ONTARIO BRANCH NEWS

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WINTER 2007

UP IN SMOKE!

MARIJUANA GROW OPERATIONS

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

There is a new crop of home based businesses becoming increasingly common in many communities in Ontario. These businesses can be extremely lucrative but are not your typical home based catering company operated by your friendly neighbour. In fact, these businesses are actually criminal enterprises that can have an impact on home, health and safety. The businesses that we are talking about are marijuana grow operations (grow ops) that are popping up in almost every jurisdiction in Ontario.

Every year in Ontario, hundreds, possibly thousands, of grow ops are exposed by the police. Marijuana grow ops are properties that are converted for the purposes of growing marijuana. These grow ops can be located in industrial, commercial and residential properties. A grow op can range from having as little as five plants to over thousands of plants. In one case in November 2006, Toronto Police Services uncovered twenty-two grow ops within one residential apartment building. As a result, this police bust generated a lot of media interest, a community meeting with a local politician and calls for Public Health to investigate possible health hazards.

Continued on page 5

INSIDE THIS ISSUE:

Message from the Editor By Heather Richards	3
Letters to the Editor	4
Sauf Québec/ Except Québec By Sarah Chergui	6
Where's The Evidence? By Barbara Marshall	8
Consistency in Food Safety Inspections by Paul Medeiros	10
The Past President Asks... By Mike Duncan	12

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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

Until the lion becomes the historian, history will always glorify the hunter

Message from the Editor

Over the holiday season there is the usual cache of feel good movies in rotation. One that is absolutely impossible to pass up and really should not be missed is the emotional roller coaster ride of "It's a wonderful life". This film forces you, despite all the merrymaking, into reflective mode about your place in the world; analyzing it from all angles.

This year, it made me think about the a statement an EHO/PHI made during a heated discussion in the aftermath of the egg salad/ change in legislation (you know the one). The main argument was if PHI's/EHO's were taken out of the Public Health equation there would be complete mayhem. The public would face pure Public Health carnage. To varying degrees, all those present during the discussion had to agree and ask:

Can we be written out of history?

I have visited countries where Public Health strategies range from floundering to non-exist and health-wise it is frightening. Those communities are fighting to get their public health standard to even a fraction of ours. As it stands, our Public Health system is pretty great and our role in it is a pivotal one. Think of all the strides made in food safety, communicable diseases, chronic care and injury prevention issues, to name a few. Pretty great.

This issue does not quite hit the manifesto stride but it trots alongside of it with ***Barbara Marshall*** *leading the way with Where's the Evidence? The article is a call for arms for all PHI's/ EHO's in the wake of the recent Public Health developments. On page 10,* ***Paul Medeiros*** *pleads the case for consistency in food safety inspections. This article mirrors your Past President* ***Mike Duncan's*** *provocative questions in the Past President Asks...column.* ***Sarah Chergui*** *takes us on a fact finding mission that leads her to find that most rules apply to all provinces Except/Sauf Québec.*

No doubt you have already been sucked in by ***Andrea Clarke's*** *and* ***Veronica Cruz's*** *Up in Smoke which continues on page 5. It is really a fascinating read and another reminder of our inimitable presence past, present and future.*

As always,

Heather Richards

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Letters to the Editor

A number of our readers wrote in to ask for clarification of *Baylisascaris procyonis (Bp)*'s (OBN Fall 2006) status as a reportable disease. The authors responded:

We are writing to clarify an issue from our article entitled Raccoon Roundworm (Baylisascaris procyonis) Infection in Urban Neighbourhoods: A Preventable Public Health Threat in the CIPHI Ontario Branch News, Fall 2006 issue. There was some confusion over the statement that "Baylisascaris procyonis (Bp) is a reportable communicable disease."

While Bp as an organism is not specifically reportable, in the context of this particular case, Bp was reportable because it caused a medical infection known as encephalitis, or inflammation of the central nervous system. Ontario Regulation 559/91 of the Health Protection & Promotion Act specifies post-infectious encephalitis as a reportable disease to the MOH. Our article describes a case involving a victim of Bp encephalitis, this was the reason it was a reported to Toronto Public Health.

Allan Grill, MD, MPH, CCFP, Medical Consultant and Jim Chan, CPHI (C), Manager both of Toronto Public Health

To submit comments, questions and any other letter to the editor, please email communications@ciphi.on.ca or post mail to Heather Richards 235 Danforth Ave., 3rd Floor, Toronto, ON M4K 1N2

Marijuana (..continued from page 1)

To make a building suitable for cultivating marijuana, significant changes may be made to the building that can result in health issues. The warm and humid environment required for cultivation is conducive to mould growth. Often, operators of marijuana grow ops mix their own chemicals to create fertilizers for the marijuana plants. As a result chemical contamination and toxic fumes are issues that can potentially impact the health of future occupants. In many grow ops, furnaces are modified to re-circulate air in the property to feed the plants which can result in back drafting furnace fumes back into the house.

Safety issues are also commonly associated with grow ops. Changes to the property's structure and electrical system may not comply with the building code and electrical safety code, resulting in unsafe conditions. For example, modifications to the property's electrical supply to increase the amount of hydro being used are employed to bypass utility meters. Operators who attempt to rewire the property's electrical system without possessing proper training create a risk for fire and electrocutions. Increasingly, grow ops are being protected by armed individuals and booby traps. These conditions can make the property uninhabitable to future occupants unless repairs and/or remediation are conducted.

As Public Health Inspectors (PHIs), we are mandated under the Health Protection and Promotion Act (HPPA) to inspect health hazards within the health unit. Key aspects of the HPPA that provide direction for PHI involvement include: definition of a health hazard, rights of entry, issuance of orders, placarding and cost recovery issues (City of Toronto Staff Report, Re: Health Risk and Legislative Authority of the Medical Officer of Health regarding Marijuana Grow Houses and Clandestine Drug Laboratories in Toronto, dated August 21, 2006). Furthermore, Bill 128 reinforces our role because it amends the Municipal Act by requiring municipal officials (such as public health, property and fire inspectors) to inspect a property that has been identified by the police as a grow op. If the property is deemed unsafe, orders for remedial work (both structural and environmental) would be issued to make the building safe.

It is estimated that marijuana grow ops are a 1 billion dollar industry in Ontario. They exist in rural and urban areas, indoors and outdoors, in residential and industrial properties and in low income as well as high income neighbourhoods. Virtually, they can be found everywhere.

With the size of grow ops ranging from a couple of plants in a closet to an entire industrial complex, the degree of health and safety hazards can vary greatly.

As PHIs, we along with other municipal officials can help to decrease the impact of this blooming, yet dangerous business on the community.

SAUF QUÉBEC / EXCEPT QUÉBEC

By Sarah Chergui, B.Sc.

In a year and a half, I will be a Public Health Inspector. I am from Montreal but living in Toronto right now to complete my studies. I could not find the right programme in Québec. When I found Ryerson University's School Occupational and Public Health programme I knew it was the right one for me, so I left Montreal to start a new chapter in my life.

In my first week at Ryerson I was shocked when I was told that I was the first and only student from Québec in my programme. Why? What are people doing in public health back in Montreal? I decided to look into the subject further and this is what I found:

"*The CIPHI Certificate in Public Health Inspection (Canada)] credential is the nationally recognized credential with the exception of the province of Quebec" (CIPHI 2005-2010 Strategic plan: Health Protection Cornerstone of Public Health, National Executive Planning Session, April 2005*).

Except in Québec??!! How can this be?! I decided to do some research. My first step was to look up the Public Health system of Québec in general, how it works, how it is organized. It was confusing. I found so many different websites, each one dealing with a specific aspect of Public Health or a particular government establishment. I had in the same page of results listings for "Laboratory of Public Health of Québec", "Institute of Public Health of Québec", "Agency of Public Health of Québec", "Department of Public Health of Québec", "Ministry of Health and Social Services of Québec", "Health Canada"... Everything was mixed up, one site referring to the other. I was unable to find one central source of information explaining how their system is structured.

I needed to talk to someone who actually works in public health in Québec. This person would have a good idea of how the system works and if there is such a title as a Public Health Inspector. So I set up a meeting with Celine Farley, an agent of socio-sanitary planning and programming (I'm not sure if it's the proper translation, in French it is "agente de plannification et de programmation sociosanitaire") from *the National Institute of Public Health of Québec*.

Mme. Farley's areas of expertise include trauma prevention, health promotion, development and evaluation of health programs, sanitary planning and training. I asked her if there are any Public Health Inspectors in Québec. She simply said, "There is no such thing as a Public Health Inspector here in Québec my dear, that profession and title does not exist". She also said that it is normal to be confused about how the system works here and that you only really start to understand it once you are actually in it.

Mme. Farley explained further that Québec works very differently than the rest of Canada because it is the only province to have a Public Health *network*. There are three different levels of Public Health that all work together. The Ministry of Health of Québec governs eighteen (18) socio-sanitary regions. Each region has a department of Public Health within which we find ninety-five (95) Centres for Care and Social Services (CCSS). Each CCSS has one Public Health Official.

The CCSS is at the local level in the field. Field inspectors/investigators collect samples or retrieve information, their job is very specific and highly technical but they are not Public Health Inspectors. In some cases, the field inspectors/ investigators have completed a two to three year post-secondary program called a "professionals degree". It is not a university degree. It is more like a college certificate. More often, the field workers are doctors and nurses who are specialized in Public Health and have passed the appropriate certification exams.

The second level of Public Health in Québec is at the regional level and is known as "*The Department of Public Health of Québec*". Information about outbreaks and crises are managed and reported at this level. The regional level reports to the *National Institute of Public Health of Québec*, the third level in Québec's Public Health system which is mainly a research level. The Institute researches and reports on Québec's health system and the organisation of health services then evaluates the efficiency of health services and makes recommendations.

Given that I am currently studying in Ontario, I was concerned that I would not be able to work in Québec in the public health field. Mme. Farley responded by saying that a Bachelor of Science and/or Applied Science focused on Public Health, a Masters in Community Health, Epidemiology or Environmental Health are all valuable and can lead to many different jobs in Québec's public health network.

There is always a way to integrate oneself into the field. For example, at the National level, a Public Health Inspector title may not exist but they do have many positions requiring the same skills-set and knowledge-base. These positions include jobs in health promotion and disease prevention. Furthermore, she explained that public health is a new and expanding field. Many new job opportunities are emerging and being developed in Québec.

Studying public health has already taught me so much I can only imagine how fulfilling working as a Public Health Inspector or simply in the field of Public Health will be. I am back in Toronto and I feel more confident than ever that this area of study will remain exciting, open doors and will allow me to achieve my dream career. I can't wait to go out on the field, help the public, conduct inspections, promote health and contribute to preventing diseases.

In a year and a half, I will be a Public Health Inspector maybe for the city of Ottawa, London, Kingston or Toronto. Who knows? Just don't be surprised if you hear a *Québecois* accent in the health unit!

Where's the Evidence?

By Barbara Marshall, M.E.S., CPHI (C)

At the 2006 Canadian Institute of Public Health Inspectors - Ontario Branch Annual Education conference in Niagara Falls Dr. Sheila Basrur challenged Public Health Inspectors (PHIs) to provide evidence that routine Public Health interventions employed by PHIs actually protect the public's health. She issued this challenge in response to the controversy surrounding the inspection and regulation of charitable food events and farmers markets. In her role as Chief Medical Officer of Health, Dr. Basrur had also been asked to produce the evidence to link the mentioned events to foodborne illness.

PHIs sprung into action and collectively reached into their filing cabinets bulging with file folders documenting confirmed cases, clusters and outbreaks linked to charitable food events and farmer's markets. Although a short list of published outbreaks was produced, many more important, unpublished outbreaks and stories continue to gather dust in desk drawers. Let us remember the saying, "If it's not written up, it didn't happen," but what is a busy, overworked and under resourced PHI to do?

Throughout my career in Public Health I have relied, like many of my colleagues, on three tenets to guide practice and decisions. The first and foremost, is a solid and practical foundation from Ryerson with wisdom from instructors like Ron de Burger, mixed in with strong field training;. The second tenet is access to the networks and relationships of knowledgeable colleagues, which typically involved telephone conversations or email ones, to ask what Public Health Inspectors are doing in their Health Unit/Agency about a particular issue, and seeking the advice of those wise and seasoned mentors who have years of practical experience (for example, coffee break anyone?). And third, participating in life long learning activities such as attending conferences and courses and reading journals like the Ontario Branch News.

Historically, PHIs have had a tendency not to seek information outside their profession or refer to peer- reviewed journals, let alone publish in these journals. But this has to change. Governments, politicians, funding bodies, professionals associations, businesses, farmers, church ladies, scientists, researchers, other professionals and the public are all asking us to provide evidence.

As the complexities, pressures and expectations of the Public Health world increase, so do the demands for strengthening evidence-based policy and practice in public health. A National Collaborating Centre for Environmental Health survey of practitioners and policy makers in environmental

policy and practice. (Copes and Chociolko, Environmental Health Review, Fall 2006).

So how do we rise to this challenge? PHIs are responding through the leadership of both the CIPHI National and Provincial branches in a marked increase in knowledge exchange with more articles, conferences presentations and web-based communications.

In conclusion, I am offering some practical advice that will help us provide the evidence being asked of us:

1. Set broad goals for 2007/8. For example, write a story about an experience, report, event or outbreak

2. Prepare and submit an abstract for a presentation at a CIPHI or other professional conference

3. Seek out the advice of someone who has experience writing articles

4. Take a writing course and read *How to Write and Publish a Scientific Paper* by Robert Day

5. Use an already published article as a template and review the guidelines for article submission for the journal in which you want to publish

6. Critically evaluate a published paper by reviewing the methods and results

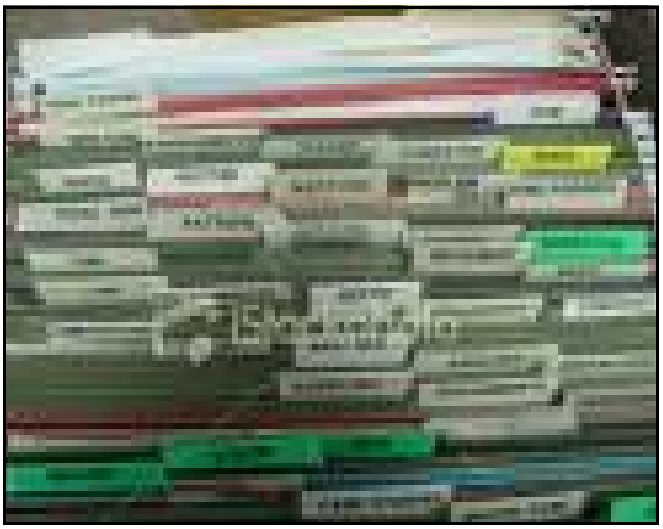
7. Collaborate with other authors who you admire and work well with

8. Partner with Master's students and other researchers from local universities, colleges or government

9. Contact the Public Health Agency of Canada for assistance

10. Last but not least - have courage and confidence - you have many important stories from your experiences over the years.

These documented events are extremely valuable. You may end up providing the evidence at a crucial time of need.



Barb Marshall, M.E.S., a certified public health inspector since 1979, is currently employed with the Public Health Agency of Canada in Guelph, Ontario. She is helping to build C-EnterNet, a national enteric disease sentinel surveillance system, designed to partner with local public health units and to provide food information for food and water safety policy makers.

Consistency in Food Premises Inspections

by Paul Medeiros, B.A.Sc, M.Sc., CPHI (C)

When I managed the Quality Assurance program for a restaurant chain, I observed a lack of consistency in how food premises inspections were carried out between health units and even between health inspectors within the same health unit.

What do I mean by consistency and why is it so important? What should Public Health units be 'consistent' with?

Consistency is defined as the degree of uniformity, standardization, and freedom from contradiction among the parts of a system. As it relates to the inspection of food premises, it does not mean developing an army of health inspector clones who walk, talk and inspect identically. It does however mean that the outcome of an inspection should be the same regardless of which inspector conducts it.

Without a consistent approach to food safety inspections, health units stand to lose credibility in the eyes of restaurant owners, food premises operators, the public and politicians. When discrepancies in approach and enforcement are observed credibility, an essential component of an effective food safety programme, is lost.

Credibility also facilitates management and evaluation efforts. For example, many health units actively collect, analyze and interpret information/data from the field inspection reports. Accurate conclusions cannot be made if measures are not in place to ensure that the information/data was collected similarly and without prejudice.

Better management and resource planning result from more predictable inspection outcomes. Without consistent inspection methods and responses, time management and staffing requirements may be incorrect.

So where do we start?

A food premises inspection is extremely complex, involving many elements and many steps. The key to consistency is to determine the critical inspection elements and to execute those consistently.

Critical inspection elements are defined strategically and are linked to over-all inspection quality, inspection effectiveness, inspection efficiency and to other management criteria. Some elements may include consistency in judging sanitation levels, consistency in writing inspection reports, consistency in interpreting the 'grey' areas in the regulations, and even consistency in using a thermometer to name only a few.

Each critical element or process step must be clearly defined and described. A health unit may believe that they have achieved an excellent level of consistency but must ensure it is not a consistent level of mediocrity.

If a critical element is the internal temperature of hazardous food, the procedure for taking the internal temperature must be scrutinized in order to achieve consistently accurate readings.

Another important element of consistency is that it applies not just to procedures from inspector to inspector, but also to practices by the same inspector from day to day. Systems and tools designed to promote and measure consistency need to take this into account.

Finally, consistency is strategic. It does not happen overnight and it does not happen by wishful thinking alone. Here are the basic steps to consistency:

●Identify the critical inspection elements.

●Define exactly how each critical inspection element is to be carried out.

●Define how you will evaluate consistency.

●Establish the systems and provide the tools necessary to ensure consistency.

●Train the inspection and support staff.

●Measure and analyze the level of consistency for each critical inspection element.

●Identify areas for improvement; conduct a root cause analysis and then implement corrective action.

●Validate that the improved consistency is actually helping you meet your overall strategic objectives.

●Reassess the selection of critical inspection elements.

●Go back to step 1 and repeat the cycle.

Efforts to achieve and maintain a consistent approach to an execution of food safety compliance inspections should be viewed as part of a health unit's overall Quality or Organizational Excellence program. If done right, the rewards associated with better management, planning and evaluation of a programme intended to protect public health should prove to be consistently great.

Paul Medeiros works with the Guelph Food Technology Centre as manager of consulting services. He is a former Public Health Inspector currently assisting private and public-sector organizations to achieve their desired quality and safety goals. For more information, contact him at 519-821-1246 X 5043 or email at pmedeiros@gftc.ca.

The Past President Asks…

In recent years, Food Safety Programs in Public Health departments across Canada have been scrutinized by media outlets, the public and by governments. For example, in Ontario the Toronto Star, the Haines Report and the Ministry if Health and Long Term Care (MOHLTC) Food Safety Audit Report have identified issues with the food safety inspection system. Also, in Alberta, The Edmonton Journal and the 2005/6 Report of the Auditor General reported issues with the food safety inspection system in Alberta.

Criticism has been levied against Public Health departments for food safety program shortcomings including: below standard food premises compliance/follow-up inspection rates; insufficient enforcement indicators; and poor transparency in communicating outcomes of the food safety program to the community

On the issue of improving transparency some Public Health departments have implemented food safety disclosure initiatives in their communities. It is hard to argue with the value of such initiatives as they appear to make departments accountable while at the same time creating a "we have nothing to hide" statement in the community.

Questions:

Considering the above, why have so few Public Health departments implemented food safety disclosure initiatives in Ontario? Should the MOHLTC take a leadership role to ensure that all Public Health departments implement some form of disclosure initiative?

Contact Mike Duncan, Past President at pastpres@ciphi.on.ca with feedback.

Ontario Branch News

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

Look for our Next Issue..... Spring 2007

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

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