ONTARIO BRANCH NEWS

SPRING 2006

From Conception to Enforcement: Pesticide By-laws

By Dylan Dampier, B.A.Sc., CPHI (C)

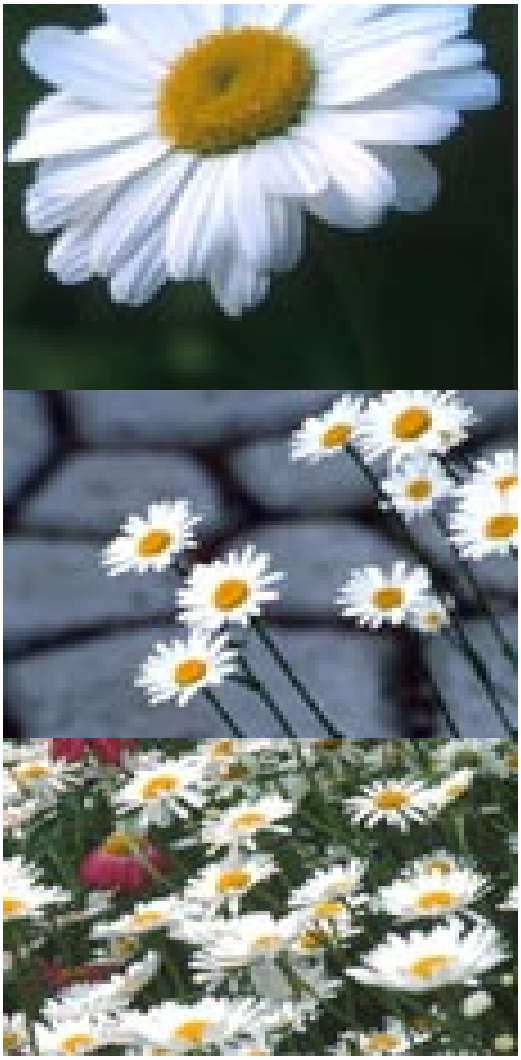
The idea of a pesticide by-law is a contentious and emotionally charged issue regardless of which side of the fence you are on. More and more cities across Canada are adopting pesticide by-laws. Recent studies show associations between pesticide exposures and negative health effects.

This article is intended to provide a brief reasoning for enacting a municipal by-law and a detailed enforcement plan.

The most common argument around the pesticide by-law issue is that legislation dealing with the safe use of pesticides already exists. (This was the basis of an unsuccessful legal challenge). The Pest Management Regulatory Agency (PMRA) is a branch of Health Canada that approves pesticides for use. The efficacy and safety must be proven before approvals are granted. At the Provincial level, the Ministry of the Environment enforces the Pesticides Act that deals with the licensing and use of pesticides as well as the Pesticides Product Act which lists all the pesticides that are available for use in Ontario. A more restrictive municipal By-Law can address the uncertainty surrounding the safety of pesticides.

The Ontario College of Family Physicians conducted a comprehensive literature review on all types of human health effects from pesticides exposures. Some of the different areas reviewed include: solid tumors, non- Hodgkin's lymphoma, leukemia, genotoxicity, immunotoxicity, dermatological effects, chronic neurological and mental health effects, reproductive outcomes, and effects on children. One of their recommendations was to avoid pesticide exposures wherever possible. More recently the Canadian Pediatric Society stated that "2,4-D can be persuasively linked to cancers, neurological impairment and reproductive problems". 2,4-D is one of the most common herbicides used on lawns. Lessons learned from previous environmental problems (e.g. DDT) teach us that precaution is the best approach.

Continued on page 4...



INSIDE THIS ISSUE:

Editorial Team

Heather Richards
Toronto Public Health
235 Danforth Avenue
3rd Floor
Toronto, ON, M4K 1N2
tel: (416) 392-0936 fax: (416) 392-0714
communications@ciphi.on.ca

Melanie Azeff
Toronto Public Health
277 Victoria Avenue, 4th Floor
Toronto, ON, M5B 1W2
Tel: (416) 392-7685 fax: (416) 338-1643

Published quarterly by the Canadian Institute of Public Health Inspectors—Ontario Branch Inc.
Subscriptions for non-members available for $12.00 per year.

Mailing Address: Attention: Heather Richards
C/O Toronto Public Health
235 Danforth Ave., 3rd Flr
Toronto, ON M4K 1N2

Submissions Criteria:

- All topics must be relevant to the Public Health Inspection Field
- Articles must be submitted either on computer disk or by e-mail in MS Word (written articles will not be accepted).
- Articles submitted should be approximately 150 words (feature articles a maximum of 500 words).
- Feature articles will be determined by the OBN editorial team.
- Graphics or pictures included with the submission must be a resolution of 150—300 dpi.
- Articles must be submitted by the deadlines outlined below

Article Submission Deadlines 2006:

Spring Issue— April 14, 2006
Summer Issue— June, 15, 2006
Fall Issue— August 29, 2006
Winter Issue— November 7, 2006

Message from the Editor

At the risk of sounding trite I am going to say that if the Public Health discipline was a season, it would most resemble spring. I do not mean it in the ethereal, nymph-innocence sense but more along the idea of renewal and rebirth. We are constantly reinventing the discipline.

I take this risk knowing full well that it will be a challenge to have the reader see this from my point of view.

Take this issue for example, a number of people balked when I said the theme would be the "winds of change". Just words, I admit, that don't really mean much but still convey the message that something is always brewing just beneath the Public Health horizon.

To further my cause, take a peek at our cover story. What does the plight of the loathsome weed have to do with Public Health? ***Dylan Dampier*** *will inform you. Violence has been all over the news as of late. Is it also at Public Health's front door? Should it be?* ***Virma Benjamin*** *takes a philosophical approach on page 5.* ***Melanie Azeff*** *also tackles violence, cracking the professional/personal barrier. It is an intriguing read.*

Truth be told, infection control in hospitals has come a long way . To push the truth a bit further, there is a significantly large amount of room for improvement, proving the more things change, the more things stay the same. See page 8 for details.

There was an overwhelming response from the Winter 2005-06 issue's Past President question regarding the new OBN format, see page 10 for your responses . In this Spring issue, the Past President also asks a question with regards to a pretty significant subject matter. One hint: it's about change. Flip to the back if you cannot wait. And, respond as soon as you can, we at the OBN cannot wait to hear what you have to say. Yet another risk worth taking.

Best always,

Heather Richards

Continued from page 1

Pesticide by-laws should address the cosmetic use of pesticides, reducing exposure not only to individuals but also to pets and the environment. When safer alternative controls exist (corn gluten meal, acetic acid, biological pesticides, pyrethrum, horticultural oil, to name a few) why would anyone take a chance?

The public may not be aware of the alternative approaches and/or safer products. For a pesticide by-law to be effective a strong educational campaign is essential. The alternatives to traditional pesticide use (organic lawn care, plant health care, integrated pest management, alternative ground covers, native plants, and ecological restoration) and components of an education campaign are beyond scope of this article, there are numerous resources available that are devoted to these subjects. Information that is not as easily obtained is an enforcement process for a pesticide by-law.

If your health unit is looking at implementing a pesticide by-law and would like information on how to enforce it the following is a useful approach.

A complaint driven by-law would be initiated by a witness statement from the complainant. This would be followed by an on site visit and interview with the homeowner. Interviews with the landscape exterminator are useful, especially if the by-law contains exemptions for infestations. Service receipts will have the name, address, and location of the application along with any monitoring done, to determine the presence of an infestation.

Where a clear violation exists one of the key pieces of evidence is the pesticide warning notice. These notices are required under provincial legislation (Pesticides Act) to be posted at the site of a landscape extermination. The notice is required to contain specific information including: the date of application, the name of the product used, the pest it was used to control, and a number where more information can obtained. The notice only has to be posted for 48 hours so a quick response is essential if photographic evidence is to be gathered (front and back of the notice have pertinent information).

If the sign has been removed or was never posted, soil samples for insecticides and vegetative samples for herbicides can be collected. Ensure that the sample is collected from the city portion (road allowance) of the property. The procedure for collecting soil samples is quite involved and requires specialized training (Toronto staff received training from the Ministry of the Environment Phytotoxicology Department) and specialized equipment (soil corers, gloves, sample jars, laboratory detergent, acetone and hexane). When submitting a soil sample it is important to retain the services of an accredited laboratory and to specify which chemical family you wish to test for (e.g. phenoxy acid herbicides, carbamate insecticides …etc.). Expect to pay between $100 and $130 per sample per chemical family. Samples confirm the presence of a pesticide at specific location. It is recommended that samples be taken even when warning notices are present to counter arguments that the sign was placed from another location.

This approach was used successfully in September of 2005 where three charges were laid under the City of Toronto Pesticide By-law and convictions were registered. Fines totaled $750 and a prohibition order from the court was issued to the operator.

DID YOU KNOW?

1) Nematodes are microscopic round worms that can be used to control grubs in lawns.

2) Acetic Acid (Horticultural vinegar) can be use to control weeds on sidewalk and driveways.

3) Horticultural oil can be used to control scale insects on trees.

4) Corn Gluten Meal acts as a fertilizer and prevents the germination of dandelion and crab grass seeds.

5) BT is a bacterium that can control mosquito larvae and caterpillars (e.g. Gypsy Moths)

Dylan Dampier is also a Pest Control Technician, Integrated Pest Management Agent and a Licensed Structural Exterminator.

Violence: a Public Health Issue?

By Virma Benjamin B.Sc., B.A.Sc., CPHI (C)

About three months ago I attended a forum and panel discussion that attempted to address the impact of the escalating community based violence in Toronto. Community members passionately spoke about the lack of resources available for at-risk/disadvantaged youth.

A mother, whose son was a victim of this violence, spoke. Her words took her murdered son from newspaper headlines of five years ago and made him a living, breathing young man. Her pain was evident as she described her last moments seeing him alive and how she struggled to reconcile his smiling face with the heap under a white sheet outside her door and the motionless body she later identified to police.

The impact of surviving a murdered child was underscored by another mother who was in the audience. She described the aftermath of her son's murder as her spiral into depression, her inability to maintain mortgage payments, the loss of her house and eventual homelessness. In that moment, as a Public Health official, it dawned on me that some of the factors leading to community based violence can be addressed by the determinants of health; which according to the Public Health Agency of Canada include income and social status, social support networks, education and literacy, and personal health practices and coping skills.

As early as 1994 the World Health Organization (WHO), the Public Health Agency of Canada and other Public Health organizations in North America, Europe and South Africa declared violence to be a Public Health issue.

The key to combating community based violence is to continue to view violence prevention as a Public Health issue. Is there a role for Public Health Inspectors (PHIs) in current Health Promotion initiatives?

I believe that community based violence is an important Public Health issue. My research into community based violence programs, government funding and research initiatives indicates that there is a role for PHIs; it is up to us to define the parameters of that role.

Preventing Workplace Violence

By Melanie Azeff B.A., B.A.Sc., CPHI (C)

Every Public Health Inspector (PHI) has at least one scary story to tell. Some stories are scarier than others and they have nothing to do with raw chicken, rodents, mould, or bed bugs; they are about being on the job, suddenly aware of how alone the PHI is and fearing for his or her own safety. The PHI's mind drops the inspection/investigation and focuses on how he or she will get away from the current situation without getting hurt.

The stories I have heard or experienced firsthand include threats from angry food operators, intoxicated cigarette smokers, recluses with psychological problems, and my favourite, a man speaking to his extraterrestrial friends "Larry" and "Harry" tattooed onto his forearms during an indoor air quality investigation. A PHI can be anywhere at any given time – a kitchen, a pool, a dark rodent-infested crawlspace or an apartment in a violent neighbourhood, just to name a few.

Have you ever suddenly stopped what you were doing and asked yourself, "How would I get out of here in a hurry if I had to?" or, "What is the fastest way to get another PHI onsite with me?"

The Canadian Centre for Occupational Health and Safety (CCOHS) defines workplace violence as "…any act in which a person is abused, threatened, intimidated or assaulted in his or her employment." CCOHS lists ten work related factors that increase the risk of workplace violence. The factors include working alone, working with the public and carrying out inspection or enforcement duties. In fact, a PHI can encounter up to ***eight*** of these factors in a regular workday.

Workplace violence can rear its ugly head quickly and unexpectedly. It is a serious issue that needs to be addressed and managed by each PHI on a personal level as well as on a policy and procedure level.

We all know our investigative and enforcement related duties. We can quote from several pieces of legislation and can cite the legislative authority permitting us to visit a premise and conduct an investigation. Nevertheless, our investigations can become complicated and distracting. When focusing on investigative details it is possible to miss the subtle signs of a potentially violent situation.

I am in my sixth year working as a PHI for the City of Toronto. This spring I attended a conflict management training seminar specifically tailored to PHIs. I learned that workplace violence is predictable and therefore, preventable. I also learned that our current workplace policies do not adequately address this issue. Throughout the day, two things became abundantly clear: this training was long overdue and our current working conditions have the potential for violence if appropriate safety measures are not implemented.

I propose the following remedies: mandatory conflict management training,

"buddy systems" for all "high risk" inspections/investigations, and formal *accessible* recordkeeping of all aspects of workplace violence incidents.

Conflict management training focuses on how to read body language and actively listen for changes in tone of voice and volume. Such skills can make us more aware of the early stages of an emotional outburst of threatening or violent behaviour. It focuses on knowing when to just walk away from a situation and it introduces self-defence techniques used by other enforcement officers. Participating in such training is a key element to workplace violence prevention.

In the City of Toronto, certain neighbourhoods have a high crime rate and as a precaution PHIs tend to "buddy-up" when called out to them for an investigation. This is currently a voluntary system and is left up to the PHIs discretion to decide when to bring along another PHI.

A PHI can spend many hours alone in the field. High risk investigations are situations in which a PHI should not be alone. They include, but are not limited to: after-hours calls, calls to private residences, files with a history of problems, and calls in neighbourhoods with a known history of crime and violence.

After-hours calls take place at night without the safety net of having other PHIs or office staff available as back-up. Many of these calls involve going into private residences. Entering a private home raises many foreseeable safety issues, not to mention the liability associated with being alone without witnesses to confirm what words or gestures were exchanged during the investigation.

The reasons a PHI might go out to high risk calls alone may include lack of training, unfamiliarity with the city, and fear of compromising professional integrity. To reduce the potential risk of workplace violence, our policy manual should include a buddy system for high risk investigations.

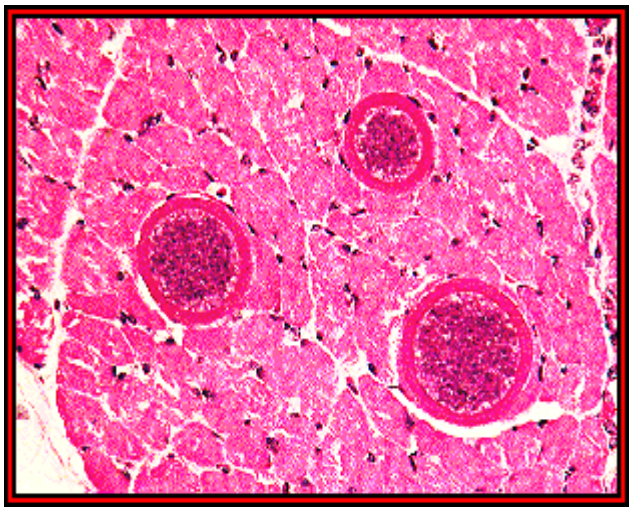
In order to prepare for an investigation, a PHI reviews the contents of existing files for the address in question. We need a way of permanently flagging problem premises, operators and neighbourhoods. In addition, a PHI has to have someone to report workplace violence incidents too. Reporting incidents must be possible without fear of repercussions.

With such a system, we can reduce the risk of workplace violence and protect ourselves while we engage in protecting public health.

Policies for mandatory conflict management training, buddy systems and a formal accessible file flagging and incident reporting system would allow us to be better prepared for the day that we are faced with a potentially violent situation.

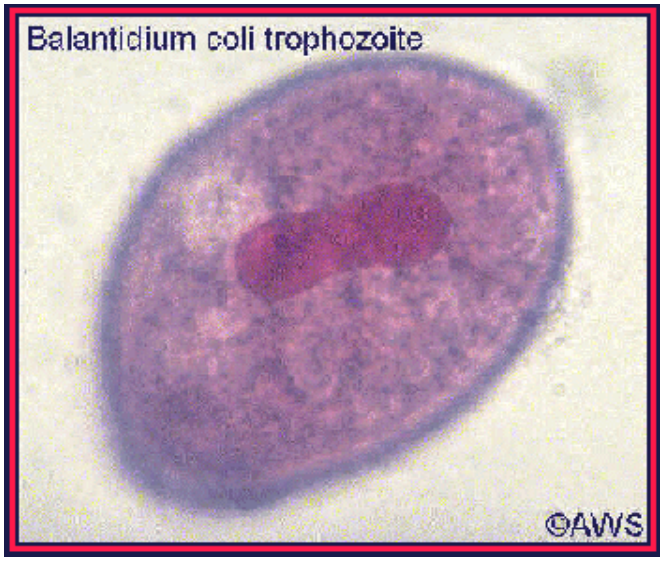
HOSPITAL ACQUIRED INFECTIONS

By Heather Richards, B.A., BA.Sc., CPHI (C)



In 1847, Dr. Simmelweiss suspected a "putrid organic material" as the culprit in a medical murder mystery. (Pasteur would later scientifically identify the organism to be a streptococcus bacterium which causes puerperal fever). Dr. Simmelweiss's first clue was the staggeringly high rate at which patients in the labour ward died.

In time, he linked the ease of movement of the doctors from the morgue to the delivery room, to the infection and subsequent rate of death of the patients. Although, at the time his ideas were not well received, Dr. Simmelweiss is now considered among the respected leaders of the early stages of infection control.



Fast forward to the 21st century and the death rate for hospital acquired infection still occurs at an alarmingly high percentage among patients. The Canadian contingent of the Community and Hospital Infection Control Association (CHICA) states that deaths from hospital acquired infections amount to 250, 000 people per year in Canada.

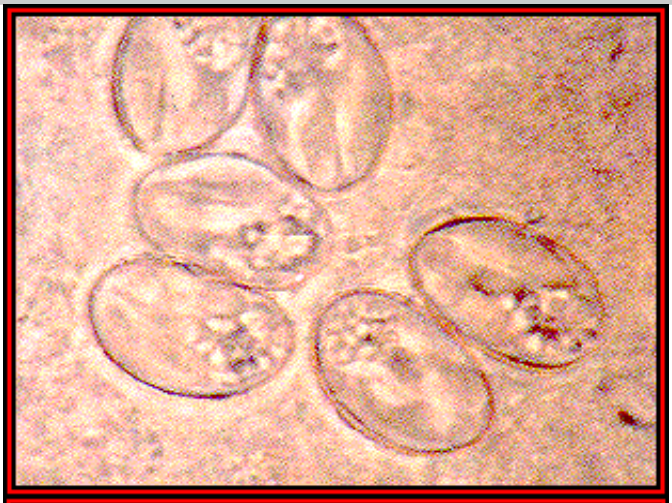
Although sterilization, a major component of infection control, is a standard procedure in the operating room, not all areas of the hospital can maintain such a high level of sanitation.

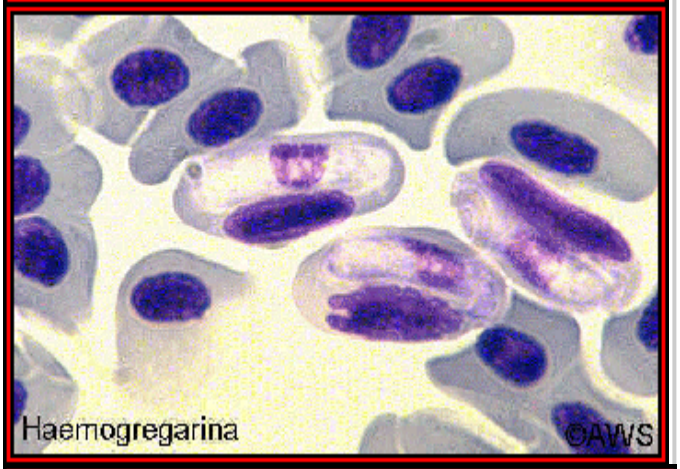
It is well known that people with poorly developed immune systems, the elderly, young children are susceptible to infections, but in a hospital environment, even the average person has been rendered fragile.

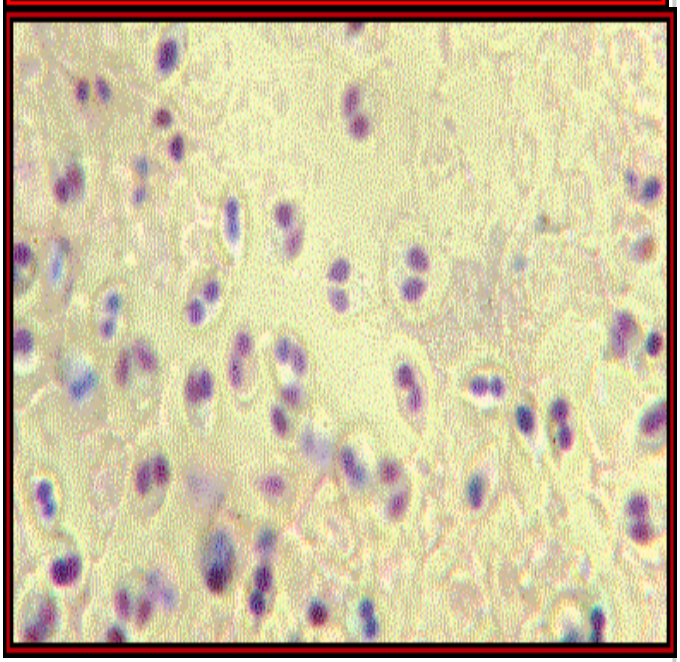
Infections can be transmitted in a myriad of ways by hospital staff, visitors, other patients or even the patients themselves through direct contact, aerial droplets, infected fomites or those neglected surfaces usually teeming with potentially harmful microorganisms. The most common types of hospital acquired infections are of surgical wounds, closely followed by respiratory infections, genital-urinary tract infections as well as gastro-intestinal tract infections.

At the time of Dr. Simmelweiss, there was no link or connection between cause and effect with infectious diseases. So many different ideas existed attempting to explain the origin of illness. Looking at these theories now, we would judge these ideas as mere superstition and the majority of them were not based on any medical or scientific authority.

Today, those who are well versed in infection control immediately make the connection between cause and effect as they encompass basic Pubic Health principles. It is second nature to Public Health professionals, who are intuitively aware of ways to break the chain of infection and can continue the journey Dr. Simmelweiss began in 1847.







In the last issue the past president asked:

"This is the sophomore edition of the electronic Ontario Branch News (e-OBN), what do you think?"

One reader wrote, capturing the sentiment of a large proportion of the respondents: "This overdue format is great and will certainly save a lot of time, money and paper."

Another group said, "...I really like the new format/distribution of the OBN."

We got a lot of , "I thoroughly enjoyed the content and presentation...it was fresh, fun and exciting." and simply, "It looks great!".

There was a small group of readers who liked the layout but would prefer a paper copy.

Thank you all for responding.

A Question from CIPHI Ontario Branch's Past President…

2006 Changes to the Board of Certification Process as of 2006:

The passing mark for the oral portion of the certification is now 70%

- Candidates from outside of Canada are now required to complete a 12 week practicum. (This is consistent with all other students.)
- The oral examination process is now coordinated at the National level. This increases the consistency across Canada as all exams are pre-set and reviewed to ensure they are of equal value. This means that a candidate can take the exam anywhere in Canada (excluding Quebec) and the process will be the same.
- An examiner training program has been started. The first time the session was held was in conjunction with the CIPHI National Conference in Toronto, 2005. The next session will be held at the end of the 2006 National conference in Regina. For more details: http://www.ciphi.ca/pdf/boctraining.pdf

Future changes that are being discussed at the June 2006 meeting:

- Increasing the passing mark for the written portion from 60% to 70%
- Reducing the number of written field reports submitted (under review)
- Including a written portion on the day of the certification exam (under review)

So, what do you think? Let the Past President Suzanne Lychowyd-Shaw know at

pastpresident@ciphi.on.ca.

RESOURCES ORDER FORM

Agency:	**Name:**	**Telephone:**
Address:	**City:**	**Postal Code:**
Date:	**Courier/Account Number:**	

Resource	Price	Quantity	Cost
COMMUNICABLE DISEASE			
Communicable Disease Fact Sheets are available on our website at www.ciphi.on.ca	FREE	Unlimited	$0.00
Rabies Poster 11 X 17	$0.75		
INFECTION CONTROL			
HANDWASH SIGN (GENERIC)	$0.75		
Tattooing and Body Piercing Inspection Guide	$25.00		
FOOD SAFETY			
SAFE FOOD HANDLING BROCHURE	$0.75		
PUBLIC HEALTH INSPECTOR PROMOTIONAL MATERIALS			
PUBLIC HEALTH INSPECTOR BROCHURE	$1.15		
PUBLIC HEALTH INSPECTOR DISPLAY	FREE	CALL TO RESERVE	
	TOTAL:	$	

Please send orders to: **Region of Waterloo Public Health**
c/o Peter Heywood 150 Main Street, 3rd Floor, Cambridge, Ontario, N1R 6P9

Agency:	**Name:**	**Telephone:**
Address:	**City:**	**Postal Code:**
Date:	**Courier/Account Number:**	

Membership/Renewal Application Form 2006

I hereby make application for Membership (see list below) in the Canadian Institute of Public Health Inspectors. This application implies that membership is to continue until resignation is tendered, or until membership is discontinued under the conditions contained in the By-laws of the Institute. **(Complete sections with a "*"only, unless information has changed.)**

* Name: _____ * Date of Birth: _____/_____/_____
Surname First Middle Month Day Year

Home Address: _____
Street City Province Postal Code

Phone #: _____/_____ E-mail address: _____

Work Phone #: _____/_____ Fax #: _____/_____ E-mail address: _____
Area Code Area Code

Present Employer: _____
Agency Street Address

Employer Address: _____ Postal Code: _____
City/Town Province

C.P.H.I.(C) Certificate #: _____ Year Issued: _____ How many years have you been a member of CIPHI? _____*

Code of Ethics - As a Member of the Canadian Institute of Public Health Inspectors, I acknowledge:

That I have an obligation to the sciences and arts for the advancement of public health. I will uphold the standards of my profession, continually search for truths, and disseminate my findings; and I will strive to keep myself fully informed of the developments in the field of Public Health.

That I have an obligation to the public whose trust I hold and I will endeavour, to the best of my ability, to guard their interests honestly and wisely. I will be loyal to the government division or industry by which I am retained.

That the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

That being loyal to my profession, I will uphold the constitution and By-laws of the Canadian Institute of Public Health Inspectors and will, at all times, conduct myself in a manner worthy of my profession.

My signature hereon constitutes a realization of my personal responsibility to actively discharge these obligations.

* Signature: _____ * Date: ___ _____

* Please check the type of membership you require:

☐ Regular ☐Student $30.00 ☐Retired $30.00 ☐Fraternal $90.00 ☐International $75.00

* Please circle branch you wish to belong to below: (Note: Province in which you reside unless you live in Northwest Territories, Nunavut, Yukon or outside Canada)

*** Note that GST is no longer being charged.**

British Columbia	Alberta	Saskatchewan	Manitoba	Ontario	Quebec	New Brunswick	Nova Scotia/PEI	Nfld/ Labrador
$125.00	$125.00	$125.00	$125.00	$125.00	$75.00	$125.00	$100.00	$100.00

(Includes Registration)

* Payment is made by:
☐Cheque
☐Money Order
☐Employer (cheque attached)
☐Payroll Deduction
☐Spousal (2 PHIs/home)

Credit Card: .. Visa .. MasterCard .. American Express
Number on Card: __ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __
Expiry Date: __ __ / __ __
Name on Card: _____
Signature:_____

-send forms together & deduct $30 for one person, only one E.H.R. subscription will be received.

Please make cheques payable to C.I.P.H.I. and forward your application by postal service to:

C.I.P.H.I., PO Box 75264 - 15180 North Bluff RD, White Rock BC V4B 5L4 Canada

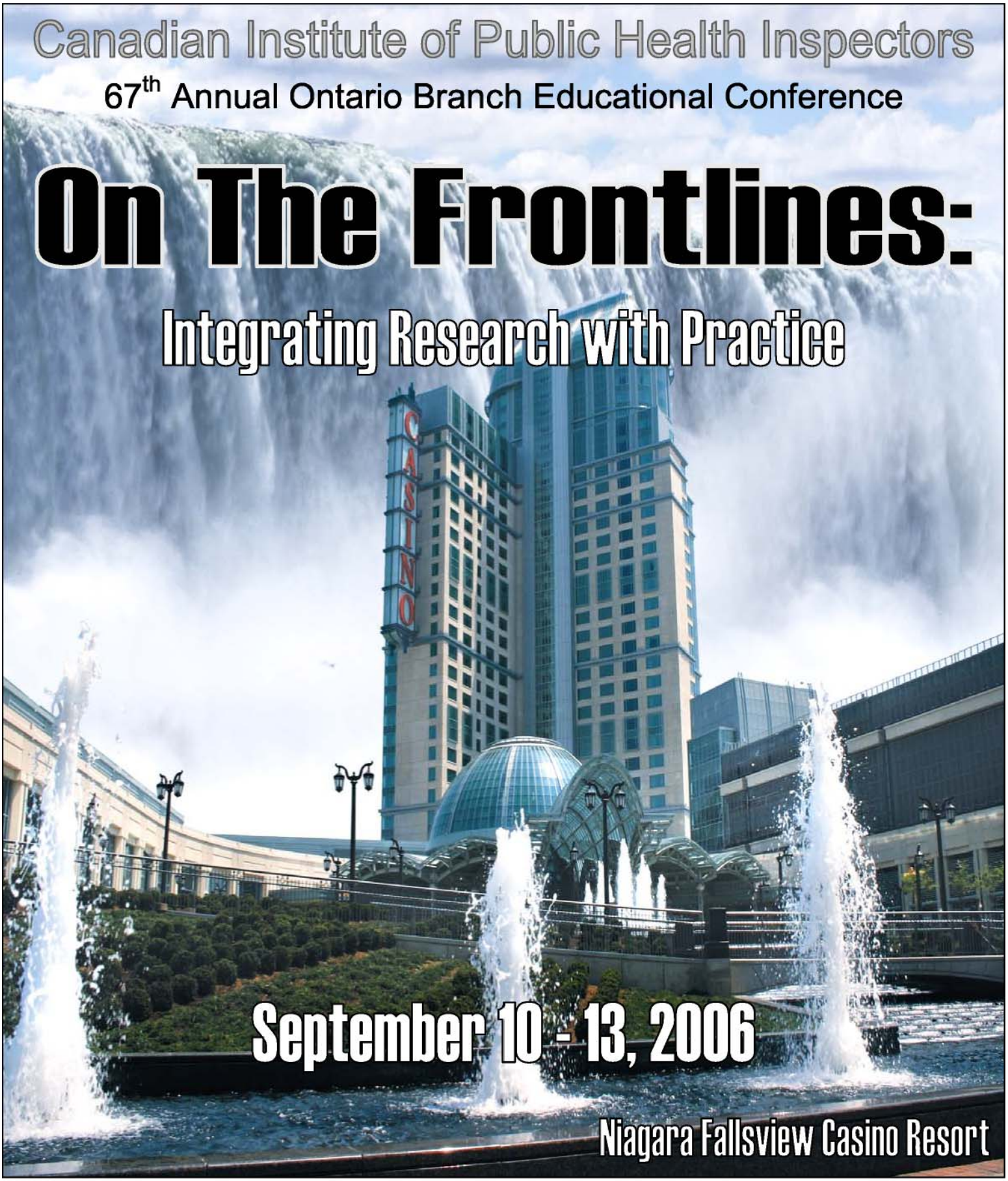
Fax: 604-543-0936 or Phone: 604-543-0935 (Toll free: 1-888-245-8180)

Canadian Institute of Public Health Inspectors

67th Annual Ontario Branch Educational Conference

On The Frontlines:

Integrating Research with Practice



September 10 - 13, 2006

Niagara Fallsview Casino Resort

Niagara Falls, Ontario

Niagara Region PUBLIC HEALTH

www.ciphi.on.ca

ciphi ontario

Ontario Branch News

Look for our Next Issue…… Summer 2006

Please Visit the Ontario Branch website. Find out about the latest branch news and events. ***Job postings will now be linked to the CIPHI National website.*** *Take advantage of resources like the cd fact sheets. Post information that you would like other PHI's across Ontario to see.*

www.ciphi.on.ca

If there is anything that you would like to see in the OBN let us know. Contact the OBN editor at: communications@ciphi.on.ca

ciphi

C/O Heather Richards
235 Danforth Avenue
3rd Floor
Toronto, ON
M4K 1N2