issues are that there has to be a pandemic and someone else has to pay. K. Graham advised that he supports this. S. Dodge asked are you going to get an official document to sign off on? Yes we are J. Butt advised.

It was moved by: J. Lousley

Seconded by: K. Graham

That: The Board of Health approve policy V-1775-0 Compensating Time During Declared Emergencies/Pandemics as circulated.

Motion Carried.

7. Advocacy:

7.1. Well Aware Project:

J. Lyster spoke to the report in the package. It is a great program and the public is quite receptive to the water guides they can sell to property owners. The advocacy involves contacting the ministers to support this program. They are going to be providing information packages to the township office in Lanark Highlands to support Lanark Village residents. We did one project with them and grade 7 students regarding sampling. We have 100,000 private wells in the 3 counties. 19% of the wells have been tested. It is low uptake on a free service.

M. Campbell stated that we need to get to the MOE to give us some authority as to location of wells and property. We control septic systems but have no control of the location of the well. It is wrong. K. Graham advised that the onus is on the well driller – at least 15 metres from an identified source of pollution. It is not specific to just septic systems. Regulation does address the location, common sense has to apply.

It was moved by: J. Earle

Seconded by: K. Giroux

That: The Board of Health advocate for the continuation of the Well Aware Program in Leeds, Grenville and Lanark and that a copy of this motion be forwarded to the Honourable John Gerretsen, Minister of Environment, the Honourable Leona Dombrowsky, Minister of Agriculture, Food and Rural Affairs, the Honourable Deb Matthews, Minister of Health and Long –Term Care, MPP for Leeds and Grenville Bob Runciman, MPP for Lanark, Frontenac, Lennox and Addington Randy Hillier and MPP for Carleton-Mississippi Mills Norm Sterling.

Motion Carried.

#### 8. Verbal Report of the Medical Officer of Health:

Dr. Carter advised that most of her verbal report is about H1N1.

J. Earle left the meeting at 6:41 p.m.

#### **H1N1 Update:**

The entire LGLDHU staff has been working almost on nothing else except H1N1 since the last Board meeting. Our efforts have been primarily on two fronts: one dealing with the outbreak and the community's needs surrounding it; the other trying to get as much vaccine into the population as possible as quickly as possible.

First, the outbreak.

We have very good surveillance here in LGL, thanks to the syndromic surveillance system operating out of Queen's University and KFLA Public Health. Three of the six emergency departments in our area contribute data to this system and a fourth emergency department sends similar data directly to us. This data gives us real time information about the number of visits to these emergency departments and the reasons for those visits. It also tracks admissions to hospital and the admitting diagnoses. In addition, we have been teleconferencing daily with representatives of each hospital and the large primary care providers in our community and we are receiving absenteeism rates from most of the schools in our area on a weekly basis. Thanks to our Epidemiologist's rapid analysis of this data on a daily basis, we can tell exactly how our outbreak is progressing in real time as well as determining very quickly whether our emergency departments are coping under the strain of excess visits. As a result, I can tell you that our outbreak in LGL peaked the last week of October and that we are almost back to normal now.

Our emergency departments in Perth, Smiths Falls and Kemptville could not cope with the strain at the height of the outbreak. So it was decided to open flu assessment centres in Lanark Village, Smiths Falls and Kemptville. These were successful in reducing the load on the emergency departments. As things have returned to normal, the centres have reduced their hours and begun to close. The last centre will close today.

Meanwhile, the general public had many concerns and questions involving the outbreak, their own health and that of their family as well as concerns about the need for and details surrounding immunization. As a result our normal telephone reception was quickly overwhelmed. Thanks to our experience in May during the first wave of the outbreak, we were prepared and Bell set up multiple lines. We developed a triage system for the telephone calls and a number of staff members were dedicated to answering the calls concerning the outbreak.

There was another group of staff who were dedicated to digesting and condensing the information arriving at the health unit from multiple sources including MOHLTC, with which we had daily teleconferences, PHAC, Health Canada, aIPHa and the vaccine manufacturers. The information was then passed to those who were answering telephone queries, sent out to health care providers in our community and put up on our website. From the time we set up the increased capacity, October 26<sup>th</sup>, until today, we have fielded 5822 calls about the outbreak. Our website has also experienced many hits during this same time period. This part of the H1N1 experience has been an exercise in information management.

As to what will happen with this pandemic in the future – I have no idea. It could stay around at low levels for the rest of the winter, it could come back in another wave (but no subsequent wave will be anything like the one we have just experienced because population immunity is too high now), or it could disappear to reappear next winter as a seasonal influenza.

Second, the vaccination effort:

We started to receive vaccine by the last week of October and ran our first clinics that week. The first clinics were only for the highest priority people: children under 5, people with chronic disease and health care workers. At first we were challenged by the numbers of people who wanted to be vaccinated but we quickly developed methods of dealing with the long lineups and had few complaints. People were amazingly patient and willing to wait their turn. We are very grateful for the tremendous help we received from municipalities, school boards and other organizations for offering locations for our clinics and for police and volunteer organizations for providing security. We would also like to thank our hospitals who took on the load of not only immunizing their own staff and patients but also helped with community immunization. The vaccination effort was truly a community effort. The community came together and we accomplished amazing things. Here are some of the stats:

Total number of people immunized for H1N1 in LGL clinics: 11,175.

Total amount of vaccine distributed to hospitals for the immunization of their staff and community residents: 4,250

Total amount of vaccine distributed to area physicians: 19,500

Total amount of vaccine distributed to LTCHs for residents and staff: 2,600

As you can see from the numbers, Primary Health Care providers are the most efficient and effective way to provide H1N1 across our area. We had always planned on using them but were unable to supply them with vaccine at the beginning as it arrived in too short a supply and in a form unsuitable for primary care (500 dose packs that we could not break up). Once we had adequate supply in 100 dose lots, we immediately recruited their help. And, like the rest of the community, they responded with a valiant effort. Of 120 primary care practitioners, about 100 volunteered to deliver vaccine.

We have had to stop the vaccination effort for about 1 ½ weeks due to lack of supply of vaccine but it seems to have started arriving from the MOHLTC regularly now so, with 18,000 doses currently on hand, we are starting back up with our clinics. Since we feel that we have now pretty well reached the all high priority people who want to be vaccinated, we are offering vaccine to everyone who wants it. Once the supply started flowing again, we stocked our primary care providers with vaccine and we are counting on them to provide the vast majority of vaccine to the large group of people yet to be vaccinated. Our clinics are primarily for those without a primary care provider or whose primary care provider has chosen not to deliver the vaccine.

Clinics are starting again today Thursday, November 19<sup>th</sup>. We are planning 14 clinics around the tri-county over the next 2 weeks. Along with the efforts of primary care, we think that, by that time, everyone who wants to be vaccinated will have been vaccinated. Although this wave of the pandemic has subsided I encourage everyone who is not yet immunized to take this opportunity to be immunized as we have no idea what this virus will do next.

I would like to comment on how all staff at the health unit have pitched in and worked well together. This experience has increased our capacity to work as a team to serve our community. Many staff have commented on how much they have enjoyed working in the clinics particularly for this reason. I would also like to thank the two board members who volunteered to help with the clinics. They were a tremendous help to us and it boosted the morale of the staff to work alongside board members.

As all staff have been involved in the H1N1 effort, very little else has occurred to report. Here are just a few items of interest:

Smoke Free Ontario:

1. Despite dealing with H1N1 the inspectors completed 80 inspections, dealt with 5 complaints and issued 5 written warnings. No Charges were laid in October.
2. The Driven to Quit campaign is planning a pre launch getting people to consider a quit attempt in 2010.
3. We will be distributing key chains and postcards as a reminder of the no smoking in cars law. These were provided by the TCAN as a regionally funded project.

FOCUS:

Municipal Drug Strategy Networking Day is being held November 20<sup>th</sup>, 2009, Beckwith Township Hall 8:30 a.m. to 12:30 p.m.

The Smiths Falls FOCUS Community Coalition is working with the Municipal Drug Strategy Committees from Lanark County and the Town of Smiths Falls to put on a Networking Day for other community members. The goal is to discover what is happening locally to address substance abuse issues and what could be done in other communities. For more information or to register contact Lucia Taggart at 613-283-2740.

Land Control:

The inspectors have been extremely busy due to being down 1.5 PHIs for budgetary reasons. The building activity in LGL appears to be picking up. This bodes well for this program's potential to return to financial health.

K. Graham stated that last night at the county meeting there was a presentation of a new device called the electric pen. As soon as he docks the pen back in its folder it transmits a prescription to pharmacies. It has many applications to save staff time and resources, particularly in a pandemic when they want data. It is technology worth looking into.

M. Campbell stated that he appreciates the teleconferences that Dr. Carter has had with municipalities.

M. Campbell left the meeting at 6:48 p.m.

9. Correspondence:

J. Butt referred to both pieces of correspondence. He stated that it is now 6:50 p.m. and we have some important issues to discuss for the incamera session. It should last about 30 minutes. It was moved by K. Graham and seconded by A. Warren that the Board Meeting not run past 7:30 p.m. All agreed.

A break was taken at 6:50 p.m.

The motion to go incamera was read at 6:57 p.m.

10. Incamera Meeting:

It was moved by: G. Grewal

Seconded by: S. Dodge

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;
- x (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: K. Giroux

Seconded by: S. Dodge

That: This closed session rise and report.

Motion Carried.

11. Report from Incamera:

It was moved by: K. Graham

Seconded by: J. Lousley

That: The Board of Health accept the offer for construction financing from TD Commercial Banking subject to legal review of the documents.

Motion Carried.

It was moved by: A. Warren

Seconded by: L. Sowchuk

That: Larry Paine and Anne Warren be selected to sit on the CUPE Negotiating Committee.

Motion Carried.

J. Butt advised that staff were given direction on a human resources issue.

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

The next meeting is scheduled for Thursday, January 21<sup>st</sup> at 4:00 p.m.

12.1. January Budget Meeting Dates:

J. Butt advised that H. Bruce will send out some dates to board members.

13. Adjournment:

J. Butt referred to the Duties and Obligations of Directors form distributed and asked all board members to sign it and return it to H. Bruce.

J. Butt thanked everyone for attending and wished everyone a Merry Christmas.

It was moved by: K. Giroux

Seconded by: J. Lousley

That: The meeting adjourn at 7:35 p.m.

Motion Carried.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

c: Board members  
HU offices  
Municipalities  
Shared Drive