

December 8, 2014

To: Head and Members of Council
From: Elizabeth Savill, Secretary-Treasurer

Please be advised that in accordance with the Association's By-law and vacancy policy, the Secretary-Treasurer is requesting nominations to fill the following vacancies on the 2014 – 2016 AMO Board of Directors. Candidates chosen to fill the vacancies will complete the term of the Board (August, 2016). Candidates should anticipate that s/he will be interviewed as part of the process to fill the vacancies.

The status of the Board's six Caucuses follows:

- County Caucus – three elected official vacancies to be filled
- Large Urban Caucus – one elected official vacancy to be filled
- Northern Caucus – no vacancy
- Regional and Single Tier (Cities) – three elected official vacancies to be filled
- Rural Caucus – one elected official vacancy to be filled
- Small Urban Caucus – no vacancy

Qualifications and Nomination Requirements:

- ✓ Municipality must be an AMO member in good standing.
- ✓ Candidate for Director shall:
 - be an individual of eighteen (18) or more years of age;
 - not be an undischarged bankrupt; and
 - not be declared incapable.
- ✓ No Member Municipality may be represented on the Board by more than one Director, either a municipal elected official or a municipal employee.
- ✓ Qualified Nominees must obtain a Council resolution of support which must also specify the Caucus for which the individual is nominated.

Attached is:

- i) An estimate of the annual time commitment required to serve on the AMO Board of Directors and for those who if they become chair of a caucus will then serve on the AMO Executive Committee.
- ii) Nomination Form

Submission:

- ✓ A completed Nomination Form and supporting material must be received no later than 9:00 a.m. Friday, January 16, 2015. Nominations will not be accepted beyond that date.
- ✓ A completed Nomination Form
- ✓ Candidates CV
- ✓ Council's resolution of support

Forward the required information above to the Association via fax at (416) 971-6191 or mail to the attention of Pat Vanini, Executive Director. All candidates will be contacted to confirm receipt of their nominations.

If you have any questions regarding this information, please contact Pat Vanini, Executive Director at (416) 971-9856, ext. 316, e-mail pvanini@amo.on.ca or Lorna Ruder, Executive Assistant, ext. 341, email lruder@amo.on.ca.



The following is an estimate of time individuals can normally expect to devote for service on the AMO Board of Directors and Executive Committee (i.e. where a member of the Caucus becomes Chair of a Caucus).

Board Meetings	6 days
AMO Conference	3 days
Other Commitments (i.e. task forces)	up to 6 days depending on interest
Executive Meetings	10 days
Memorandum of Understanding Meetings (Executive Committee only)	10 days

Board Meetings:

Board meetings are normally held on the fourth Friday in September, November, January, March and June and on the Saturday and sometimes the Sunday prior to the AMO Annual Conference in August. The June meeting is normally held in the President's or Secretary-Treasurer's municipality. In addition to the Board meetings, Board members may also serve on AMO Task Forces or be appointed to other committees.

Executive Meetings:

Executive meetings are held on the Thursday before a scheduled Board meeting and on the fourth Friday of the month when there is no Board meeting. Memorandum of Understanding (MOU) meetings are specifically scheduled and are generally monthly.

- It is the responsibility of the person nominated to file a complete and accurate Nomination Form.
- Nominations will be accepted no later than **9:00 AM Friday, January 16, 2015**
- Resolution of support from nominee’s municipality **must** be attached, and **must** specify the Caucus.

Send completed forms to:
Pat Vanini, Executive Director
Association of Municipalities of Ontario,
200 University Avenue, Suite 801
Toronto, ON M5H 3C6
FAX to: 416-971-6191

Nominee’s Name	<i>Check One Only</i>
Nominee’s Municipal Title	Director County Caucus <input type="checkbox"/>
Municipal Name	Director Large Urban Caucus <input type="checkbox"/>
	Director Regional & Single Tier (Separated Cities) Caucus <input type="checkbox"/>
Address	Director Rural Caucus <input type="checkbox"/>
Town/City	Postal Code
Business Telephone:	Mobile:
Fax:	Email:

Council Resolution confirming Caucus and Council support for the nomination is ATTACHED.

My CV is ATTACHED.

CONSENT OF NOMINEE AND STATEMENT OF QUALIFICATION

I _____ the Nominee mentioned in this Nomination Form do hereby consent to such nomination and declare that I am qualified to be elected and to hold the office for which I am nominated.

Dated: _____ Signature: _____
Signature of Nominee

FAX this Form, Your CV and Council Resolution to: 416-971-6191 or email to: pvanini@amo.on.ca no later than 9:00 AM, January 16, 2015

Carried

7.5 Ontario Society of Physical Activity Promoters in Public Health Physical Literacy Policy Recommendations

Moved by: Bob Pringle

Seconded by: Brian Milne

“That the Board of Health for the Grey Bruce Health Unit endorse the Ontario Society of Physical Activity Promoters in Public Health policy recommendations in support of physical literacy development in Ontario.”

Carried

Moved by: David Shearman

Seconded by: Mike Smith

“That the Board of Health receives correspondence 7.1, 7.2 and 7.3 as circulated.”

Carried

8.0 REPORTS

8.1 October Reports

8.1.1 MOH Report – Advocacy

8.1.2 Program Report – October 2014

8.2 News Releases

8.2.1 Making Healthy Communities the Election Issue

8.2.2 Falls Prevention Celebrates 20 Years in Grey Bruce

8.2.3 Bad Way to Be Nice – Cut off the “social supply” of smokes

8.2.4 A New Head Lice Resource Assists Parents

8.2.5 Public Assistance Request, Dog Bite Port Elgin

8.2.6 STOP Program: Support for Ontario smokers who wish to quit smoking

8.2.7 National Infection Control Week October 20-26, 2014

Moved by: David Shearman

Seconded by: Arlene Wright

“That the Board of Health receives the October reports as presented.”

Carried

9.0 ADMINISTRATION AND FINANCE

9.1 Financial Report August – Sue Murray

Moved by: Mike Smith

Seconded by: Bob Pringle

“That the Board of Health receives the Financial Report for the Month of August as presented by Sue Murray.”

Carried

9.2 Vaccine Fridge

Moved by: Arlene Wright

Seconded by: Bob Pringle

“That the Board of Health approves the purchase of a new refrigeration unit for vaccine storage as recommended.”

Carried

10.0 OTHER BUSINESS

10.1 Governance Centre of Excellence Mentorship Program

10.2 Board of Health Policies

10.2.1 Draft I-100 Organizational Policy Standards

10.2.2 II-201 Reference Manuals/Documents Legislation (removed)

- 10.2.3 Draft II-200 Mission, Vision and Values
- 10.2.4 Draft II-201 Operational Philosophy
- 10.2.5 Draft II-202 Strategic Planning

Moved by: Mike Smith Seconded by: Bob Pringle

“That policies I-100 Organizational Policy Standards, II-200 Mission, Vision and Values, II-201 Operational Philosophy and II-202 Strategic Planning be approved as presented, and that policy II-201 Reference Manuals/Documents Legislation be removed as recommended.”

Carried

10.3 MOH Performance Evaluation

The MOH Performance Evaluation Survey is set to be distributed to BOH Members October 30, 2014. Results will be aggregated and presented back to the Chair, who will provide feedback to Dr. Lynn.

10.4 Human Health Hazard Letter and Brown County WI Press Release
Distributed for information.

10.5 Holiday Luncheon

The staff holiday luncheon will follow the December Board Meeting; Friday December 19, 2014.

10.6 OPSEU Pro-Tech Negotiations

Moved by: Bob Pringle Seconded by: Brian Milne

“That Board of Health Members Duncan McKinlay and Mitch Twolan be appointed as the primary and secondary Board of Health representatives in the OPSEU Pro-Tech negotiations.”

Carried

10.7 Building Update

The Board was apprised of the ongoing remedial work on building deficiencies.

11.0 ADJOURNMENT

By Motion of Brian Milne, Acting Chair Mitch Twolan adjourned the meeting at 11:40 a.m.

<p>Date of Next Meeting: Friday November 28, 2014 – 10:00 a.m. Grey Bruce Health Unit Boardroom</p>
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Mitch Twolan
Acting Chairperson

Dr. Hazel Lynn
Medical Officer of Health

Erin Meneray
Recording Secretary



BOARD OF HEALTH MINUTES

DATE: Friday November 28, 2014
LOCATION: Grey Bruce Health Unit Boardroom (Room 207)
TIME: 10:00 a.m. – 12:00 p.m.
MEMBERS PRESENT: Duncan McKinlay (Chair), Laurie Laporte, Gary Levine, Brian Milne, Bob Pringle, Will Rogers, David Shearman, Mike Smith, Mitch Twolan, Arlene Wright
REGRETS: John Close,
ALSO PRESENT: Dr. Hazel Lynn, Dr. Christine Kennedy, Sue Murray, Alanna Leffley
SPECIAL GUESTS:
SECRETARY: Erin Meneray

1.0 CALL TO ORDER

Chair, Duncan McKinlay called the meeting to order at 10:00 a.m.

2.0 AMENDMENTS TO AGENDA

Addition: New Business, 11.2 BOH Access Cards

3.0 APPROVAL OF AGENDA

Moved by: Arlene Wright Seconded by: Gary Levine
“That the agenda be approved as amended.”

Carried

4.0 DISCLOSURES OF PECUNIARY INTEREST

There were no disclosures of pecuniary interest declared at this time.

5.0 REVIEW OF MINUTES OF LAST MEETING (October 24, 2014)

Moved by: Brian Milne Seconded by: David Shearman
“That the minutes of October 24, 2014 be approved as circulated.”

Carried

6.0 STAFF PRESENTATION: Accountability Indicators, Maureen Handley and Alanna Leffley

7.0 CORRESPONDENCE

- 7.1 Timiskaming Health Unit Resolution Re. Continued Publically Funded Oral Care Services
- 7.2 Timiskaming Health Unit Resolution Re. Regulating the Manufacture, Sale, Promotion, Display and Use of E-cigarettes

- 7.3 Sudbury and District Health Unit Motion Re. Food/Income Security and Nutritious Food Basket
- 7.4 Sudbury and District Health Unit Resolution Re. Publically Funded Dental Services
- 7.5 Sudbury and District Health Unit Resolution Re. Flavoured Tobacco and Menthol Cigarettes
- 7.6 Sudbury and District Health Unit Resolution Re. E-cigarettes
- 7.7 Simcoe Muskoka District Health Unit Re. E-cigarettes
- 7.8 Peterborough County-City Health Unit Letter to MCYS Re. Healthy Babies Healthy Children Funding
- 7.9 alPHa Letter re. Mandatory Long-Form Census Questionnaire
 Moved by: Bob Pringle Seconded by: Mitch Twolan
 “That the Board of Health support alPHa’s resolution in support of Private Member’s Bill, C-626, an Act to amend the Statistics Act, which calls for the appointment of a Chief Statistician and the reinstatement of the mandatory Long-Form Census.”
Carried
- 7.10 Ontario's Comprehensive Mental Health and Addictions Strategy
- 7.11 Letter from Minister Re. Associate Medical Officer of Health Appointment
 Moved by: Gary Levine Seconded by: David Shearman
 “That the Board of Health receives correspondence 7.1 to 7.8, 7.10 and 7.11 as circulated.”
Carried

8.0 REPORTS

- 8.1 November Reports
- 8.1.1 Program Report – November 2014
- 8.1.2 MOH Report
- i. Draft Mutual Assistance Agreement between Southwest Ontario Health Units
 Moved by: Mike Smith Seconded by: Brian Milne
 “That the Board of Health authorizes signing of the Mutual Assistance Agreement between Southwest Ontario Health Units, as presented.”
Carried
- ii. Chief Medical Officer of Health Memo on Transparency Reporting
 The Board of Health recognizes its responsibilities as outlined in the MOHLTC Memorandum dated November 14, 2014 with regard to Infection Prevention and Control (IPAC) Lapse Transparency Reporting.
 Moved by: Arlene Wright Seconded by: Laurie Laporte
 “That, the Board of Health authorizes the Medical Officer of Health to sign-off the Public Health Unit Transparency Reporting Plan Template, and request further clarification from the interim Chief Medical Officer of Health on this requirement.”
Carried

- iii. Potassium Iodide (KI) Pill Distribution
- iv. Government Communication from the Ministry of Finance
- v. Tobacco/Making Healthier Choices Act

8.2 News Releases

8.2.1 Halloween Treats for Healthy Smiles

8.2.2 Owen Sound Votes for Healthy Smiles

The Board thanked Dr. Lynn and staff for work on this initiative.

8.2.3 Public Assistance Request Dog Bite – Kincardine

8.2.4 Time to get your flu shot

8.2.5 Grey County Adopts a smoke-free by-law

8.2.6 November is Falls Prevention Month

8.2.7 We C.A.R.E. Grey Bruce Launch

Moved by: Gary Levine Seconded by: David Shearman

“That the Board of Health receives the November reports as presented.”

Carried

9.0 ADMINISTRATION AND FINANCE

9.1 Financial Report September – Sue Murray

Moved by: Mitch Twolan Seconded by: Gary Levine

“That the Board of Health receives the Financial Report for the Month of September as presented by Sue Murray.”

Carried

10.0 IN-CAMERA

Moved by: David Shearman Seconded by: Bob Pringle

“That the Grey Bruce Board of Health does now go into closed session to discuss items which relate to labour relations negotiations and matters pertaining to collective bargaining; and terms of employment of individual employees or management and further that Health Unit staff Alanna Leffley will be excused during this session.”

Carried

Moved by: Mike Smith Seconded by: Arlene Wright

“That the Board of Health does now return of open session.”

Carried

Moved by: Bob Pringle Seconded by: Brian Milne

“That the Board of Health ratify the OPSEU Pro-Tech Local 276 collective agreement dated January 1, 2015 to December 31, 2018, as presented in camera.”

Carried

11.0 OTHER BUSINESS

11.1 Staff Holiday Luncheon

Friday December 19, 2014 following the Board of Health Meeting.

11.2 BOH Access Cards

Cards should be returned to the Recording Secretary who will re-distribute at the December meeting.

12.0 ADJOURNMENT

By Motion of Brian Milne, Chair Duncan McKinlay adjourned the meeting at 12:00 p.m.

<p>Date of Next Meeting: Friday December 19, 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, November 28, 2014

Program Report November 2014



101 17th Street East, Owen Sound, ON N4K 0A5
519-376-9420 1-800-263-3456

WEBSITE: www.publichealthgreybruce.on.ca

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

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CLIENT SERVICES

2014 Municipal Election Strategy

Local municipal governments have an essential role to play in the health of their community. The Grey Bruce Health Unit developed the initiative “*Let’s make a difference and put Health in All Policies*” to assist elected officials to recognize that the decisions they make can have a significant impact on the health of their residents. Sent electronically and by mail to the over 250 electoral candidates, the resource package identifies important issues related to health across Grey Bruce and actions that can be undertaken at the local level.

Candidates were encouraged to open conversations and connect with their constituents, community leaders and other stakeholders to explore ways to create a culture of health within their community. The Grey Bruce Health Unit will continue this initiative through orientation sessions for elected officials.



HEALTHY COMMUNITY DEVELOPMENT

The Baby Friendly Initiative

The Baby Friendly Initiative designation (BFI) to promote, protect and support breastfeeding is an accountability standard we have been working toward since the Board of Health endorsement in November 2011. Assessors from the Breastfeeding Committee of Canada were on site October 29 - 31 to review our policies and documentation, observe prenatal groups and conduct interviews. The assessors met with over 30 staff and 31 mothers who had received our services. Following a teleconference with the board of the Breastfeeding Committee of Canada to discuss their findings, the assessors met with the Health Unit's BFI working group to share highlights. A written report of the assessment will follow.



We work with our community partners to provide a seamless transition between the hospitals, community services and peer programs. In Ontario, there are over 360 organizations within the scope of the BFI Strategy, including hospitals, CHCs, Health Units and Family Health Teams. Mothers who birth at hospitals practicing even six or seven of the 10 BFI steps are six times more likely to achieve exclusive breastfeeding than those birthing in hospitals that do not support any of the steps. Infant and toddler nutrition is a public health issue, not a lifestyle choice. The goal of the BFI is to have a positive impact on the health of newborns and mothers.

Polio Vaccine – Lessons Learned

In the five years from 1949 to 1954, polio paralyzed 11,000 people in Canada. The rate of polio peaked in 1953 with nearly 9,000 cases and 500 deaths. It was the most serious national epidemic in Canada since the 1918 influenza pandemic (www.cpha.ca).

Sixty years ago, one of the most complex medical trials in history was undertaken in the U.S., Canada and Finland to test the effectiveness of a newly developed polio vaccine. The clinical trial included 650,000 schoolchildren who were given the vaccine, 750,000 were given a placebo and over 400,000 children acted as a control group (receiving neither vaccine nor placebo). Each participant received a "Polio Pioneer" certificate. The vaccine proved safe and effective and widespread use began the next year. The oral polio vaccine followed in 1962. As a result of the vaccine program, Canada was certified polio-free in 1994.

Public support of vaccines is one aspect of the polio story that still plays a role in the development and use of vaccines today. A 1955 Gallup poll showed that more Americans knew about the polio vaccine trials than could give the full name of the president. There is much discussion in the media today about the pros and cons of vaccination. While some may dismiss the benefits and advocate for fewer vaccines, a recent survey of Grey Bruce residents demonstrates ongoing public support for vaccination. Of respondents with school-aged children, 96% strongly agree that immunizing children protects them from disease and 94% strongly agree that vaccines are safe for children (RRFSS, 2012, Attitudes toward childhood immunization in Grey Bruce). With the anniversary of the polio vaccine trial, it is important to remember the significance of vaccinations for both the individual and for public health.



REGULATORY/ RESEARCH / SURVEILLANCE

Food Safety Disclosure

Public access to an online food safety inspection disclosure system begins January 1, 2015. The current food premises disclosure on the Health Unit public website provides information relating to closures, orders or charges laid by Public Health Inspectors. This enhanced feature will provide access to inspection results and provide the community with information about the food safety status of local premises.

Routine compliance inspections are conducted one to three times per year, depending on the complexity of a facility menu and the potential risk of a food-borne illness. Inspection report will be posted as inspections are undertaken.

Inspection results will be summarized into six categories. The food disclosure report will indicate if the facility was in compliance, improvement needed, or if the category was not applicable to that facility.

- Refrigeration and Freezer Temperatures
- Cooking and Hot-Holding Temperatures
- Food Protected From Contamination
- Utensils and Equipment Properly Cleaned and Sanitized
- Food Handler Hygiene (including hand washing)
- Premises Clean and Properly Maintained

Currently, a hard copy of an inspection report can be requested through the Public Health Inspector Helpdesk. As of January 1, this request can also be made through fax, in-person or email.



Staff Panic Alarm System

A new panic alarm system will allow staff to quickly and silently call for help in the event of an emergency when it may be unsafe or inappropriate to call for help in other ways. For example, it may escalate the situation by picking up the phone to call for assistance when dealing with a belligerent person. A panic alarm can provide a quick and convenient way to summon help without drawing attention.

Panic alarms may be particularly beneficial for reception, shipping/receiving areas, clinic rooms and locations where confrontations with the public may occur.

Alarms consist of two components the panic button and the communications system. The button activates the system when help is needed. Panic buttons are designed to resist accidental activation. We will use a wireless model with a short-range radio transmitter, similar to a garage door opener. The communications system summons help when a panic button is pressed. The type of communications system will depend on the layout and resources where the panic alarm is being activated.

The response team will consist of employees from multiple departments (Facilities, HR, etc.). Systems to notify the response team of an alarm include overhead paging and devices that send voice, text or email messages directly to the responder's computer or smart phone.

Panic alarms are only effective if people know how to use them. They require initial training, training for new staff and refresher training to ensure staff responds appropriately when required. Staff will also be more at ease in situations where they may feel anxious knowing they have the ability to call for assistance.





BOARD REPORT

Friday, December 19, 2014



Medical Officer of Health

REPORT TO THE BOARD

Friday, December 19, 2014

Out of the Shadows, Forever – The Mental Health Commission of Canada

The Mental Health Commission of Canada was formed in 2007. It is a nonprofit organization funded by the Government of Canada but operating at arm's length and supported by all provincial and territorial governments except Quebec. It has a sunset date of 2017. Their Mission is to promote mental health in Canada. It has two goals; the first is to change the attitude of Canadians towards mental health problems and mental illness; secondly, to work with stakeholders to improve mental health services and supports.

A synopsis of the Commission's initial report is available online: [Out of the Shadows, Forever – An Overview](#)

Additional information on the commission is available on their web site: <http://www.mentalhealthcommission.ca/>

The Mental Health Commission of Canada reports, "One in five Canadians is affected by a mental illness or addiction issue every year. Onset often occurs at a young age." Thus, staff at the Grey Bruce Health Unit are working with community partners on a program to assist both peers and adults to identify and increase their ability to respond to mental health issues in youth. The initiative is called We C.A.R.E.; Connect with, Ask about, Reach out to, and Engage to increase awareness, understanding, compassion and support for youth mental health.



Grey Bruce We C.A.R.E. is a joint project with Bluewater District School Board, Brockton and Area Family Health Team, Bruce Grey Child and Family Services, Bruce-Grey Catholic District School Board, Canadian Mental Health Association Grey Bruce, Grey Bruce Health Services, Grey Bruce Health Unit, Hanover Family Health Team, Hope Grey Bruce Mental Health & Addictions Services, Keystone Child, Youth & Family Services, South Bruce OPP, VPI (employment strategies) and Wes for Youth. Please visit their web site: www.wecaregreybruce.ca

Public Health Ontario and the Institute for Clinical Evaluative Sciences published an Ontario report [Opening Eyes, Opening Minds: The Ontario Burden of Mental Illness and Addictions Report](#), using data from 1992-2012. The message is that mental illness and addiction cause the greatest burden of loss of healthy years in Ontario.

By recognizing the importance of mental health to over-all health, becoming informed and by working together, leaders in municipal government, education and health care can make Grey Bruce a healthy place for everyone.

Hazel Lynn

Program Report December 2014



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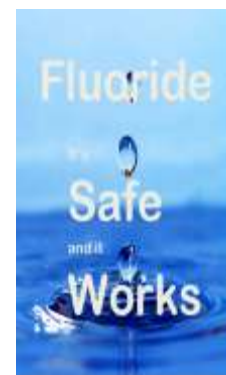
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CLIENT SERVICES

Fluoride - Supporting Oral Health

On October 27, 2014, residents of Owen Sound made a significant decision to support the oral health of their residents by voting to continue municipal water fluoridation. Endorsed by more than 100 respected health and dental organizations around the world, water fluoridation prevents tooth decay and supports better overall health. Ontario MPPs passed a motion at Queen's Park, November 27, that endorses water fluoridation as a healthy and essential measure to minimize tooth decay.



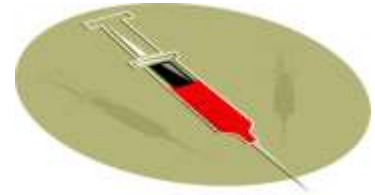
To ensure all children have access to the benefit of fluoride, particularly those outside of Owen Sound who do not receive it through a municipal/private water system, public health offers fluoride varnish to children 17 years and under. Varnish applications are not as cost effective nor do they provide the universal benefit seen with fluoridated municipal water. To maximize the reach, fluoride varnish applications are available to children who attend parent mutual aid sites, in homes of families in the Healthy Babies Healthy Children program and through public health dental clinics. This strategy supports the *Ontario Public Health Standards* by reducing the barriers to access and providing an essential clinical service to children at risk of dental decay.

In looking at health equity, communities currently not receiving optimal levels of fluoride in their municipal water system may choose to explore the addition of fluoride as a cost effective and universal benefit for all their residents.

Quality Improvement in Action

Accreditation Canada's guide to assist organizations to focus on Quality Improvement begins by asking three questions:

1. *What are we trying to accomplish?*
2. *How will we know that a change is an improvement?*
3. *What changes can we make that will result in improvement?*



The Vaccine Preventable Diseases team identified two quality improvement areas in 2014: improve public access to influenza vaccine offered by pharmacies; and, to improve student safety during school vaccine clinics.

In 2013/14, there were 32 pharmacies participating in the Universal Influenza Immunization Program in Grey and Bruce. The goal was to increase this to 38. A survey of all pharmacies showed that education was a common need and lack of training presented a barrier to participation. Following an in-service for all pharmacies, that included nurses working with pharmacies to ensure their facilities and vaccine handling procedures were current, 40 pharmacies were approved to participate in the program for 2014/15. This represents a significant increase in public access to influenza vaccine offered by pharmacies.

In the 2013/14 school year, there were three injuries resulting from faints at school vaccine clinics. Upon review, it was determined that students most often fainted in the hallway while returning from an immunization. A mandatory five-minute post-injection wait was implemented at all school clinics to avoid injuries resulting from post-injection faints. To date in the 2014/15 school year, only one post-injection faint with injury was reported. As a result of the new process, nurses are comfortable with the post-injection wait time and feel that some faints with injuries have been prevented. The team will continue to monitor post-injection faints with injury to ensure the safety of students remains priority.

Key to the success of these two quality improvement objectives is the teamwork in implementing changes and monitoring indicators to measure outcomes.

HEALTHY COMMUNITY DEVELOPMENT

Smoke-Free Movies

A 2010 U.S. study estimated that 44 percent of youth smoking can be attributed to on-screen smoking exposure.¹ To help minimize the impact on youth from exposure to on-screen smoking, we partnered with local communities to run Smoke-Free Movie Nights. These events provide a platform to talk to youth and parents about the dangers associated with tobacco portrayal and product placement in movies, especially in movies rated for children and youth.

Youth volunteers in each community set-up interactive booths for face painting, smoke-free movie button making, a smoke-free photo booth and low impact games. A survey given to the parents provided a chance to discuss tobacco depiction in movies and the current movie rating system used by the Ontario Film Review Board. Prior to the start of the movie, a Smoke-Free Movie Public Service Announcement created by youth from the Tobacco Control Area Network was shown.

Three Smoke-Free Movie Nights were held attracting approximately 990 people.

- August 13, at the Hanover Drive-In, in partnership with Hanover Youth Roots, Town of Hanover and Hanover Drive-In
- August 25, at The Village of Blue, in partnership with the Town of the Blue Mountains
- October 8, at the Meaford Hall, in partnership with the Municipality of Meaford

¹C Millett and SA Glantz, "Assigning an 18 rating to movies with tobacco imagery is essential to reduce youth smoking (editorial)," *Thorax* 2010; 65(5): 377-78

REGULATORY/ RESEARCH / SURVEILLANCE

Bruce Power Emergency Preparedness

Recent changes mandated by the Canadian Nuclear Safety Commission will affect Emergency Preparedness planning for Bruce Power, the Municipality of Kincardine and the Grey Bruce Health Unit. New requirements, to be in place by the end of 2015, relate to the area covered by and method used for distribution of Potassium Iodide (KI) pills.

Potassium Iodide is useful during specific types of nuclear emergencies. It can help protect the thyroid against some of the affects of radiation, particularly in children, pregnant women and women who are breastfeeding. Under the existing emergency procedures, the municipality keeps a stockpile of KI pills for the residents of the primary zone (the area around Bruce Power) to be dispensed during an evacuation. Under the new system, the KI pills are to be pre-distributed to residents in the primary zone with an accompanying stockpile maintained by the municipality to supply campgrounds and seasonal residences in the area. Additionally, a process will be developed for distribution of KI pills, if required, to residents outside the primary zone.

The new approach should improve the timely access to KI pills for residents. It will require coordinated communication between Bruce Power, the Municipality of Kincardine, the health unit and local residents. A working group is currently developing the process of KI distribution and a communication strategy.



Oral Health Surveillance in Schools

Each year, public health dental hygienists conduct oral health screening on junior and senior kindergarten and Grade 2 students in all Grey Bruce schools, including private, Mennonite and Amish.

Outcomes of the Grade 2 screening determine what additional action may be required. If there is a high rate of decay, defined as 14 percent or more of students with decay in two or more teeth, the Grade 4, 6, and 8 students in the school are also screened. For schools with a medium rate of decay, 9.5 to 14 percent of students with decay in two or more teeth, the Grade 8 students are screened. In those with low rates, fewer than 9.5 percent of students with decay in two or more teeth, no additional screening is required.

Of the 67 schools screened in 2013/14, 16 schools showed high rates of decay, 13 as medium and 38 screened as low. Immediately following the screening sessions, principals are provided with information on the rates of decay seen their students. They also receive recommendations and additional resources to support oral health.

The data is used to align additional initiatives targeting children at high risk. In areas with high rates of decay in junior and senior kindergarten children, public health partners with childcare centres and parent mutual aid sites to offer early screening. Parents receive a report on their child and additional resources to support oral health. Children who qualify receive access to treatment and preventive services including fluoride varnish and sealants. Our goal is that each child achieves optimal oral health, free from decay and pain.

Radon Awareness

For the past two years, we have participated in a national public awareness campaign promoting radon awareness and indoor air testing. In line with these activities, we conducted [a local baseline public survey](#) about radon knowledge using the [Rapid Risk Factor Surveillance System](#). The results indicate that while approximately 60 percent of Grey Bruce residents have “heard about” radon, fewer than half know that exposure can increase the risk of lung cancer. Less than 8 percent of households in Grey Bruce have been tested for radon.

These results demonstrate a significant lack of local public knowledge about radon and the measures to assess and mitigate that risk. As a result, we will continue public awareness activities associated with radon, primarily by aligning with the national [Take Action on Radon Campaign](#).

Radon is a colourless, odourless, radioactive gas that occurs naturally from the normal breakdown of uranium in rock and soil. The greatest source of public exposure occurs when the gas enters buildings through cracks in basements, drains, sump pits and other below-grade access. Long-term exposure increases the risk of lung cancer, especially among smokers. Health Canada recommends homes be tested and remediation undertaken when indoor levels exceed of 200 Becquerels per cubic metre of air.

While there is risk associated with radon exposure and benefit to testing and remediation, it is significantly less risk than that posed by tobacco use and exposure to second-hand smoke. In fact, the majority of lung cancer deaths linked with radon correlate to smoking. Tobacco cessation therefore remains the key focus in reducing cancer and other associated adverse health outcomes.

