

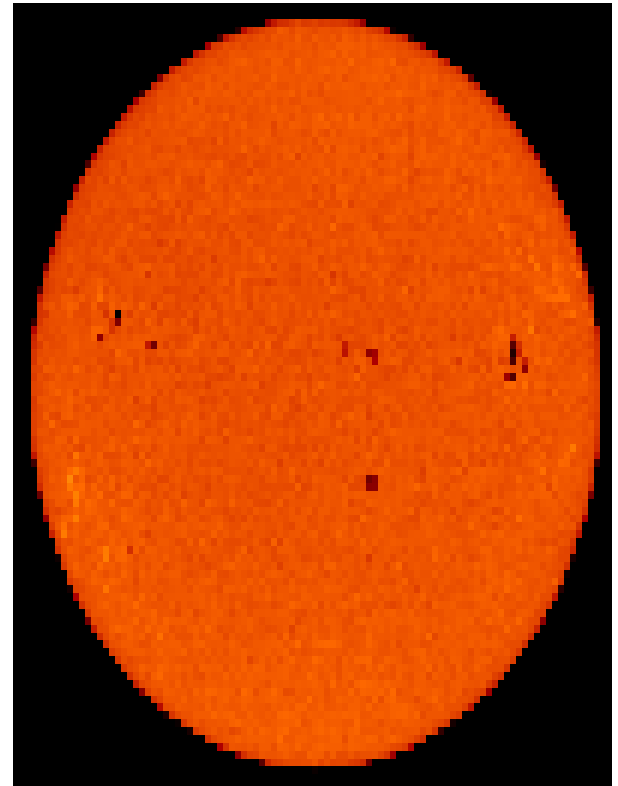


HEAT WAVE!

By Andrea Clarke B.Sc, B.A.Sc, CPHI(C)

Every summer, a silent killer lives among us waiting to claim the lives of people in our communities. Hundreds, even thousands of lives can fall victim to this killer within a relatively short period of time. This killer, called extreme heat is the combination of high heat and humidity that can adversely affect human health and lead to an excess number of deaths in a population. According to the World Health Organization and the Centre for Disease Control and Prevention heat-related deaths are preventable if effective warning and response mechanisms are in place.

Extreme heat affects different people in different ways depending on a variety of factors. Exposure to extreme heat negatively affects the way the body regulates its core temperature. In very hot conditions, if the core body temperature increases to 40°C and the body cannot be cooled down, vital organs are compromised and death follows. Individuals at greater risk for heat-related illnesses include the elderly, children, people with chronic medical condition or people unable to move or change position by themselves, people taking certain medications, people who exercise vigorously or work outdoors for prolonged periods as well as the homeless and marginally house persons.



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

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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

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Message from the Editor

I once had a complainant try to convince me that the smell of cut grass constituted a health hazard, and seeing that I was unconvinced, attempted to demote it to a nuisance.

I still could not agree. From a professional point of view, cut grass does not constitute a health hazard; from a personal point of view, it sure is not a nuisance. The smell of cut grass signals to me the promise of glorious summer days.

There is a distinct shift when the cool season morphs from small bites of warmth to the concrete days of summer. In the beginning, the weight of the heat can either be liberating or oppressive depending on your constitution.

In the throes of the summer, the heat changes our role, too. Public Health becomes a factor in dealing with so many summer activities as the public spends these hot and hazy days differently. We have touched on each of these issues in our Summer edition of the OBN.

*We are also experiencing a heat wave here at the OBN—check out **Andrea Clarke's** cover story, continuing on page 4. **Carol Chan** and **Virma Benjamin** both tackle favoured summer activities which have a strong public health presence. We see a need, why doesn't the public? As urbanites move from city to country to enjoy their summer homes, **Melanie Azeff** asks you to consider the safety of cottage drinking water. Join **Kim Murphy** and **Jocelyn Hopkinson** on page 5 as they sample beach water in Thunder Bay.*

And lastly, your Past President has a question to ask you. To find out and read the details of the Spring edition's question, turn to page 10 and then let us know what you are thinking.

There is no denying summer, as all indicators (cut grass and all that) point towards the rising temps. As usual in Public Health our role will be stretched to fit and true to our nature, we will roll with it and take it as it comes.

Best always,

Heather Richards

Continued from page 1

Extreme heat is an important public health issue that is not likely to go away. Global warming continues to push seasonal temperatures higher. The World Meteorological Organization states that throughout this century there will be an increase in the frequency and duration of extreme weather events and heat-related deaths. Excess deaths due to extreme heat have been recorded all over the world including North America.

During the summer of 2003, a two week long heat wave in Europe contributed to the deaths of 35,000 people. Almost 15,000 of those deaths occurred in France and the majority of those who died were the elderly. Compounding the tragedy in France was the fact that many of the elderly had been left alone without any visits or telephone contacts during this period. Their bodies lay unclaimed in morgues for many weeks while their families were away on vacation. At that time, very hot summers were uncommon in France and most homes and retirement homes were not equipped with air conditioning. Prior to the heat wave of 2003, extreme heat had not been considered a major hazard in France, thus a contingency plan for heat waves did not exist.

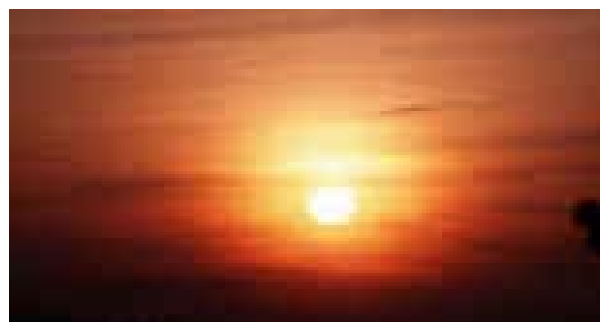
As a result of the heat wave, France developed a Heat Wave plan consisting in part of an alert system for health and social care professionals and requiring town halls to compile a registry of elderly and isolated adults in the community.

So what is the situation here in Ontario? We do have our share of heat-related deaths on record. A study by the City of Toronto and Environment Canada on the combined effects of extreme heat and air pollution on mortality in Canadian cities indicated that from 1954 to 2000, Toronto averaged 120 heat-related deaths per year.

The City of Toronto is one municipality in Ontario that has developed a contingency plan for extreme heat. Toronto's plan uses weather forecasts (from Environment Canada) that are analyzed by Kent State University to predict heat-related effects on human health. Once an extreme heat event is predicted, a Heat Alert or Extreme Heat Alert warning from the Medical Officer of Health is communicated through various media outlets and the public is advised to take measures to prevent heat-related illness.

During a Heat Alert or Extreme Heat Alert a coordinated response among the City of Toronto and its community partners, such as the Canadian Red Cross and Community Care Access Centres is undertaken. Public Health professionals (including Public Health Inspectors and Nurses) and professionals from various disciplines (i.e. Emergency Medical Services) play important roles in communicating the risk of heat-related illness and prevention measures on how to beat the heat to the general public, premises that house vulnerable adults and organizations that provide services to them.

Extreme heat is here to stay and it's only going to get hotter. By educating the public on this issue, we can hopefully prevent the silent killer from claiming additional victims.





A Day At The BEACH Sampling

By Jocelyn Hopkinson B.A.Sc., Kim Murphy B.A.Sc.

Every Monday morning beach water quality samplers head out with hip-waders in hand, a cooler full of ice and a supply of sample bottles to ensure that the public is safe from e-coli!

Our appearance can attract some attention at the beach and the Thunder Bay District Health Unit has some curious citizens. We are regularly asked “So how is the water?” and when we cannot provide an immediate analysis it is followed up with a “Why can’t you just tell me by looking at the bottle?” Our response is always “You will know as soon as we do and if there is a problem we will post an advisory immediately.”

More questions generally lead to interesting conversations about swimmer’s itch, e-coli and the number of geese and dogs in the water. Some citizens even wonder if it is safe for their dog to swim during an advisory. Most are very concerned about the number of geese and seagulls that enjoy basking in the sun and nesting close by the waters’ shore.

Adverse water results are usually predictable when certain scenarios present themselves. For example, a high number of goose droppings on the beach and surrounding area can end up in the water following a heavy rainfall.

The droppings sink to the bottom and are churned up when it rains or when a swimmer frolics in the wa-

ter. Locally the goose problem has been rectified by a dog-walker who teams up with man’s best friend to scare the geese from Thunder Bay’s beaches.

One beach in particular is a continuous challenge for staff from the Thunder Bay District Health Unit. Not only are the geese a constant problem, but the lake also succumbs to high temperatures and a low water flow rate due to fact that it is a man-made body of water. This is a lake where many recreational activities and local events such as the annual Dragon Boat Races and the Family Triathlon are hosted. In order for these events to occur as planned, Thunder Bay District Health Unit staff diligently work in conjunction with other city officials to ensure that beach water results meet protocol. This makes the citizens of Thunder Bay very happy!

The staff at Thunder Bay’s other local beach have taken a proactive approach to ensure that their samples are always safe for bathers. This has been achieved by the addition of an aeration system that increases the water flow rate to produce a continuous flow of water. As a result, even with the addition of some birds lounging at the beach and heavy rain-falls, this beach’s water results continue to come back bather-friendly.

Beach sampling continues to be a very enjoyable experience for the samplers. A beautiful sunny day, warm temperatures and the knowledge that we are keeping the citizens of Thunder Bay safe from harmful bacteria is a wonderful way to spend the day!!!

Ahhh....Cottage Life...

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

It is summertime and hundreds of us escape the hot, crowded cities by packing our bags and re-treating to the solitude of the great outdoors. For many, this means spending time with family and friends at a summer cottage. Everything we need to make this summer vacation perfect is carefully selected, packed and loaded into the car.

Just before leaving we stop and ask ourselves, "Have I thought of everything?" If you are a veteran cottager maybe you have, but for those of you who are new to this past time or if it is the first visit to a new place, there is one assumption that you must be careful not to make.

Do not assume that the water coming out of the cottage faucet is safe to drink.

As Public Health Inspectors, we regularly warn people of the hazards associated with the consumption of pathogenic bacteria. Many people erroneously assume water that looks clean is safe to drink. Pathogens in water are invisible to the naked eye, but how can we get this message out to all city folk rushing to the cottage sink for a gulp of water that will later bring on stomach cramps, diarrhoea and vacation spent in the bathroom or in bed instead of at the dock soaking up the sun?

When inquiries related to cottage drinking water quality are received the best advice is not to drink the water, use it to cook with, brush your teeth etc. unless you have had it tested by a provincial or municipal laboratory. Having the water tested for harmful bacteria may not be an option for many cottagers as three acceptable samples taken one to three weeks apart are recommended prior to drinking water from a source that is being tested for the first time. Many people do not have the luxury of such a long vacation. So what can we advise them to do?



Cottagers have a few options, each of which has their own advantages and disadvantages. First, bottled water can be purchased and used as it is clean and safe. However, this can be costly and once opened, bottled water requires refrigeration. A second option is to purchase reusable drinking water containers and fill them with municipally treated water prior to departure. This water does not require refrigeration as a chlorine residual will be present. Of course a reminder to clean and disinfect these containers after each use and prior to refilling is always a good idea.

In both scenarios, cottagers will have to calculate how much water they will be using and make sure they have made room in the car. Knowing where fresh water can be obtained near the cottage may reduce the amount needed for the trip. Disinfecting tablets are used by hikers and campers, but they do not yield large amounts of water and will not kill protozoan cysts that may be present in the water.

Public Health Inspectors help individuals and families protect themselves from waterborne diseases while on vacation by providing advice to inexperienced travellers. It is satisfying to know that we can play such a positive role in summer-time experiences and lifelong memories.

Farmer's Markets

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

Farmer's markets are a sign that summer has indeed arrived. Freshly picked fruit, vegetables, organic juices, delicious pies, cakes and preserves are for sale in every municipality.

To the patrons of a farmer's market, it is a place where the fresh produce and food offered for sale is purchased with the understanding that the food is straight from the farm and therefore as fresh and safe as it could possibly be. As a result, the public perception of these markets is that they are in a special category separate and distinct from other types of food establishments where food is prepared and/or offered for sale and should not be required to meet the same public health standards imposed on grocery stores and restaurants.

Is this logic sound and justified?

The two leading causes of foodborne illness are temperature abuse and cross contamination both of which can occur in a restaurant, grocery store and, yes, at a farmer's market.

Pathogenic micro-organisms when present in hazardous foods multiply at the same rate whether they are baking in the sun at a farmer's market, or left in a malfunctioning fridge. To a Public Health Inspector, both scenarios are equally high risk and have the potential to cause foodborne illness. Regardless of the location, the food has not been held at an internal temperature of 4°C or colder which is necessary to slow or prevent the growth of pathogenic bacteria.

Why distinguish between a farmer's market, a restaurant and grocery store? It would seem logical to assume that farmer's markets where food is available for sale should meet the definition of a food establishment requiring inspection under the Food Premises Regulation. In fact, the risks at a farmer's market can be greater as un-inspected meats, un-pasteurized milk products and un-graded eggs have on occasion been observed for sale by Public Health Inspectors.

To protect the public from food borne illness, we must find a way to continue applying public health rules to farmer's markets. It should not be left up to politics and public perception.



SPECIAL EVENTS AND FOOD SAFETY

By Carol Chan, BAsC., CPHI (C)

What is the real harm of selling food prepared at home at a special event? These social events can not only unite the community with common goals but also bring people together by raising funds for worthy causes.

To answer the above question, we need to look at the statistics and risk factors surrounding special events.

For example, according to statistics provided by the Tourism Department of the City of Kawartha Lakes [Tourism Department statistics, City of Kawartha Lakes], the total number of special events held in the City has doubled since 2002. The total number of special events in 2002 was 196, while the total number in 2004 was 420. In addition, the overwhelming majority of special events take place in the late spring and summer months.

As a result of the warmer weather and outdoor locations, there is a greater challenge of maintaining safe temperatures for food preparation, processing and storage. Summer event food items include hazardous foods including hamburger, chicken and rice dishes. These food items need to be really hot (greater than 60 degrees Celsius or really cold less than 4 degrees Celsius) to prevent foodborne illnesses.

Another consideration is that most of the special event organizers are volunteers, who



may not have current food safety training like the people who work in the food industry.

There appears to be a big difference of risk perception between the public and the Public Health Inspector as well as the lack of understanding of the role of the Public Health Inspector.

According to audience responses on a popular radio talk show, 99 per cent of the public feel that the risk involved in attending a special event is minimal. They cannot understand why the local health units are so eager to crack down on their fun while the food for sale is mainly home



made bake goods and sandwiches prepared by sweet grandma. The Public Health Inspector's role is to identify health hazards and find ways to reduce, eliminate and prevent them.

In order to be proactive, the public needs to be informed and educated. There should be a liaison between the local health units and the media with food safety messages and educational material sent out to the public. The current procedure of sending messages to organizers and having them fill out special events application forms, as well as routine inspections is a good start but not sufficient without the participation of consumers. Also, each health unit should keep a record of special events held each year, as well as number of special event food safety complaints. By keeping track of the statistics, it will help to gauge

the importance of safe food practice in these events and hence give the health unit a proper position for safe food policy making.

As for Public Health Inspectors, our job is to ensure food safety according to Health Protection and Promotion Act and the Food Premise Regulation; yet at the same time, being sensitive to the public perception of food safety. There should be more outreach on food safety education, especially in the summer months .

Food safety is part of our daily tasks as public health professionals, but at times our task is influenced by different factors, such as public perception, political view, and economic issues. In order to be successful in ensuring public safety, we must always be inventive and proactive. The battle of ensuring public food safety can only be successful only if the public is on our side.



In the last issue, the past president asked what you thought about the changes to the Board of Certification process.

If you can recall:

- 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.
- The oral examination process is now coordinated at the National level.

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)

The majority of responders stated they were in favour of these new developments at the Board of Certification, both current and future changes. The feedback consisted of approval based on increasing the status of the profession and raising the bar to qualify as a CPHI (C).

Thank you all for responding!

A Question from CIPHI Ontario Branch's Past President...

You have read about special events, heat alert, beach water sampling, plus cottage life as well as farmer's markets in this edition of the OBN. Are there any other notable hot topics, any issues that should be on Public Health's radar?

Let the Past President Suzanne Lychowyd-Shaw know at pastpresident@ciphi.on.ca.



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Look for our Next Issue..... Fall 2006

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