



Minutes of the Board of Health Regular Meeting

Thursday, January 21, 2010

Leeds and Grenville Room, Brockville Office

458 Laurier Boulevard

4:29 p.m. – 6:18 p.m.

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

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

D. Clark – Recorder and Times
R. Cleary, C. Kennedy, P. McKenna, H. Wilson

Invitees: Carole Chang, Public Health Nutritionist
Meena Parameswaran – Public Health Nutritionist

1. Call to Order:

J. Butt called the meeting to order at 4:29 p.m. He advised that K. Graham has a meeting he needs to attend at 6:15 p.m. this evening. J. Butt commented that we are doing well for time because we had the incamera session between the budget meeting and this meeting. S. Dodge stated that she would like to add to the agenda Interim Municipal Levy and bring forward a motion that was discussed at the budget meeting, to give J. Pearce proper direction to go back to the municipalities.

J. Butt stated that after approval of the minutes we will let M. Parameswaran and C. Chang do their presentation and then we will continue with the regular meeting. J. Earle has another meeting at 5:00 p.m. We will deal with the levy right after the presentation.

2. Approval of the Agenda:

It was moved by: F. Kinsella

Seconded by: K. Graham

That: The agenda of the January 21, 2010 Regular Meeting be approved as amended.

Motion Carried.

3. Approval of Minutes:

3.1. Approval of the Minutes from the Regular Board of Health Meeting held on November 19, 2009:

It was moved by: K. Graham

Seconded by: L. Paine

That: The minutes of the November 19, 2009 Board of Health Meeting be approved as circulated.

Motion Carried.

4. Business Arising:

4.1. Land Control Fee Schedule:

J. Pearce stated that she looked into the land control fee schedule and the Board's concern was the double increase of the HST coming into effect this year. The word from our auditor is that there is no legislation to allow something not taxed in the past to become taxed. We are recommending increasing the sewage fee application by \$50 to \$550. This would mean \$24,000 additional revenue into the land control program. This fee increase would help us in combination with staffing changes. We would be able to implement this change in 90 days which is May 1st.

J. Earle stated that if you increase that 10% and HST adds another 13% you have effectively added 23%. This would seem like a large hit. Do you want to hold that off until the HST legislation is clearer? Dr. Carter stated that there is nothing in the legislation that would allow for a non GST item to be taxed.

R. Haley asked when was the last time these fees were revised? J. Pearce replied a year ago, but this program is susceptible to the economy. We would like to have one more chance to sustain it. J. Lyster advised that she did get the fee levels from some other health units, one was \$750 and ours is \$500. The fees need to keep up with the salary increases. J. Lyster stated that some other health units are \$625, \$650 or \$950, we are certainly at a reasonable price.

B. Fletcher asked is this one of these programs that should take care of itself at the end of the year? J. Pearce advised yes. K. Graham stated that he supports the motion. We did have an increase in the volume this year of land control applications. Can staff attribute how much of that volume for 2009 was based on the home renovation tax credit? We can only gauge that to use 2010 as the comparator. J. Lyster advised that we do have a trend line and this is based on data from 1996-2009. The variables are the fee, and the cost of providing the service. It surprised her that the trend chart is flat.

G. Grewal asked are you only increasing sewage system fees? J. Pearce replied yes, not the other ones. G. Grewal stated that he would imagine that no one wants to replace their system unless they have to. You probably want to encourage people to change them. There should not be a disincentive to replace them.

It was moved by: L. Paine

Seconded by: A. Warren

That: The Board of Health approve a \$50 increase to the current Land Control sewage permit application fee effective May 1, 2010.

Motion Carried.

4.2. HST:

J. Pearce advised that she has spoken to Mr. Runciman's office and they are looking at our status regarding our HST rebate. She has nothing confirmed as yet.

5. Presentation:

5.1. Nutritious Food Basket 2009:

The presentation was made at 4:40 p.m.

C. Chang thanked board members for allowing them to present advising that both she and M. Parameswaran are both registered dietitians. They gave a power point presentation. (See Appendix #1)

The OPHS mandates us to do a Nutritious Food Basket Survey. This is based on Canada's Food Guide. It costs \$166.51 per week to feed a family of 4. In LGL 8.2% of households reported food insecurity. Of these 55% work and have incomes. The harvest sharing food bank has had a 30.6% increase in use.

In 2007 inadequate income was the biggest barrier to good nutrition. Poor nutrition leads to an increased risk for chronic and infectious diseases.

There is food insecurity in our area and it does have a negative effect on the residents of our area.

J. Butt thanked C. Chang and M. Parameswaran for their presentation.

K. Graham stated that 54% of social housing in the County of Lanark is in Smiths Falls. 1 in 9 beds in Smiths Falls are already subsidized. They are only paying a rent proportionate to the amount of income that they have. This is great for someone on Ontario Works who has to find housing. C. Chang stated that 50% of people on Ontario Works have jobs, they are our working poor.

J. Lousley thanked C. Chang and M. Parameswaran for their presentation. She asked do we have a good food box program? C. Chang advised yes, and it is run by the Salvation Army. J. Lousley stated that the City of Ottawa passed their resolution at the health board the other day. G. Grewal asked how much are they allowed to earn before their assistance is clawed back? C. Chang stated that if you are making \$1,000 income, Ontario Works allows you \$500 less. B. Fletcher commented that a lot of people that have trouble paying rent, they move to the rural areas and there are not often food banks available. There are barriers set up. It is a big problem the further out you go.

L. Paine asked are there any programs in the schools, breakfast programs? M. Parameswaran stated that we do partner with the school nutrition programs in Leeds, Grenville and Lanark but the ministry only funds 10-15% of those programs. It is up to the rest of those programs to raise the money. Some schools do raise funds through milk programs, but to feed kids on a regular basis for free it takes a lot of hard work and fundraising. M. Parameswaran stated that there are probably 100 programs in Leeds and Grenville and 60 programs in Lanark that provide breakfast, lunch, and a snack. K. Graham stated that when we advocate for the province to pay something to give people more money for food, it should be in the form of a voucher so that it will be spent on food.

It was moved by: A. Warren

Seconded by: J. Lousley

That: The report regarding the cost of a Nutritious Food Basket 2009 be received;

That: The Board of Health write to The Honourable Dalton McGuinty Premier of Ontario, and The Honourable Madeleine Meilleur Minister of Community and Social Services to request that the Province act on the following components of the Ontario Poverty Reduction Strategy 2009 as soon as possible:

- i) Introduce a \$100 Healthy Food Supplement for all Ontarians living on social assistance and funded solely by the province of Ontario;
- ii) Establish an independent committee including low-income people, policy experts and advocates to develop rationale and just criteria for determining Ontario Works (OW) and Ontario Disability Support Program (ODSP) rates;

- iii) Implement OW and ODSP rates that reflect the real cost of living and are indexed annually to reflect inflation, including the findings of yearly Nutritious Food Basket surveys conducted by local Boards of Health based on protocols established by the Ontario Ministry of Health and Long- Term Care;

That: The Board of Health request that all levels of government make significant investments in affordable housing;

And That: Copies of the resolution be forwarded to Linda Stewart, Executive Director Association of Local Public Health Agencies, The Honourable Margaret Best, Minister of Health Promotion, The Honourable Deb Matthews, Minister of Health and Long-Term Care, , The Honourable Laurel Broten, Minister of Children and Youth Services, Bob Runciman MPP for Leeds and Grenville, Randy Hillier MPP for Lanark, Frontenac, Lennox and Addington, Norm Sterling MPP for Carleton Mississippi Mills, Peter Clutterbuck, Social Planning Network of Ontario, Pat Vanini, Executive Director, Association of Municipalities of Ontario, CAO's of obligated municipalities and to Ontario Boards of Health for their information and possible support.

Motion Carried.

J. Butt suggested that a note be sent to the Parliamentary Secretary to the Minister of Health Promotion to include him in this advocacy.

6. New Business:

It was moved by: S. Dodge

Seconded by: J. Earle

That: The interim municipal levy be \$2,697,733.

Motion Carried.

J. Pearce advised that this is a 3% increase plus \$90,000 which would allow us to use half of the existing reserves.

K. Graham stated that he always worries as a member of the Board about our exposure when we ask for an amount of money that we can't meet the mandatory program standards with. He is concerned about the Board's exposure, if someone's child dies due to something the Board has done. He thinks about Walkerton. It could have been fixed with a few more dollars in the budget.

It has never happened, but it could happen, and he wants to be on the record that his concerns remain. When staff says they need this amount of money and manpower and the MOHLTC wants accountability agreements signed there is going to be a huge dilemma for the Board.

J. Butt stated that we did have a budget discussion and gave the staff some direction, but the formal approval will come at the February meeting so you will have another opportunity. Dr. Carter's point is that this levy won't cover any increased compliance with requirements.

6.1. Accounts Payable for October:

J. Pearce combined the next 2 items. The difference is basically one payroll. In October there were 3 pays and 2 pays were in November. There were a couple of negative variances by the end of November in infection control, language express and FOCUS programs. Two of them will disappear because of the H1N1 impact. The large and noteworthy things, in October vaccine fridges were purchased for Brockville, Smiths Falls and Gananoque but will be reimbursed by the ministry.

It was moved by: J. Lousley

Seconded by: A. Warren

That: The Board of Health approve Health Unit Accounts Payables

for the month of October 2009 in the amount of \$1,323,083.62.

Motion Carried.

6.2. Accounts Payable for November:

It was moved by: R. Haley

Seconded by: G. Grewal

That: The Board of Health approve Health Unit Accounts Payables

for the month of November 2009 in the amount of \$966,389.84.

Motion Carried.

F. Kinsella stated that in the H1N1 you have some advertising dollars. Has the ministry indicated when and if they are going to flow any money to you? J. Pearce advised that we have until the end of the month to submit our costs and are to itemize extraordinary costs. They are giving us \$10 per dose or \$270,000. They will reimburse over the \$10 if it is an extraordinary expense. J. Pearce should know more at the February Board.

G. Grewal asked about webinars. J. Pearce stated that occasionally we will book a webinar and it will be charged to our visa. It is usually a training event for payroll.

6.3. 2009 Smoke-Free Ontario Programming:

a) Extension of Grant Terms and Conditions:

J. Pearce advised that there are 2 items from Smoke Free Ontario. The first is housekeeping extending the grant terms and conditions to continue cash flow.

It was moved by: G. Grewal

Seconded by: R. Haley

That: The Board of Health approve the extension of the 2009 Grant Terms and Conditions until the 2010 Grant Terms and Conditions are signed.

Motion Carried.

b) Amendment:

J. Pearce advised that there was also an amendment made to some of the wording. They required that it be signed and sent back which she did. The Board has to accept or agree to this language. This could impact cash flow if not approved.

It was moved by: L. Sowchuk

Seconded by: K. Giroux

That: The Board of Health accept the amendments made by the Province regarding the Agreement dated January 1, 2009 between Her Majesty the Queen in right of Ontario as represented by the Minister of Health Promotion and Board of Health of the Leeds, Grenville and Lanark District Health Unit.

Motion Carried.

6.4. 2010 Interim Allocation and Extension of the Terms and Conditions of the 2009 Funding Agreement Pending Renewal for the Ontario Heart Health Program:

J. Pearce advised that it was the intention to end the Heart Health Program at the end of September. They have allotted us \$17,000 to carry it through until the end of March.

It was moved by: K. Giroux

Seconded by: B. Fletcher

That: The Board of Health approve the 2010 interim allocation and extension of the terms and conditions of the 2009 funding agreement pending renewal for the Ontario Heart Health Program.

Motion Carried.

6.5. Low Income Dental Program:

R. Kavanagh addressed the group stating that Phase 1 of the government's oral health program is the extension of the CINOT Program and Phase 2 is the Low Income Dental Program. We were asked to come up with a business case to support an infrastructure for this program. In that time, dental staff gathered information around the needs of our community. We were able to consult with our partners and 2 are here in support of the business case. We came up with a hybrid program to put clinics in community health centres strategically placed in the tri county area. We did identify that there were pockets of our population that had no local dentists.

In front of you is the business case for the infrastructure. That is all they are asking for at this point. We will hopefully be submitting an operations budget as well. We know that this is a onetime shot for the infrastructure money and we want to build a system that we can grow into in the future. Focusing on children and youth is just the first step. There are seniors and low income adults that would be greatly assisted in this program as well.

B. Fletcher commented that you spoke about the equipment and area of North Lanark. We have a gentleman who has no job who has now been in hospital for 15 days because he had no dentist. He has had operations and homecare has sent him home twice. This program is really good news and is in an area that is really needed. He can't imagine what the cost would be for that gentleman. There is great need.

J. Butt stated that R. Kavanagh did allude to our partnerships. We introduced H. Wilson and P. McKenna from the MDCHSC and we have the business case which includes them as well as a wonderful letter of support from them. There are other letters of support coming from other partners. Our partners are taking this business case to their Board's as well.

L. Sowchuk asked are you looking at any kind of mobile clinic? R. Kavanagh advised that it is astronomically expensive; it does not work for restorative care and only partly works for preventative care. This is what others have told her. L. Sowchuk advised that she is looking more for a dentist to go into nursing homes. R. Kavanagh stated that we will have a permanent clinic in North Lanark, Smiths Falls, Country Roads and Brockville. The semi mobile clinics are in Prescott, Carleton Place and Gananoque.

F. Kinsella stated that this is a first step \$443,000, what is the next step? R. Kavanagh advised that the next step is to operationalize it. We will be hiring staff. The ministry will pay 100% until 2012.

R. Kavanagh stated that we know that there will be a lot of questions from dentists, and our dental consultant has drafted letters that will be sent out Monday to local ODA chapters advising what their role is.

J. Earle commented because they have the operations and capital separated out it makes him nervous. We talked earlier about industrial job losses in Ontario, they were on dental plans which would indicate to him that the dentists aren't as busy as they used to be. Does that create opportunity for dental care in the backfilling of appointments? Are there opportunities to develop partnerships with existing fully operational dentists? J. Earle stated that most of them are participating in the CINOT program, but they now have more vacancies. R. Kavanagh advised that it does cost more money to provide preventative care to a child in a dental office. Our hope is by us taking those preventative services; it will leave us the treatment dollars to pay the dentists. J. Earle asked are these funds for dental hygienists? R. Kavanagh advised no these funds are for the infrastructure.

F. Kinsella advised that he would like the services to go where the people are. The kids are not in Gananoque. You keep going to the identifiable centres, but the people are not there. He would probably go to Elgin. He would go to the school board and ask them where the kids are.

It was moved by: B. Fletcher

Seconded by: K. Giroux

That: The Board of Health approve the application for startup costs for the Low Income Dental Program in the amount of \$442,858.76.

Motion Carried.

6.6. V-1785-0 – Transportation of Specimens to the Public Health Lab:

Dr. Carter advised that this is a policy around the transportation of specimens to public health labs. We were always allowed to transport specimens without having to meet the Transportation of Dangerous Goods Act, and all of a sudden someone decided that that Act should apply to us. We are now required to meet this Act and as a result we have developed this policy.

Dr. Carter reviewed the policy and stated that we now own the training package for \$900 so we can train our staff free except that it takes a full day. Once they are certified they are certified for 4 years. We have trained 2 people so far.

L. Paine asked what about when you drop the kits off at nursing homes; do they have to have this training? Dr. Carter stated that she is not sure about that, but we pack coolers with specimens to be sent to the provincial lab so we need to be comply with this Act.

It was moved by: S. Dodge

Seconded by: J. Earle

That: The Board of Health approve V-1785-0 Transportation of Specimens to the Public Health Lab as circulated.

Motion Carried.

S. Dodge left the meeting at 5:44 p.m.

6.7. V-275-0 – On Call Coverage:

J. Pearce advised that the MOH designates first call to someone else. Our MOH has acted in a second call capacity. We no longer have pagers and use blackberries. She reviewed the policy with board members.

F. Kinsella asked is there any cost to this? J. Pearce advised that it is the same cost we currently are incurring. This will not give a week's holiday for the MOH taking on call.

It was moved by: B. Fletcher
Seconded by: K. Giroux
That: The Board of Health approve V-275-0 On Call Coverage as circulated.

Motion Carried.

6.8. III-45 – Corporate Services Organization Chart:

J. Pearce advised that this is a housekeeping item. The job titles did not fit the jobs being done and we agreed to change the job titles to administrators.

It was moved by: J. Lousley
Seconded by: A. Warren
That: The Board of Health approve the Corporate Services Organization Chart as circulated.

Motion Carried.

6.9. Part VIII Designation – By-Law Respecting the Appointment of Sewage System Inspectors:

It was moved by: F. Kinsella
Seconded by: K. Graham
That: The Board of Health approve the by-law #20 BCA respecting the appointment of Sewage System Inspectors.
(Ben MacNeil)

Motion Carried.

7. Advocacy:

See presentation.

8. Verbal Report of the Medical Officer of Health:

H1N1 Update:

- There have been 120 laboratory-confirmed cases of Influenza A, none in the last few weeks.
- 89 specimens were subtyped as Pandemic (H1N1) 2009. The remaining specimens were not subtyped.
- The age of cases ranged from 2 months to 73 years of age; the median age was 24.
- 45 patients had underlying medical conditions such as asthma.
- 41 cases were hospitalized.
- Two deaths were noted among H1N1 cases.

- The largest influx of confirmed H1N1 influenza occurred between October 24th and November 20th, 2009.
- Reporting hospitals showed that influenza-like illness (ILI) accounted for 45% of visits to the Emergency Department between October 31st and November 7th, 2009.
- School absenteeism related to ILI peaked between October 24th and November 7th, 2009: 24 schools reported greater than 10% ILI absentee rates.
- One institutional respiratory outbreak was declared October 31, 2009. Pandemic (H1N1) 2009 influenza A was identified as the causative agent.
- Number of people immunized at health unit community clinics and through other Vaccine Delivery Agents = 54,593 or about 32% of our MOHLTC reported population.
- Three community based assessment treatment and referral centres were opened to alleviate increased demand on the primary care and emergency care sectors.
- Health unit staff communicated regularly with health professionals, the MOHLTC, health care institutions and municipal officials during the outbreak period. Public information was posted on our website and placed in local media. Other organizations were encouraged to link to our website.
- A dedicated H1N1 public telephone line (flu line) and another line for use by health care providers was set up.
- Approximately 12,667 phone calls came in to the Brockville office over the 8 week period that we had the flu line (October 26th to December 18th). Also nurses in Smiths Falls were assigned to answer H1N1 calls coming into that office.
- There were between 6,000 to 8,000 hits to the front page of the website each day during the same time period.
- The total cost to the Health Unit for the H1N1 response from April to December 2009 was \$800,000. We expect to receive \$270,000 from MOHLTC for the 27,000 vaccinations delivered by the Health Unit. Additional reimbursement for extraordinary costs is expected from MOHLTC following submission for these at the end of January. However, not all of the \$800,000 will be covered because much of that cost was incurred as reassignment of staff from normal duties to H1N1 activities. Only overtime or additional staff costs will be considered extraordinary costs for reimbursement by MOHLTC.

I would like to publicly thank our dedicated staff who worked extremely hard under difficult conditions to meet the needs of our community during this outbreak. They were unfailingly cheerful and willing throughout the entire ordeal. I would also like to thank our two Board members who came out to help.

Almost all of the feedback that the health unit received both from individuals and from the media was positive. I have provided copies of the feedback for the Board to read. This does not include the many thank-yous received verbally during the vaccination clinics.

Combined Seasonal/H1N1 clinics are currently being held. Attendance is on the "low" end of what we have seen in the past. However, this was expected as Health Care providers have had Seasonal Vaccine since early December. This round of clinics is for those who had been unable to visit their primary care provider or who don't have one. In this round (January 11 - up to January 18) we have immunized 880 seasonal and an additional 393 H1N1).

It is still important to get the seasonal flu and H1N1 shot as we do not know what to expect for the remainder of this flu season. Seasonal flu is more severe than H1N1, killing 3-5,000 Canadians each year, and the vaccine is very safe. So please get immunized and protect yourself and the vulnerable population around you.

Smiths Falls Office:

I am pleased to inform you that the construction on our new Smiths Falls office has begun. The lot has been prepared, the drainage completed and the footings have been poured. It is estimated that the office will be completed in May 2010.

The Perth Smiths Falls Hospital Board agreed to remove the driveway and parking control gate from the corner of our property by the time the building permit was issued, allowing our contractor full access to the property and causing no delays in construction. I would like to publicly thank the PSFH Board for this generous action as I am sure that it had negative consequences for that organization.

Quality Improvement Department

Health Unit Website Redesign: We are in the process of redesigning and reorganizing our website, in order to match our corporate logo and promotional materials. We realized during H1N1 how much the public relies on our website to access information. We are aware of the pros and cons of our current website design, and decided that it would be a great opportunity to capitalize on the public focus our organization received during H1N1 and improve our online presence. Our Webmaster started with five potential design templates. We received and incorporated feedback from staff to pick a final design. We are now transferring old content from our current site, into the new layout and reviewing the content to ensure that information is as complete and up to date as possible. We are aiming to launch the new website sometime in March.

Program Review: Now that H1N1 has wrapped up, we are getting back to the business of completing the program review. The program review team is hard at work completing the situational assessment questionnaires on need and impact. We have a small amount of work to do in finalizing the definition and interpretation of the prioritization criteria based on the data we collected. The Prioritization Committee is scheduled to begin their work on Feb. 3rd and should be finished by the end of March. After the prioritization, we will be ready to complete the capacity assessment and allocate our resources to our priorities. Our aim is to complete up to step 4 in the process by the beginning of May, so that we can come to the Board with our recommendations at the May Board meeting.

Accreditation: We have been in touch with the Ontario Council on Community Health Accreditation (OCCHA) regarding our 2010 re-accreditation survey, and have received a tentative visit date of Monday September 13th to Wednesday September 15th. OCCHA has updated the accreditation standards to incorporate the Ontario Public Health Standards and to more clearly reflect the quality components within OCCHA's quality framework for public health units. OCCHA has also approved a standardized accreditation process, which includes a board member questionnaire.

All board members will be asked to complete the questionnaire and return it to OCCHA, who will collate the responses and provide it to members of the accreditation survey team to facilitate the review. The survey contains questions regarding your orientation, processes to review bylaws and policies, and your satisfaction with how well you are kept informed. You will be provided with more information about accreditation and your role in the spring.

Health Protection:

We are working on a Disclosure Policy and procedure to allow the public access to the results of inspections of food premises. This is required under the new OPHS. We will be meeting with staff and hope to have a focus group with representatives of operators of food premises and provide an opportunity for the public to participate via a survey on our website. The tentative start date would be April 1, 2010. This is an example of the new OPHS requirements not being revenue neutral. Our procedures will evolve depending on budget and technological advances. It will be a simple process in the short term.

Health Promotion:

Very few routine health promotion activities have occurred since the last Board meeting due to H1N1. However, the Board would be interested to know that the Smokers Club case from Smiths Falls has now been appealed by the plaintiff to the Supreme Court of Canada following his defeat at the Ontario Court of Appeal. Fortunately the Ontario government has been supplying the legal infrastructure to carry this case forward for us and this process has not had any effect on our budget.

Corporate Services:

Following the loss of a USB key containing unencrypted personal health information, Ontario's Information and Privacy Commissioner has issued recommendations to prevent such an event from happening again. I would like to reassure the Board that all personal health information held by this health unit is protected through methods that exceed the recommendations of the privacy commissioner.

Reminder to Board members:

Our staff is willing to show you more hands on experience with Health Unit programs. We can provide a half or full day experience in the field with our public health inspectors, public health nurses, dental hygienists and/or tobacco enforcement officers. Please contact Heather to arrange this experience. I strongly encourage board members to take advantage of this opportunity.

F. Kinsella commented that there was a big debate about who should get vaccinated first? Having gone through this now, do we have a clear idea if we were going to have another pandemic; does this help us understand better? Dr. Carter advised that healthcare workers were in the first priority group. We were very broad in our interpretation of priority groups, but every pandemic is going to be different. Those criteria were based on what we learned in May and June around who was vulnerable and who got sick. In a normal pandemic you would expect the older people to be a high risk group.

J. Earle left the meeting at 6:00 p.m.

J. Butt stated that we followed the rules, but in Ottawa they did not do that. At the end of the day most people respected the fact that we were consistent in the application.

F. Kinsella stated that you said the cost for H1N1 is \$800,000. Is this a good time for the government, why would we not say we could create a pandemic reserve? Dr. Carter commented this is a good idea and it could be raised. Dr. Carter advised that we went into overdraft during the pandemic itself. J. Butt stated that it is a good question and should be asked in the political arena as well.

F. Kinsella commented that we did a lot of work on training children to wash their hands. It became a debate in the media whether hand washing was effective. Where does the public get the information? Dr. Carter stated that you are referring to one person that said it wasn't. There is good evidence that hand washing does help you in an influenza outbreak. We have also built up a tremendous infrastructure supporting hand washing. It prevents Norovirus and colds as well. Our kids should experience fewer absenteeism days from school based on what we have done which will help in their education. We need to keep pushing it.

Dr. Carter advised that we have sent a letter home this week, because Norovirus has started up, to the parents and the school boards to remind them to wash their hands and to stay home if they are sick. You need to stay home 48 hours after you have recovered from Norovirus.

9. Correspondence:

J. Butt reviewed the correspondence.

10. Incamera Meeting:

The motion to move incamera was read at 2:39 p.m. (in advance of the regular meeting)

It was moved by: S. Dodge

Seconded by: J. Earle

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.

The rise and report was read at 3:21 p.m. (in advance of the regular meeting)

It was moved by: B. Fletcher

Seconded by: K. Giroux

That: This closed session rise and report.

Motion Carried.

11. Report from Incamera:

J. Butt advised that there are 4 items coming out of the incamera meeting.

It was moved by: G. Grewal

Seconded by: R. Haley

That: The Board of Health approve the compensation allocation for Medical Officers of Health.

Motion Carried.

It was moved by: K. Giroux

Seconded by: B. Fletcher

That: The Board of Health proceed with the recruitment of a Medical Officer of Health.

Motion Carried.

Resolution Authorizing Execution of General Security Agreement:

It was moved by: R. Haley

Seconded by: F. Kinsella

That: The Board of Health be "Resolved that the Treasurer, Joanne Pearce, is hereby authorized for and on behalf of the Corporation to Execute and deliver to The Toronto-Dominion Bank a General Security Agreement substantially in the form of the General Security Agreement (attached hereto and initialled by the Secretary for identification) presented to the directors, with such alterations, amendments, deletions or additions as may be approved by the persons executing the same and that execution accordingly shall be conclusive evidence of such approval and that the General Security Agreement so executed is the General Security Agreement authorized by this Resolution."

"Any officer or director be and is hereby authorized to execute and deliver on behalf of the Corporation all such other documents and writings and to do such other acts and things as may be necessary or desirable for fulfilling the Corporation's obligations under the General Security Agreement."

Motion Carried.

I hereby certify that the foregoing is a true and correct copy of a Resolution duly passed by the Directors of the Corporation of the Leeds, Grenville & Lanark District Health Unit on the 21st day of January, 2010 and that the said Resolution is now in full force and effect.

Heather Bruce_____

Recording Secretary

Directors Resolution for TD Mortgage on Smiths Falls Property:

It was moved by: F. Kinsella

Seconded by: R. Haley

That: WHEREAS the Company is or is about to become liable to The Toronto-Dominion Bank in respect of an indebtedness and/or liability of the Company.

And: WHEREAS such indebtedness and/or liability of the Company to the Bank amounted to, or will amount to the sum of One Million Three Hundred Twenty Eight Thousand Dollars (\$1,328,000.00) and interest.

BE IT RESOLVED that the lands of the Company in the Town of Smith Falls, County of Lanark and known municipally as 25 Johnston Street. Smiths Falls and/or being situated on Lots 26, 27, 28, 29, 30 and 31, N/S Johnston St, Block AK, Plan 13884, Lanark S Montague be and it is hereby mortgaged in favour of the Bank to secure the liability of the Company to the Bank to the extent of One Million Three Hundred Twenty Eight Thousand Dollars (\$1,328,000.00) and interest and that for the purpose of securing such liability to the Bank a mortgage be executed on behalf of the Company by the Secretary and the Treasurer, jointly and delivered to the Bank.

Motion Carried.

CERTIFIED a true extract from the Minutes of the Meeting of the Directors of duly called and held at which a quorum was present.

DATED at Brockville this 21st day of January, 2010.

Joanne Pearce/Heather Bruce, Recording Secretary
Joanne Pearce, Treasurer

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

The next Board of Health Meeting will be held on Thursday, February 18th at 4:00 p.m. in the Board Room of the Brockville Office.

13. Adjournment:

It was moved by: K. Graham
Seconded by: F. Kinsella
That: The meeting adjourn at 6:18 p.m.

Motion Carried.

J. Butt, Chair

Date

H. Bruce, Recording Secretary

Date

c: Board members
HU offices
Municipalities
Shared Drive