



SAFE CYCLING DURING THE COVID-19 PANDEMIC



National Collaborating Centre
for Environmental Health

Centre de collaboration nationale
en santé environnementale

Shirra Freeman, Environmental Health and Knowledge Translation Scientist, NCCEH

Introduction

Since the start of the COVID-19 pandemic, the number of people riding bicycles [increased](#) in many Canadian cities. Cycling has offered a safe form of physical activity while fitness centres, pools, and organized sports have been shut down. Recreational riding will probably remain high during the summer and autumn. Agencies such as the World Health Organisation [support](#) bicycle riding during the pandemic.

Even before the pandemic, [active transportation](#) programs promoted cycling because it is [healthy](#) and environmentally sustainable. During the pandemic, cycling may also be contributing to making transportation systems more [resilient](#) by meeting the needs of some public transit users. In many cities, public transit operators have cutback services by reducing the number of vehicles in operation and limiting the number of passengers permitted on buses and trains as part of physical distancing measures. People may also be reluctant to use public transit and other forms of [shared transit](#) (e.g., taxis, and ride hails) because of concerns about exposure to the virus in enclosed spaces used by multiple people. Under these circumstances, cycling may offer a partial solution to these constraints.

Notwithstanding these potential benefits, cycling during COVID-19 may involve unique health risks. This article outlines these risks and discusses mitigation measures related to infrastructure design and individuals' behaviours. It also provides an overview of actions taken by local BC authorities.

Risks of cycling during the COVID-19 pandemic

SARS-CoV-2 transmission

When streets, pathways, and trails become congested, riders may have difficulty staying [two metres](#) away from other people, and this can increase the risk of transmitting the SARS-CoV-2 virus. For this reason, the [BC Cycling Coalition](#) advises cyclists to ride alone where there are fewer people, and spreading out is feasible. However, this may not always be possible since [access](#) to outdoor public spaces is difficult to control. The [US Centers for Disease Control](#) and [Health Canada](#) note that wearing non-medical face masks may reduce the spread of respiratory droplets if safe physical dis

HIGHLIGHTS IN THIS ISSUE. . .

- 6 Letter for Outreach
- 12 News from BCIT
- 14 Update from EOCP

. . . Continued on Page 3

Branch Update

In my last update, three months ago, our focus was all about COVID-19. Now, as BC enters Phase III of reopening and as environmental public health professionals start to get back to their “regular” work, our new reality is starting to become evident. Inspections take more time and consideration of personal protective equipment; contact tracing continues; and in-person meetings are likely gone for a while. I’d like to recognize the efforts and contributions of all environmental public health professionals over the past months in adapting your approaches to continue to ensure that the public remains safe and healthy.

CIPHI realized, as we were proceeding through the COVID-19 response, that the specific roles and importance of environmental health professionals were not being acknowledged by the media, by the public, or even by our own health leaders. In this issue of the BC Page you’ll see a letter that CIPHI (co-signed by the BC Branch and National) sent to Dr. Bonnie Henry and Minister Dix requesting that recognition. While we did see an increase in mentions of our work in subsequent briefings, it highlighted that there is still work to be done on professional advocacy. To that end, you’ll have seen an increase in outreach and social media postings by CIPHI and a redesign of the CIPHI National website. When the National Executive Council started our 2020-2021 strategic plan of advocacy and outreach, we didn’t realize how timely it would be!

In recognition of our “new normal”, the Branch has started discussions about how we hold our 2020 Branch AGM: past years have been incorporated into Christmas parties and BOC pre-exam meetings, which are not a given this year. Our 2020 Annual General Meeting will be an online-only event, with specific details and voting considerations still to be worked out. Likewise, with the 2020 AEC canceled/postponed, the National Executive is exploring an online-only AGM and we hope to have additional information to share on that in the coming weeks and months.

As business resumption continues, and as more facilities open, the public will be looking to you and your expertise more than ever for advice and guidance to keep safe and healthy. I’d like to acknowledge how each of you have stepped up to play a role in flattening the curve, and will continue to play roles in the safe continuation of our “normal” activities. Kudos!

Yours Truly,



Casey Neathway
BC Branch – President



Safe Cycling During the COVID-19 Pandemic. . .Continued

tancing is impossible. Several sports medicine experts claim that [face coverings](#) become uncomfortably wet and can impair breathing when a person exercises and may, therefore, be of limited use for cyclists.

The adequacy of the two-metre distancing rule for people exercising has also been questioned. [Heavier breathing](#) during exertion may propel droplets beyond two metres. Also, forward momentum may create a [plume](#) of droplets extending up to 20 metres behind the rider. To date, there is [no evidence](#) of whether there is enough viable virus in these plumes to infect passersby.

Bicycle-sharing services ([bike shares](#)), present additional hazards from surfaces that may become contaminated by an infected user. High-touch surfaces such as handlebars and helmets, locks, and payment hardware are of particular concern. There is also the potential for crowding by people removing and returning bicycles at docking stations.

Road safety

There is also concern that there may be more collisions and injuries as the number of riders grows. The Traffic Injury Research Foundation warns that physical distancing may make [sharing](#) of residential streets by motorists and larger numbers of pedestrians and cyclists more challenging. This issue led over 100 Australian physicians, public health and transport researchers to call on officials to [repurpose](#) roads and other public spaces to enable safe cycling and walking during the pandemic.

Recommendations for cycling safety during different phases of the pandemic

Recommendations for cycling during the COVID-19 pandemic are often discussed in the context of [urban mobility](#) and the recreational use of [outdoor spaces](#). Several organizations with existing active transport agendas have introduced modifications designed to reduce transmission risks. The National Association of City Transportation Officials ([NACTO](#)) and the Federation of Canadian Municipalities ([FCM](#)) produced comprehensive [guidance documents](#) on strategies to make streets safer during the pandemic. NACTO also offers a [toolbox for redesigning streets](#) to better accommodate different uses (e.g., walking, cycling, play, commerce, schools, queuing, dining out) during the pandemic. Some community-based groups have linked pandemic responses to [local priorities](#) for creating [safer streets](#). The recommendations treat physical distancing while bicycling as part of broader agendas for promoting health, safety, environmental sustainability, and equity.

Overview of recommended measures to increase cycling safety during the COVID-19 pandemic

Ensure adequate space for cycling by expanding bike lanes and creating networks of contiguous bike lanes within cities:

- Remove on-street parking to create space;
- Narrow vehicular traffic lanes to accommodate bike lanes;
- Clearly mark and/or physically separate bike lanes from vehicular traffic lanes (e.g., using pylons, cement barriers);
- Create pop-up lanes to accommodate peak travel times (e.g., morning and evening commutes); and
- Separate and delineate crossings for pedestrians and cyclists.

Ensure that local streets can be safely shared by cyclists and others by implementing speed control measures:

- Lower speed limits;
- Restrict roads to local traffic;
- Redefine street geometry to create separate spaces for cars, cyclists, and walkers by using combinations of physical barriers, ground-level markings, and signage. These measures are often referred to as slow streets, slowed streets, and shared streets; and

. . . Continued on Page 4

Safe Cycling During the COVID-19 Pandemic. . .Continued

Closing streets or portions thereof to motorized vehicles:

- Create areas for cycling, walking, and playing with enough space to allow for physical distancing;
- Focus on residential streets and local streets with storefront commercial activity; and
- Create pedestrian/cycling thoroughfares.

Expanding secure bicycle parking infrastructure needed at the beginning and end of journeys

- Avoid crowding by creating well-spaced bike rooms or corrals at or near workplaces, schools, transit stations, and public buildings; and
- Post information on physical distancing and sanitation and hygiene practices.

Support safe bike sharing practices

- Work with bike shares so that they implement appropriate sanitation and hygiene practices and promote physical distancing among workers and clients.

Support safe operations by bike shops and repair facilities

- Work with bike shares so that they implement appropriate sanitation and hygiene practices and promote physical distancing among workers and clients.
- Create pop-up maintenance opportunities to improve accessibility and reduce in-shop crowding.

Examples of measures from British Columbia

Worldwide, there are numerous [examples](#) of ways in which recommendations such as those above are being [implemented](#). Some changes are temporary and some may become permanent. Most include modifications to road infrastructure to facilitate physical distancing and minimize accidents. Below are several examples from the province of British Columbia.

Modifying roads and streets

The city of Vancouver established temporary [cycling routes](#), bike lanes, and [slow streets](#). From late March until late June, [Beach Avenue](#) and [Stanley Park Drive](#) were closed to motorized vehicles but remained open to cyclists and walkers. In late June some lanes in Stanley Park were [reopened](#) to cars. The city also restricted traffic volumes and speeds on 32 km of its roads. Between July and September 2020, this initiative will be monitored and public feedback invited after which modifications may be made. The information obtained will also be incorporated into plans for future greenways, public spaces, and other traffic calming projects. [Victoria](#) temporarily restricted on-street parking on several main thoroughfares and may close some roads. Early in the pandemic, after observing a rise in cycling, the city of [Kelowna](#) began a public education campaign to remind both motorists and cyclists about sharing roads safely. The Central Okanagan region has leveraged its [Smart Trips](#) program to encourage precaution and safe behaviors among walkers and cyclists.

Safe bike-sharing

[Mobi bike](#), Vancouver's bike share implemented a range of practices to protect its workers and clients. The company posts best-practice guidelines for disinfection and hygiene on its website and at docking stations. Staff clean and sanitize bicycles and other equipment with greater frequency than before the pandemic, and clients are encouraged to wipe down bicycles before and after trips. Everyone working at company sites practices physical distancing and enhanced hand and respiratory hygiene.

Support for riders – purchase, repair

The Government of British Columbia classified bike shops as [essential services](#) and many have operated throughout the pandemic according to [guidelines](#) for physical distancing and enhanced hygiene. This includes encouraging online and telephone bookings, limiting the number of clients entering shops, cleaning and disinfecting all bicycles arriving and leaving shops, erecting barriers at cash points and between work stations, and enforcing hand and respiratory hygiene and physical distancing among workers.

. . .Continued on Page 5

Safe Cycling During the COVID-19 Pandemic. . .Continued

Summary

Cycling during COVID-19 can provide safe options for physical activity and recreation while enhancing transportation systems by meeting the needs of commuters and other travelers. Several BC local authorities now incorporate measures to promote physical distancing and hand and respiratory hygiene among bicycle riders. In addition, transportation experts have incorporated transmission risks into plans for integrated and active transportation.

Recent discussions are taking place on how the accommodations related to COVID-19 might help sustain more cycling in the long run. In this regard, behavioral scientists stress that people must be [motivated](#) to continue cycling. Before the pandemic safety was already recognized as an important incentive and this resulted in recommendations for prioritizing infrastructures such as bike lanes that are physically separate from motorized vehicles. Separation offers [better protection](#) compared to unmodified roads and shared lanes. A study of 12 North American cities found that dedicated lanes resulted in [44% fewer deaths](#). Similarly, a [survey](#) of injured cyclists in Toronto and Vancouver found that the lowest injury risks were associated with riding in dedicated lanes and quieter streets. These types of separation may be consistent with physical distancing needed to contain the transmission of the SARS-CoV-2 virus. Convenience and efficiency are also incentives for cycling. Therefore, developing a network of [well-connected](#) cycling routes could be an important motivator an additional mechanism for physically separating walkers and cyclists.

Although physical safety and convenience are reasonably well understood, there are uncertainties related to COVID-19 transmission risks. More evidence is needed on the distance and direction that respiratory droplets and aerosols are propelled by riders and on how long the virus remains viable in outdoor air. Answers to these questions will be important for informing future recommendations for the design of infrastructure and personal behaviours to enhance safe cycling.

CIPHI Awareness Campaign

All too often the tireless work of EHOs goes unrecognized. CIPHI launched an awareness campaign in June of this year to broaden awareness on the important role we EHOs play in protecting public health. In order to support this effort, CIPHI members were asked to submit a photo or video of an EHO hard at work preventing the spread of COVID-19 or a short video explaining sanitation of surfaces for COVID-19. The guidelines and details of the campaign and how to enter your submission can be found [here](#).

Please take a moment or two to advertise the important role you play in the prevention of COVID-19 and overall public health protection. Help deepen the public's understanding of our role and highlight the excellent work you do.

Thank you EHOs and EPHPs!



April 24, 2020

Honourable Adrian Dix
Minister of Health
Room 337 Parliament Buildings
Victoria, BC V8V 1X4
HLTH.Minister@gov.bc.ca

Dr. Bonnie Henry
Provincial Health Officer
PO Box 9648, STN PROV GOVT
Victoria, BC V8W 9P4
bonnie.henry@gov.bc.ca

Dear Dr. Henry and Minister Dix,

The Canadian Institute of Public Health Inspectors, BC & YT Branch (CIPHI BC), would like to commend you on your ongoing work to keep British Columbians healthy and safe, and for providing clear, concise, and calm guidance to the public in your daily briefings. British Columbians are, and should be, heartened to have your leadership at the helm of this public health response. We are writing this letter to seek your support in recognizing the role of environmental health professionals in the province's COVID-19 response.

As you are no doubt aware, our members - environmental public health professionals holding the CPHI(C) designation - are at the frontlines of the COVID-19 response. Environmental Health Officers and Public Health Inspectors work for all levels of government and private industry to protect the public, enforce *Public Health Act* Orders, and ensure our healthcare system is not overwhelmed by preventing people from becoming ill. These professionals work tirelessly as infection control practitioners; performing case follow-ups and contact tracing; inspecting facilities and providing guidance and advice; and educating the public on how to best stop the spread of the virus.

CIPHI BC and our members are proud to be part of the COVID-19 response in the province, and to be at the forefront of British Columbia's public health response. While the public celebrates outwardly the successes of our allied health partners, our members work tirelessly in the background to flatten the curve, and often put their own health at risk to protect that of others.

CIPHI BC looks forward to a continued partnership in public health, and to the public recognition by your offices of the work of environmental health professionals in the successful provincial approach to this pandemic.

Most sincerely and respectfully,



Casey Neathway, CPHI(C)
President, BC & YT Branch
Canadian Institute of Public Health Inspectors



Kari Engele-Carter, CPHI(C)
National President
Canadian Institute of Public Health Inspectors

Message from CoPE

Environmental Public Health Professionals are diverse in knowledge, adaptable in functionality, and crucial in the fight against COVID-19. For many members, your roles and work have shifted dramatically and the Continuing Professional Competencies Program is probably the last thing on your mind.

We at CoPE wanted to let you know:

You are earning Professional Development Hours (PDHs) from the novel work and learning associated with the COVID-19 pandemic. Some examples of eligible activities include:

- Listening to the Provincial Health Officer or Medical Health Officer updates
 - o Informal Activity – Webinar (No limit, PDH max to 30 PDHs)
- Reading articles, resource documents, technical reports, etc. on COVID-19
 - o Informal Activity – Self-directed Studies (No limit, PDH max to 30 PDHs)
- Being trained in a new role e.g. Contact Tracing, Enforcement of Provincial Orders
 - o Informal Activity – Workshop (No limit, PDH max to 30 PDHs)
- Being tasked with creating COVID-19 resources for colleagues or the public
 - o Contributions to Knowledge – Other (see PD model for limits)
- Watching health and wellness webinars related to coping with COVID-19
 - o Informal Activity – Webinar (No limit, PDH max to 30 PDHs)

When you have a small break from COVID-19 demands, please take the time to enter in your PDHs (including date, time and description) while they are fresh in your mind. Remember the more information provided, the better.

We are all demonstrating the incredible competencies of Environmental Public Health Professionals during this pandemic. Let's continue to uphold our organization's high standard and gain credit for the tireless work we are carrying out everyday.

Thank you Environmental Public Health Professionals for all of your hard work during this difficult time.

CIPHI BC Branch Awards



Kelsey Lutz (left) was the recipient of the D.D. McNab Memorial Bursary and Terry Chan (right) was the recipient of the BC Branch Endowment Bursary.

CONGRATS!



Created by Canadian Public Health Inspectors

Covid SafeTM
Foodservice Training ✓
advance-education.com



Covid SafeTM
Foodservice Training ✓
advance-education.com

Door or window decal received upon completion!

- ◆ 2 hour online course with section quizzes and final exam
- ◆ COVID-19 prevention training not found elsewhere. Covers receiving, storing, handling, serving, dishwashing, sanitizing/disinfecting, gloves, masks and more!
- ◆ Free access for EHOs! Public: \$39.99 or \$29.99 per student for groups of 3 or more
- ◆ Information and registration at <https://covidsafe-courses.com>

Island Health HPES and Celebrates May the 4th Be With You



The CIPHI BC Branch has two exciting opportunities on the Executive Committee, now open for nominations. Presently the roles of President Elect and three Councilor positions are vacant; this presents us with a great opportunity to welcome new members to the Executive to share their thoughts and ideas, and lead the development of the Branch.

The roles of the President Elect (2 year term) include:

- Acting as the presiding officer for Executive Council meetings
- Representing the Branch at the National Executive Council when the President is not available
- Preparing meeting agendas (with input from the Executive and Branch members)
- Providing Branch updates for the BC Page (twice a year)
- Learning the duties of the Branch President in preparation of assuming the role

The roles of the Councilor (1 year term) include:

- Participating in monthly Branch meetings
- Contribute to Branch planning for activities, events, and Member support and recognition
- Advance Branch activities through participation on sub-committees

If either of these positions are of interest to you, we welcome your nomination form and look forward to seeing you at the AGM! If you have additional questions about either role, please contact info@ciphi.bc.ca.

Update from FNHA and Island Health



Gethsemane receiving a lovely bouquet of flowers from her smiling colleague, Peter Mazey!
Photo credit to Greg Vos. Thank you!

Gethsemane Luttrell is moving on from her role as EPHS District Manager for the Vancouver Island Region with First Nations Health Authority. Gethsemane will be starting as the Director of Public Health Protection and Assessment with Island Health.

Best of luck on your new path and an insider welcome to Island Health!

Shout-out to Environmental Health Officers

Every evening, I listen to the news thanking health-care workers and scientists working on the response to COVID 19. They include those working in the food supply chain, sanitation, and delivery workers. But few acknowledged all the people in public health (public health nurses and physicians, health inspectors and educators, laboratory technicians, epidemiologists and statisticians) who are working tirelessly in the background to keep us healthy during this crisis.

In particular, the Environmental/Public Health officers in Vancouver Coastal Health (VCH) have been working during the COVID-19 crisis; keeping people out of the hospital by stopping disease transmission which is a critical role.

If you had a choice to prevent illness or treat an illness, few would choose to get COVID-19. Nonetheless, the work of public health and the role of Environmental Health Officers (EHOs) are rarely mentioned.

It is time to shine a spotlight on the role of EHOs during the COVID-19 crisis! There is a lot of talk about testing, testing, testing. But testing is of little value if there is no case investigation, follow up, and contact tracing. This is exactly what our group is doing day in day out since the first case of COVID-19 was identified in VCH. And when it became clear that there was an increase of COVID-19, EHOs were asked to switch their work shifts to a 7 day a week coverage format and work weekends. They quickly adapted without complaint despite childcare needs, other obligations, and a less desirable work schedule.

EHOs in the Communicable Disease Control Section and other field EHOs utilized the skills for outbreak response and became an integral part of the VCH COVID-19 response team. At the height of the outbreak, seventy one EHOs did case follow up, contact tracing, and outbreak management and several filled the roles of outbreak team leads. They advised individuals of their COVID-19 status, questioned them to determine where they contracted the virus, and to whom they may have possibly spread the virus to. The positive cases and their contacts were asked to isolate until the risk of spreading the virus was not a concern. Contacts were advised to go for testing if they had symptoms. They did daily follow ups on the health status of the positive cases and contacts. They responded with speed and completeness ensuring contacts were made even after hours and late at night for some of those who work shifts.

Several EHOs were on the front lines. One EHO did on-site translation for the first COVID positive case. There were EHOs doing swabs of COVID positive facilities, looking for clues as to how the virus was spreading in a facility. Where needed, in COVID positive facilities, inspections were done.

EHOs were also involved with the set-up of field hospitals, mass food distribution centres, and building suitability for isolation purposes.

With daily changes to provincial and municipal orders, EHOs fielded enquiries from the public and created quick turnaround, high quality documents for public education and promotion. We are proud of our contribution to flattening the curve in BC. But we also understand success truly takes TEAM work and that includes – our brothers and sisters in acute care and public health and the cooperation of the public!

Jessica Ip

Updates from the BOC & NEC

The Board of Certification has confirmed that the April Board exam has been rescheduled for September 16, 2020. Keep an eye out for the details if you are interested in lending a hand.

The National Executive Council has confirmed that, while the AEC is postponed until 2021, the National AGM will go ahead on Monday, November 16th, 2020. Make sure you Save the Date and watch for details on the time and platform.

Baby Announcements



Neelam Hayer and her family welcomed Amaya Jasmine Hayer on April 1st at 9:38am, weighing 7lbs and 12oz.

Congratulations!

Wedding Announcements



Congratulations to Tim Roark and his wife, Patti who got married on May 6, 2020.



Top Row (Left to Right): Disha Katyal, Kelsey Lutz, Sophia Kim, Leanne Perrich, Michelle Kobewka, Matthew Latter, James Chhay, Emily Chow

Middle Row: Ravneet Athwal, Tara Chi, Amamchi Amadi, Jacit Villanueva, Elliot Spicer, Eric Yam, Robert Zhou, Pardeep Dhaliwal

Front Row: Mahdiyeh Dabestani, Elly Tseng, Tegbir Kaur, Elaine Kong, Dianna Vuu, Sarina Cho, Joey Cheng, Tea Situm

Missing: David Luo

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.



Brian provided a summary of his career and we didn't want to change his articulation, please join us in wishing Brian all the best for Retirement!

"I joined the Canadian Forces in April 1970 and held several positions. I started as an infantry soldier, transferred to the Medical trade in 1973, (I married my wife, Katherine in 1975 and she is still suffering with me), and after five years of work as a Medic, I specialized in Public Health, which the Military called Preventive Medicine.

I started my public health career as a Preventive Medicine Technician, with the Canadian Forces in 1977-1978. I was posted in Victoria with the Navy in CFB Naden, and when a vacancy became available with the Army, I was transferred to the Work Point Barracks (3PPCLI) to work as the Health Inspector/Preventive Medicine Technician, for the Infantry battalion, in Victoria. After a few years, I was transferred to Wainwright, Alberta and finished my Military career in Petawawa, Ontario as the Base Technician. Here I had the privilege of training 7 junior Preventive Medicine Technicians, they all learned from my experience and all but two advanced well in the military. I did a 6 month tour in the Golan Heights in Israel/Syria during the 1991 Gulf War. The Canadian contingent in the Golan were the only Canadians who were fired upon by Saddam Hussein, he sent 17 Scud Missiles into Israel and most of those bombs over flew our position and forced us into a bomb shelter every time. I worked as a Preventive Medicine Technician until 1993. I was always a little outspoken in the Military which helped prevent my career advancement beyond the Master Corporal Level. I decided to retire from the Military and start my civilian career, when in 1993 I was given permission, by the CPHI(C) Board of Certification, to do my practicum. I became the first Military Master Corporal to successfully complete the practicum and pass the exams (written reports, written exam and Oral) necessary for certification. The Board of Certification has always recognized the Canadian Forces Preventive Medicine program as good training for Health Inspectors/Environmental Health Officers. The training in those days was based on the Ryerson/BCIT curriculum. The Military EHOs also deal with ALL communicable diseases wherever in the world the Military might work. The Military Health Inspectors were also trained as Pest Control Operators as insect control in some areas might be required as part of communicable disease control.

My practicum was under taken in Prince George in 1994/1995 where I worked with Dan Armstrong, Deputy Chief EHO and the Chief EHO, Bruce Gaunt the orientation provided by these two Senior EHO's made my practicum easy and efficient. 1995 was a lean year for EHO openings in BC., and my wife and I wanted to stay in BC, so the first jobs that came available after I was certified were Fort Nelson and Fort St. John.

I competed for either position and won the Fort Nelson post, which I accepted and worked there for 12 Years. Fort Nelson was a challenging position that had been vacant for 8 years so there was lots to do. Pri

. . . Continued on Page 14

Retirement—Brian I. Steeves. . .Continued

marily the position was to support the oil industry and the tourist trade, as well as all communities along the Alaska Highway from Wonowon to Lower post, from the town of Fort Nelson. My welcome to the town was highlighted by someone trying to blow up the community water reservoir. This resulted in the community drinking out of mobile tankers for several weeks, while the tank was cleaned and re-certified as safe for potable water both by an engineer and of course by Northern Health (Me). The Oil Patch was a challenge as there had been little direct EHO contact for several years. This resulted in some companies paying very little attention to proper sewage disposal or potable water quality, so much attention was paid to these subjects. I was the main Foodsafe contact for the North East for my entire time in Fort Nelson. I was the Food-safe Council for the North East for ten years as nobody really wanted the job.

During my tenure in Fort Nelson, I spent thousands of hours driving to remote oil camps and to all the tourist sites between Wonowon, Fort Nelson, and North to Lower Post, which is just 12 km south of Watson Lake in the Yukon Territory. The area covered by the Fort Nelson position was larger than the Province of New Brunswick. By 2005, someone called me the King of the North, so I thought it must be time to look South for the second half of my career. When the Quesnel position came open in 2006, I transferred to that position, where I worked for the last 13 years. In Quesnel, I helped with and lead the FoodSafe Council until it was dissolved. I continue to teach FOODSAFE to junior EHO's and an occasional course to the public. As the oldest EHO in Northern Health for the past ten years, I have enjoyed helping the new EHO's orienting to work life in

Northern Health. The idiosyncrasies of rural EHO work do need some adjustment by young urbanites.

My retirement plan is to Golf and teach FOODSAFE and possibly spend some time with the extended family. I might do some consulting, if I get bored. My first month as a retired man has been mainly getting used to not being the person with the answers. That about covers a brief overview of the last 43 years. I have thoroughly enjoyed my career as an EHO.

My advice to all new EHO's is always the same, learn something new about your work at every opportunity. Your main tool to accomplish your work of protecting public Health is education, education, education.”



Brian with his wife and son

CONGRATS!!

50 Years and Beyond...a New Customer Relationship Manager!


- Kalpna Solanki, BSc MBA CPHI(C)

Starting in 2016, on the Environmental Operator Certification Program's 50th anniversary, the organization started work on a custom-built Customer Relationship Manager (CRM). Compared to most CRM developments, the EOCP's CRM development and deployment, although it took longer than initially estimated, went smoothly. The new CRM provides improved overall business management support and functions for the EOCP and its stakeholders.

The screenshot displays the EOCP Customer Relationship Manager (CRM) interface. At the top, there is a navigation bar with tabs for Home, CRM (selected), Action Items, Career Management, Finance, and Reporting. Below the navigation bar, the breadcrumb trail reads "Home > CRM > KALPNA SOLANKI". The main content area shows the profile for KALPNA SOLANKI. The profile information is organized into a grid:

ADDRESS 3833 Henning Drive, 201 EOCP Burnaby, British Columbia, Canada V5C 6N5	PHONE (2) ✓ 604-874-4784	EMAIL ✉ ksolanki@eocp.ca	CERTIFICATION # Not Applicable
---	-----------------------------	-----------------------------	-----------------------------------

Below the profile information, there are tabs for PROFILE (selected), RELATIONSHIPS, LEARNING STATUS, ACCOUNT, and ACTION ITEMS. Under the PROFILE tab, there is a section for personal details:

PHOTO 	DATE OF BIRTH	FIRST NATIONS MEMBER No	REGIONAL ZONE Not in BC/Yukon
---	---------------	----------------------------	----------------------------------

The CRM collects and stores facility information including key contacts, Operator information, as well as information on courses, instructors, and training providers.

Several key features of the new EOCP's CRM are:

1. Storage of data electronically;
2. Track, manage and report on EOCP Operators throughout the full lifecycle of their interaction with the EOCP;
3. Collection and processing of Continuing Education Units;
4. Improving the interaction with Operators by using an up-to-date design and web interaction methods;
5. Provide workflow and status tracking;
6. Manage facilities, employers, and owners;
7. Collect Operator dues and facility fees;
8. Provide roll-up reporting and exception reporting to various levels;
9. Provide enhanced data security and data access – in the event of fire/flood/earthquake;
10. Provide support to integrate with the EOCP's accounting system.

The EOCP's CRM provides more accurate and timely management of information for staff, Operators, employers, and government agencies. The CRM is a useful tool for Drinking Water Officers. Learn how to use it!

Sign up for a webinar: <https://eocp.ca/events-calendar/>

As many of you may have seen in the May 8, 2020 email, the Planning Committee for the 2020 AEC “Share the Vision—Transform Tomorrow” has reluctantly decided to postpone the AEC until 2021. The new date has been set for October 3-6, 2021.

Thank you to the group for all the planning you had done so far and the planning that is ahead for 2021!



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

“COVID-19 . . .”

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

**HAVE SOMETHING YOU’D LIKE TO SHARE WITH YOUR
EPH COLLEAGUES?**

HAVE AN IDEA FOR A RECURRING SEGMENT IN THE BC PAGE?

HAVE A COMPLAINT WITH SOMETHING YOU’VE READ?

**PLEASE SUBMIT YOUR THOUGHTS, IDEAS, COMMENTS, OR QUESTIONS TO
BCPAGEEDITOR@CIPHI.BC.CA**

Are you furthering your education and looking for extra funding to support your endeavour?

The Health Officers Council of BC has two bursary opportunities that support individuals studying in public health related fields. The Isabel Loucks Foster Public Health Bursary Fund and the BC Associated Boards of Health, Dr. Ken Benson Memorial Bursaries are both geared towards public and community health disciplines.

The deadline for applications is **August 30, 2020**. Go take a look:

[Health Officers Council of BC Bursaries](#)



Designed for Operators, by Operators

15-16 SEPTEMBER 2020

ONLINE - SO ANYWHERE WITH INTERNET ACCESS!

2018 CONFERENCE FEEDBACK

“Great job, especially for a first conference! As a speaker I found the experience very professional, well organised and useful. It was an excellent opportunity to meet operators in BC and learn from them.”
- Presenter

“The conference was well organized and thought out. Can't wait for the 2020 conference.”
- Conference Delegate

“Very well organized and structured! Kudos to all the EOCP staff and volunteers!”
- Conference Delegate

“You guys raised the bar - this was an excellent tradeshow. We will be back!”
- Vendor

WATER

TRANSPORT

LEADERSHIP

WASTEWATER

Registration Is Live!

<https://tinyurl.com/y59b46p9>

In Memoriam—Eugene (Gene) Ernie Shkurhan

May 30, 1933 – May 24, 2020

Gene passed away peacefully in Abbotsford hospital after a brief illness May 24, 2020. Born in Alberta in 1933, he moved to Surrey at age 14 and spent his high school years in Cloverdale. He obtained his MSc. in Microbiology and Immunology at UBC. This led him to a career as a professor of Health Sciences at BCIT where he enriched the studies in public health inspection, nursing and other health professions for almost 30 years.

Comments from many of his PHI students and colleagues were extremely positive about his ability to share his knowledge and experiences on the subjects that he taught.

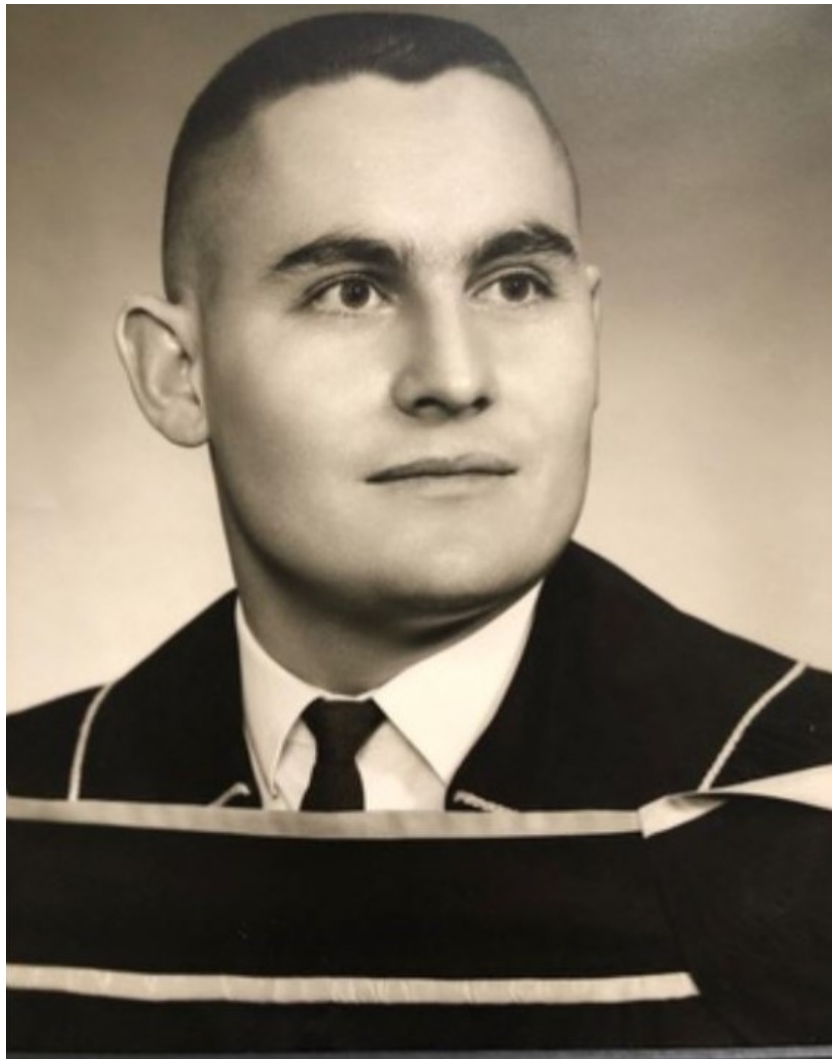
- “Everyone who had Gene for an instructor will never forget the experience.”
- “He was an excellent communicator and teacher.”
- “Gene was passionate about his subject matter and demanded a high degree of respect for his course content.”
- “He continued to be a resource for graduates of the program as they progressed through their careers.”

Gene led a rich and varied life. As an avid outdoors man, he was a Scout leader for many years. He had many adventures while working on the Hope-Princeton pipeline, and as an Industrial First Aid leader for a sawmill. Gene was also heavily involved with the RCMP auxiliaries in Richmond, which as a skilled marksman and outdoor survival expert led to interesting assignments and was a consultant to the BC Coroner Service for many years, investigating the first AIDS death in BC.

Gene is survived by his wife of 61 years, Jenny, sons Gordon and Glen, and daughter-in-law, Cheryl.

Our thanks to his colleagues and students who added their positive thoughts about his significant contribution to the PHI Program at BCIT.

Tim Roark, Historian, BC Branch



In Memoriam—Larry Leslie Hogg

Sept. 12, 1941 to April 25, 2020

With profound sadness we announce the passing of Larry Hogg on April 25, 2020; a loving and devoted husband, father, grandfather and friend to all whose lives he touched. Larry was loved dearly by his wife Alice of 58 years, daughter Judie, son Graham (Kate), grandchildren Kohlton, Tyrone, Alycia and Christian; 6 great grandchildren, an aunt and many cousins. Larry was a Public Health Inspector for the Province of B.C for 35 years.

Larry's first position was in Cranbrook after receiving his CPHI(C) in 1965. From there he moved to Quesnel in the Cariboo Health Unit. His next posting was Salmon Arm and then Chilliwack with Andy Hindley as the Chief. In 1971 Larry won the competition for Chief PHI in Prince Rupert. Several years later an opportunity arose when the plum Chief's job in Nanaimo became vacant so Larry was able to transfer to the "Hub City". The broad experience Larry gained working in the north, the east as well as being a Chief in the North West and on Vancouver Island made Larry the prime candidate for a Consultant's position with the Ministry of Health in Victoria. Working in the HQ has always been challenging but Larry did a great job and Inspectors in the field really appreciated his efforts dealing with their concerns. An interesting opportunity arose when the Chief PHI's position became vacant in Chilliwack and Larry decided it was time to move back to the Fraser Valley and dig back into issues at the local level with field PHIs and citizens in the community. After 30 some years in the field, a position came open in Osoyoos and Larry decided this would be a great location to take a field Inspector's position plus a great place to live and ultimately retire. Later when Larry took sick he and Alice moved to Penticton.

Brian Gregory said "Larry had a good sense of humour and he was a great story teller. I always remember how he rubbed his hands together when he told or heard a joke." Barry Willoughby indicated, "Larry was my contact in Victoria for most of my time in Powell River and he was always very professional and I appreciated him. He had great laugh and was well respected and everyone liked him."

In addition to his career in Public Health Larry was a Life Member of the Association of Kinsmen Clubs and held just about every position including Governor of District 5 (B.C.). He was also Past President of the Kinsmen Rehabilitation Foundation.

In lieu of flowers a donation can be made to the Alzheimer's Society. Due to the Covid-19 a Celebration of Life will be held at a later date. Our sincere condolences to Alice and Family. I too have so many fond memories of my relationship through Kinsmen with Past Governor Larry and Past President of the Kinsmen Rehabilitation Foundation of BC. He gave so much to so many, was always a happy guy and made a major difference in my life. RIP Larry.

Tim Roark, Historian, BC Branch

Many thanks to Brian Gregory, Barry Willoughby and Bob Smith for their input.



(Left to Right) - Ken Christian, Larry Hogg, and Ian Flack.

BC Branch Executive 2018

www.ciphi.bc.ca

President	Casey Neathway	250-851-4831	casey.neathway@fnha.ca
President Elect	Vacant	###-###-####	-----
Past President	Gordon Moseley	250-549-5725	gordon.moseley@interiorhealth.ca
Treasurer	John Pickles	604-983-6879	john.pickles@vch.ca
Executive Secretary	Celine Hsin	604-935-5317	celine.hsin@vch.ca

Councilors

Daniel Fong	604-829-8657 (ext 259001)	daniel.fong@phsa.ca
Jessica Ip	604-675-3803	jessica.ip@vch.ca
Paul Cseke	250-519-3632	paul.cseke@viha.ca
Michael Wu	604-698-5547	michael.wu3@vch.ca
Elizabeth Thomson	250-947-8222	elizabeth.thomson@viha.ca
Jackie Chiu	250-731-1315	jacqueline.chiu@viha.ca
Aletta Amell	250-565-2150	aletta.amell@northernhealth.ca
VACANT	###-###-####	-----
VACANT	###-###-####	-----
VACANT	###-###-####	-----

Branch Appointees

BC Page Editor	Stacey Sowa	250-947-8222	bcpageeditor@ciphi.bc.ca
BC Branch Historian	Tim Roark	778-574-1188	tdroark@shaw.ca
B.O.C. Coordinator	Angela Whalen	604-698-5467	angela.whalen@vch.ca
B.O.C. Member	Gary Tam	604-675-3845	bocbcbranch@gmail.com
Webmaster	Elden Chan	604-675-3842	EldenLChan@gmail.com
CoPE National Chair	Lorelle Pegus	###-###-####	chair@cope.ciphi.ca
CoPE BC Representative	Stacey Sowa	250-947-8222	stacey.sowa@viha.ca

BC Branch Address

c/o Casey Neathway
1200-601 West Broadway
Vancouver, BC V5Z 4C2
FAX: 604-736-8651
info@ciphi.bc.ca

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

Elizabeth Thomson (Island Health)
489 Alberni Highway
Parksville, BC V9P 1J9
Elizabeth.thomson@viha.ca

Editor

Stacey Sowa (Island Health)
489 Alberni Highway
Parksville, BC V9P 1J9
bcpageeditor@ciphi.bc.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.