

## New Branch President Elected!

The membership of the BC Branch has elected a new President, **Ms. Jasmina (Jas) Egeler**. Her election was the highlight of the recent BC Branch AGM held at the Institute's 2006 Educational Conference at Sun Peaks Resort near Kamloops. Jas succeeds Steve Chong who, after two very busy years as President, has decided to step down to tackle his challenging new position as Manager of Health Protection for the Richmond Health Services.

After graduating from BCIT in 1998 Jas received her CPHI(C) and then worked for Fraser Health in Burnaby until early April 2000. At that time she saw an interesting career opportunity and started with the North Shore Health Services.

Soon after commencing her career in Environmental Health, Jas became interested in volunteering with CIPHI and was elected as BC Branch Secretary shortly thereafter. Since then Jas has gained further valuable experience holding the executive positions of Treasurer and Vice President.

We congratulate Jas on her interest and dedication to her profession and wish her all the best in her new position as BC Branch President and as a member of the National Executive Council of CIPHI. Thanks also go to Steve Chong for his great contribution as Branch President over the past 2 years. We wish Steve every success in his new position as well.



### Highlights

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## Message from the Editor



Well, summer is now upon us. There have been many developments over the last few months. For starters we now have a new BC Branch president, Ms. Jasmina Egeler. April also marked the 2006 Educational Conference at Sun Peaks, BC, which had an excellent turn-out and was a success!

Summer time is usually when most of us take time off to go vacationing. However, summer time is not all fun and games. This is the time when preparations are made for the upcoming months. Every September, new students enroll in the Environmental Health program at the British Columbia Institute of Technology. As part of their curriculum, students must also complete a research project that is relevant to environmental health. Many of the projects that have been conducted recently cover topics that are very relevant to the field and in some cases are very helpful to how we conduct our jobs. Unfortunately, students don't have the necessary field exposure and/or experience to be fully aware of the problems we face in our day to day work. Find out how you can contribute to the graduates of tomorrow in Lorraine McIntyre's article, "Get Your Questions Answered. We Need Your Ideas!"

Talk about changes. With the ever changing face of health service delivery, we must make changes to best conform to make sure we are doing our jobs. Tim Shum, Director of Health Protection at Fraser Health Authority gives us a sneak peak of the reorganization of the management structure in his portfolio.

Another hot topic that is always on everybody's minds is Pandemic Flu. We hear about it all the time, the media, the reports, the plans, but what does all this mean? Some say there's not much to worry about, yet at the end of the pendulum others say we must always be on guard. Are we prepared for a flu pandemic? Dr. John Blatherwick explores this question and gives his expert opinion on this topic.

Hopefully, you will enjoy reading this summer issue. As always, submission of articles, ideas, and comments are always welcome. Have a nice and safe summer!

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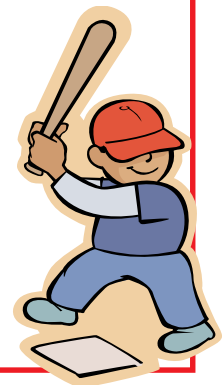
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## BC Branch Softball Challenge 2006

Batter up! The next BC branch softball social is just around the corner. It will take place on July 30, 2006 in Burnaby's Wesburn Park.

If you haven't signed up yet, get in touch with your local health unit contact or Joanne Lum (604-675-3819) by July 21st to join in.

Hope to see you there!



## 2006 BC CIPHI Educational Conference

After hosting the first BC Branch Educational Conference in 1984, Kamloops Health Unit of Interior Health Authority has done an exceptional job in hosting the conference this year in Sun Peaks, British Columbia.

Two teams of Education Committee helped to make this conference a great success. One team consisted of members from the Lower Mainland and the other from Interior Health.

As previous years, this year's conference was also very educational and informative. The educational sessions started on Wednesday, May 10, 2006 with opening remarks from Steve Chong and continued through the day with great presentations from Robert Bryan, Arne Faremo, Dr. Ray Copes, Anne Thomas, Ken Christian, Roger Parsonage, Domenic Losito, David Fishwick and Joan Reiter.

This year's Annual General Meeting was also held on May 10, 2006. After the approval of minutes and appointment of parliamentarian, a moment of silence was held in memoriam for both Robert L. Trerise who passed



away in April 2005 and Oswald T. Horton who passed away in February 2006.

Don Corrigan was awarded the Member of the Year Award. Don has worked on many projects such as the Health Act Review and has made significant contributions to CIPHI and the field of Public Health.



Annual Financial Reports were also reviewed and Board of Certification Examiners for 2006/2007 were appointed.

After the first full day of the conference, everyone was given a chance to relax and unwind at Massa's Bar where Hawaiian Night was held. Dinner and drinks were provided for all conference attendees and various competitions were held. Harry Dhaliwal won the prize for best Hulla Hoop. David Butt won the prize for best Magnum PHI Moustache. Krysta Wilson won the prize for Limbo and Mr. & Mrs. Lance Hill won the prize for best Hawaiian Costume.

Although many of us wished we could have slept in after the festivities from the night before, William Gordon had everyone standing on their feet during his presentation on Day 2 of the Conference at 8:00 AM. The day continued with presentations from Monica Barabonoff, Pat Miller, Karen Rothe, Dominic Losito, Lucy Beck and Dr. Patricia Daly.

Four different break-out sessions were held at the end of the day. All the attendees were divided into smaller groups. This gave everyone a chance to attend all the sessions and ask the presenters questions on an individual basis.

Overall, with 110 conference attendees from all different agencies, this year's conference was unique, well

**Continued on page 11**

# B.C. BRANCH PRESIDENTS

## 1925 TO 2006

Jasmina Egeler	May 10, 2006	to	present
Steve Chong	April 20, 2004	to	May 10, 2006
Claudia Kurzac	May 19, 1999	to	April 20, 2004
Denis Semail	Sept. 23, 1998	to	May 19, 1999
Robert Bradbury	May 13, 1998	to	Sept. 23, 1998
Denis Semail	May 14, 1997	to	May 13, 1998
Grace MacIver	May 10, 1995	to	May 14, 1997
Richard Taki	May 3, 1992	to	May 10, 1995
Robert Bradbury	Sept. 9, 1987	to	May 3, 1992
Cathie Gibson	Mar. 31, 1984	to	Sept. 9, 1987
Rex Eaton	May 14, 1983	to	Mar. 31, 1984
Tim Roark	Sept. 30, 1982	to	May 14, 1983
Larry Copeland	May 14, 1980	to	Sept. 30, 1982
Tim Roark	May 12, 1976	to	May 14, 1980
Frank Hartigan*	May 8, 1972	to	May 12, 1976
Don McNab*	May 5, 1968	to	May 8, 1972
A.C. Dobson*	May 16, 1966	to	May 5, 1968
Ken Clark*	May 7, 1963	to	May 16, 1966
Howard Branston	April 28, 1962	to	May 7, 1963
John Webb	April 23, 1960	to	April 28, 1962
Don McNab*	Sept. 12, 1956	to	April 23, 1960
Howard Branston	April 24, 1954	to	Sept. 12, 1956
Al Stringer*	April 18, 1952	to	April 24, 1954
John Murrell*	Spring 1950	to	April 18, 1952
George Armson	Spring, 1948	to	Spring, 1950
Ellis Ford*	April 14, 1947	to	Spring, 1948
W.S. Wookey*	June 12, 1946	to	April 14, 1947
George Rogers*	Dec. 20, 1944	to	June 12, 1946
Harold E. Reusch*	April 11, 1944	to	Dec. 20, 1944
Stan George*	May 14, 1943	to	April 11, 1944
William Black*	Feb. 11, 1941	to	April 20, 1943
S.P. Heasman*	Mar. 14, 1939	to	Feb. 11, 1941
Robert Skinner*	Jan. 11, 1938	to	Mar. 14, 1939
Alex McCulloch*	Feb. 14, 1937	to	Jan. 11, 1938
Robert Skinner*	April 18, 1934	to	Feb. 14, 1937
J.F.C.B. Vance*	Nov. 15, 1928	to	April 18, 1934
L. Robertson*	Sept 14, 1925	to	Nov. 15, 1928

\* - Deceased

Submitted by Tim Roark - BC Page Historian

## **BC FOOD PROTECTION ASSOCIATION SCHOLARSHIP AWARD**

The BCFPA will be awarding two scholarships in November 2006 to BCFPA student members based on an essay writing competition: first place of \$1000 and second place of \$500.

In addition to the essay competition, eligibility requirements also include:

- Applicants must be current student members of the BC Food Protection Association and reside or study in BC.
- Applicants must be enrolled in a field of study related to food in a university, community college or technical institute.
- Applicants must be currently in a program, registered for a program beginning in the fall (eg, September), or have graduated from a program the previous spring (eg, May).

Additional information and application forms are available at <http://www.bcfpa.net/SubPages/Studentgroup/scholarship.htm>

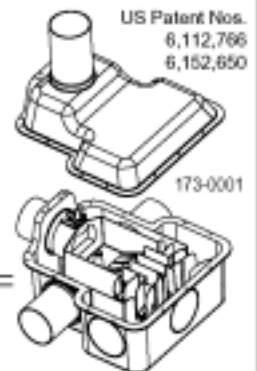
The deadline for submission of applications is September 15, 2006.

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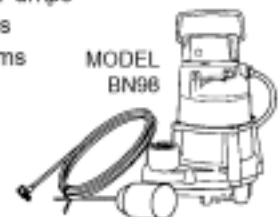
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# Health Protection Changes Coming at Fraser Health - by: Tim Shum, Director of Health Protection

After four years under the current management structure in Health Protection, it was time to review how this structure has worked in aligning



with the strategic directions of Fraser Health and in managing and supporting our staff. Based on staff input and consultations with managers, we have decided to make some changes to the management structure which is briefly outlined below over the next few months.

- To create a new position titled 'Manager, Strategic & Operations Support' who will have three regional responsibilities for Health Protection: Information Management, Professional Competencies & Development, and Quality Management;
- To create a new manager who will have regional responsibilities for Communicable Disease Control, West Nile Virus Planning & Response, and Emergency Preparedness;
- To realign the geographic manager positions from the current six to five in order to improve workload distribution.

In addition to making the above management changes, we will also be creating three additional positions that will have regional responsibilities for Food Safety, Human Health Risk Assessment, Air Quality and Residential Care to provide support to the managers and staff.

The logo for MB LABS features a stylized 'M' made of multiple parallel lines. Below the logo, the text reads: 'Accredited Lab • Est. 1983', 'Drinking & Wastewater & Soil Environmental Monitoring', and 'Full Chemistry & Microbiology Services'. At the bottom, contact information is provided: Phone: (250) 656-1334, 2062 Henry Ave. West; Fax: (250) 656-0443, Sidney, BC V8L 5Y1; E-Mail: mblabs@pacificcoast.net.

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## Watermark Instructor Profile Norm Clarkson

I've recently retired as the Interior Health Authority Manager for Health Protection for the Okanagan service area. Health protection includes all of the Regional Health regulatory services for inspections, engineering, licensing, and tobacco sales enforcement. It also includes the investigation of communicable diseases identified through hospital laboratory reports.



I worked for 33 years as a staff inspector and chief inspector for health units in the lower mainland, Vancouver Island, the Kootenays, and the Okanagan/Shuswap. Throughout this time I've been interested in the opportunities for disease control through working with the water utilities and municipal water systems.

Since retirement, I have been teaching the small water system courses for BCWWA. I've always enjoyed working with the people involved in the waterworks industry. It's been a very rewarding experience, and leaves lots of time to spend on our boat on the West Coast of Vancouver Island.

# PANDEMIC FLU - ARE WE PREPARED?

Recently an article in USA Today discussed a report by the American federal government on a pandemic flu action plan brings concern to some experts about whether the plan can actually be carried out as stated. The concerns surround whether or not there will be enough man-power and resources for local jurisdictions in the event that the pandemic flu hits the U.S., as these local communities will be required to be the first line of response. Most experts believe that the plan is well developed but feel that some of the policies may not be within the capabilities of some local governments to act upon by themselves. Such policies include limiting close personal contact as well as hand-shaking in the workplace, closure of certain public services and centers, and restriction of travel, if a pandemic were to occur.

In light of this article, we asked VCA's Chief Medical Health Officer, Dr. John Blatherwick to give his opinion on this subject from a BC and Canadian Perspective.



"Canada has a plan. British Columbia has a plan. All health authorities in B.C. have a plan. The Vancouver Coastal Health plan is on our website under public health ([www.vch.ca](http://www.vch.ca)). It has nine areas of actions and is probably as good a plan as there

is anywhere in Canada. It is being used by Rhode Island and the House of Commons plus other Canadian cities such as Winnipeg have used parts of our plan.

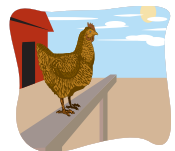
As you can see from the US article, the 1957 and 1968 pandemics are not that much above normal levels for the annual invasion of influenza. If we have a shift in the virus that causes a pandemic along the lines of 1957 and 1968, we can cope. Our population is healthier than in those years (British Columbia

males have the longest life span of anywhere in the world! - B.C. women are 5th in the world). We have antibiotics and antivirals and we have a vaccine making capacity. The outlier is the 1918/1919 pandemic - this would be a major disaster for the world with the real hope being that a vaccine could be made to stem it.

The U.S.A. was gearing up for smallpox five years ago - produced vaccine, began to scare people, began immunizing people and people started to die from the vaccine. Have you noticed that smallpox is not now high on the agenda.

How many "scares" about pandemics have we had?

- 1976 "Swine flu" (H1N1) U.S. – Fort Dix, New Jersey? (From swine)
  - Localized outbreak military camp with one death.
  - Mass vaccination 40 million
- 1977 "Russian" flu (H1N1) - Reappearance of 1950 strain in China, Siberia
  - "Benign" pandemic among those born after 1950s.
  - H1N1 in circulation since
- 1986 H1N1 - The Netherlands Swine virus from avian source.
  - One adult, severe pneumonia
- 1988 "Swine flu"(H1N1) - US Wisconsin (Swine virus)
  - Pregnant woman died after exposure to sick pig
- 1993 H3N2 - The Netherlands. Swine reassortment of human H3N2 and avian H1N1
  - 2 children with mild illness
  - Father infected by pigs
- 1995 H7N7 - U.K.(Duck virus)
  - One adult with conjunctivitis
- 1997 "Chicken flu" (H5N1) - Hong Kong (Poultry)
  - 18 confirmed cases, 6 deaths
- 1999 H9N2 - China, Hong Kong. (Quail virus)
  - 2 human cases, mild illness



**Continued on page 10**

# Get your questions answered! We need your ideas.

Have you ever wondered whether your temperature probe transfers bacteria after each use? How clean are tanning beds? What chlorine levels are like at



the end of distribution areas in your district? If those home filtering systems are really removing the bacteria and meeting manufacturer's



claims? Are rice cakes a potentially hazardous food? What kind of bacteria is found on imported strawberries?

Every year at BCIT students enrolled in the Environmental Health program do a research

project. In this course they formulate a project, test hypotheses and conduct research. The work can be based on data collected from surveys and from field and laboratory investigations.

Students want to do projects that are useful, practical and will help EHO's in the field. *We need your ideas.* Students will be developing their projects starting in September 2006. If you have any questions or ideas for students, please send an e-mail to

[lorraine.mcintyre@bccdc.ca](mailto:lorraine.mcintyre@bccdc.ca) *by September 5, 2006.* The actual projects will take place during January to March 2007. If you're

interested in mentoring and helping a student who has chosen your idea, please indicate this in your e-mail.

Your BC CIPHI executive is working with BCIT and BCCDC to get the answers to these questions back to the EHO's in the field. Watch for abstracts from student projects in future BC Page issues.



**Lorraine McIntyre - Food Safety Specialist**  
**Food Protection Services**  
**BC Centre for Disease Control**



# CRITICAL VIOLATIONS

From critical violations to corrective actions via root cause analysis

By Jeffrey Lewis

From: *Food Quality* (Dec/Jan 2006)

“Eat at Your Own Risk”#, a series aired by CBS Chicago last September, indicated that the City of Chicago found 15 percent of popular restaurants and over two dozen franchises faced critical violations. These violations are based on state defined specifications and the predetermined corrective actions.

On the surface it seems that the corrective actions solve critical violation problems. Critical violations reoccur, primarily because the practiced model of corrective actions does not prevent the likely repeat of the critical violation on another occasion. The accepted practice is that the corrective action “fixes” the violation to return to service or operating parameters. What is needed is a method on how to correct the violation, so that there is little likelihood of a re-occurrence.

HACCP provides the basis for monitoring the parameters for managing hazards at critical points. The concept of a corrective action is also embedded in the HACCP format, and seemingly, because of the “fix” tradition of the “corrective action” for violations, there is no strategy for re-occurrence prevention. Thus the same violation re-occurs over and over. An example of the practice is demonstrated by the laws of Sonoma County – Health Services#, which lists over 40 explanations of critical violations with appropriate corrective actions. This is against the background of the California Uniform Retail Food Facilities Law. The

violation / corrective action demonstrated does little to impact on maintaining the prescribed conditions.

**New Thinking** Corrective actions are meant to avoid reoccurrence of the violation. This thinking is found in the quality management systems known as plan, do, check and act (PDCA) and is the foundation of ISO 9001:2000. Essentially PDCA through corrective action drives continual improvement. The concept is intended to reduce non conformances, as time progresses. Continual Improvement is facilitated by having an understanding of the root cause of the violation and making the correction at the root cause. It is usual to investigate this by asking the question why, successively until the cause is found. Generally by the time the 5th why is reached the answer is found.

So let us explore the Sonoma County violations, using the root cause methodology:

- Why is the refrigerated storage inadequate?  
Possible answer: The refrigeration gas was not being monitored
- Why was it not being monitored?  
Possible answer: There was no schedule
- Why was there no schedule?  
Possible answer: There was no maintenance program
- Why there was no maintenance program?  
Possible answer: None was put in place

Therefore, the root cause of the violation is lack of maintenance, and the corrective action is to implement a maintenance program to include a weekly and monthly check of refrigerated parameters.

This methodology, if adhered to, is likely to maintain the correct temperatures and prevent reoccurrence of the violation. The corrective action is nothing more than the scientific specifications to be maintained to avoid the hazard. It makes sense to have a corrective action based on the root cause, rather than identify the correction of the violation as the scientific specifications. The corrective action as shown by the county does not provide the opportunity to avoid the violation over time. The root cause analysis, however, does.

Although one of the seven elements of HACCP is the corrective action, it is likely that its intent is to utilize the root cause methodology. Compliance can only be served by continual improvement. If the continual improvement methodology is not implemented, organizations will continue to be in the violations / fix (corrective action) cycle. The “fix” is not a corrective action as defined within quality management systems.

## **The Continual Improvement**

**Concept** The real root cause of the issue leads to a meaningful corrective action. Also, apart from the receiving department and as a critical control point, all other critical control points per process types are likely to have equipment to execute the respective process. This means that the following features should be available to establish the means to correct the critical violations via an improvement strategy: Preventive/ monitoring procedures by way of checklists, “lock out/tag out,” to deal with any electrical related issues on equipment.

Against this background a tool is needed to deliver the control for managing these different aspects of food safety management. Moreover, according to the PDCA, the corrective action is likely to drive

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**Pandemic Flu**

- 2003 H5N1 - China  
-2 family members (1 died) in Hong Kong  
-Visited China
- 2003 H7N7 - Netherlands (Poultry)  
-87 cases, most with no symptoms found by serological screening  
-1 death
- 2003 H9N2 - Hong Kong  
-1 case - child
- 2004 H7N3 - Fraser Valley  
-2 poultry workers with conjunctivitis

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So - are we prepared in Canada? The government is planning to spend your tax dollars so that every Canadian will have access to Tamiflu. The Tamiflu capsules disintegrate in 5 years. Are we going to have a pandemic in five years? The government is working on ensuring a vaccine supply for Canada made in Canada and looking at how it can make the vaccine faster and still be safe. This is good. What is needed is a world wide effort to improve our annual influenza vaccine and to improve the supply of our annual influenza vaccine and thus be able to meet a pandemic should it come.



Is a pandemic imminent - I don't think so - others do. Who do you want to be correct? Is a pandemic inevitable - probably - but not necessarily the 1918/1919 variety. Is the bird flu (H5N1) the next pandemic virus - unlikely - even if there is person to person spread in Indonesia, it still does not spread easily person to person.

What can you do - read all the documents - they all say only one real thing - wash your hands. Isn't that what Environmental Health Officers have been saying since they were created?"

John Blatherwick, CM, CD, MD, FRCP(C)  
Chief Medical Health Officer  
Vancouver Coastal Health Authority



11<sup>TH</sup> WORLD CONGRESS ON  
**ENVIRONMENTAL HEALTH**  
VANCOUVER CANADA SEPT. 5-10 2010

Thank you to everybody who participated in the logo/theme contest for the IFEH/CIPHI 2010 conference! The winning design depicted above was from the creativity of Joanne Lum, who is seen below sporting her fantastic prize!

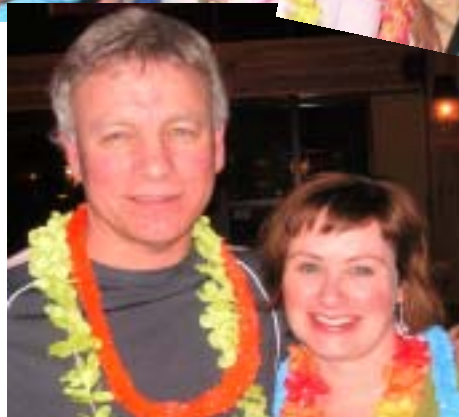


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**2006 Conference**

organized and very educational. For the very first time, a Wine and Cheese Reception was held. Wide varieties of topics were covered such as Sewage Regulations, Swimming Pool Regulations, Mercury Exposure, Pandemic Influenza, etc. Even during the breaks the food was delicious and the exhibitors provided excellent information useful in the field of Public Health. Many door prizes were drawn and each attendee had 1 in 10 chances of winning, given you had luck on your side.

Those of you who attended would definitely agree that this conference has raised the bar for next year's conference in Kelowna and will be difficult to beat. It was simply a job well done.

Kuljeet Chattha, CPHI (C)  
Richmond Health Department





# ANNOUNCEMENTS

## AWARDS

### **John A. Stringer Memorial Award**

Todd Baxter, PHI in Surrey, recently received the above award from BCIT. The John A. Stringer Memorial Award is based on the following criteria: - Candidate must be a graduating student, completing levels 7 or 8 of BCIT's Environmental Health program. The recipient can belong to any branch of the Canadian Institute of Public Health Inspectors. Candidates will be of sound character with leadership potential as identified by the faculty of BCIT in consultation with the executive of the BC Branch of the Canadian Institute of Public Health Inspectors.



### **PHAC/CPHA Health Human Resources Award**

Claudia Kurzac was presented this award during the last CPHA Annual Conference in Vancouver. Those who know Claudia, know how much work she has put into the Core Programming.

### **Provincial Health Officer's Award**

Domenic Losito received this award during the April 2006 BC Education Conference. Each year, the PHO honours a person who has made a major contribution to public health and this year Domenic was so honoured.





## WEDDING

Mariannina Cusano (BCIT, 2003) and Gianfranco Calabrese were married on April 29, 2006 at Holy Rosary Cathedral in Vancouver. The newlyweds honeymooned in Maui and reside in North Vancouver



## RETIREMENT



### **Kelvin Higo Retires**

An evening of fun and celebration for Kelvin Higo's well earned retirement was recently held in a Richmond hotel ballroom. To no one's surprise the room was packed with over 275 well wishers and family. The dinner, and a surprisingly very polite roasting, was highlighted with pictures and videos of Kelvin's past good and bad experiences. Kelvin's fellow EHO's and office staff did a truly great job of organizing of the event. It was an event that no one should have missed but some said that Kelvin did try to miss it!



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# In Memoriam

## Os Horton Passes Away



Oswald (Os) Trobridge Horton was born on March 31, 1922 in Bon Accord, a small community in northern Alberta. In his early life he enjoyed hard physical work on ranches and farms. He often indicated this gave him his signature firm almost vice like handshake. Os started his career in Public Health as a training inspector in Nanaimo in the late 50's and on December 29, 1959 the Canadian Public Health Association granted him his "Certificate in Sanitary Inspection (Canada)" #1183. His first position was with the Upper Island Health Unit in Courtenay followed by a transfer to the Coast Garibaldi Health Unit in Powell River. In the mid 1960's Os won the competition for the very challenging position of Senior Public Health Inspector for Boundary Health Unit, then the largest and fastest growing health unit in the province.

In 1971 Os and family moved to Victoria to lend his support and experience to the fledgling Community Care Licensing Board where he was appointed as the Adult Care Consultant.

As his experience continued to grow and the licensing process expanded Os was soon promoted to the position of Executive Officer for the Licensing Board. After a long and dedicated career in public health, Os retired in the Spring of 1986 to enjoy a well deserved retirement in beautiful Victoria.

Peacefully into the presence of his Lord, on February 14, 2006 at the Priory, in his 84<sup>th</sup> year Os passed away. He was predeceased by his first wife, Irene, in 1975, and two brothers, Dr. Bevan Horton and Percy Horton. He is survived by his loving wife, Lois, and his children, Ted (Heather), Dan (Roberta), Carolyn, Phil (Barb) and Murray (Maureen); twelve grandchildren; four great grandchildren; one brother, Dr. Don (Margaret); three sisters, Emma Horton, Lorraine (John) Smith and Nonie (Gordon) Tews; nieces, nephews, their families and many good friends.

A private Family Graveside Service was held at Hatley Memorial Gardens, followed by a Celebration of his life at Lambrick Park Church on Saturday February 18<sup>th</sup>, 2006. Tributes, if desired, may be made to Camp Imadene, c/o Box 374, Mesachie Lake, BC V0R 2N0. Condolences may be offered at [www.mccallbros.com](http://www.mccallbros.com)

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### *Critical Violations*

improvement through new or improved related procedures to achieve the following effectively:

- Reduction of unexpected critical violations based on internal QC;
- Cost Reductions by way of continual improvements on the reduction of product dispositions;
- Reduction of out of compliance issues ('violations'), when checked by the regulatory authorities;
- Moves the Food Safety exercise from inspection focus to continual improvement management.

Achieving the described level of effectiveness means an integrated workflow, which can be effectively introduced through technology. The objective and configuration of the software should be the application of an appropriate format, to wean organizations off the violation/ fix cycle

**On Site Management** The question is; how to facilitate the management of these issues in a simple control format for operators in non-technical work situations. In fast and mega food chains, the challenge is ensuring that the employees stay focused on the food safety parameters to move from critical violations/fix cycle to continual improvement. Generally, regional managers inspect by geography the areas under their control of franchisees or in the case of supermarkets, corrective action records based on the Sonoma format is uploaded to corporate.

What if it was possible via a single handheld—without an on-site desktop computer—to control and maintain the prescribed parameters of the Sonoma corrective action or HACCP scientific data. This means that the problems experienced by the fast foods corporations at the beginning of this article, may be eliminated.

Critical violations can be eliminated because the handheld software provides the following management control:

- Identifies who is responsible for executing the handheld preventive and monitoring checklists to avoid the violation;
- Specifies a time for execution and more importantly a bar code trigger, to ensure that the right information is applicable at the Critical Control Point (CCP);
- Supports the QC function as electronic records provide evidence of execution. Allows access on the handheld to only trained personnel;

- Informs management when checklists are incomplete or there are readings in the violation zone.

There is strict control on the activities to ensure that there is compliance to the food safety parameters. A corrective action is triggered on the handheld when the parameters are not met. The root cause analysis is meant to provide greater control via an improved checklists or frequency management to avoid critical violation reoccurrence. Seemingly then, the corrective action with root cause drives improvements.

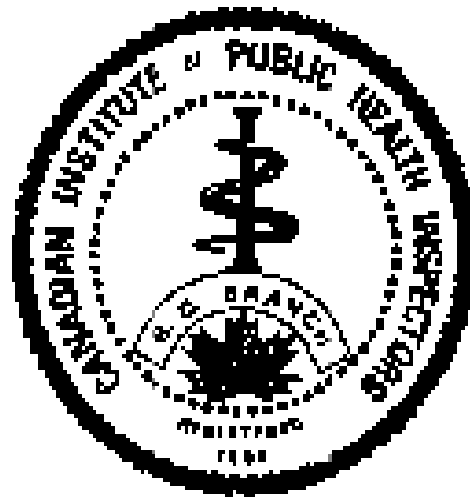
Lending the characteristics of quality management systems per corrective action / root cause, together with the convenience of control at the point of application by the handheld, will enable the elimination of critical violations.

### **References:**

- 1 [http://cbs2chicago.com/eatrisk/local\\_story\\_265222919.html](http://cbs2chicago.com/eatrisk/local_story_265222919.html)
- 2 <http://food.sonoma-county.org/explanations.asp>

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Submitted by Rick Kwan



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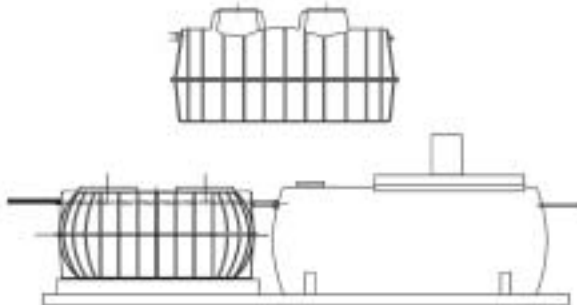


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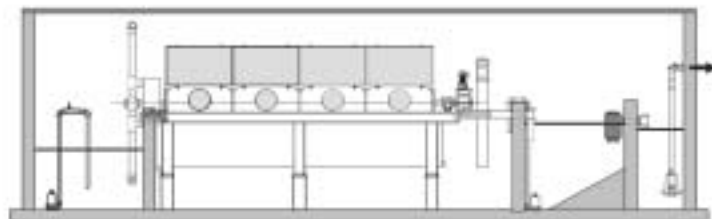


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