



News for the Canadian Institute of Public Health Inspectors

Knowing leads to doing: The radon testing imperative

Anne-Marie Nicol¹, Lydia Ma¹, Greg Baytalan²,

¹ National Collaborating Centre of Environmental Health

² Interior Health

November is radon action month and there are many reasons to encourage radon testing in homes, schools, daycares and other indoor spaces, public and private. Radon is a tasteless, odorless radioactive gas that is found in rocks and soils throughout Canada. As uranium breaks down over time, it releases radon gas and alpha radiation, which it and its decay products are particularly harmful to the lungs when inhaled (<https://www.epa.gov/radon>). Radon is the leading cause of lung cancer for non-smokers, and increases smokers' lung cancer risk dramatically, from 1 in 20 to 1 in three (<https://www.canada.ca/en/health-canada/services/environmental-workplace-health/reports-publications/radiation/radon-another-reason-quit-fact-sheet-health-canada-2010.html>).

Predicting where radon is a problem is difficult, as uranium is present in the ground across the country. The potential for radon varies with the amount of uranium in the soil and Canada is a uranium "rich" country (one of the top five in the world). In fact, research by the federal government suggests that Canadians' average household exposure to radon far exceeds the measures of homes in other countries [1]. Of importance to note is that the soil or rock does not have to be recognizably high in uranium or of mining quality, for high levels of indoor radon to occur.

Attempts to map radon levels in homes have met with varied results, in part due to the low amount of testing being done in homes. The map in Figure 1. illustrates the various radon potentials in BC, given the uranium concentration in the soils. All regions of the province have some areas where the potential for radon to occur is high. However, beyond uranium levels in soil, the way that homes are built can also impact radon levels. The natural stack effect within buildings results in soil gas rising from the ground, especially during heating season, and variables such as air-tightness, building materials and the size of the home can influence radon indoors [2-3].

... Continued on Page 6

NOVEMBER IS RADON ACTION MONTH. CHECK OUT THE WEBSITE BY CLICKING ON THE LOGO BELOW!

TAKE
ACTION
ON RADON

HIGHLIGHTS IN THIS ISSUE. . .

8 Getting to Know You—Interior Health

11 Update from NCCEH

14 Opportunity with CoPE

Branch Update

Welcome Colleagues, to the Fall 2017 issue of the BC Page Newsletter!

Having already given thanks to our kin around a great feast, received a few tricks or treats, and taken a moment at least to remember those whom paid the ultimate sacrifice for our freedoms we have at present, I would like to provide you with a brief update from the branch.

First off I would first like to acknowledge Elden Chan our Branch Webmaster for his efforts to give our website its long overdue update, and while the data transfer process is still in progress, this new platform will hopefully serve to better reflect our transition into the New Year and the 21st Century.

Further to my last update, we have completed the draft Update of our new Constitution and By-laws, as mandated by the new Societies Act of BC which were also briefly introduced during our recent Branch 2017 Annual General on November 6, 2017. We will be circulating this draft document out to the BC Membership at large for review and input, hopefully by the end of this year, and prior to getting a formal legal review for an update within our Spring 2018 issue.

Moving forward then into winter and the holiday season, and in light of the widely successful 83rd CIPHI National Annual Education Conference in Richmond, the decision was made by your Executive Council that all branch Christmas luncheons will be conducted strictly at the regional level. Email notices will be circulated soon for those areas planning to host a luncheon this year.

We are still looking to fill several vacancies on the BC Branch Executive Council, most notably being the President Elect position to assist me as your new BC Branch President in leading the Branch forward, by honouring our traditions and inspiring innovation. We also have a couple councillor positions we are looking to fill with any colleagues looking for an opportunity to volunteer and give back to environmental public health profession.

In closing I would like to bring your attention to some of the key highlights in the issue, such as the Getting to Know the Interior Health Environmental Public Health Leadership Team, the BCIT Awards Recipients, and details surrounding NCCEH's Ready to Eat Meat.

Please stay tuned for more regarding the success and details of the AEC with in our Special Winter 2018 BC Page early next year!!!

Seasons Greeting and Happy New Year!!!



Gordon Moseley, Dip.T., B.Tech., C.P.H.I.(C)
BC Branch President



Hello CIPHI members and environmental health professionals alike! Welcome back again to Giardia's Corner with me, Giardia! As this issue is readying for release, many of you are readying yourselves for the festivities at the Richmond hosted, Annual Education Conference, November 5th –8th, 2017. The conference was a sell-out success. Presentations on topic areas ranging from strategies to fend of bed bugs to the appropriate measures that should be taken when a residence is used for drug production will have been soaked in by eager environmental public health brains! I hope you all enjoy!

We want to hear
from you!



We are interested in hearing about your AEC experience and seeing it through the lens of your camera. Please submit your tales through photos and stories that can be shared with your colleagues across the province in our upcoming Winter Edition.

Submit to stacey.sowa@viha.ca.

CoPE Connection

Do you mentor students? Take people out to show them what we do?

You can get PDHs for that!

Your Friendly CoPE Crew have made a few improvements to what you can claim for Mentoring and Job Shadowing:

Mentoring - Student Practicum Coordinators can claim up to **10 PDHs**.

Job Shadowing/Professional Promotion - If you take an EPHP student, medical student or other individual out for the purposes of training, promoting or advocating, you can claim **1 PDH** for every **4 Hours** (rounding up to the nearest .5 PDH) up to a max of **10 PDHs**.

Student Practicum Coordinators can't claim additional PDHs for students assigned to them, but can claim 1 PDH for every 4 hours of job shadowing/professional promotion of other individuals.

Add the individual's name and the date(s) when claiming PDHs!

Just remember there is a Max of 20 PDHs for the Participation Category!



PD Portal: The revised CPC Professional Development Model is available on the CIPHI Member Portal Library at <http://www.ciphimember.ca>.

Environmental Public Health Week Proclamations

“Honouring Traditions, Inspiring Innovations”

September 25—29, 2017

The Branch had a late start on getting out the requests for having September 25—29, 2017 proclaimed as Environmental Public Health Week. None-the-less, we had some success with communities supporting our profession and helping us honour traditions and inspire innovation.

City of Campbell River

City of Nanaimo

Comox Valley Regional District

City of Port Alberni

City of Duncan

Entrance and Fall Scholarship Awards Ceremony



Jeremy Chu (right) received the “Dr. John Blatherwick Entrance Award” presented by Dr. Blatherwick (left).

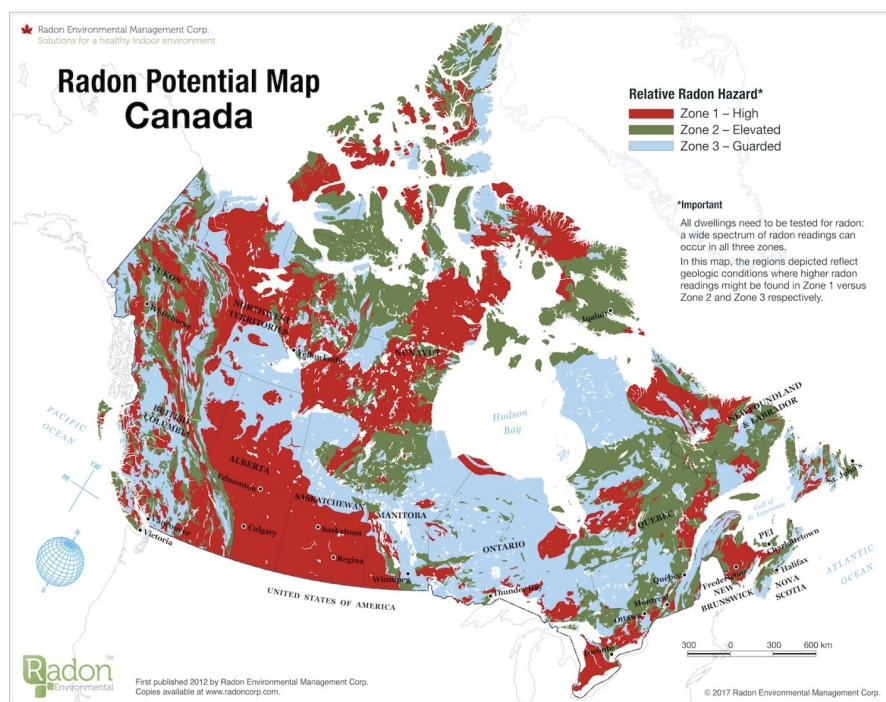
Chloe LeTourneau-Paci (right) received the “Bob Herbison Memorial Award” presented by Tim Roark (left).



Christina Kwong (left) received the “Joe & Gladys Woolsey & Sam Parrish & Gladys Cranke Memorial Award” presented by Lorraine Woolsey (right).

Knowing leads to doing—The radon testing imperative—Continued

Figure 1: Radon Potential Map of Canada

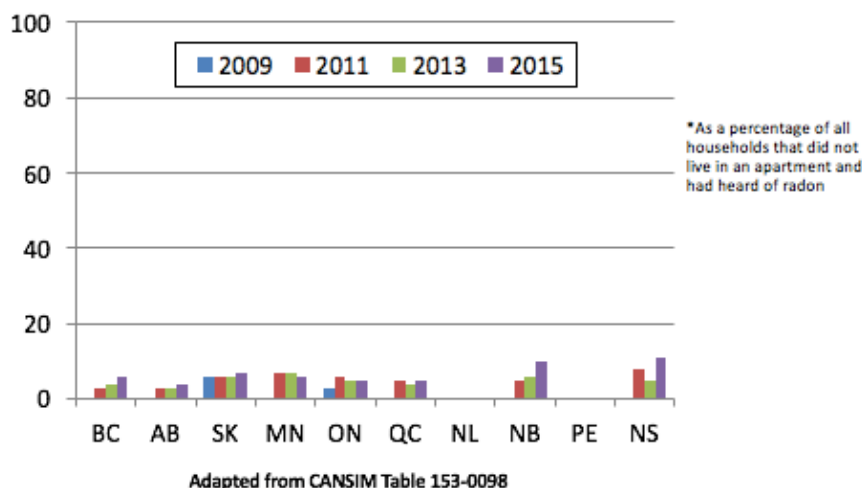


Use of map by permission from Radon Environmental Management Corp 2012

Note: Health Canada recommends that all dwellings be tested for radon regardless of the location

Statistics Canada recently surveyed Canadians about radon awareness and testing, with disappointing results. While more Canadians are learning about this radioactive gas, the rate of actual testing is still very low: generally, less than 10% of home owners reported they had testing done. To date, Nova Scotia and New Brunswick have higher testing rates than other provinces, with BC at only 6% of those surveyed in 2015. See Chart 1. Some health regions and units across the country are taking on the challenge, including the Windsor Essex, Thunder Bay and Grey Bruce units in Ontario, by providing residents with free test kits during November being Radon Action Month.

Chart 1. Percentage of homes reporting radon testing, by year and province. Statistics Canada 2009-2015



Adapted from CANSIM Table 153-0098

(<http://www5.statcan.gc.ca/cansim/a26?lang=eng&id=1530098>)

Beyond the home: radon and early life exposures

Children are known to be more sensitive to radiation exposure than adults, so reducing exposure to radon during childhood is critically important (ATSDR 2015 <https://www.atsdr.cdc.gov/ToxProfiles/tp.asp?id=407&tid=71>). Reducing early life exposure to radon can help lower overall lifetime radiation exposure and reduce the risk of developing lung cancer later in life. A public health action

... Continued on Page 7

Knowing leads to doing—The radon testing imperative—Continued

that some jurisdictions already undertook which can help lead to reduced radon gas exposure for children involves testing in schools and child care facilities.

Currently, the number of schools being tested for radon in BC is low and lags behind rates in other provinces. There are no provincial initiatives in BC to require school testing, unlike Saskatchewan, Nova Scotia, New Brunswick, Quebec and the Yukon, where almost all schools have been tested (https://www.carexcanada.ca/en/announcements/radon_resources/). Health Canada revised their Guide to Radon Measurement in Public Buildings in 2016, this document outlines protocols for school testing and includes specific guidance for people wanting to undertake a testing program in a public facility (<https://www.canada.ca/en/health-canada/services/environmental-workplace-health/reports-publications/radiation/guide-radon-measurements-public-buildings-schools-hospitals-care-facilities-detention-centres.html>).

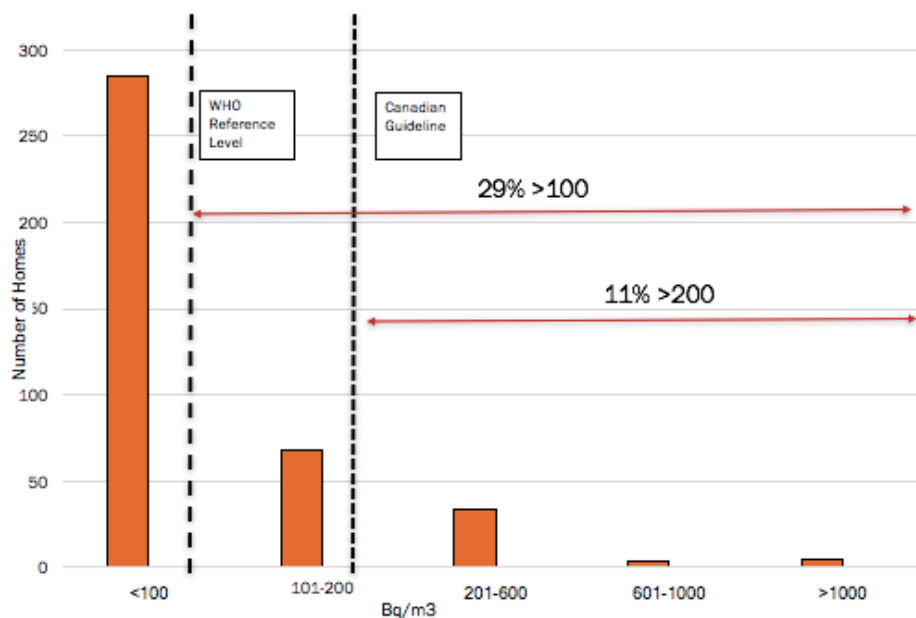
Radon levels in child care facilities are also significant for three reasons: frequency and duration of exposure and proximity to source. The majority of Canadian families use child care for children age under four and of these, 60% use at least 30 hours per week in a regular arrangement (<http://www.statcan.gc.ca/pub/89-652-x/89-652-x2014005-eng.htm#a2>). Child care facilities are often situated in the ground level or basement level of homes, churches and office spaces, and as such, the potential to radon exposure is higher than on upper levels. Young children also spend more time on lower levels of rooms, including time spent crawling or napping on play mats. Taken together, these predisposing factors become a compelling reason to address radon exposure and its inherent risk for the very young.

The issue of child care exposure has been a specific concern for Greg Baytalan, an environmental health officer at BC's Interior Health (IH) Authority. Baytalan spearheaded child care facilities testing in the BC IH region through funding support from Health Canada in 2013.

"It just makes sense," says Baytalan "People send their children to child care facilities expecting that the facility we license is ok, but how can it be if the radon level is high? The only way to know is to test the indoor environment, and testing is easy."

In the Interior Health child care facilities project, radon testing was conducted at approximately 400 facilities. Of these 11% reported levels above the government of Canadian guideline of 200 Bq/m³ and 29% above the WHO recommended Reference Level (action limit) (100 Bq/m³). While these findings are similar to other testing programs, some facilities had startling numbers of more than 10 times the WHO "recommended" Reference Level. Also interesting is the number of mobile portable style units that tested high. It is important to note that agencies recommend attaining the lowest level reasonably achievable below their associated Guideline, Reference or Action Level.

Chart 2. Results of IH Childcare radon testing, categorized by radon level



Note: WHO and Health Canada recommend that levels be as low as reasonably achievable below their Reference Level or Guideline respectively

As a result of Baytalan's work and findings, IH became the first jurisdiction in Canada to require all of its licensed childcare facilities to test for radon as part of the licensing process. Quebec has been testing daycares located on school grounds, but IH's approach

. . . Continued on Page 8

was the first of its kind. This act protects also the health of child care centre staff who are similarly exposed in their occupational setting.

The Interior Health decision was followed swiftly by an announcement in the Yukon to change legislation in child care facilities across the territory to require radon testing and mitigation (<http://www.cbc.ca/news/canada/north/radon-testing-daycares-mandatory-yukon-1.4361468>) Similar to regions in BC, Yukon has reported some very high indoor radon levels and is third in the country, after Manitoba and New Brunswick for the highest average levels reported in the cross-Canada survey of radon conducted by the federal government (<https://www.canada.ca/en/health-canada/services/environmental-workplace-health/radiation/radon/cross-canada-survey-radon-concentrations-homes-final-report.html>). It is important to note that the Kootenay-Boundary Health Service Delivery Area exceeded the New Brunswick average.

Testing is the only way to determine hazard presence

A recent University of Calgary radon testing initiative in over 3000 Alberta homes determined that the size and the age of a home are important variables even in areas where radon levels are below the current Canadian Guideline level. Newer, larger homes had higher radon levels than older smaller homes, a result that may surprise some readers. Building materials and even features such as vaulted ceilings had an impact on radon levels. These results highlight the importance of testing in order to make an evidence-based decision to undertake mitigation or reduction measures.

The risk to long-term health consequence from early life radon exposure is well documented: radon gas is a carcinogen and the second leading cause of lung cancer after smoking. Reducing radon exposure is key to preventing cancer which has a latency period of decades. This delay in onset should not allow us to forget about radon or allow exposures to continue. It not only makes sense but it is imperative for public health to take action to lower radon levels especially in children's environments. Testing is the first step in this action framework, and mitigation follows. The good news is that all homes and public facilities can be successfully remediated by certified radon contractors and hence an environmental hazard can be removed and the public's health, especially that of children, protected.

Health Canada recommends testing during the cold months of the year for a minimum of 91 days in the lowest level of the building that could be occupied for longer than 4 hours per day. To obtain a long-term radon test kit and for more testing information, visit BC Lung Association website (<http://www.radonaware.ca/radon-resources/overview.php>).

The NCEEH website (<http://www.nceeh.ca/environmental-health-in-canada/health-agency-projects/radon-home>) has resources and select research publications on testing in homes and childcare facilities. For more information on radon and school testing, please visit CAREX Canada (<https://www.carexcanada.ca/en/>) to view the *Radon in Schools* report which will be released the third week of November.

References

- [1] Chen, J., Bergman, L., Falcomer, R., & Whyte, J. (2014). Results of simultaneous radon and thoron measurements in 33 metropolitan areas of Canada. *Radiation protection dosimetry*, 163(2), 210-216.
- [2] Levesque, B., Gauvin, D., McGregor, R. G., Martel, R., Gingras, S., Dontigny, A., ... & Letourneau, E. (1997). Radon in residences: influences of geological and housing characteristics. *Health Physics*, 72(6), 907-914.
- [3] Stanley, F. K., Zarezadeh, S., Dumais, C. D., Dumais, K., MacQueen, R., Clement, F., & Goodarzi, A. A. (2017). Comprehensive survey of household radon gas levels and risk factors in southern Alberta. *CMAJ open*, 5(1), E255.

Getting to Know You—Interior Health

Jennifer Jacobsen, Team Leader, Environmental Health

Jen Jacobsen graduated from SFU with a biology degree and an interest in Wildlife biology. This transitioned into various pest control management jobs and eventually led her career path into the BCIT Environmental Health program.

Jen Jacobsen started in Interior Health as a practicum student in 2001 when it was transitioning from the Thompson Health Region. She worked in the Kamloops office covering a maternity leave briefly and then moved to Calgary Health Region and worked as an EHO and Communicable Disease specialist from 2002 to 2007. In 2007, Jen returned to Interior Health and worked as a field EHO in Salmon Arm. In 2012 she became a Team Leader for the Okanagan and moved to beautiful Penticton. Jen is interested in climate change and how this is going to impact the field of Environmental Health in the future. When Jen is not working, you can find her at the rink watching her 11 and 9 year old sons play hockey.



Ivor Norlin, Manager Drinking Water Systems Program



Ivor came to Interior Health as a student EHO in August 2005 after training at Concordia University College (under F.U. and the Mak Attack). Ivor left behind his previous work-life as a professional biologist, having previously held positions with Okanagan University College (aka UBCO), the BC Ministry of Forests, and the University of Alberta. After stints in the Vernon and Kamloops health protection offices, Ivor lodged himself in Salmon Arm. Over the next few years Ivor moved to a technical specialist EHO role and eventually a manager's position in 2011. Since then he's overseen various programs, including services provided to the 1,577 permitted community water supply systems in Interior Health. Ivor has published and presented on water quality and public health risk most recently developing a source water management course and syllabus for the Thompson Rivers University water and wastewater operator program.

Born and raised in Armstrong, Ivor lives in Salmon Arm with his wife Kelsey and children Aila and Jute. He spends whatever unspoken-for time he might have left yelling at the TV and rehabilitating old sports injuries.

Kevin Touchet, Manager of Environmental Health

Kevin started his environmental health career in Kamloops with the Ministry of Health as part of the South Central Health Unit in 1988. Since then, he's worked as an PHI/EHO, Senior PHI, Practice Leader, Manager of Food Safety and Manager of Environmental Health.

Over the years, he has focused on the food safety program, meat inspection, tobacco enforcement, CD enterics & zoonotics, in addition to the general Environmental Health portfolio. He represents IH Health Protection on a variety of provincial committees and working groups.

Kevin has been teaching FOODSAFE with Thompson Rivers University since starting as a PHI and has been active participant with program reviews/updates ever since. He co-wrote the WaterSafeBC introductory course for TRU, and is currently working as a reviewer for the proposed Microbiology for FOODSAFE Instructors course. In addition, he is currently participating in the ProcessSafe Steering Committee for this new course being developed.

He has the opportunity to work with a great team of EHOs in IH; including eight direct report EHOs, along with supporting Meat Inspection focused EHOs and the FOODSAFE contact EHOs.

Kevin is a BCIT Environmental Health grad and holds a Graduate Certificate in Public Health Leadership from Concordia University of Edmonton. He is married with two grown children and a dog named Freddie.



Dan Ferguson, Manager Strategic Initiatives



Dan Ferguson is a Certified Public Health Inspector with 30 years' experience in Environmental Public Health. Dan started his career in Bonnyville, AB in 1987 and moved to Kamloops, BC in 1990, and became a Deputy Chief Public Health Inspector in 1992. Since 2001, when Interior Health was formed, Dan has held a number of management and leadership positions within the Health Protection portfolio. During that time, he spent three years with Health Emergency Management BC, where he helped hospitals and residential care facilities develop and exercise emergency response plans. He also facilitated training in personal protective equipment related to chemical contaminants and the Ebola Virus.

Dan's resulting passion for Emergency Management led to him spending the last 2 years developing and implementing Interior Health's Health Protection Emergency Management system. He is currently completing an Emergency Management Certificate through the JIBC.

Dan and his wife, Laura, have 3 children aged 22, 18 and 16.

Courtney Hesketh, Director of Environmental Public Health

Courtney joined Interior Health in 2005 as an Environmental Health Officer and worked in the Kelowna, Salmon Arm and Vernon Offices. In 2007, she jumped at the opportunity to join the new IH Communicable Disease Unit and enjoyed being able to be involved in the development of a program from the ground up. In 2009, she returned to the Environmental Health Program as a Team Leader and in 2013 became the program manager. This past summer, she took on the role of Director of Environmental Public Health at Interior Health. Her current portfolio includes Environmental Health, Drinking Water, Emergency Management and Environmental Management.

Courtney is committed to lifelong learning and has completed a Graduate Certificate in Public Health Leadership and a Graduate Certificate in Public Health Strategic Communications. She is currently working on a Master's in Business Administration through Thompson Rivers University.



**YOU KNOW WHAT
REALLY GRINDS MY
GEARS . . .**

When you try to enter to inspect or you ask a food handler to do something and you get the “the owner isn’t here right now, can you come back at another time?” response.

Please submit your “heard it a thousand time before one-liners” that you hear in the field over and over to stacey.sowa@viha.ca. Let’s all share in the hilariously annoying joys of our environmental public health experiences.

In Memoriam - William Edmund Bennett Withers

Bill Withers was born in New Westminster in 1930 and played competitive soccer for the City before starting his career in Public Health. Bill received his Certificate in Sanitary Inspection (Canada) # 1195 from the Canadian Public Health Association in 1959 upon completing the required training program.

He started his career as a Sanitary Inspector in what was known as the Skeena Health Unit in Smithers and Prince Rupert. Bill was subsequently appointed as the Chief PHI for the health unit. He then moved to Victoria to work for Bill Bailey in the Public Health Engineering Division of the Ministry of Health. Bill then moved to the Public Health Protection Program to work for Andy Hazelwood, Director. He retired in 1987 as Manager of the Drinking Water Program after 28 years of service with the government.

Bill was an avid Bridge player, fisherman and enjoyed travelling abroad.

Bill passed away on September 14, 2017. He will be missed by his many friends, colleagues and family.

Many thanks to Bob Smith for his assistance with this information.

Tim Roark
BC Branch Historian



Update from NCCEH



National Collaborating Centre
for Environmental Health

Centre de collaboration nationale
en santé environnementale

NCCEH Online Course

READY-TO-EAT MEATS: Assessing Food Safety Risks

Ready-to-eat (RTE) meat products include numerous types of sausages, ham, pepperoni, jerky, smoked deli meats, and other meat products that do not require further cooking prior to consumption. RTE meat products are particularly susceptible to contamination, because raw meat or poultry, as the primary ingredient, is likely already contaminated. Therefore the safety of the final product is particularly important by ensuring that critical control steps and critical limits in the production processes are appropriate, and cross-contamination in the processing facility is minimized.

This course was adapted by the NCCEH from an in-person course developed by the BC Centre for Disease Control in collaboration with regional health authorities. Designed specifically for PHIs, this course focuses on micro-, small-, and medium-sized RTE meat production facilities. These facilities are generally not federally registered with the Canadian Food Inspection Agency (CFIA), and are inspected by a provincial, regional, or local health agency. In many cases, public

... Continued on Page 12

Ready to Eat Meats—Continued

health inspectors (PHIs) are the primary resource for technical food safety knowledge of RTE meat products for operators of these facilities.

The primary objective of this course is to help participants understand the general principles of a food safety risk assessment in RTE meat production facilities. The materials in this course are presented with the PHI knowledge level of typical food premises operations. The course aims to familiarize participants with common processes used in RTE meat production, the associated critical control steps and critical limits, and other environmental hygiene and microbiological concerns that may threaten the safety of the final RTE meat product. This will help participants devise appropriate questions for operators in order to conduct a proper food safety risk assessment to reduce the risk of foodborne illnesses.

The course is divided into ten modules. Upon successful completion of the course modules and quizzes, a Certificate of Completion will be issued to participants.

Module 1: Introduction to RTE Meats

Module 2: Introduction to Food Safety Assessments for RTE Meats

Module 3: Fermentation

Module 4: Curing

Module 5: Cooking

Module 6: Drying

Module 7: Other RTE Meat Production Processes

Module 8: Trichinella Control

Module 9: Regulations for Product Labelling

Module 10: Environmental Hygiene and Canadian Outbreaks

What is the course fee?

This course is currently FREE to members of the Canadian Institute of Public Health Inspectors (CIPHI). A membership number will be required in order to take advantage of this offer.

When will it be available?

The course is expected to launch in **late November 2017**.

To be notified when course registration begins, contact Tina.Chen@bccdc.ca. Sign up for [NCCEH monthly eNews](#) for our latest resources and offerings.



National Collaborating Centre
for Environmental Health
Centre de collaboration nationale
en santé environnementale



Interested in getting involved?

The BC Branch is currently looking to fill:

President-Elect Position

Some of the roles and responsibilities, for this position, include: prepares meeting agendas, provides a BC Branch update for the BC Page newsletter, conducts Branch President functions in the absence of the President.

Councilor Position

Some of the roles and responsibilities, for this position, include: actively participating in monthly branch meetings, supporting the promotion of the branch, and assisting in planning of branch activities through participating in a committee.

If you are interested in getting involved with the Branch, please contact:

president@ciphi.bc.ca

for more information.



Council of Professional Experience (CoPE)

Volunteer Position – BC Committee Representative

About the Canadian Institute of Public Health Inspectors

CIPHI represents and unites Environmental Public Health professionals across Canada. We advance the profession and field of Environmental Public Health through certification, advocacy, education and professional competencies. Through this we protect the health of all Canadians. More information about our organization is available at our website, www.ciphi.ca.

The Council of Professional Experience (CoPE) is tasked with administration of the CPC Program. CoPE is comprised of voluntary members who have been appointed through consultation with the Branches of CIPHI. The Council has been in place since June 2009 in an interim format working to formalize the structure, operations and policies of the permanent Council. The permanent Council has now been in operation since early 2010. CoPE is administratively responsible to the Canadian Institute of Public Health Inspectors but operationally independent. For more information on CoPE and its Terms of Reference, visit <http://www.ciphi.ca/files/documents/cpc/copereg.pdf>

CoPE is inviting applications from persons working as a Certified Public Health Inspector [C.P.H.I.(C)] to fill vacant member positions. Applicants may also include persons working in a Health Discipline **other than** that of a Certified Public Health Inspector [C.P.H.I.(C)] such as a Medical Health Officer, Public Health Nurse, Epidemiologist, etc. The appointment is for a three-year term and will commence immediately after the selection of the successful candidate.

Role and Responsibilities

- Work as a full member of CoPE
- Conduct business on behalf of CoPE
- Be an active participant within 1 or 2 assigned Portfolios with specific roles and responsibilities
- Participate in monthly telephone conference calls
- Attend annual face to face meeting

Qualifications and Key Attributes

- Must have a valid Certificate in Public Health Inspection (Canada) or CPHI(C),
- Minimum 5 years experience in field
- CoPE membership must represent diverse disciplines, geographic regions, and employers in Canada and these factors will have significant weight in the selection of an applicant.

Applications

Applicants are asked to email a cover letter and a resume by **Nov 30th, 2017** to: cope@ciphi.ca

We thank all applicants for their interest. Only those selected will be contacted. CIPHI is an equal opportunity organization and encourages all qualified applicants to apply.

Baby Announcements



Ian and Jade Stewart welcomed Madelyn Yvonne Stewart on Halloween at 9:34. Baby Madelyn weighed 6lbs 11!

Congrats!



Paul Cseke and his wife Kali welcomed baby West Cseke on October 10, 2017. He weighed in at 7lbs 11oz.!

Welcome West!



Keep up to date on the latest news at the BC Branch website:

www.ciphi.bc.ca

The page also contains information on membership, conferences, career opportunities, documents, and much more. Check it out regularly.

Did you know the BC Branch is on Facebook and Twitter?



Click on the icon to find the BC Branch on Facebook and *Like* the page.



Click on the icon and *Follow* the BC Branch on Twitter.

BC Branch Executive 2016

www.ciphi.bc.ca

President	Gordon Moseley	250-549-5725	gordon.moseley@interiorhealth.ca
President Elect	Vacant		
Past President	Dale Chen	250-645-6474	dale.chen@northernhealth.ca
Treasurer	John Pickles	604-983-6879	john.pickles@vch.ca
Recording Secretary	Carol Leung	250-505-7288	carol.leung@interiorhealth.ca
Corresponding Secretary	Christine Chen	250-519-5648	christine.chen@viha.ca

Councilors

Daniel Fong	604-829-2543	daniel.fong@bccdc.ca
Catherine Sun	250-565-2150	catherine.sun@northernhealth.ca
Debby Peng	250-645-3008	debby.peng@fnha.ca
Emily Woodrow	250-331-8518	emily.woodrow@viha.ca
Stacey Sowa	250-737-2022	stacey.sowa@viha.ca
Jessica Ip	604-675-3803	jessica.ip@vch.ca
Janelle Rimell	250-549-5758	janelle.rimell@interiorhealth.ca
Paul Cseke	250-519-3632	paul.cseke@viha.ca
Vacant	###-###-####	
Vacant	###-###-####	

Branch Appointees

BC Page Editor	Stacey Sowa	250-737-2022	stacey.sowa@viha.ca
BC Branch Historian	Tim Roark	778-574-1188	tdroark@shaw.ca
B.O.C. Coordinator	Kuljeet Chattha		kuljeet.chattha@vch.ca
B.O.C. Member	Gary Tam	604-233-3217	gary.tam@vch.ca
Webmaster	Elden Chan	778-991-0990	EldenLChan@gmail.com
CoPE National Chair	Keir Cordner	250-363-3143	Keir.Cordner@fnha.ca
CoPE BC Representative	Cole Diplock		cole.diplock@viha.ca

BC Branch Address

c/o Gordon Moseley
1200-601 West Broadway
Vancouver, BC V5Z 4C2
FAX: 604-736-8651

Editorial Team

Associate Editor

Casey Neathway (FNHA)
#770 – 175 2nd Avenue
Kamloops, BC V2C 5W1
Casey.Neathway@fnha.ca

Associate Editor

Tim Roark
3301-164A Street
Surrey, BC V3Z 0G5
tdroark@shaw.ca

Associate Editor

Kelsey Hynes (FHA)
#218-610 Sixth Street,
New Westminster, B.C.V3L 1C2
kelsey.hynes@fraserhealth.ca

Editor

Stacey Sowa (Island Health)
4th Floor-238 Government St
Duncan, BC V9L 1A5
stacey.sowa@viha.ca

Editorial Policy

The objective of this newsletter is to keep the members of the BC Branch and other colleagues informed of the local and national events that are of interest and importance to them.

The views, comments, or positions of the BC Page are those of the Editorial Team or the author and do not necessarily reflect those of either the BC Branch or the Canadian Institute of Public Health Inspectors.

The Editorial Team reserves the right to edit material submitted, solicited or unsolicited, for brevity, clarity, and grammatical accuracy.

Advertising Policy

The BC Branch will accept advertising relating to health & environmental issues, products, and services. Advertisements that the editorial team concludes are contrary to good public health practice or environmental protection goals, or those deemed offensive or not in good taste, will not be accepted.

Advertising Rates

FULL PAGE.....\$75 per issue

HALF PAGE.....\$50 per issue

QUARTER PAGE.....\$30 per issue

BUSINESS CARD.....\$20 per issue

There is a 25% discount for a commitment of at least six consecutive issues. Changes can be made in the ad format or content during this period. Ads should be camera-ready; any extra costs necessary to prepare the ad material may be charged to the advertiser.