

## Environmental Health Grad Receives Prestigious Award

Kalpna Solanki, a BCIT graduate in Environmental Health, received the “**Distinguished Alumni Award for Entrepreneurial Innovation**” at the September BCIT awards ceremony. Kalpna said she feels very honoured to be presented with this prestigious award from her alma mater. Ms. Solanki graduated in 1989 from Environmental Health with Honours and also from SFU with her BSc. She worked in Environmental Health for the Burnaby Health Dept. for 7 years and then when regionalization occurred moved to the Burnaby Engineering Dept. From there Kalpna moved into the Human Resources Dept. and after one year she was appointed as Manager of Special Projects working for the Deputy City Manager. She also completed her Executive MBA at SFU during this period as well.

When her daughter was born, Kalpna was not happy with the commercial baby foods available on the market. She found many other moms were unhappy as well. After considerable research Kalpna created BOBOBABY®. From a state-of-the art manufacturing plant in Burnaby snacks and meals are developed and marketed. A key is minimizing the top nine allergens for babies. BOBOKIDS® was subsequently launched to provide certified organic, kosher and natural snack for ‘kids’ aged 2 to 102. Kalpna is passionate about growing healthy kids! All BOBOBABY and BOBOKIDS meals and snacks are made from fresh, locally sourced organic ingredients. Staying true to her belief, the products never contain any artificial colours or flavours, chemical additives or strange thickeners and emulsifiers.



Above: Kalpna Solanki

Kalpna has also been voted a ‘Top Ten Innovator’ by *Food in Canada* magazine, and she was recognized in the US publication *Progressive Grocer* for her development of an age specific, organic, and nutritious

line of baby and children’s foods. BOBOBABY donates products and a portion of revenues to the Vancouver Food Bank, United Way’s Success by Six groups, and child-related programs of the Red Cross. A part of Kalpna’s busy life includes

### Highlights...

BC Branch Membership Numbers	p. 4
Dean Scovill’s Letter to the Editor	p. 6
Looking Back in Time - 36 Years Ago	p. 9
2009 BCIT Student Research Abstracts	p. 12

....continued on next page



*Above: Kalpna receiving award at BCIT*

volunteering on numerous boards and councils, such as the Canadian Red Cross (Lower Mainland Region), and the Small Scale Food Processors Association of BC. She is also very involved in her daughter's school and coaches her daughter's soccer team.

When asked by the *BC Page* if her training and experience as a Public Health Inspector help her, Kalpna adamantly stated, "Absolutely! Once a PHI always a PHI!" In her acceptance speech at the awards ceremony Kalpna stated, "There are many friends who I've dismayed by walking into their favourite restaurants and commenting "If the floors aren't clean and the cushions aren't clean, imagine what their kitchen must be like. Thanks but I really cannot eat here"! But I think this conviction has helped prevent many a food-borne illness for me...and for them!" Kalpna then took the opportunity to thank her many friends, family, advisors and husband for their wonderful advice and support.

The *BC Page* congratulates and salutes Kalpna Solanki for her determination, leadership and innovation. We wish her every success in the future.

Tim Roark  
Associate Editor

## TURTLES CAN BE HARMFUL

The potentially harmful effects of small turtles as pets was recently restated in a report written in the journal *Pediatrics*. The report outlined the largest U.S. Salmonella outbreak blamed on pet turtles was confirmed to have made 107 people in 34 states seriously ill. One third of all patients were hospitalized and 59% were under 10 years of age. Two young girls who swam in a backyard pool with their pet turtles were among those made ill.

Despite their sale being outlawed back in 1975 under a US federal ban they continue to be sold in the U.S. from pet shops, flea markets, street vendors and the Internet. Turtles and other reptiles are well known reservoirs for Salmonella. Dr. Julie Harris, a Medical Epidemiologist with the CDC in Atlanta indicated that, 'Children are more susceptible than adults and often have more complications from infection and in some cases, death.'

In light of this recent report, two good questions to ask; 'Are these small turtles still being sold in BC and if so is anyone doing anything to stop their sale to the public?'

## Message from the Editor



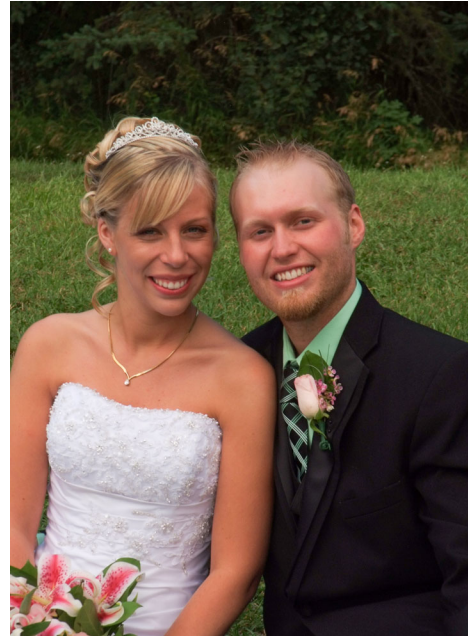
The past little while has been a bit gloomy and not because of the wet autumn weather. The gloominess is brought on by changes and pending changes brought on by provincial government cut backs and health authorities tightening their belts to make up for deficits. Fortunately, there have been some positive changes.

First is the appointment of Keir Cordner and Gary Tam as Branch President and Vice President, respectively. Keir and Gary will definitely bring us their strengths and continue with the great leadership that was provided by Jasmina Egeler to the BC Branch. I am sure Jasmina will continue to provide her brand of leadership as Past President. Many thanks go out to Jasmina for guiding us through so many BC Branch accomplishments as well as insight for the BC Page.

The other good news is the addition of Sarah MacDougall as associate editor to the BC Page. Sarah will help to bring a new dimension to the editorial team and perhaps help to extend our newsletter endeavors further into Northern BC. Welcome to the BC Page Sarah!

Respectfully,  
Alex Kwan - Editor

# CONGRATULATIONS!!!



Congratulations to newlyweds Sarah & Scott MacDougall who tied the knot on August 15, 2009 in Fort St. John. For their honeymoon they went to New York City for a few days and on a Caribbean cruise. Sarah and Scott also had a reception in Nova Scotia where they both grew up. Sarah graduated from Cape Breton University in 2007 and is currently an EHO with the Northern Health Authority in Fort St. John.



**TIM ROARK**

*President*

**Tim Roark & Associates**  
Environmental Health Consultants

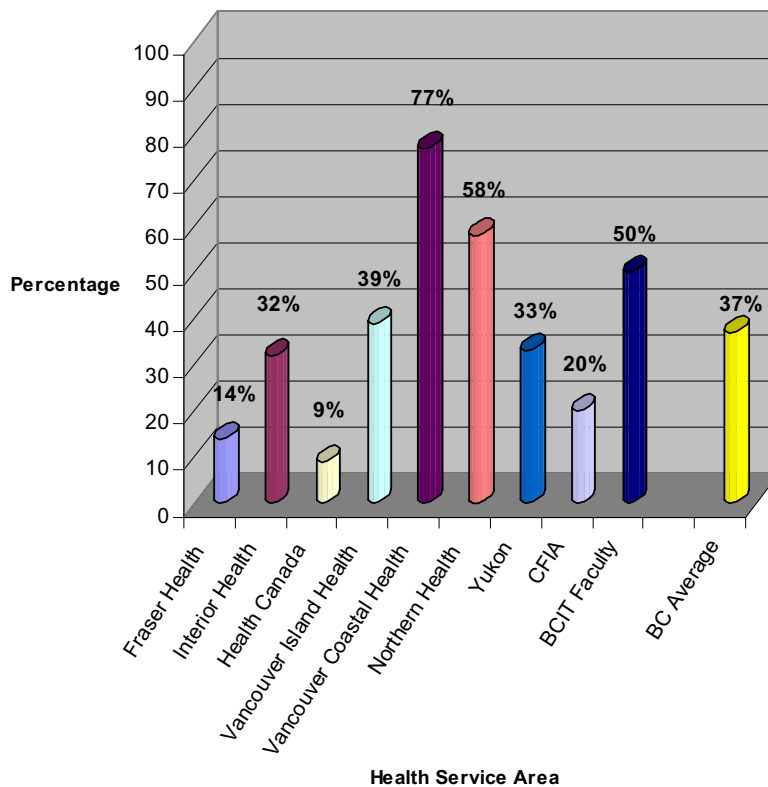
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# BC Branch C I P H I Membership Numbers as of June 2009

	Total # of EH Staff	# of Members
Fraser Health	93	13
Interior Health	69	22
Health Canada	42	4
VIHA	44	17
Vancouver Coastal	80	62
Northern Health	19	11
Yukon	6	2
CFIA	5	1
BCIT Faculty	6	3
Retired	104	7
Affiliate		3
Student		25
Fraternal		1
Life		3
Honourary		5

**BC Membership Numbers (as of June 2009)**



## MESSAGE FROM THE VICE PRESIDENT



The autumn leaves drift past my window as I gaze upon another beautiful BC fall. This has always been my favorite time of year. The transition from summer to sleepy autumn, so subtle, yet pronounced, truly a time of change. Let's hope we are all prepared for fall storms and increased turbidity, for viral enteric outbreaks, for influenza, and all the public health action autumn may bring.

It was definitely another busy summer. Seasonal temperatures brought us increased cases of such notable public health foes as *Vibrio parahaemolyticus*, and an almost forgotten friend West Nile virus. Not to mention BC's thriving summer festival and special event circuit. At least one of which generated some excellent investigative work by this Province's Environmental Health Officers (EHO's) into a cluster of *E. coli* cases – a multi-Health Authority collaboration.

Despite all the public health activity this summer, and the dedication of our EHO's, it dawns on me that BC's resources in Environmental Public Health seem to have hit a standstill. Like an old truck's uphill fight to maintain its worth, the clutch slipping in its attempts to provide the service of old, Environmental Health Programs slide backwards in their attempts to meet the demands of today. Our once progressive public health programs face recession and the status quo, and all of this before we even had time to react and build to meet the demands the last 5 years of provincial growth placed upon us. Salaries are no longer competitive, flexible work schedules are no longer in vogue, staffing levels are frozen, and vacancies are unfilled. Keep looking down the tunnel. Does anyone see the light?

We need to stand together and speak in unison in support of environmental public health. We have to weather this storm and fight for BC's Public Health programs. Let's return to the leadership role Environmental Public Health Programs in BC have exemplified in the recent past. We need investment. We have the dedication. Canada has clearly identified the need for a robust and integrated Public Health system. The Public Health Agency of Canada, the National Collaborating Centre for Public Health...the foundation has been laid. Let's not lose momentum.

Autumn, a colorful season of change. Let's turn the red to gold. Together we can push for increased investment in BC's Public Health infrastructure. Put the money where it pays – prevention. Let's make sure we are part of the solution. Speak up, write letters, don't let yourself get spread any thinner. How do you spell robust? Let your BC Branch executive know your thoughts on how we can lobby for continued support for BC's Environmental Public Health Programs.

Enjoy the Fall everyone.

Keir Cordner  
Vice President  
CIPHI BC Branch



# Letter to the Editor

Re: Literature Review: Strong Medicine - How to Save Canada's Health Care System. Rachlis, Michael, 1994, Toronto, Ontario

I have recently reviewed the above literature and would like to share some interesting points relating to our profession.

As a background, the literature was authored by two Canadian Doctors who believe our health care system can only remain viable if we reform/restructure our current beliefs. At present the Canadian taxpayer spends over \$70 billion - more than \$2,500 for every man, woman and child in the country. Our New Health Directions - Closer to Home initiatives is not a new idea. This process has already been developed in provinces such as Quebec. The purpose is to assess the needs of the public at a community level. The long standing belief of having access to health and illness is becoming a thing of the past. The late physician-philosopher Dr. Lewis Thomas explained, most medical treatments are halfway technologies. New approaches to

most common ailments, like breast cancer and lung cancers, have hardly improved survival at all.<sup>1</sup> It's usually far more efficient to prevent than treat. Also, while medical and hospital treatment can be very important for some people at some times, they play a relatively minor part in determining the overall health status of a population. In general, health care cannot compensate for the ill effects imposed by adverse, social, economic and environmental conditions.

I have attached a pie chart showing the Provincial Government Health Spending 1987-88 to 1991-92. You will notice for the 1991-92 budget that 52% was spent in hospitals, ambulances and capital, 22% on Physicians and 6% on community and Public Health! The evidence expressed in the literature points to prevention as a key factor in minimizing acute care. Unfortunately the mindset by most people is that there's a pill for every ill and that surgery cures heart disease.

In the nineteenth and early twentieth centu-

ries the prime health policy was preventing the spread of infectious disease. But then came undreamed-of advances in scientific medicine and changes in public attitudes which left public health departments resigned to a less relevant role.

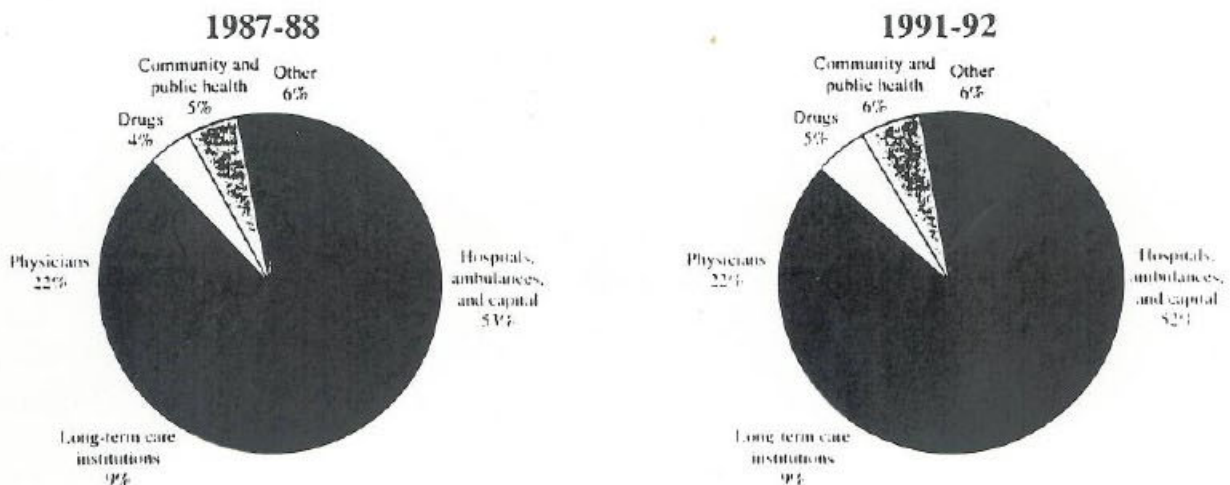
Now is the time for the public health ideology to once again permeate the entire system. The health unit is the guardian of the community. Public Health Inspectors play a vital role in this process. As a professional organization however, we must continue to explore the causes of illness and disease. Perhaps our findings expressed through health promotion and legislation will lessen the burden on acute care services.

Respectively submitted,

Dean Scovill, C.P.H.I.(C)  
Public Health Inspector

1. United States General Accounting Office, Breast Cancer 1971-91: Prevention, Treatment and Research (Washington 1991)

## PROVINCIAL GOVERNMENT HEALTH SPENDING 1987-88 TO 1991-92



Sources: Self-reports from all provinces except British Columbia

What you have just read on the previous page is a letter to the editor written by Dean Scovill CPHI(C) for the Spring 1996 *Environmental Health Review*. In his letter, Dean discussed his views on government spending and health care at that time in British Columbia. The article was recently brought to Dean's attention again and the following was his reaction.

Alex Kwan - Editor

*Some things never change. When I wrote this article we were in the midst of government cut-backs. Déjà-vu!! Isn't it interesting the first thing to be frozen or cut-back in a down economy is preventive health services. Prior to World War II prevention lead the way in healthcare. It is not surprising to find preventive measures in the old texts such as diet, exercise, consuming safe food and water, living in a mold free living condition, rodent and pest proofing, etc. Once the miraculous technology of X-ray and other diagnostic tools became available the government was wooed into spending more money on treatment while prevention was being left behind. Don't get me wrong. I believe there is still a place for medical technology but with dwindling dollars we need to prevent disease and injuries before they happen in the first place. I believe Environmental Health has made great strides in this area with Tobacco Control and our conventional health protection programs. But we need to continue in this area and look at the data of why people are accessing acute services. We need to match our preventive role in trying to curb these acute outcomes. I believe the BC Legislation on limiting transfat in food premises is another step in the right direction. We need to continue to work with other healthcare professionals in order to strengthen our presence in health protection. Perhaps our motto may include, "A Healthy Economy needs a Healthy Community".*

*Best regards,  
Dean*

## JUDGE TOSSES RETIREES SUIT

A class-action lawsuit over health care benefits has been dismissed in BC Supreme Court. Justice Jacqueline Dorgan ruled the Province of BC "was not under any fiduciary duty to provide and fund the Medical Services Plan benefit and extended-health benefit to any and all of the class members." The suite started as a result of a January 1, 2003 change by the BC Government to the existing retirement package which required retirees to start paying one 1/3 of their MSP premiums. Fred Bennett was the plaintiff in this case. Victoria lawyer Catherine Boies Parker, who is a member of Bennett's legal team, indicated the next step is undecided. Various parties supporting this legal action such as the BC Government Employees Union and BC Government Retired Employees Association are currently considering the merits of an appeal. The case had previously gone all the way to the Supreme Court of Canada as the BC Government had tried to block this Class Action legal action. The Supreme Court of Canada previously ruled in favour of the plaintiff permitting Mr. Bennett and his supporters to proceed with the action back before the BC Supreme Court. Stay tuned for a decision on an appeal in the near future.

Tim Roark, Member  
BCGRE  
Oct 29, 2009

## **WANTED – Are you an EHO teaching FOODSAFE?**

Are you also interested in participating in a project to assess knowledge retention in FOODSAFE trained graduates? We are looking for one or more EHOs to assist us with retraining of 50 food workers, then resurveying their knowledge after 6 months, and conducting results analysis. If you are currently looking for a project for your thesis or are just interested in this subject we would love to work with you. We will provide assistance with coordination, phone surveys and analysis (ethics approval is already granted for this project). Note: this is an UNPAID project, however all material costs will be covered. For more information please contact Lorraine McIntyre (Food Protection Services, BCCDC) at [lorraine.mcintyre@bccdc.ca](mailto:lorraine.mcintyre@bccdc.ca) or phone 604.707.2458

Hello Health Officers,

We are currently hard at work completely revising and rewriting FOODSAFE Level 2. We want the course to have as many ‘real life’ examples as possible to illustrate the important issues in food safety. Wherever possible, we would prefer to include real incidents that have occurred in BC or the rest of Canada. We won’t include any information that would identify the specific food service business or an individual, but we would like to include the city where the case took place, and possibly the year.

As EHOs, you are the best source of real cases that have happened in your jurisdictions. If you are able to provide any of the following examples, it would be of considerable help in the development of a FOODSAFE Level 2 course that will be meaningful to relevant for food service owners, managers and supervisors in BC and the rest of Canada.

1. An example of how improper cooling led to foodborne illness
2. An example of how improper advance preparation techniques led to foodborne illness
3. An example of how preparation of food by an infected worker led to foodborne illness
4. An example of a chemical cause of foodborne illness
5. An example of a chemical cause of foodborne illness
6. An example where a foodborne illness was caused by a food that doesn’t have the FATTOM conditions, but became high risk due to improper processing or cooking, (alfalfa sprouts, melons, etc.).
7. An example of foodborne illness caused by pathogens in hamburger patties.
8. An example where using unapproved suppliers led to foodborne illness – a case involving oysters would be preferred.
9. An example where improper storage of chemicals led to illness (ie. using cleaner instead of sugar to rim a cocktail glass).
10. An example where cross-contamination from cutting boards led to foodborne illness.
11. An example where improper hot-holding (due to a malfunction of a hot-holding unit) led to foodborne illness
12. An example of how pests led to bad publicity (ie. someone posted pictures or video footage of pest infestation on the internet which resulted in bad publicity).
13. Canadian equivalent needed for this paragraph:  
*In 2005, a U.S. Food and Drug Administration (FDA) panel concluded that there is “no added benefit” from using antibacterial products over plain soap and water. In fact, there is evidence that using these products increases the occurrence of drug-resistant bacteria.*

If you are able to help with one or more of these examples, please contact the Project Manager for the Level 2 revisions, Jennifer Riddell by phone at (250)356-1971 or by email at [Jennifer.Riddell@gov.bc.ca](mailto:Jennifer.Riddell@gov.bc.ca) . If possible, please contact Jennifer before November 6, 2009.

Toni Burton  
 Program Coordinator  
 BC FOODSAFE Secretariat



BC FOODSAFE SECRETARIAT Camosun College, 4461 Interurban Rd. Victoria, BC V9E 2C1



## Open School BC is Seeking Invigilators

Open School BC is an e-learning organization specializing in the design, creation and distribution of community-oriented educational programs throughout Canada.

In partnership with the FOODSAFE Secretariat, Open School BC is pleased to introduce an online version of the FOODSAFE training course - designed to make certified FOODSAFE Level 1 training more accessible.

To support the FOODSAFE certification process, Open School BC is seeking invigilators for the final exam. If you would like the opportunity to help out your community and provide invigilation services, it would be greatly appreciated and we offer compensation.

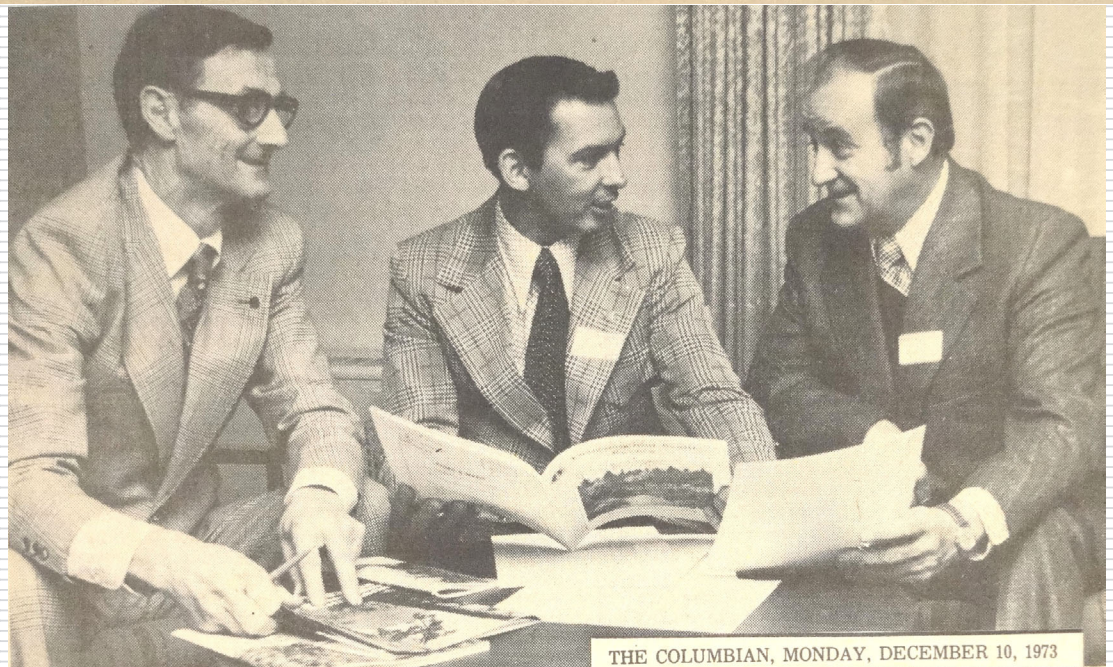
All that is required from you is access to a modern computer with a high-speed Internet connection and a current web browser with Flash installed (free to download from Adobe's website). If you are interested, please contact [foodsafe@openschool.bc.ca](mailto:foodsafe@openschool.bc.ca) and request an invigilation form.

## Looking Back in Time

—  
36 Years Ago

### VISITING BCIT

Leaders in the public health profession today visited the B.C. Institute of Technology, where 60 students in the health technology course hope to become public health inspectors after a two-year course. They included Frank Hartigan, left, B.C. president of the Canadian Institute of Public Health Inspectors, and the national president, Larry Lychowyd, centre, pictured with Morven Ewan, of the National Committee for Professional Development. Mr. Lychowyd, a CNR employee from Islington, Ont., attended a B.C. branch meeting in Burnaby Sunday. BCIT discussions included public health course curriculum.



THE COLUMBIAN, MONDAY, DECEMBER 10, 1973

# REDUCING YOUR POTENTIAL TO GET H1N1

Consider the following:

The only portals of entry are the nostrils and mouth/throat. In a global epidemic of this nature, it's almost impossible not coming into contact with H1N1 in spite of all precautions.

Contact with H1N1 is not so much of a problem as is its proliferation within the body. While you are still healthy and not showing any symptoms of H1N1 infection, in order to prevent proliferation, aggravation of symptoms and development of secondary infections, the following very simple steps can be practiced.

1. Frequent hand-washing.
2. "Hands-off-the-face" approach. Resist all temptations to touch any part of face.
3. Gargle twice a day with warm salt water (use Listerine if you don't trust salt). H1N1 takes 2-3 days after initial infection in the throat/ nasal cavity to proliferate and show characteristic symptoms. Simple gargling prevents proliferation. In a way, gargling with salt water has the same effect on a healthy individual that Tamiflu has on an infected one. Don't underestimate this simple, inexpensive and powerful preventative method.
4. Similar to 3 above, clean your nostrils at least once every day with warm salt water. Blowing the nose hard once a day and swabbing both nostrils with cotton buds dipped in warm salt water is very effective in bringing down viral population.
5. Boost your natural immunity with foods that are rich in Vitamin C (citrus fruits). If you have to supplement with Vitamin C tablets, make sure that it also has Zinc to boost absorption.
6. Drink as much of warm liquids (Tea, coffee, etc.) as you can. Drinking warm liquids has the same effect as gargling, but in the reverse direction. They wash off proliferating viruses from the throat into the stomach where they cannot survive, proliferate or do any harm.

Keep in mind that the target population is younger people, so pass this on to your kids and grandkids. We the older population will have some immunity. However, it doesn't hurt anyone to follow these guidelines!!

The original presentation of this message was given by Dr. Vinay Goyal. Dr. Goyal is an MBBS, DRM, DNB (Intensivist and Thyroid specialist) He has had over 20 years clinical experience. He has worked in institutions like Hinduja Hospital , Bombay Hospital , Saifee Hospital , Tata Memorial etc. Presently, he is currently heading the Nuclear Medicine Department and Thyroid clinic at Riddhivinayak Cardiac and Critical Centre, Malad, India.



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**FRANKIE**

# 2009 BCIT STUDENT RESEARCH ABSTRACTS

## Resealable Food Storage Bags: a potential vector leading to microbial contamination.

By: Joanne Chang

Foodborne illness affects the health of the general public and places negative economic impact on society. The three main factors that contribute to foodborne illnesses are time and temperature abuse, poor personal hygiene, and cross contamination (McSwan et al., 2006). In recent years, re-sealable plastic bags have been utilized for food storage especially at residential settings. Since there is no indication that these bags are for single-use purposes, the general public may have the misconception that the bags are re-usable. This misconception could lead to foodborne illness as a result of cross-contamination.

The purpose of this project was to test the effectiveness of different cleaning and sanitizing techniques on the re-sealable plastic bags. Raw egg white was stored in the bags and enumerated with a known concentration of *E.coli* to set the baseline of bacterial load. The bags were then washed with two different washing techniques: tap water wash or detergent wash. 1 mL of the water sample was then added onto 3M™ Petrifilm™ *E.coli*/Coliform Count Plate to determine if there was an adequate reduction in the bacterial counts. Two-Sample, one-tailed t-test revealed that there were statistically

differences in bacterial counts among the two washing methods. This was confirmed by having  $p\text{-value} = 0.000$  ( $p\text{-value} < 0.05$ ). Also based on descriptive statistics, it was apparent that bags that underwent detergent wash had lower bacterial counts than bags underwent tap water wash. Even though the cleaning and sanitization of re-sealable plastic bags demonstrated a reduction in the bacterial load, this conclusion can not demonstrate that the bags are safe for reuse. Since cross-contamination may lead to foodborne illness, it is recommended that manufacturers place warning labels on the re-sealable bags to indicate that the bags are for single use only.

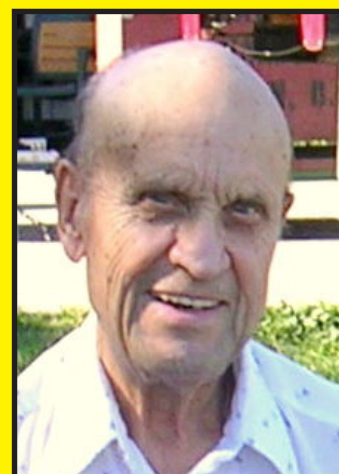
## VOC Emissions from Interior Paint

by Lewis Johnston

Recently there has been an increase in marketing of interior paints that are low in volatile organic compound emissions (VOCs). VOCs are a type of chemical contaminant that reduces indoor air quality and can lead to health effects such as respiratory and inflammatory problems. Although most VOCs are found in lower concentrations than required to cause adverse health effects, there can be synergistic effects of total VOC content on health. This study investigated whether the VOC emissions from low-

VOC interior latex paint were significantly lower than the VOC emissions from a regular latex paint. Two rooms of equal size were painted with VOC or low-VOC paint respectively and VOC emissions were recorded every 5 minutes using a photo-ionisation detector (PID meter) until emissions reached zero. The mean VOC emissions for the two paints were compared using an independent samples t-test. The results showed that there was significantly less VOC emissions from the low-VOC paint than the regular latex paint.

## In Memoriam Dr. Maxwell Smart



Dr. Maxwell "Mac" Smart, born on October 9<sup>th</sup>, 1924 in Caron Saskatchewan, passed away August 16<sup>th</sup>, 2009. He moved his family to Vernon in 1963 and was the Medical Health Officer for the region for over 30 years. He is survived by his son Brent, daughter-in-law Taiko and granddaughter Miyuki. He was predeceased by his son Brad and his wife Sylvia. A memorial service was held on August 24<sup>th</sup> in the chapel of Pleasant Valley Funeral Home in Vernon. A donation to the charity of choice was requested in lieu of flowers.

## WHEN & WHO?

In the last issue we asked for your help in naming the faces in the 1985 BCIT Environmental Health graduation photo. Several of you quickly came through with the names. Many thanks to Arne Faremo, Wayne Radomske, Greg Baytalan, and Madhu Nair.

- |                   |                              |                                 |
|-------------------|------------------------------|---------------------------------|
| 1. Arne Faremo    | 9. Merilee Dean              | 17. Art Guite – Instructor      |
| 2. Elmer Spilchen | 10. Wayne Radomske           | 18. Terry Smith                 |
| 3. Grant Mahalek  | 11. Glen Jorundsen           | 19. Deepak Dhattani             |
| 4. Steve Kamm     | 12. Lorraine Harmon          | 20. Sajan Joseph                |
| 5. Sheila Lyon    | 13. Jim Beynum               | 21. Max Fernandez               |
| 6. Roger Fielding | 14. Terry Toombs             | 22. Elaine Chin                 |
| 7. Munira Dhanani | 15. Rick Palliardi           | 23. Charlie Young – Instructor  |
| 8. Wally Adams    | 16. John Pelton – Instructor | 24. Naz Abdurahman - Instructor |

Missing: Ken Bennett, Jennie Eng, Marise Gibson, and Rob McKinnon.



# BC Branch Executive 2009

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## Editorial Policy

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

The views, comments, or positions within the contents 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 which the Editorial team concludes are contrary to good public health practice, environmental protection goals, are offensive or not in good taste will not be accepted.

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