Council
September 13, 2018 – 9:30 AM
Barn, Grey Roots Museum and Archives

1. Call to Order
2. O Canada
3. Roll Call
4. Declaration of Pecuniary Interest
5. Adoption of Minutes
   a. County Council and Committee of the Whole minutes dated August 9, 2018
      That the minutes of the County Council meeting and Committee of the Whole meeting dated August 9, 2018 and the resolutions contained therein be adopted as presented.
   b. County Council closed meeting minutes dated August 9, 2018
      That the County Council closed meeting minutes dated August 9, 2018 be adopted as provided to County Council.
6. Closed Meeting Matters
   a. That County Council does now go into closed session pursuant to Section 239 (2) of the Municipal Act, 2001 to discuss:
      i. Personal matters about an identifiable individual, including municipal or local board employees (Director of Legal Services).
7. Reports
   a. Board of Health Report dated August 24, 2018 and Board of Health minutes dated July 27, 2018
      That the Board of Health Report dated August 24, 2018 and the Board of Health minutes dated July 27, 2018 be received for information.
8. By-laws
9. Good News and Celebrations
10. Adjournment
Grey County Council met at the call of the Warden on the above date at 9:30 AM at the County Administration Building. The Clerk called Council to order and Warden Stewart Halliday assumed the Chair.

The Warden invited members of Council to join him in O Canada.

The Clerk swore in Councillor John Woodbury, Deputy Mayor of Southgate.

The Roll was called by the Clerk with all members present.

Kim Wingrove, Chief Administrative Officer; Heather Morrison, Clerk and Jacquelyn Morrison, Deputy Clerk/Legislative Coordinator were also in attendance.

The following staff members were in attendance:

Kevin Weppler, Director of Corporate Services; Lynne Johnson, Director of Long Term Care; Grant McLevy, Director of Human Resources; Randy Scherzer, Director of Planning and Development; Kevin McNab, Director of Paramedic Services; Aaron Whitney, Technical Supervisor – Housing; and Graham Wilson, Maintenance Manager – Transportation Services.

Declaration of Pecuniary Interest

There were no disclosures of pecuniary interest.

Adoption of Minutes

*CC79-18*  Moved by: Councillor Burley  Seconded by: Councillor Barfoot

That the minutes of the County Council meeting and Committee of the Whole meeting dated July 26, 2018 and the resolutions contained therein be adopted as presented.

Carried
Reports

CAOR-CC-15-18 Long Term Care Management Agreement

Moved by: Councillor Clumpus  Seconded by: Councillor Bell

That Report CAOR-CC-15-18 Long Term Care Management Agreement, be received; and

That the Agreement between the Corporation of the County of Grey and Sienna Senior Living Management GP Ltd., as a general partner of Sienna Senior Living Management LP, (Sienna) for a five year term, with an option to extend for a further five year period, substantially in the form of Appendix A to Report CAOR-CC-15-18, be approved, subject to any required approval by the Ministry of Health and Long Term Care (MoHLTC); and

That upon approval of the MoHLTC, a by-law and Agreement to Approve a Management Contract with Sienna Senior Living be brought forward for Council’s consideration.

Closed Meeting Matters

Moved by: Councillor McKean  Seconded by: Councillor Pringle

That Grey County Council does now move into closed session to discuss:

i. a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization (Sienna Management Agreement); and

ii. personal matters about an identifiable individual, including municipal or local board employees (Sienna Management Agreement); and

That the following staff remain in attendance: Kim Wingrove, Heather Morrison, Lynne Johnson, and Jacquelyn Morrison.

Carried
Council proceeded into closed session at 10:26 AM.

Council returned to open session at 11:13 AM.

The Warden confirmed that only the items stated in the resolution to move into closed session were discussed.

CAOR-CC-15-18 Long Term Care Management Agreement
Continued

Council voted on the main motion stated in Resolution CC80-18 above. The motion was carried.

CAOR-CC-16-18 Amendment to Long Term Care Consulting and Support Services Agreement

\[ CC82-18 \] Moved by: Councillor Eccles Seconded by: Councillor Wright

That Report CAOR-CC-16-18 Amendment to Long Term Care Consulting and Support Services Agreement be received; and

That the Amending Agreement between the Corporation of the County of Grey and Sienna Senior Living for the purpose of providing long term care support services as outlined in Schedule A for a term commencing immediately be approved until an Agreement to Approve a Management Contract is received from the Ministry of Health and Long Term Care.

Carried

Council recessed briefly, then reconvened.

Board of Health

\[ CC83-18 \] Moved by: Councillor Barfoot Seconded by: Councillor Greenfield

That the Board of Health Report dated July 27, 2018, the Board of Health minutes dated May 25, 2018, and the Board of Health notes dated June 22, 2018 be received for information.

Carried

By-Law

\[ CC84-18 \] Moved by: Councillor Hicks Seconded by: Councillor Mackey
That By-Law 5030-18 be introduced and be taken as read a first, second and third time, finally passed, signed by the Warden and the Clerk, sealed with the seal of the Corporation and engrossed in the By-law book.

5030-18 A By-law to Adopt Amendment No. 142 to the County of Grey Official Plan affecting lands described as Part Lot 15, Concession 1, Divisions 2 – 3, (geographic Township of Egremont), Township of Southgate

Carried

Good News and Celebrations

Starter Company, Business Enterprise Centre

Savanna Myers, Economic Development Manager, introduced Courtney Miller and Jane Phillips from the Business Enterprise Centre. The Business Enterprise Centre joined Grey County in April of 2018.

Jane Phillips gave an overview of the Starter Company Plus program, which provides training, mentoring, and grants to individuals of all ages. The program had over 23 individuals attend training and 16 successful applicants. Ms. Phillips also noted the six students running summer companies throughout the County.

Courtney Miller introduced the successful Starter Company applicants, who were in attendance:
- Cody Walker, owner of Samsara Wilderness Tours;
- Lyndsay Budgell, owner of Lyndsay Budgell RMT;
- Paige Scott, owner of Hair by Paige;
- Kelly Maw, artist and owner of Mat & the Easel;
- Amanda Fromager, owner of Harmony Hockey;
- Yuri Rosa, owner of Bearwood – Finish Carpentry;
- Jana Miller, owner of Jana Miller Jewellery;
- Jennifer Moore, owner of Connect the Dots Fibre Communications Inc.; and
- Joanne Keenan, owner of Mojo’s.

Ms. Miller also noted the following Starter Company grant recipients who were not in attendance:
- Kristen Hartley, owner of Foxx Salon and Spa;
- Tom Snider, owner of Sydenham Metal and Machine;
- Robert Currie, owner of Grey-Bruce Plumbing;
- Corey Hargest, owner of Hargest Renovations;
- Joel Nicholson, owner of Track Club;
- Andrea Garner, owner of LED Farms; and
Councillor Wright left the meeting.

**Good News and Celebrations Continued**

Councillor Barfoot advised that today is the media day for the Sydenham Sportsmen clubhouse in Georgian Bluffs. He also encouraged participation in the Fishing Derby.

Councillor Eccles advised that a fundraising team in Ayton for Tourette’s Syndrome, the West Grey Trek for Tourette, was the top team in Canada. He also advised that West Grey was ranked number 94 on the top 100 best places to live in Ontario according to the MoneySense Magazine. Councillor Eccles reminded Council that this weekend is the Colleen Lantz memorial run. He also noted that this weekend is the Bentinck, Brant, and Hanover Fall Fair.

Councillor Boddy advised that on August 16, 2018 there is an announcement event regarding suppliers from Bruce Power moving to Grey County. He noted that the Summerfolk Music and Crafts Festival occurs on August 17th-19th, 2018. Councillor Boddy also noted the Sydenham Sportsmen Salmon Spectacular Fishing Derby on August 24th – September 2nd, 2018. The second round of the “Are You Most” Campaign is starting soon. He also noted the Emancipation Festival held last weekend and advised that August 1st was Emancipation Day.

**Adjournment**

On motion by Councillors Bell and Eccles, Council adjourned at 12:15 PM to the call of the Warden.

_________________________    ________________________________
Stewart Halliday, Warden                 Heather Morrison, Clerk
Grey County Council met on the above date at 1:03 PM at the County Administration Building. Warden Stewart Halliday assumed the Chair and called the meeting to order with all members present except Councillors Wright and Barfoot.

Declaration of Pecuniary Interest
There were no disclosures of pecuniary interest.

Determination of Items Requiring Separate Discussion
The following items were requested to be removed from the Consent Agenda and moved under Items for Discussion: a, c, d, and e.

Consent Agenda


That the following Consent Agenda items be received; and
That staff be authorized to take the actions necessary to give effect to the recommendations in the staff reports; and
That the correspondence be supported or received for information as recommended in the consent agenda:

1. Grey County – The Blue Mountains Task Force minutes dated March 6, 2018

That the Grey County – The Blue Mountains Task Force minutes dated March 6, 2018 be adopted as presented.

Carried

Items for Direction and Discussion

CAOR-CW-17-18 County-Wide Joint Accessibility Advisory Committee


Moved by: Councillor Paterson          Seconded by: Councillor Eccles
That report CAOR-CW-17-18 County-Wide Joint Accessibility Advisory Committee be received; and

That staff bring back a report with a Terms of Reference for a county-wide Accessibility Advisory Committee for Council consideration; and

That consideration be given in the 2019 operating budget for part time staff resources to oversee the Accessibility Coordinator functions.

Carried

Accessibility Advisory Committee minutes dated July 24, 2018

CW201-18 Moved by: Councillor Burley Seconded by: Councillor Greenfield

That the Accessibility Advisory Committee minutes dated July 24, 2018 be adopted as presented; and

That the following resolution contained therein be endorsed:

i. That report CAOR-AAC-14-18 be received and that the draft Multi-Year Accessibility Plan: 2018-2022 be endorsed; and

That staff begin to implement the recommendations contained within the strategy.

Carried

PSR- CW-09-18 Grey County Paramedic Services Response Time Performance Plan

CW202-18 Moved by: Councillor Mackey Seconded by: Councillor Woodbury

That Report PSR-CW-09-18 be received and that the 2019 Response Time Performance Plan outlined in the report be approved by October 01, 2018 and submitted to the Ministry of Health and Long-Term Care by October 31, 2018.

Carried

HRR-CW-03-18 Memorandum of Settlement – OPSEU Social Services

CW203-18 Moved by: Councillor McKean Seconded by: Councillor Boddy

That Report HRR-CW-03-18 regarding the Social Services OPSEU Memorandum of Settlement be received, and the Collective Agreement between the County of Grey and OPSEU Local 266 Social Services be ratified.

Carried
TR-CW-43-18 EPCOR Model Franchise Agreement - Chatsworth and West Grey

CW204-18 Moved by: Councillor Eccles Seconded by: Councillor McQueen

That Report TR-CW-43-18 regarding the EPCOR Model Franchise Agreement be received; and

That a By-Law be prepared authorizing the Warden and Clerk to execute the 2018 EPCOR Model Franchise Agreement.

Carried

Building Task Force minutes dated July 26, 2018

CW205-18 Moved by: Councillor Hicks Seconded by: Councillor Fosbrooke

That the Building Task Force minutes dated July 26, 2018 be adopted as presented; and

That the following resolution contained therein be endorsed:

THAT Report HDR-BTF-13-18 regarding future plans for the Provincial Court Building be received; and

THAT the Provincial Offences Building be decommissioned in the fall 2018; and

THAT the funding required for the decommissioning come from One Time Reserve; and

THAT funding to expand the parking lot using the former Provincial Offences Building area be considered in the 2019 budget.

Motion to Defer

Moved by: Councillor McQueen Seconded by:

That the above resolution be deferred until the new council is in place.

No seconder for the motion was received.

Motion to Defer

CW206-18 Moved by: Councillor McKean Seconded by: Councillor Eccles

That the resolution regarding the Building Task Force minutes be deferred until the September 13, 2018 meeting.

Lost

Main Motion

The Committee voted on the main motion stated in Resolution CW205-18 above.
Councillor McQueen requested a recorded vote.


The motion was Carried 49-28.

Councillor Paterson left the meeting.

Councillor Pringle left the meeting.

Correspondence from Southwestern Integrated Fibre Technology Inc. dated July 30, 2018

CW207-18 Moved by: Councillor Fosbrooke Seconded by: Councillor Bell

That the correspondence from Southwestern Integrated Fibre Technology Inc. dated July 30, 2018 be received for information.

Carried

Councillor Pringle re-entered the meeting at this time.

Active Development File List

CW208-18 Moved by: Councillor Fosbrooke Seconded by: Councillor Eccles

That the Active Development File list be received for information.

Carried

Local Planning Appeals Tribunal List

CW209-18 Moved by: Councillor Fosbrooke Seconded by: Councillor Bell

That the Local Planning Appeals Tribunal List be received for information.

Carried

Other Business

Kim Wingrove advised that the County’s delegation requests to the Ontario Ministry of Agriculture, Food and Rural Affairs, the Ministry of Transportation of Ontario, and the Ministry of Education have been approved for the upcoming Association of Municipalities Ontario Conference.

Councillor Pringle requested information from staff regarding the policy and procedure for Councillors who are interested in purchasing their phones and iPads at the end of term.

Notice of Motion
There were no notices of motion.

Adjournment

On motion of Councillors Burley and Ardiel, Committee of the Whole adjourned at 2:34 PM to the call of the Chair.

_________________________  _________________________
Stewart Halliday, Warden       Heather Morrison, Clerk
SUMMARY - EMERGENCY MANAGEMENT IN PUBLIC HEALTH
GREY BRUCE HEALTH UNIT

MOH REPORT - DR. IAN ARRA

ACKNOWLEDGEMENT: PUBLIC HEALTH ONTARIO
DREW FERGUSON
TENTATIVE OBJECTIVES

Familiarize Board of Health with Emergency Management related aspects:

- Importance of Emergency Management in Public Health and changing trends
- Priorities in Emergency Management
- Relevant frameworks for classification and management of emergencies (Emergency management cycle, Incident management systems, Local emergency management plans, emergency control group)
- To describe the public health roles in emergency response
- Key partnerships
DEFINITIONS:

• “…disasters are defined by what they do to people, otherwise they are simply interesting geological or meteorological phenomena.” – Eric Noji
• “when the destructive effects of an event overwhelm the ability of a given area or community to meet the demand for (health) services” - Kollek
• “The worst day was when I came home after 12 hours of working with the sickest SARS patients to find out my son, age 5, had a high fever.” Healthcare worker, Participant in The Impact of SARS Study

• Emergency/Incident:
• An emergency is defined under the Emergency Management and Civil Protection Act as “a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise.”
Types of Emergencies:

Natural events: extreme weather, earthquake, flood, and communicable disease outbreaks/pandemics

Anthropogenic (human-related) events: Technological/infrastructure, power failure, hazardous materials, fire, nuclear, terrorism, armed conflict, and mass gatherings
Complex Events:
Complex events tend to:

- be prolonged in duration requiring major changes in personnel
- be large in scale requiring large number of resources
- involve multiple jurisdictions
- pose a significant risk to responders or the jurisdiction as a whole
- have the potential to cause widespread damage/loss to life
- require special knowledge to resolve
- require a more complex structure and formalized plan
Disasters in Canada (Canadian Disaster Database)

Canada is prone to avalanches, earthquakes, floods, landslides, tornadoes, severe storms, and other natural disasters. Some of the major disasters that impacted communities in Canada include:

- 1918 Influenza epidemic: about 50K deaths, 2M infected
- 1917 Halifax harbour explosion: 1,960 deaths
- 1936 Heat wave: 1,180 deaths
- 1914 St. Lawrence ship collision: 1,024 deaths
- 2018 Heat wave: more than 90 deaths just in QC
- 1979 Mississauga train derailment: 225K evacuated
- 1998 Ice Storm (ON-QC-NB): 28 deaths, $4B costs
- 2000 Walkerton: 6 deaths, 2,300 infected
- 2008 Sunrise propane explosion: 1 death, 12K evacuated
- 2010 Floods (AB-SK): $956M costs
- 8 major disasters occurred in Ontario in 2016
Disaster Epidemiology

- Use of core public health capabilities to assist leaders and decision makers by providing timely information
- Measure disaster-related impacts on affected populations and demands on healthcare systems
- Characterize short- and long-term health consequences
- Evaluate effectiveness of health interventions and disease control efforts
Disaster Epidemiology: Key Methods

- Survey techniques
- Public health surveillance and tracking systems
- Epidemiological investigations and studies
- Longitudinal observation
Example - Criteria for potential Bioterrorism: “Epidemiologic Clues”

- Unusual event with large numbers
- Higher morbidity or mortality than expected
- Uncommon disease
- Point-source outbreak
- Multiple outbreaks
- Lower attack rates in protected individuals
- Dead animals or “reverse spread”
- Downwind patterns
- Unusual clinical manifestation
- Direct evidence
Changing Trends

- Global warming increases risk of heat related, drought, flooding
- Increase life expectancy resulted in increased aging population and more susceptible
- Urbanization/suburbanization resulted in greater population density, more severe repercussions
- Increased development on flood plains and water
- Increased dependence on technology
- Increased frequency and speed of travel resulting in increased infectious disease spread
- Increased acts/threats of terrorism linked to increasing inequity
Emergency Management Concepts and Frameworks:
Priorities of Emergency Management

Priorities of emergency management follows the following sequence:

- Keeping responders safe and healthy
- Saving lives
- Reducing suffering
- Protecting public's health
- Protecting government infrastructure
- Protecting property
- Protecting the environment
- Reducing economic and social losses
Emergency Management Cycle

1. Prevention
2. Mitigation
3. Preparedness
4. Response
5. Recovery
Emergency Management Cycle

Prevention & mitigation: actions taken to reduce the effects of an emergency

Preparedness: actions taken prior to an emergency to ensure an effective response

Response: actions taken to respond to an emergency

Recovery: actions taken to recover from an emergency

Crisis communications: occurs throughout
Hazard Identification and Risk Assessment (HIRA)

• Informs all other parts of EM cycle
• Program priorities, action plans & time lines
• Helps to assign resources
• Assess vulnerability of communities
• Surveillance design can be based on HIRA
• Monitor and review --> iterative process
Hazard Identification and Risk Assessment (HIRA)

- Severity (consequence) and frequency (probability) grid
- Risk = Hazard x Probability
- Risk = chance of danger, loss, injury, or other adverse consequences resulting from the hazard or threat
- Hazard = a threat, event or physical condition that can cause fatalities, injuries, property damage, interruption of business, etc.
- Probability: previous/historical occurrence, demography, geography, intelligence
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Emergency Response Plan

• Who is responsible for emergency planning (e.g., Emergency Planning Committee)

• Who can activate plan and when (e.g., Under the Emergency Management and Civil Protection Act, only the head of council of a municipality (or his or her designate) and the Lieutenant Governor in Council or the Premier have the authority to declare an emergency.

• HIRA --> How to declare and terminate emergency plan

• How to notify those affected or involved in the response

• Internal and external resources available (e.g., provincial or federal assistance)

• Communication strategy
Emergency Response Plan

• Training, exercises and reviews of plans
• Appendices for specific emergencies: high risk; politically sensitive; legal requirement
• Directory of vital services, equipment, staff
• Good plans are: familiar, flexible, have redundancy built in, ensure continuity
• All-hazards: general approach that integrates common ER elements
• Hazard-specific plans for high probability/high impact AND low probability/high impact
### Municipal Emergency Control Group

- Mayor
- City Manager
- Police Chief
- Fire Chief
- EMS Chief
- Medical Officer of Health
- Public Information Officer
- Emergency Management Coordinator
- Public Works
- Community Service
- Corporate Services
- Transit
- Hydro
Continuity of Operations Plan (COOP)

Time-critical functions of an organization that must be maintained or quickly resumed in the event of an emergency that is requiring resources (inward-facing).

Establish the context and governance for COOP
- Buy-in from higher levels
- Dedicate resources to developing COOP

Examine the organization’s environment and operations
- Analysis of business of organization
- Prioritize services: internally and externally
- Identify critical functions and activities
- Identify critical activities that enable the above
Continuity of Operations Plan (COOP)

Develop alternative COOP strategies, plans and business arrangements

- Service degradation (decrease non-essential functions)
- Internal continuity (internal and external resources)

External continuity: arrangements with other organizations to use their resources in time of emergency

Preparedness: training and exercises

Maintaining COOP plans: revise and update

Business recovery: how to resume operations, how to prioritize, objectives for service resumption
Continuity of Operations Plan (COOP)

Objectives:
Optimize the safety and welfare of all employees, clients and visitors
Ensure continuous performance of essential functions
Protect critical infrastructure and assets
Mitigate disruptions to operations, damage and losses
Achieve an orderly and effective resumption of services
Emergency Plans Mapped to the Emergency Management Cycle

- Hazard Identification & Risk Assessment (HIRA)
  - Informs all phases of emergency planning

Incident Management System (IMS)
- Coordinates these activities in a standardized, flexible manner.

Continuity of Operations Plan (COOP)
- Protects PHO business interests and sustains operations.

Emergency Response Plan (ERP)
- Provides structure and tools for response.

Response
- Crisis Communications
  - Has internally and externally facing pieces

Training & Exercises
- Ensures relevant plans and staff confidence in their roles
Public Health Roles in Emergency Management (by Dr. Bonnie Henry)

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<td>Mass Patient Care</td>
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LOCAL PUBLIC HEALTH RESPONSE

ROLE OF MOH

LEGISLATIVE AUTHORITY

MOH CAN BE CALLED UPON TO USE MANDATE AND HPPA AUTHORITY TO CONTAIN THREATS REQUIRED UNDER HPPA/OPHS TO DEVELOP EMERGENCY RESPONSE PLANS
LOCAL PUBLIC HEALTH RESPONSE

PH MAY BE FIRST RESPONDER FOR:
INFECTIONOUS DISEASES
BIOTERRORISM

PH MAY BE SECONDARY RESPONDER FOR:
NATURAL: SEVERE WEATHER, FLOODING, OTHER DISASTERS
TECHNOLOGICAL: HAZARDOUS SUBSTANCES
HUMAN-MADE: TERRORISM, CIVIL UNREST
Key Partners

In a public health emergency, we cannot operate in a silo.

Source: PHO, 2013
EMERGENCY LEGISLATION

Emergencies Act (Canada, 1985)
Emergency Management Act (Canada, 2007)
Quarantine Act (Canada, 2005)
Emergency Management and Civil Protection Act (Ontario, 1990)
Health Protection and Promotion Act (Ontario, 1990)
Health Systems improvement Act (Ontario, 2007)
Occupational Health & Safety Act (Ontario, 1990)
Other relevant provincial legislation:

- Ambulance Act (e.g., education and personal protection of paramedics)
- Public Hospitals Act (e.g., development of emergency plans)
- Private Hospitals Act
- Nursing Homes Act (e.g., surveillance and reporting of infectious disease)
- Long-Term Care Act (e.g., comply with Ministry directives)
- Community Care Access Corporations Act
- Personal Health Information Protection Act (e.g., disclosure to MOH without consent as per HPPA)
- Regulated Health Professionals Act (e.g., for temporary registration of those from other provinces in emergency, see specific Acts)
Health Protection and Promotion Act (Ontario, 1990)

- Identifies the powers and responsibilities of boards of health, MOH and the CMOH

- Local MOHs may issue orders under the HPPA for the management of infectious diseases in their area (In the event of a conflict, a directive of the CMOH prevails)

- Provides legal authority for BOH to respond to a public health emergency due to a health hazard or communicable disease
The 8 Responsibilities of BOH

• Identify and assess the relevant hazards and risks to public health
• Develop a continuity of operations plan, including Identifying time-critical public health services that must continue to be delivered
• Develop an emergency response plan, including a general all-hazards plan and supporting plans that guide the response to specific threats identified as high-risk
• Develop, implement and document 24/7 notification protocols
• Increase awareness regarding emergency preparedness activities
• Deliver emergency preparedness and response education and training for BOH staff
• Ensure orientation of officials on BOH emergency response plan
• Exercise the continuity of operations plan, emergency response plan and 24/7 notification protocol
References

Public Health Ontario
https://www.publichealthontario.ca/en/LearningAndDevelopment/Pages/Event-Presentations.aspx

The Canadian Disaster Database

DECLARING AN EMERGENCY

Source: http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_90e09_e.htm
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Naloxone Access and Ontario Naloxone Program Expansion........................................... 2

Children’s Water Festival - A Day At The Beach

The Grey Bruce Children’s Water Festival, held this year from May 15 to 17, is an annual event that uses hands-on activities, discussions and demonstrations to teach students about the importance of water and the environment. The Water Festival is open to Grade 4 students in Grey Bruce. Approximately 3000 students, teachers, parents and volunteers attended, held at the Chesley Community Centre.

Public Health Inspectors participated in this year’s event teaching about beach water quality. Children learned about germs in beach water, when it may be unsafe to swim and how Public Health tests beach water. The children took turns being a health inspector by doing simulated water sampling. A small pool of water was filled with green and red beads representing good and bad bacteria. Each student had a chance to fill a water sample bottle, count the bad bacteria and determine whether their beach was safe to swim or had to be posted. The activity and message was well received, many participants already knew about our website, beach signs and the general rules of when it may be unsafe to swim at the beach. Public Health messaging related to beach water safety was available for participant to take home.
Naloxone Access and Ontario Naloxone Program Expansion

Access to naloxone continues to be an important measure to reduce opioid-related harms in the community. Naloxone can temporarily reverse an opioid overdose. Naloxone kits and related harm reduction training is available free from Public Health for people at risk of an opioid overdose, as well as their family, friends or others who may be able to help. Naloxone is also available through many local pharmacies and through some community organizations.

As of June 30, 2018, Public Health distributed 363 naloxone kits directly to people who use drugs and those who may be able to help in an opioid overdose. The program continues to grow as kit distribution in the first half of this year has already surpassed the 318 naloxone kits distributed in all of 2017.

Naloxone availability has been promoted through local campaigns, media, regular posts on Health Unit social media, at community events and training sessions for community partners. An overdose awareness campaign was launched in May 2018 in partnership with local OPP and area police forces. Police are distributing the cards during RIDE checks and community events throughout the summer. Local outreach strategies also includes distribution in laundromats, gyms and campgrounds.

The Grey Bruce Health Unit serves as a naloxone distribution lead under the Ontario Naloxone Program to provide naloxone, training and other supports to eligible community organizations. Agreements are in place with five sites for naloxone distribution by agencies where individuals are already receiving services. Four of these sites newly joined in 2018.

In early 2018, the Ontario Naloxone Program expanded to include Emergency Departments and St. John Ambulance as well as police and fire services. Three police services and three fire services have agreements in place to access naloxone through the Grey Bruce Health Unit, with an additional fire service pending. Public Health supports interested agencies in meeting enrollment requirements.
1.0 Call to Order
Chair, Alan Barfoot, declared quorum present and called the meeting to order at 10:05 a.m.

2.0 Amendments to Agenda
Remove item 6.0 June Correspondence as it has been included in the July Correspondence.

3.0 Approval of Agenda
Moved by: Paul Eagleson Seconded by: David Shearman
“THAT, the agenda for Friday, July 27, 2018 be approved as amended.”
Carried

4.0 Disclosure of Pecuniary Interest
There were no disclosures of pecuniary interest declared at this time.

5.0 Adoption of Minutes
5.1 Friday, May 25, 2018
Moved by: Arlene Wright Seconded by: Stewart Halliday
“THAT, the BOH minutes of Friday, May 25, 2018 be approved as presented.”
Carried

5.2 Friday, June 22, 2018 – Informational Meeting Only
The notes from the meeting Friday June 22, 2018 were reviewed and received.

6.0 July Correspondence
6.1 Perth District Health Unit Letter in Support of Repeal of Section 43 of the Criminal Code – receive
6.2 Ontario Film Review Board – Response
6.3 Sudbury & Districts Health Unit Letter to Premier Urging Reconsideration to delay the Implementation of the Smoke-Free Ontario Act, 2017
6.4 Simcoe-Muskoka District Health Unit, A Public Health Approach to Drug Policy Reform

Moved by: Arlene Wright Seconded by: Mitch Twolan
“THAT, the Board of Health support Simcoe-Muskoka District Health Unit’s letter supporting the Canadian Public Health Association’s recommendations calling for a Public Health approach to drug policy reform.”

Carried

6.5 Kingston, Frontenac, Lennox and Addington Board of Health Re. Implementation of the Smoke-Free Ontario Act, 2017
6.6 Peterborough Public Health Re. Mandatory Food Literacy Curricula in Ontario Schools – receive
6.7 Windsor-Essex County Health Unit Re. Smoke-Free Ontario Act, 2017
6.8 Premier of Ontario Response Re. Cannabis Excise Tax Revenue – receive
6.9 Chatham-Kent Board of Health, Pause of Smoke-Free Ontario Act

Moved by: Paul Eagleson Seconded by: Stewart Halliday
“That the Board of Health endorse correspondence 6.3, 6.5, 6.7 and 6.9 urging the Government of Ontario to reconsideration its decision to delay the implementation of the Smoke-Free Ontario Act, 2017 and THAT, the Board of Health send a similar letter urging the premier to immediately implement the provisions of the Act.”

Carried

Moved by: Mitch Twolan Seconded by: Sue Paterson
“That the Board of Health receive the remainder of the July correspondence as presented.”

Carried

7.0 Reports
7.1 June Reports
7.1.1 MOH Report – Cannabis
7.1.2 Program Report – June
7.1.3 Dr. Lynn Vacation

Moved by: David Shearman Seconded by: Mitch Twolan
“THAT, the Board of Health approve Dr. Miriam Klassen to cover Dr. Lynn’s vacation, June 16 to 26, 2018”

Carried

Moved by: David Inglis Seconded by: Arlene Wright

“THAT, the Board of Health receives the June reports as presented.”

Carried

7.2 July Reports

7.2.1 MOH Report – Lyme Disease

Dr. Lynn provided an update on Lyme disease. The comprehensive report written by Dr. Arra covered how Lyme disease is transmitted, an overview of surveillance in Grey Bruce in 2017 and 2018, background and clinical presentation of the disease, epidemiology, determination of risk areas and the requirements in the Ontario Public Health Standards.

7.2.2 Program Report – July

Grey Bruce Roots of Empathy program celebrated over a dozen babies for their part in teaching some very important life lessons to nearly 400 students over the past school year. The pilot program helped children from Kindergarten to Grade 8 learn about expressing feelings, respect, inclusion, infant development, safety and the power of a loving bond between parent and child.

7.3 News Releases

7.3.1 Safe Kids Week
7.3.2 Turn Off The Screens Completes 16th Year
7.3.3 STOP Program: Support for Ontario Smokers Who Wish to Quit
7.3.4 Public Assistance Request Dog Bite – Tobermory
7.3.5 World’s Youngest Teachers Honoured
7.3.6 Longest Day of PLAY
7.3.7 Overdose Alert
7.3.8 Heat Advisory Continues
7.3.9 Public Assistance Request Dog Bite – Meaford
7.3.10 Update – Public Assistance Request Dog Bite – Meaford
7.3.11 Lyme Disease Update
7.3.12 Public Assistance Request – Thornbury

Moved by: David Inglis Seconded by: Stewart Halliday

“THAT, the Board of Health receives the July reports as presented.”

Carried

8.0 Fitness Break

Chair Barfoot declared a recess at 10:20 a.m. to accommodate a brief fitness break. The Board of Health reconvened at 10:35 a.m.
Kristy Hansford joined the meeting at 10:35 a.m.

9.0 Financial Report – Kristy Hansford
9.1 Financial Report – March
9.2 Financial Report – April
9.3 Financial Report – May
    Moved by: Arlene Wright          Seconded by: Sue Paterson
    “THAT, the Board of Health approve the financial reports for March, April and May as presented.”
    Carried

9.4 Budget Updates – Amended with 2% increase
    Moved by: Mitch Twolan          Seconded by: Stewart Halliday
    “THAT, the Board of Health approve the revised 2018 General Budget as presented.”
    Carried

Kristy Hansford left the meeting at 10:45 a.m.

Matthew McMurdie will provide the Board with a streamlined version of the financial reporting next month to be compared with the current reporting in order for the Board to determine how the information can best be presented.

10.0 In-Camera Session
10.1 Litigation or Potential Litigation – Case Update
10.2 Labour Relations or Employee Negotiations – MOH Recruitment
10.3 Information Subject To Solicitor-Client Privilege
    Moved by: Mitch Twolan          Seconded by: Paul Eagleson
    “THAT, the Board of Health does now go into closed session at 10:50 a.m. to discuss litigation or potential litigation, labour relations or employee negotiations and information subject to solicitor-client privilege and THAT, Erin Meneray will remain present as recording secretary and Dr. Hazel Lynn, Matthew McMurdie and Drew Ferguson, will remain present.”
    Carried

The Board returned to open session at 11:05 a.m. with Chair Barfoot presiding.
Chair Barfoot confirmed that only the items stated in the resolution to move into closed session were discussed.

11.0 Other Business
11.1 GBHU Board of Health Evaluations
    11.1.1 Board Effectiveness Survey – Results
The Board felt that one of the biggest gaps that was highlighted was around developing an annual workplan and linking it or aligning it to the strategic plan, and understanding the Boards role in all of this. The Corporate Director and Director of Operations are to come up with a solid workplan for next year that links to strategy.

Matt McMurdie noted that he is currently working on putting together some information for the Board regarding Governance and how it relates to Senior Management.

Moved by: David Shearman Seconded by: Stewart Halliday
“THAT, the Board of Health receive the results from the Board Effectiveness Survey.”

Carried

11.1.2 Member Self-Assessment – Discussion
The Board suggested that it would be useful if the information from the self-assessment was collected and summarized to see if there any themes emerge. It was requested that this be done as soon as possible to have it completed by the current Board.

11.2 Bruce Grey Data Information Sharing Collaborative Summer Newsletter
The newsletter was shared.

11.3 Draft V-527 Retirement and Resignation Recognition (BOH-GEN)
Moved by: David Inglis Seconded by: David Shearman
“THAT, the Board of Health approve policy V-527 Retirement and Resignation Recognition (BOH-GEN) as presented.”

Carried

11.4 Internal Financial Controls and Annual Audit
11.4.1 Draft III-303 Internal Financial Controls & Annual Audit (BOH-ORG)
Strike out point 5.0 on page 5 regarding rubber stamp.
Moved by: Mitch Twolan Seconded by: Arlene Wright
“THAT, the Board of Health approve policy III-303 Internal Financial Controls and Annual Audit (BOH-ORG) as amended.”

Carried

11.4.2 Banking Resolution – Signing Authority
Moved by: Paul Eagleson Seconded by: Stewart Halliday
“THAT, any two of the Medical Officer of Health, Physician Consultant, Director of Corporate Services, Director of Operations and Program Development, Manager of Finance, Chair, and Vice-Chair are authorized on behalf of the Customer from time to time:
to withdraw or order transfers of funds from the Customer's accounts by any means including the making, drawing, accepting, endorsing or signing of cheques, promissory notes, bills of exchange, other orders for the payment of money or other instruments or the giving of other instructions;

to sign any agreements or other documents or instruments with or in favour of Royal Bank, including agreements and contracts relating to products or services provided by Royal Bank to the Customer; and
to do, or to authorize any person or persons to do, any one or more of the following:

i. to receive from Royal Bank any cash or any securities, instruments or other property of the Customer held by Royal Bank, whether for safekeeping or as security, or to give instructions to Royal Bank for the delivery or other transfer of any such cash, securities, instruments or other property to any person named in those instructions;

ii. to deposit with or negotiate or transfer to Royal Bank, for the credit of the Customer, cash or any security, instrument or other property, and for those purposes to endorse (by rubber stamp or otherwise) the name of the Customer, or any other name under which the Customer carries on business, on any security or instrument;

iii. to instruct Royal Bank, by any means, to debit the accounts of third parties for deposit to the credit of the Customer; and

iv. to receive statements, instruments and other items (including paid cheques) and documents relating to the Customer's accounts with or any service of Royal Bank, and to settle and certify the Customer's accounts with Royal Bank; and FURTHER

THAT, all instruments, instructions, agreements (including contracts relating to products or services provided by Royal Bank) and documents made, drawn, accepted, endorsed or signed (under the corporate seal or otherwise) as provided in this Resolution and delivered to Royal Bank by any person, shall be valid and binding on the Customer, and Royal Bank is hereby authorized to act on them and give effect to them.

THAT, Royal Bank be furnished with a copy of this Resolution; and a list of the names of the persons authorized by this Resolution to act on behalf of the Customer, and with written notice of any changes which may take place in such list from time to time, and with specimens of the signatures of all such persons;

Carried
11.5 Building Update
Matt reported that the building roof work is complete and deficiencies have been corrected. Discussions are underway with regards to the penalty and holdbacks.

11.6 Retirement/Service Recognition
The Board acknowledged two staff members for their years of service; Dave Bennett and Kim MacDonald, 25 and 31 years respectively.

12.0 Adjournment
By motion of Mitch Twolan, the Board of Health meeting adjourned at 11:46 a.m.

Next Meeting:
Friday, August 24, 2018, 10:00 a.m.
Township of Georgian Bluffs

X
Alan Barfoot
Chairperson

X
Dr. Hazel Lynn
Acting Medical Officer of Health

X
Erin Meneray
Recording Secretary