
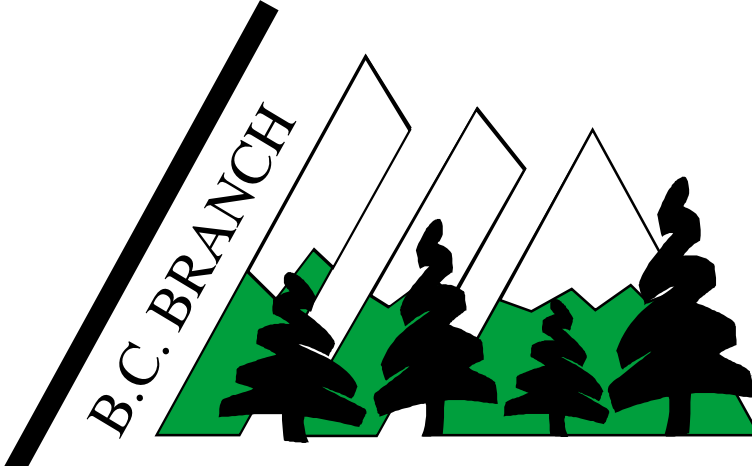


Spring Edition
NO. 1 2003



BC PAGE

Canadian Institute of Public Health Inspectors

**Bruce Stephen Honoured
Congratulations on 50 years of Membership!**



Well time sure flies by. Fifty-plus years in the field and Bruce Stephen, EHO, is still going (an image of the Energizer Bunny comes to mind!). To commemorate this achievement, Bruce was presented with the National CIPHI 50-Year Membership Award on December 13, 2002 in Whitehorse, Yukon. Health and Social Services officials, colleagues and his wife Jean shared this once in the lifetime moment. Lynn got a laugh from the group, as she joked that it was only last year that Bruce was presented with the Institute's 25-year pin and at that time we were wondering if he was going to get another 25-year pin the following year - well our expectations were exceeded with the 50-year regal-like etched glass award. So what is Bruce's secret? - he brings a positive attitude into the field; and of course, he golfs!

Photo: Lynn Richards presents the 50-Year Membership Award to Bruce Stephen

BC Branch Executive 2003

(www.bc-ciphi.ca)

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BC Branch Update, March 2003

The Education Committee of the BC Branch CIPHI is hard at work organizing an Educational Conference for BC Branch members on May 13 & 14th. Look for more information on the conference in this issue. I'm very excited about this conference because I've seen what the committee is planning and I know it will be a great educational opportunity for EHO's on some very timely topics.

The BC Branch Annual General Meeting will also be held during this time, on May 13/03 at 5:30 pm. I can only hope as members you will make every effort to attend if you live in the lower mainland or are in town for the conference. I was very disappointed with the low turn out last year, only 16 members found the time to attend. I know the AGM is not the social event of the year but it is a necessary function where the business of the BC Branch is conducted. One of the agenda items will be the election of the BC Branch Executive. Please contact me if you are interested in participating on the BC Branch Executive for 2003.

Once again, the BC Branch CIPHI is sponsoring registration fees for up to 5 members attending the CIPHI Annual Educational Conference in Edmonton June 23-25. This year, you will notice a slight change in the procedure. BC Branch members receiving conference registration bursaries, will be required to pay the registration fee at the time of registration. BC Branch CIPHI will reimburse the registration fee to bursary recipients upon receipt of a written report on their conference experience. This change has been made as in the last couple of years, conference bursary recipients have not submitted any reports. How does the saying go? "You don't get nothin' for nothin'"

At the end of January, Nick Losito and I met with the Honorable Sindi Hawkins, Minister of Health Planning to discuss the BC Branch CIPHI's application for designation as a profession. The meeting was beneficial in that we were able to identify some areas where we could provide additional information for clarification to the Minister in preparation for the draft regulation being presented to Cabinet, hopefully in a few months. Minister Hawkins also encouraged EHO's to talk to their local MLA's to make them aware of this issue and hopefully, get their support. We will be putting together a package of information on this topic to mail to all MLA's with the hope that when the draft regulation comes before Cabinet, they will be familiar with the issue. A more detailed update on the College process will be presented at the BC Branch AGM.

Roger Parsonage attended a meeting of the Core Program Review External Advisory Board on behalf of the BC Branch. This review of Core Programs in Health has the potential to impact EHO's in BC. Please contact Roger if you have any comments regarding this process.

Just a reminder to members to let me know if you have been a CIPHI member for 25 years or more. CIPHI has a small recognition of this milestone in the form of a pin.

Claudia Kurzac, President
BC Branch CIPHI



From The Editor

Welcome to the first issue of 2003 and the start of a new era for the Page: this is the first issue that will be partially distributed electronically. Please contact the Executive or myself if you have any comments.

The past year has been one of fairly radical change, especially in some areas, and one doesn't have to look too hard to find something to gripe about. However, there are positives and it never hurts to take a moment to focus on some of them. Ken Christian, Director of Health Protection with Interior Health began a recent meeting by asking each participant to briefly comment on a positive of the past year; the discussion that followed set a positive tone that carried through the remainder of the meeting.

There is a parallel here for the Branch: it is easy to find things to complain about, and some of that may be justified. But have you considered a positive aspect of the Branch or thing that the Executive has done in the past year? The BC Branch is successful because of the dedication of its volunteers and support of its members. Volunteers put in hours of their own time on behalf of the members and it's nice to see that recognized through continuing membership and attendance at the AGM. That's a hint - the AGM is next month and attendance last year was lousy. If you live in the Lower Mainland or will be there for the Conference, please give a little of your time and support of the Branch by attending the AGM.

On the subject of Core Programs, the Professional Advisory Group meeting in February resulted in some minor changes to the Draft document. Once the core document is finalized, the next step is to identify indicators that demonstrate that what we do on a daily basis is both measurable and effective. If you are aware of any literature on the subject, kindly let me know.

As always, thanks to all who have provided material for this issue.

Roger Parsonage, Editor

2003 BC Branch Educational Conference

May 13 and 14, 2003

Hilton Vancouver Metrotown

Burnaby, BC

Planned presentations include speakers from BCCDC, Ministry of Health Planning, Health Canada, Vancouver Coastal and Fraser Health Authorities, BCIT, Orkin PCO Services...

The BC Branch Annual General Meeting will be held on Tuesday, May 13th following the afternoon session.

A block of rooms has been reserved at the Hilton Vancouver Metrotown at a discounted government rate.

The finalized agenda will follow by mail. Any inquiries may be forwarded to Roopy Khatkar at (604) 736-2866 (roopy_khatkar@vrhb.bc.ca) or Jasmina Egeler at (604) 983-6860 (jasmina.egeler@nshr.hnet.bc.ca).



RECENT RETIREMENTS IN BC

Attendance at retirement parties has provided a number of enjoyable occasions to meet old friends and colleagues in recent months. The opportunity to enjoy the fruits of many years of work and all those pension contributions plus recent changes to the delivery of Public Health Services in BC appear to have resulted in a quite a few retirements over the last couple of years. We wish those retirees we have listed below all the best for a long and enjoyable retirement. We also hope they will continue their membership in the Institute as "Retired Members".

Jim Brooks - Coast Garibaldi
 Steve Brown - Workers Compensation Board
 Ian Flack - South Okanagan
 John Gibb - Ministry of Health
 Barry Heard - North Okanagan
 Larry Hogg - South Okanagan
 John Lau - Health Canada
 Doug Murray - Central Vancouver Island
 Ken Nashland - Richmond
 Jim Pannu - Vancouver
 Les Potter- Capital Health Region

Nick Potter - South Fraser
 Bill Purtell - Coast Garibaldi
 Bill Rogers - South Fraser
 Russ Sankey - Vancouver
 Bob Smith - Ministry of Health
 Brian Vath - Caribou
 Allan Vince - Vancouver
 Wayne Watts - Kamloops
 Ron White - South Okanagan
 Barry Willoughby - Ministry of Health
 Charlie Young - BCIT



Recently retired from the Ministry of Health as Injury Prevention Coordinator, John Gibb (photo at left) wonders how he had time to work. John and his lovely wife Betty are currently enjoying a two year stay in the Bahamas where John is working with the Pan American Health Organization on a number of important issues including air quality, recycling, bottled water requirements and environmental health program standards. We wish John all the best in his new position as a roving Ambassador for Environmental Health.

Editor's Note: Congratulations to the "recent" retirees listed above. Something about 'better late than never' comes to mind now... Upcoming issues this year will include features profiling more of these retirees. If you have photos or material to contribute, drop me a line.

British Columbia's Drinking Water Protection Act and the Drinking Water Action Plan

The provincial government is committed to ensuring safe, reliable and accessible drinking water for all British Columbians. To achieve this goal, the government introduced amendments to the *Drinking Water Protection Act* on October 10, 2002 to improve drinking water protection and enhance public health and safety. This new legislation is part of a comprehensive new "source to tap" action plan to safeguard the quality of drinking water and the health of British Columbians. The new legislation will be proclaimed this winter, after consultations with the Union of B.C. Municipalities and other stakeholders and the development of subsequent regulations.

In addition, the Ministry of Water, Land and Air Protection is leading the development of comprehensive, new groundwater protection legislation and regulations, with the support of a Groundwater Advisory Board. This legislation will implement mechanisms such as higher standards for groundwater sources, well construction, and mandatory reporting of drilling activities.

The following summary provides an overview of the roles and responsibilities of BC's Health Authorities in ensuring safe drinking water, under the new provincial action plan and legislation.

Action Plan for Safe Drinking Water in British Columbia

The new legislation establishes clear responsibility and decision-making within government for safe drinking water. The Action Plan for Safe Drinking Water in British Columbia focuses on preventing and treating contamination, as well as identifying risks to public health and safety for communities. The plan is based on the following key principles to ensure an effective approach to protect drinking water:

1. The safety of drinking water is a public health issue.
2. Source protection is a critical part of drinking water protection.
3. Providing safe drinking water requires an integrated approach.
4. All water systems need to be thoroughly assessed to determine risks.
5. Proper treatment and water distribution system integrity are important to protect human health.
6. Tap water must meet acceptable safety standards and be monitored.
7. Small systems require a flexible system with safeguards.
8. Safe drinking water should be affordable, with users paying appropriate costs.

The complete Action Plan for Safe Drinking Water in British Columbia can be viewed at http://www.healthservices.gov.bc.ca/cpa/publications/safe_drinking_printcopy.pdf.

The Drinking Water Protection Act

Under the new legislation, drinking water officers from health authorities will work together with water suppliers to assess the needs of individual waterworks and implement the most effective approach to safeguard water quality and public health in B.C. communities. To achieve this end the legislation establishes:

Public Health as First Priority

- Public health is the priority and guiding principle for decisions related to drinking water.



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Leadership and Accountability

- Decision-making and accountability for drinking water lies with the Minister of Health Services and B.C.'s Provincial Health Officer. It enables the minister to establish guidelines and directives, and strengthens the provincial health officer's role in monitoring and reporting yearly on drinking water and public health protection
- Water quality information will be regularly reported to the public, and the Provincial Health Officer will have a new statutory obligation to advise government if additional source protection is necessary to protect public health
- Water suppliers will be held accountable for meeting the terms and conditions of their operating permit. They will also be required to report imminent threats, such as treatment equipment failure, to drinking water officers and must ensure immediate public notification.
- Testing laboratories will be required to report health threats when identified.

New Drinking Water Officers

- New drinking water officer positions will be created across B.C., with authority to investigate complaints, require testing and assessment, perform inspections, co-ordinate source protection, issue orders and take other steps to ensure water safety.

Source to Tap Approach to Assessment

- Source-to-tap assessment of all drinking water systems in B.C. will be initiated, starting with systems that may pose the highest risk to users. These assessments will be undertaken by water system providers with assistance from drinking water officers and other government agencies. While local health authorities and water providers already conduct system surveys, these assessments will provide more comprehensive information required to identify source contaminations and plan system improvements.
- An integrated approach to resource ministries on source protection to provide an important first line defense to protect drinking water.

- More flexibility for the 3,000 drinking water systems in BC,

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Research published in the British Medical Journal found that food poisoning deaths could be twice as high as current estimates and may occur up to a year after infection.

The researchers examined the medical history of 1 071 people who had died within a year of having Salmonella, Campylobacter, Yersinia and Shigella. Deaths within the first year after infection were 2.2% among those who had had food poisoning, compared to just 0.7% in the control group.



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recognizing the challenges facing small systems with less than 15 connections.

Increased Inspection and Testing

- Inspection and laboratory testing will be increased to ensure compliance with province-wide tap water standards for contaminants that present a health risk.
- Basic monitoring requirements will be established that can be supplemented by orders from drinking water officers.
- Laboratories will have to meet specific standards.
- When other measures fail to resolve a health concern, the Provincial Health Officer can ask the Minister of Health Services to recommend Cabinet approval to develop a site-specific drinking water plan, giving human health protection top priority.

Operator Training

- Anyone operating, maintaining or repairing a water system will be required to take training, meet qualifications set out in new regulations, or be supervised by a qualified individual.

The full Drinking Water Protection Amendment Act is available at http://www.legis.gov.bc.ca/37th3rd/3rd_read/gov61-3.htm.

By bringing into force the Drinking Water Protection Act and new regulations this winter, the government is establishing an entirely new regulatory framework in B.C. These regulations are not intended to be definitive. Only regulations required to clarify the Act are being developed currently. New regulations will focus on expected outcomes and procedures, and ensure that the functions of the Safe Drinking Water Regulation are not lost. Once regulations are implemented, the existing Safe Drinking Water Regulation under the Health Act will be repealed.

Working with Our Industry Partners

To implement new legislation and standards for drinking water protection across BC, the Health Protection Branch of the Ministry of Health Planning will continue to work with local health authorities and other stakeholders to develop compliance guidelines and documentation for implementing the Drinking Water Protection Act. This work builds on existing guidelines for source protection, waterworks design, construction, operation, maintenance and monitoring from source to tap. These guidelines will assist water suppliers with regulatory compliance and completing assessments and response plans required under the Act. Importantly, these guidelines will also assist drinking water officers with consistently enforcing new legislation across British Columbia.

New Conditions for Operating Permits

South Okanagan water purveyors accept nine new conditions

Sweeping new conditions have been applied to the water system operating permits of 27 South Okanagan purveyors. When the 1992 Safe Water Drinking Regulation was passed it included a provision for Medical Health Officers or Public Health Inspectors to apply conditions to an operating permit. Interior Health Authority public health officers have used this provision to make extensive changes that standardize the region's water purveyor's practices.

Work on the new conditions began in June 2001. The proposed conditions were detailed in a letter to the 27 larger water systems in the South Okanagan. Comments were collected and improvements were made through a series of consultations between the purveyors and the Interior Health Authority.

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In February 2002 nine final conditions were agreed upon. “The conditions are intended to increase customer confidence in the quality of their drinking water and improve communication between public health inspectors and purveyors,” says Ron Johnston, Public Health Engineer with Interior Health.

Effective April 1, 2002 all larger water systems (300 or more connections) will be required to employ operators who have completed an Environmental Operators Certification Program — the Health Authority admits there may be room for purveyors to negotiate the year-end compliance date. “We understand that it does take some time for the operators to become certified at the appropriate levels. Some of these 27 systems still haven’t been classified. So if they get classified and become a class two system and they only have a level one certified operator, we are prepared to negotiate the year-end deadline,” says Johnston.

A drinking water sampling quality program is also required. In conjunction with local PHI’s, purveyors can design a program that best suits their unique situation by choosing the location and frequency for sampling. Two specific pieces of equipment will be required for those systems using surface water. Chlorine residual analyzers will be required by September 2002 and on-line turbidity meters will be necessary by April 2003. These pieces of equipment are essential to aid purveyors in responding to significant changes in water quality and when connected with SCADA systems will immediately alert operators of operational failures.

A Cross Connection Control Program is required by all systems by February 2003. The program will look at the water users at risk to the local water system including industries that use chemicals such as car washes, hospitals and dry cleaners. A cross connection control program will convey how these users will be identified, how the risk will be classified and what sort of protection system will be implemented to prevent the potable water supply from being contaminated. “While many purveyors already have a Cross Connection Control Program, this condition has prompted several purveyors to consider banding together to employ a single person to work on several systems” says Johnston.

Water Purveyors who utilize wells are required to provide a Well Protection Plan for their groundwater sources. Community planning teams must be selected by April 2003.

Existing Emergency Response Plans are to be reviewed annually and submitted by April of the following year. Most water systems have long-term plans for source, treatment and distribution systems improvements, however those that don’t are required to have their plan complete by December 2003.

All of the 27 South Okanagan purveyors will be required to submit monthly reports detailing their source in use, consumption, turbidity, chlorine levels and bacteriological results. The IHA will also be looking for comments on any operational irregularities.

Although many believe that the Walkerton incident motivated the actions taken by the Interior Health Authority, the real beginnings can be dated back to models developed after the 1986 outbreaks of Giardiasis in the Black Mountain Irrigation District and Penticton. The disease surveillance data of the previous two years (1984 and 85) indicated that two previous outbreaks of Giardiasis had gone unnoticed. It was decided to move the chlorination system to the intake - providing for an hour of contact time before the first users. The program has been a success. Using monitoring sheets developed by public health engineering, Black Mountain Irrigation district has controlled Giardia - there have been no outbreaks in the system since 1986. The same procedure was later successfully applied to Penticton and currently 15 other water systems in the Okanagan use a similar Performance Monitoring System.

It is expected the conditions applied to the 27 South Okanagan water Purveyors will improve the overall quality of potable water improving consumer’s confidence in their local water systems.

Call For Nominations

The CIPHI Awards Committee is now accepting award nominations for the CIPHI 69th AGM in Edmonton, Alberta. Nomination forms and the selection criteria for each Award can be found on the CIPHI Website at <http://www.ciphi.ca/awards.htm>.

All nominations and citations must be forwarded to the National Office or to Claudia Kurzac at least 30 days prior the CIPHI 69th AGM which will occur on **Monday, June 23, 2003.**



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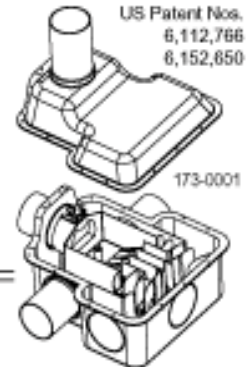


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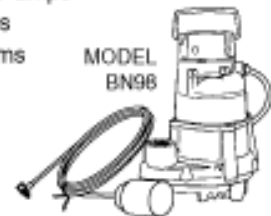
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In Memorium: Donald C. Taylor and Jean Campbell

Donald Clyde Taylor, retired from the Royal Canadian Navy and recipient of the Order of Military Merit, passed away on December 9th after a lengthy battle with cancer. Born in Victoria in 1931 he enjoyed life to the fullest. Don joined the Canadian Navy in 1951 and received his Certificate in Public Health Inspection (Canada) number 1091 in 1957. After retiring from the Navy in 1979 with 28 years of service, he embarked on a second career as an Environmental Health Officer with Health Canada in Victoria until 1992.

Don was an avid fisherman and gardener. He will be greatly missed by his wife of 50 years Frances, sons Doug (wife Janis and grandson James) of Ottawa and David of Victoria as well as numerous other family and friends.

A service to celebrate his life was held at the Sands Funeral Chapel in Victoria on December 13, 2002. If friends so wish, donations in Don's memory may be made to the Victoria Hospice Society, 1900 Fort Street, Victoria, B.C. V8R 1J8.

CAMPBELL - Jean Angelique Kathleen, passed away peacefully at the U.B.C. Hospital on October 27, 2002 at age 81. Predeceased by her sister, Margaret Amelia (1992). Jean is survived and greatly missed by her sister, Barbara Glen Campbell, as well as cousins, Sharon McLeod and daughter, Meghan (Vancouver), and Ross McLeod (Lisa) and daughter, Melanie (Toronto). A memorial service will be held at St. Philip's Anglican Church, 3737 West 27th, Vancouver, Tuesday, November 5 at 11 a.m. A private family interment service will be held later at Mountain View Cemetery. In lieu of flowers, donations can be made to the Margaret Campbell Scholarship Endowment Fund, care of Dr. Sally Thorn, U.B.C. School of Nursing, T-201, 2211 Wesbrook Mall, Vancouver V6T 2B5.

Editor's Note: Jean Campbell was a former supervisor of the Water Bacteriology Lab. Thanks to Joe Fung for providing this.



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The Pan American Health Organization In The Bahamas, or Public Health In Paradise

Warmest greetings from John Gibb, who is still staying alive after "retiring" from 35 years in B.C. public health and washing up on a beach in the Bahamas. I have been rescued from a life of idleness and sloth by the Pan American Health Organization, where I recently began work in the PAHO Nassau office assisting with various environmental health oriented projects that they are advising the Bahamian government on.

PAHO is made up of, and receives funding from, 33 member nations. Each year projects are agreed to for funding and technical support and the PAHO office in each country is responsible for assisting the local national government in carrying out the "agreed to" projects.

One of the projects I will be assisting with is the setting up of a proposed Bahamian Agricultural Health and Food Safety Agency. There is a considerable measure of influence being exercised by the European Union to have homogenized food inspection and safety agencies throughout the Caribbean region, in order for foods to enter the EU jurisdiction.

The Bahamian government is also interested in developing standards and legislation on bottled drinking water. This is really a big seller down here because few people drink the potable water out of the tap, as it is a bit on the salty side and sometimes has a swampy taste, depending on the draw down on the fresh water lense. It seems that there are a dozen or so bottling companies, who pretty much do their own thing.

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Mosquitoes continue to plague, (pun intended) the Commonwealth of the Bahamas, an archipelagic developing nation consisting of 700 islands and cayes above and occasionally below water during hurricane season. Dengue fever is a problem in Cuba next door and PAHO does not want it to get a toehold here. I will be encouraging the local health department to maintain the fogging equipment, create equipment maintenance logs, and generally become more accountable for mosquito control.

Another project involves the stray dog population on the island of New Providence where the capital city of Nassau is located with a human population of 175,000, is conservatively estimated to be 28,000, all coexisting on a rock that measures 27 miles by 6 miles. Many of the dogs are starving and diseased. Most recently a Canadian mother of five received over one hundred bites after being attached by two dogs while jogging on a Bahamian beach. Fortunately, the Bahamas is "officially" rabies free for the time being.

Air quality on one of the family islands where a container port is located is also a local concern. I am assisting the PAHO air quality specialist based in Lima, Peru by determining a base line data set and in monitoring the local record keeping of ministry and industry staff.

Rats continue to enjoy an unfettered lifestyle in this country. Efforts and campaigns are periodically launched to reduce their numbers. PAHO is on the job asking the Ministry of Health, Department of Environmental Health Services to develop and provide a rodent control program. My first week on the job saw me appointed to the Minister of Health's National Advisory Committee for an Environmental Health and Public Health Awareness Program. The government has received a loan of 22 million dollars from the Inter American Development Bank to upgrade domestic garbage collection services and landfill sites. This may seem like a lot of money, but it has to be spread over sixteen of the most populated islands. In this country, the Department of Environmental Health Services (yes the same agency that employs PHIs), is in charge of operating the landfills and for the collection of domestic solid waste. The first order of business is to hire a public relations firm to organize a public information campaign to encourage home owners to co operate by placing their household garbage in containers and to place the containers on the street ready for collection at the scheduled time. It seems that developing countries need assistance in changing attitudes on issues that we in the "developed" world take for granted.

I was heartened to learn that PAHO is held in high regard in this country, due to its apolitical approach and the quality and impartiality of the staff. This office frequently makes recommendations to senior government officials, including the Prime Minister and various cabinet members. PAHO being part of the World Health Organization has official diplomatic status in the host countries. This brings certain privileges but also certain responsibilities. One must constantly be aware of the fine art of practicing diplomacy, (i.e. persuading people to do what they do not want to do, while at the same time getting them to think that it was their idea).

I am looking forward to learning as much as possible about how this organization and culture functions and in staying out of jail, during my posting here.

Thanks to John for providing this insight into his work. He would welcome comments and information from any members who may have some "advice" to provide on the various projects that he is involved with. You can drop John a line at gibbj@bah.paho.org



Avoid Illness: Reusing Containers Could Recycle Pathogens

In late July, the on-call inspector at Perth District Health Unit was notified that an elderly woman had been hospitalized with severe gastrointestinal symptoms and a lab result of E. coli O157:H7. The woman had become ill July 16 with non-specific symptoms (malaise, fatigue) that intensified the next day into watery diarrhea, nausea, vomiting and cramps. She was hospitalized two days later with the onset of bloody diarrhea. She had passed away after four days in hospital.

The family of the deceased was contacted and interviewed. The case had been healthy and active until the onset of this illness. The family was very helpful and anxious to assist us in determining the source of the infection.

A public health nurse and I arranged to meet some of the family at the case's apartment. Two daughters, using a detailed calendar of activities that they had found, helped us to come up with a patchy food history. The case belonged to several groups that regularly met for lunch or dinner meetings. She had also attended a funeral outside the county during the week before onset. The daughters told us that their mother did not drink apple cider or eat sprouts and rarely purchased or ate ground beef. She had prepared most of her meals herself at home. It had been her habit to purchase meat from several butcher stores in the city, not from supermarkets. We were told that she had been scrupulous about handwashing and liquid soap and paper towels were found by the sink in the kitchen.

The contents of the refrigerator, freezer and garbage were examined. It was the case's habit to store all leftovers in plastic containers and reclosable bags. No containers were labeled or dated. It was not possible to determine the source of any of the food. All hazardous foods and some produce in the fridge were collected and sent to the lab for testing in the containers they had been stored in. The samples included raspberries, summer sausage, cooked chicken and roast beef. The latter two were found together in a reclosable bag. Some contents of the freezer (homemade beef stew, cooked sausage and meat loaf) were also sent for testing. It was noted that the sausage was frozen in brown butcher paper that had been labeled as pork chops, presumably at the time of purchase.

The garbage had not been removed from the kitchen for some time. There was a wrapper for ground beef in the garbage, but no date or store label were found on the wrappings.

No other related cases of E. coli were found among the groups that she had dined with. The health department of the county where the funeral was held reported no illness related to that event.

The cooked chicken and roast beef, which were stored in the same bag, both tested positive for E. coli O157:H7. The Central Public Health Lab was able to confirm the same phage type in the cases's stool sample and the food. Although it is unknown how the meat became contaminated, the most probable explanation is that the food bag had not been properly cleaned. The closure was one of the "zipper" types, which could easily harbour grease or food along with bacteria or other microorganisms.

Several recommendations arose from this investigation:

- o Re-using wrappings or plastic bags that have stored raw meat is not a safe practice. This should become a part of the food safety message from health units.

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- o Using all available sources of information is necessary during communicable disease investigations. In this instance, the discovery of a diary/calendar kept by the case to schedule activities was invaluable, but certainly did not provide a complete food history. Information provided by the family and inspection of the contents of fridge, freezer and garbage can opened an area of enquiry that may have been missed if the primary source was available.

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Promoting the BCIT Environmental Health Program

Are you confused over the program options available in the BCIT Environmental Health Program? Would you like to promote the program to prospective students but you're not quite sure what to tell them?

We have two program options that prepare students for a career in environmental health. The 4-year program is suitable for high school graduates or students with some post-secondary education. The applicant must have English 12 (preferably B or better) as well as Physics 11, Biology 11, Math 12, and Chemistry 12 (preferably C+ or better).

Applicants with a BSc, a Diploma of Technology, or an Associate Degree should consider the Direct Entry (DE) program. Entrance requirements for this option include post-secondary courses in Biology, Microbiology, Chemistry, Math or Calculus, and Biostatistics or Statistics (all preferably C+ or better). English 12 (preferably B or better) is also required. A post-secondary computer course is recommended prior to admission but can be completed during the two-year program.

You can also refer prospective students to me or to www.health.bcit.ca/enviro for up-to-date information on the program. (If you visit the website, you will notice that an important step for every applicant is to speak to an EHO. This helps ensure that students enter the program with a reasonably good understanding of the career.)

In recent years we have had 16 seats available in each of the two options. There have been many qualified applicants for the DE option making that program stream quite competitive. We have had fewer qualified applicants for the 4-year program and all the seats have not been filled; we would therefore like to increase the number of qualified applicants for this option.

Every year in November or December we send sample marketing materials such as the Environmental Health brochure and a glossy one-page flyer to over 130 health agency offices in Western Canada. If this material is not reaching you, please let me know. Additional copies of the brochure and flyer are available for distribution at your office, local career fairs, or other promotional events. We also have display materials which we can loan to you for use in a career fair in your community.

As always, please contact me if you would like more information. Many thanks for promoting the program at high schools and trade shows or by speaking to prospective students who contact your agency.

Lorraine Woolsey, Program Head
BCIT Environmental Health Program

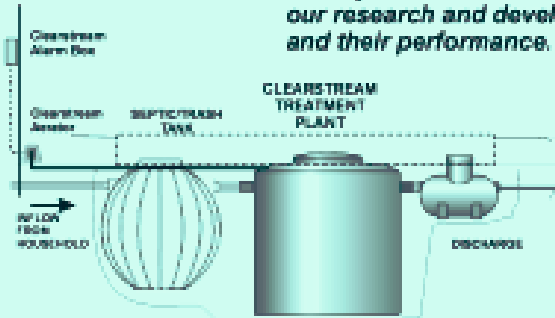
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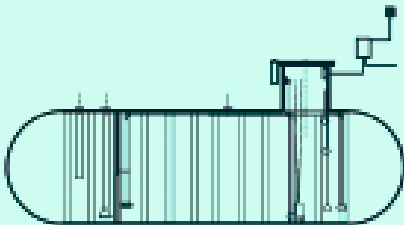
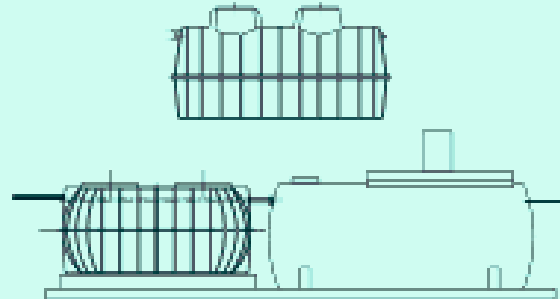


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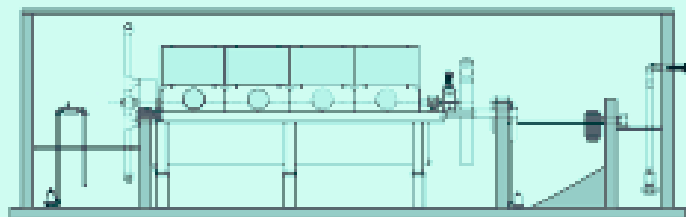


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