



June 25, 2014

Premier Kathleen Wynne
Legislative Building, Room 281
Queen's Park
Toronto, ON
M7A1A1

Dear Hon. Kathleen Wynne;

Re: Call for a Formation of Small and Rural School Alliance

At the regular meeting of Council held on June 25, 2014, the Council of the Town of Penetanguishene passed a resolution which calls for a formation of Small and Rural School Alliance.

Please find enclosed a copy of the above noted resolution which indicates the call for support of this resolution from all small town and rural Ontario municipalities that face or have faced the possibility of school closures within their municipality and that these small town and rural Ontario municipalities jointly lobby for a moratorium on all school closures until such time that the administrative process on accommodation reviews is completed by the Provincial Government.

If you require further information, please do not hesitate to contact the undersigned at 705-549-7453 or gmarshall@penetanguishene.ca.

Most Sincerely,

Gerry Marshall, Mayor
Town of Penetanguishene

/kg

Encl.

cc. Hon. Liz Sandals, Minister of Education
Hon. Jeff Leal, Minister of Rural Affairs
The Federation of Northern Ontario Municipalities
The Association of Ontario Small Urban Municipalities
MPP Garfield Dunlop
MP Bruce Stanton



Regular Meeting of Council
June 25, 2014

Moved By: Councillor Daryl O'Shea
Seconded By: Deputy Mayor Patrick Marion

WHEREAS Education is one of the largest assets that a municipality can provide to its residents in terms of offering quality of life and quality of community;

AND WHEREAS one of the challenges that small town and rural communities face are closures of both elementary and high schools in their communities;

AND WHEREAS the levels of Educational service and costs associated with said services are funded by the Province of Ontario;

AND WHEREAS the Ontario Government has not directly consulted nor communicated with small town rural Ontario municipalities being serviced by the School Boards in regards to school closures;

AND WHEREAS these potential closures are subject to an administrative School Board process called an Accommodation Review Committee (ARC);

AND WHEREAS there is lack of public trust in the Accommodation Review process as School Boards are not being held accountable for the recommendations of the ARC;

AND WHEREAS there is support from other small and rural municipalities to jointly lobby for a moratorium on all school closures until such time that the administrative process on accommodation reviews is completed by the Provincial Government;

NOW THEREFORE BE IT RESOLVED THAT the Town of Penetanguishene request the support of this resolution from all small town and rural Ontario municipalities that face or have faced the possibility of school closures within their municipalities;

AND THAT the Mayor is authorized to reach out to interested communities to form an alliance to approach the Provincial Government via the Ministry of Education and Ministry of Rural Affairs on this issue;

AND FURTHER THAT this joint effort request meetings with the Minister of Education and Minister of Rural Affairs at the upcoming Association of Municipalities of Ontario Conference to represent all supporting municipalities to clearly and directly communicate to the Province the concerns with the policies of local School Boards in reference to ARC processes;

AND FURTHER THAT said municipalities are encouraged to forward letters in support of this resolution to the Premier, Minister of Education, Minister of Rural Affairs, the

Association of Municipalities of Ontario, the Federation Northern Ontario Municipalities, the association of Ontario Small Urban Municipalities and local Members of Provincial Parliament;

AND FINALLY THAT this resolution be forwarded to the appropriate government agencies and communities as outlined within.

CARRIED.

Mayor Gerry Marshall



Municipal Night - Blyth Festival

Thursday August 7th 2014

St. Anne's Reel

July 3, 2014

Dear Municipal Friends:

I'm pleased to invite you to this year's Municipal Night at the Blyth Festival on Thursday August 7th at 8pm for a performance of St. Anne's Reel. We also hope you can join us for a reception in the Lower Hall starting at 7:00pm.

The Blyth Festival is pleased to make available two complimentary tickets for each municipality and offer a sponsor rate of \$20 for additional tickets.

Please share this invitation with your Council and municipal staff and RSVP to Gary Long, CAO/Clerk at 519-357-3550 x.24 (glong@northhuron.ca) or Barb Black, Administrative Assistant, at 519-357-3550 x.21 (bblack@northhuron.ca). We look forward to hearing from you.

Sincerely,

Neil Vincent, Reeve
Township of North Huron

St. Anne's Reel - Written by Gil Garratt, Directed by Marion de Vries
Daniel, a washed-up Dollywood rhinestone cowboy, returns home to the farm near Wingham after many years, on the occasion of his mother's death. Despite his best intentions, Daniel gets drawn right back into scrapping with his old man, Walter – who used to play fiddle with the Ranch Boys on Circle 8. Starkly humorous and deeply moving, this drama about a prodigal son and his cantankerous father is woven with old-time fiddle tunes.

- 7.7 alPHa Disposition of Resolutions from the Annual General Meeting
Moved by: Mike Smith Seconded by: Mitch Twolan
“That the Board of Health receives the correspondence as circulated.”

Carried

8.0 REPORTS

8.1 June Reports

- 8.1.1 Chief Nursing Officer Report – Quality Improvement and Organizational Effectiveness
- 8.1.2 Program Report – June 2014
 - 8.1.2.1 Draft Bruce-Grey Food Charter

8.2 News Releases

- 8.2.1 A Hangover May Be The Least Of Your Worries – Everything Matters!
- 8.2.2 Turn Off Screens Results
- 8.2.3 Guys Caring for Kids Photo Contest
- 8.2.4 Water Safety Is The Life-Saving Message For Safe Kids Week
- 8.2.5 Longest Day of PLAY
Moved by: Bob Pringle Seconded by: John Close
“That the Board of Health receives the June reports as presented.”

Carried

9.0 ADMINISTRATION AND FINANCE

9.1 Financial Report April – Sue Murray

- Moved by: Gary Levine Seconded by: David Shearman
“That the Board of Health receives the Financial Report for the Month of April as presented by Sue Murray.”

Carried

10.0 OTHER BUSINESS

- 10.1 The Association of Municipalities of Ontario (AMO) Conference
The Board will ask for meetings with both Dr. Eric Hoskins, the new Minister of Health as well as Treasury Board Chair Deb Matthews (Former Minister of Health), to once again press the issue of health units not getting their annual Ministry budget confirmation until late in the year; making it extremely difficult to plan.

11.0 ADJOURNMENT

By Motion of Bob Pringle, Chair Duncan McKinlay adjourned the meeting at 11:20 a.m.

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| <p>Date of Next Meeting: Friday July 25, 2014 – 10:00 a.m. Grey Bruce Health Unit Boardroom</p> |
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Duncan McKinlay
Chairperson

Dr. Hazel Lynn
Medical Officer of Health

Erin Meneray, Recording Secretary



BOARD REPORT

Friday, July 25, 2014



Medical Officer of Health

REPORT TO THE BOARD

Friday, July 25, 2012

The Ministry of Health and Long-Term Care Emergency Management Branch has just released *Radiation Health Response Plan*. This plan was developed to support of the Office of the Fire Marshal and the *Provincial Nuclear Emergency Response Plan* and designed to guide health sector planning at provincial and local level.

The goal of the plan is to ensure that Ontario's health sector can respond to a deliberate or accidental radiological or nuclear incident to minimize the risk of illness and death and to ensure that health workers are protected.

A downloadable copy of the *Radiation Health Response Plan, Potassium Iodide (KI) Guidelines, Potassium Iodide Tablets (KI) Fact Sheet* and a number of other support resources are available at www.ontario.ca/radiationhealth

Potassium Iodide (KI) is a common iodine salt which, when ingested orally, can block absorption of radioactive iodine if a person is exposed to contaminated air or food. KI is classified a "natural health product" not a drug.

High levels of exposure and absorption of radioactive iodine is associated with increased incidence of thyroid cancer. It is understood that some workers and people, particularly children, living in close proximity to certain catastrophic nuclear events may benefit from taking KI tablets before and just after the exposure. In the provincial plan, designated municipalities for nuclear facilities are required to detail in their own plans the means to make available KI pills for Primary Zone institutions and the emergency centres (Emergency Worker, Reception and Evacuee Centres). The decision to advise people to take the KI pills will be made by the Chief Medical Officer of Health for Ontario.

The Canadian Nuclear Safety Commission identified "federal and provincial nuclear emergency planning authorities should undertake a review of their plans and supporting programs ... validating the effectiveness of potassium iodide (KI) pill-stocking and distribution strategies" (*CNSC Fukushima Task Force Report* INFO-0824, Oct. 2011). The Municipality of Kincardine and Bruce Power have KI distribution included within their nuclear emergency plan covering the planning and response phases. This plan is reviewed annually and changes are incorporated, as required. There is a provincial emergency management meeting with the MOH's in areas with nuclear reactors scheduled for early August. The CNSC recommendations regarding KI distribution will be discussed and reviewed at that time and may result in some changes in KI distribution plans.

Hazel Lynn

Program Report July 2014



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WEBSITE: www.publichealthgreybruce.on.ca

We work with the Grey Bruce community to protect and promote health.

CLIENT SERVICES

| | |
|-------------------------------|--------|
| Watch Your Step..... | Page 1 |
| Meningococcal B Vaccine | Page 2 |

HEALTHY COMMUNITY DEVELOPMENT

| | |
|--|--------|
| Harm Reduction Strategies | Page 2 |
| Mental Health and Parenting Programs | Page 3 |

ENFORCEMENT / RESEARCH / SURVEILLANCE

| | |
|----------------|--------|
| Extranet | Page 4 |
|----------------|--------|

CLIENT SERVICES

Watch Your Step

The community partnership component of the Grey Bruce Falls Prevention and Intervention Program was highlighted at the *Watch Your Step 2014 National Fall Prevention Conference* in Toronto, May 27-28. Over 400 participants from across Canada and internationally met to share information and learn about the latest research in the area of falls prevention.



Amber Schieck, Health Promoter, provided an oral presentation and display poster, *Falls Prevention Training and Education in College Programs: Utilizing Community Partnerships to Support a Sustainable Fall Prevention Strategy in Grey Bruce*. This presentation highlighted how the Grey Bruce Falls Prevention strategy employs an integrated system of evidence-based services to address the needs of older adults who are at various levels of risk for falls. A falls education and training component is included as one of the prevention initiatives. Training for frontline care providers is important, as they have a key role in the prevention of falls among older adults.

The full program listing and presentations are available on the conference website at www.watchyourstepcanada.com.

Meningococcal B Vaccine

Health Canada recently approved Bexsero®, the first vaccine in Canada to protect infants, children and adolescents from meningococcal type B (MenB) bacterial infections. Bexsero® is not included in the Publicly Funded Immunization Schedule for Ontario. The vaccine is available by prescription and administered by a health care provider.

Indications: The vaccine is approved for infants, children and adolescents from 2 months through to 17 years of age.

Schedule: The immunization schedule and dose depend on the age of initial immunization. Infants beginning immunizations at 2 months should receive four doses: 2, 4, 6 months and a booster at 2 years.

Dosage: 0.5 ml.

Adverse Events: Based on clinical trials, the most common adverse events for adolescent and adults following administration of Bexsero® included local reactions - pain, erythema, induration; and systemic reactions - malaise, headache, myalgia. Infants and children most commonly experienced local reactions - tenderness, erythema, induration; systemic reactions - fever, irritability, unusual crying, sleepiness.

Epidemiological Data: Meningococcal types A, B, C, Y, W-135 are the most common cause of invasive meningococcal disease in Canada. There has been a steady reduction in meningococcal type C since the introduction of the vaccine program in Ontario in 2004. However, type B is now the leading cause of invasive meningococcal disease in Canada; responsible for 57% of all invasive meningococcal cases with the highest incidence in infants under one year of age, followed by children one to four years of age.

In 2013, there were two meningococcal B deaths in Grey Bruce.

Health Canada. (2014). Bexsero® at:

http://www.hc-sc.gc.ca/dhp-mps/prodpharma/sbd-smd/drug-med/sbd_smd_2014_bexsero_147275-eng.php?utm_source=rss&utm_medium=rss&utm_campaign=summary-basis-of-decision-sbd-bexsero-



HEALTHY COMMUNITY DEVELOPMENT

Harm Reduction Strategies

Harm reduction is a range of practical strategies focused on limiting the harmful consequences associated with drug use and other risky health behaviours. The Ontario Public Health Standards require all health units *ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance.*

The Grey Bruce Health Unit provides needles, syringes, pipes and other safe-use supplies through community sexual health clinics and community-based partner, business and agency sites.

There is no compelling evidence to support the view that harm reduction strategies enable and tacitly condone substance misuse. Providing harm reductions supplies to users reduces the risk of transmission of serious blood-borne diseases and the related health care costs. As well, the distribution sites provide points of contact between staff and users who are often socially marginalized and disconnected from health care and social services. This contact can lead to guiding these users to services including addiction counselling.

In addition to the existing services, work is underway to prepare and distribute opioid overdose prevention kits. These kits include the drug naloxone which users can administer to their peers to reverse the effects of an overdose. The Ministry of Health and Long-Term Care has endorsed this augment to current harm reduction strategies and is distributing naloxone through the provincial pharmacy. We will be consulting with relevant local stakeholders before proceeding with distribution next year.

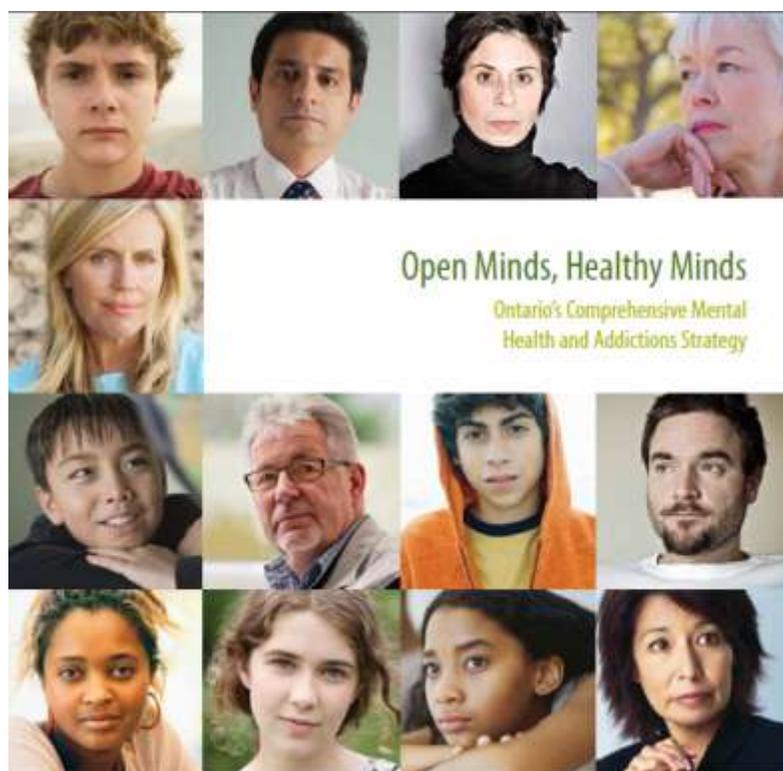
[Ontario Harm Reduction Distribution Program](http://www.ohrdp.ca/about-us/harm-reduction/) at: <http://www.ohrdp.ca/about-us/harm-reduction/>

Mental Health and Parenting Programs

Child and youth mental health resilience and wellness is the focus of the first three years of the ten year plan *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health & Addictions Strategy*. Healthy, secure infant attachment is vital for a child's best possible development. The quality of parenting is the strongest variable contributing to developmental and behavioural problems in children.

The Let's Grow Implementation Committee is integrating children's mental health promotion into programs and services across sectors. A working group is identifying and reviewing the parenting programs and partnerships offered in Grey Bruce. From this review, the group will plan collaborative programming options for 2015.

Handle with Care is a national, research-based program funded by the Public Health Agency of Canada designed to promote the mental health of young children from birth to six years of age. *Handle with Care* offers simple, interactive strategies that build on the strengths of parents and caregivers. It assumes every parent has problem solving skills, potential resources and wants the best for their children. The program is organized in four blocks: building trust and attachment; building and enhancing self-esteem; expressing emotions; and, relationships with other children. Grey Bruce was a rural pilot for the project during the research phase. There will be a low cost training opportunity offered locally for service providers this fall.



ENFORCEMENT / RESEARCH / SURVEILLANCE

Extranet

Communication and sharing information is necessary in the course of our work with a variety of community partners. As the majority of information is in a digital format, it is essential to have a secure location where staff and partners can retrieve, update and save content. Within the organization, an Intranet is used for this access and document sharing. An Extranet is used for access and document sharing with our collaborating outside organizations.

We have designed an Extranet with controlled access to users from outside the organization to share and contribute information with our staff and other partners. It provides a business-to-business network. Staff can now work with partner organizations to setup Extranet sites tailored to the needs of their specific project. The Extranet also addresses the requests to have larger files, such as training videos and PowerPoint presentations, moved amongst partners as it provides the storage and enables the sharing of these files. With site administration handled by IT, all Extranet information can be included in our data backup storage rotation. The Extranet stands alone from the Internet, maintaining the security of our internal network and client health information.

This is an emerging system and no other partner organization has an Extranet in place. This will become a powerful tool for all who use it.

