



## Post-Disaster Emergency Response: Supporting People Who Use Substances

By: Kelsey James, Environmental Health and Knowledge Translation Scientist, NCCEH

### Introduction

It has been nearly seven years since BC declared on April 14, 2016 that our province had an illicit drug [toxicity emergency](#). The toxic drug supply has had a devastating impact on communities across Canada that [has worsened](#) throughout the COVID-19 pandemic. From January 1–August 31 2022, 1,468 people in BC [died](#) due to illicit toxic substances; this is a sharp increase from the 755 deaths recorded for the entire year of 2016.

Many people engage in some form of substance use, some of which are socially normalized, such as alcohol. However, people who use currently illegal substances, those who have [problematic](#) substance use, and those with physiological substance use dependencies are more likely to be part of marginalized populations. People who have experienced trauma, such as racial or sexual violence, social exclusion, and oppression are [disproportionately](#) represented among people with substance use disorders, as are people who are experiencing poverty or [housing insecurity](#). People who use currently illegal substances also face [barriers](#) to accessing traditional health and social services and often rely on community-based harm reduction and treatment services. There is also a long history of community care and [resiliency](#) in communities of people who use substances who have faced structural marginalization.

Along with the toxic drug supply as a public health emergency, climate change is a co-occurring threat that is increasingly and negatively impacting populations in BC. In the past couple years alone, BC has experienced a heat dome, unprecedented wildfires, floods, and drought, all of which offer a glimpse of the increased frequency of extreme weather events that are expected under our changing climate. Environmental public health professionals (EHPs) play an integral role in many aspects during and following extreme weather events, including being deployed as part of emergency response where they are among the first responders on the ground to ensure the safety and basic needs of the public. This will need to include people who use substances, who have unique consider

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## Goodbye summer and hello autumn

Where does the time go? As we go into the end of October, we want to send our appreciation and gratitude to all of our members here in BC. As EHOs, we managed to handle another busy summer with no shortages of wildfires, heat warnings, air quality concerns, oh and who can forget about concerns with new and emerging infections (COVID-19, Monkeypox). I hope everyone has, or will, find some time to take care of themselves, and take some well-deserved time off to recharge. I am excited to be in the position of President Elect for CIPHI BC/Yukon and look forward to moving into the role of President and serving the Executive the best I can. Our branch has many dedicated members, and its exciting to see the direction we as CIPHI are heading in. I look forward to the benefits we will see from all the hard work that is done.

A special thank you goes out to our executive members for their continued service and support. I would like to take a moment to welcome our newest branch executive member to the team, Timothy Millard who took on the role of councilor.

We still have three councilor positions open for anyone interested in joining this great team and getting involved with CIPHI.

## Advocacy update

In the Spring of 2022, pandemic public health restrictions were lifted across Canada. The CIPHI National Executive Council re-visited a national summer advocacy campaign concept that was generated in 2020 and paused during the pandemic. The council voted in favor of proceeding with the campaign and landed on an August 3rd-September 14th 2022 6-week campaign date range, so that the summer CIPHI advocacy images would be relevant and appropriate.

The audience for the campaign was the general public, which would capture employers, decision-makers, students and members. The campaign goal was to bring the public back to CIPHI's newly redesigned public-facing website: "See how we protect you at [ciphi.ca](https://ciphi.ca)".

During the campaign, CIPHI National purchased online digital buys across Canada and advocated in both official languages. A French billboard was purchased in Montreal to advertise for the newly accredited EPH program. Individual branches purchased additional targeted buys such as billboards, print or digital ads for their regional targeted audiences. BC/Yukon Branch was very involved and had great participation in this campaign. BC/Yukon branch was active on social media during this time sharing the campaign posts and content and purchased advertising buys in West Kelowna and Vancouver. Thank you for all of your participation!



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**Bc Branch Update... continued**

## **Environmental Public Health Week 2022**

This year's theme was "**Strength through Collaboration**" recognizing that EPHPs work collaboratively with partners to collectively control disease, hazards and injury, and help Canadians stay out of hospitals.

The National Environmental Public Health Week (EPHW) celebrations occurred September 26, 2022, the same day as World Environmental Health Day. From September 26 - Sept 30, 2022 we celebrated the important work of Environmental Public Health Professionals (EPHPs) across Canada. The campaign included social media posts shared by National CIPHI and across the branches.

Thank you to our members and to all EPHPs for your ongoing commitment to the profession, and to protecting the health of all Canadians!

Valerie Jackson  
President Elect



**YOU KNOW WHAT  
REALLY GRINDS MY  
GEARS...**



**“When you tell a food handler to discard foods that have been mishandled, contaminated, temperature abused, you name it, and they ask “Can I just eat it instead?”...”**

Please submit your “heard it a thousand time before one-liners” that you hear in the field over and over and your EPHP pet peeves to [bcpageeditor@ciphi.bc.ca](mailto:bcpageeditor@ciphi.bc.ca). Let's all share in the hilariously annoying joys of our environmental public health experiences.

Hello Environmental Public Health Professionals!

Drought season has clung on and while it's nice to enjoy the prolonged warm weather, many arms of environmental public health are being challenged. Water systems are experiencing water shortages and, in some instances, loss of source. Food security is being further threatened with variable growing seasons. Wildfires are reeking havoc on air quality and leaving behind further impacts to be managed. There is no shortage of work for EPHPs.

On October 27th, CIPHI National released the [CIPHI 2022 Summer Advocacy Campaign Newsletter](#). CIPHI National Advocacy Committee has been effectively promoting the hard work that you and your colleagues do. Be sure to take a read of the newsletter to see some of the campaign highlights.

On a final note, please take a moment to get to know one of our new BC Branch Councillors, Timothy Millard in this Edition's interview.



## Timothy Millard—BC Branch Councillor

**Q1. What school did you go to for the ENVH program? What year did you graduate?**

A1. Attended BCIT and graduated in 1994

**Q2. Where have you worked and what roles have you been in throughout your career?**

A2. Initially worked with Boundary Health (Surrey/Langley) in the Land program when we still did inspections of septic fields, in 2004, I joined the Surrey Health Protection Team and worked as a District Inspector as well as the FoodSafe Coordinator. In 2012, I joined the Fraser Health Strategic Operations Systems Team and was one of the trainers and trouble shooters as Fraser Health EHDs started to use tablets in the field. In 2014, I joined the Fraser Health Management Team and have worked in a variety of offices across Fraser Health.

**Q3. How have you seen the focus of Environmental Public Health change over the years?**

A3. The obvious change for me is that we don't inspect septic fields anymore. However, the other changes that I have seen is that EHDs have more focus on education.

**Q4. What is one of the most memorable moments or situations in your career?**

A4. There are so many, but the ones that I enjoy remembering most are when I have had the opportunity to assist a FoodSafe student, operator, student EHD finally get something that they didn't really understand before.

**Q5. On a scale of Educator to Enforcer, where would you place your health inspector style?**

A5. I am an educator



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Timothy Millard—continued. . .

**Q6. What do you enjoy about your role with CIPHI's BC Branch Executive?**

A6. Opportunity to give back to an organization that supports what we do.

**Q7. Legislative recognition for CIPHI passed in Sept 2013 and mandatory membership was implemented in January of 2017, what do you see as the next big goal for CIPHI's BC Branch?**

A7. Making sure that we provide sufficient opportunities for EHDs to attend trainings to upgrade their skills and qualify for Professional Development Hours.

<p><b>What is one of your favorite quotes?</b> Today impossible tomorrow possible – Grandmaster HU Lee</p> <p><b>What's your favorite indoor/outdoor activity?</b> Teaching and training in Martial Arts.</p> <p><b>When was the last time you had an amazing meal?</b> Thanksgiving Dinner with family</p> <p><b>What do you miss most about being a kid?</b> The freedom of just being a kid</p>	<p><b>Read on a Kindle or paperback book?</b> Paperback</p> <p><b>Vacation in Hawaii or Alaska?</b> Alaska</p> <p><b>Have a night out or evening in?</b> Evening in</p> <p><b>Read the book or watch the movie?</b> Watch a movie</p>
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**Post-Disaster Emergency Response. . .continued**

ations in the aftermath of a natural disaster. This article provides information relating to substance use that would be helpful in an emergency response scenario to support the important work that is done on the front lines in connecting with individuals who have been affected by natural disasters.

**People who use drugs face unique risks in a natural disaster**

People who use substances may experience unique risks in the event of a natural disaster, including the risk of [withdrawal](#) and of [overdose](#). Natural disasters may [disrupt](#) the drug supply, making drugs less accessible, less affordable, and less predictable in terms of adulterants and concentrations of active ingredients. Particularly for people with physiological dependency and would otherwise experience withdrawal symptoms, this unpredictability may result in people using substances that are more potent than desired or expected, and thus carries a higher risk of drug toxicity and other negative outcomes. Natural disasters also disrupt social connections that help people who use substances manage their health risks (for example, people may use substances alone when normally they would use with others present).

Experience from other natural disasters have shown that people who use drugs may be [reluctant](#) to evacuate as it would mean relocating to an area where they are unsure where to buy what they need or what harm reduction services will be offered. There may also be a shortage of substance use equipment such as syringes, potentially leading people to [share](#) injection equipment with others, increasing the risk of blood-borne infections.

It can be expected that large-scale natural disasters will likely disrupt all medical services. Substance use services such as supervised injection/consumption sites, drug testing, and [managed alcohol programs](#) are often operated by community organizations and may be more vulnerable to disruptions and

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## Post-Disaster Emergency Response. . .continued

gaps in emergency communications. These substance use services, along with treatment services such as opioid agonist therapy (OAT) and methadone maintenance, are often accessed on a regular basis by (often daily) by people who use substances, which may be a monumental task if [transportation](#) routes and services are disrupted due to a natural disaster. Without these services, people may choose to [delay](#) taking their substances or medications or [reduce](#) their daily dose in order to extend their supply, both actions possibly resulting in withdrawal symptoms. These services also act as a significant source of social support for people who use substances, and their disruption creates a gap in practical non-substance related supports for the people they serve.

### A harm reduction approach

In public health, substance use is approached within the framework of [harm reduction](#), which aims to minimize risks associated with substance use rather than aiming for individuals to abstain from substance use in all scenarios. Withdrawal and overdose are both dangerous scenarios for people who use drugs that can cause serious health complications and even death. In an emergency scenario, it is necessary to assist individuals with their immediate needs of preventing withdrawal and overdose rather than initiating any new treatment protocols aimed at reducing substance use.

Measures taken during the COVID-19 pandemic provide a good example of harm reduction measures that were taken to ensure that people who used substances were able to continue to access safe substances and avoid withdrawal and overdose. The Province of British Columbia introduced [risk mitigation prescribing](#) that allowed clinicians to prescribe substances similar to what they would access through the illicit drug supply so that individuals could follow public health mandates and avoid unfamiliar sources of drugs. Liquor stores were also kept open during lockdowns as an [essential service](#) to support individuals with alcohol use disorders to access lower-risk forms of alcohol to avoid withdrawal.

There is [evidence](#) that flexibility in providing substance use services is an effective way to mitigate the harms of withdrawal and overdose that may be exacerbated in an emergency scenario. Communication with regulatory agencies is critical to ensure that flexibility is implemented within clinical guidelines and to avoid confusion between those providing substance use services on the front line. It is also essential to communicate any changes to people who use substances to support continued access.

### The role of EPHPs in supporting people who use substances

EPHPs are often involved in emergency response scenarios by interacting directly with the public, coordinating emergency response, and be part of a team for implementing emergency shelters. While not directly involved with clinical care provision, EPHPs will likely work closely with other agencies involved in coordinating medical care, including substance use services. Building an awareness of the unique needs of people who use substances and being able to direct them to relevant services is one way that EPHPs can provide support. In the absence of substance use services such as supervised injection sites, EPHPs can support the development of an [episodic overdose prevention service](#) (eOPS) as part of emergency shelters. This is a separate and private area that supports safe substance use with naloxone and a trained overdose responder available. This area is also as sterile as possible with access to clean water to reduce risk of infections. The eOPS should also be set up to support adequate ventilation for those who

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## Post-Disaster Emergency Response. . . continued

wish to smoke their substances, such as a tent two sides left open for air flow. EPHPs can also advocate for harm reduction supplies such as sterile needles and naloxone kits to be provided in emergency shelters, and take [naloxone training](#) themselves to learn how to administer naloxone for someone experiencing an overdose.

To be noted is the importance for EPHPs to approach personal interactions with an equity perspective. This entails an understanding that people who use substances are often marginalized and stigmatized for their substance use. [Stigma](#) involves applying stereotypes or shame to individuals in a discriminatory way, and can [prevent](#) people who use substances from accessing help that they need. Stigma can be reduced by using [person-first language](#) when talking with and about people who use substances, and by using [language](#) that recognizes the medical nature of substance use rather than slang terms. There are online resources such as the Canadian Centre on Substance Use and Addiction course [Overcoming Stigma](#) that provide a more in-depth perspective on stigma and substance use.

EPHPs can also employ a [trauma-informed](#) approach in personal interactions with people who use substances. This refers to a recognition that past trauma can make people more vulnerable in scenarios where they experience a loss of control, as would likely be the case in the aftermath of a natural disaster. In this case, it is essential to ensure that people who use substances feel they are in a space that is physically and emotionally safe. This requires the use of a non-judgmental, empathetic, and non-stigmatizing communication approach.

In coordinating with emergency response agencies, it is also important to build and foster trust with people who use substances and their communities. Historically, people who use substances have been disenfranchised and may have low levels of trust in medical, government, and law enforcement personnel. However, many cities and towns in BC have close-knit communities of people who use substances with organizations that are active in advocating for and providing substance use services. In an emergency scenario, these organizations are likely who people who use substances would turn to for guidance on where to access substances and substance use services, and thus should be a crucial part of emergency response. EPHPs can prioritize the reopening of these organizations after a natural disaster, especially if they have physical spaces that can be used to provide supports for people using substances. This partnership work can begin as part of emergency preparedness efforts as well, which can help to [empower](#) communities of people who use substances to plan for their own needs in natural disaster events and have a voice in decision-making.

## Conclusion

People who use substances have unique needs that are likely to be exacerbated in the aftermath of a natural disaster due to an unpredictable drug supply and disruption to community-based substance use services. As EPHPs are often on the front lines as part of emergency response, they can provide support for people who use substances. EPHPs can continue to build trust within the community of people who use substances and advocate for their needs as part of emergency planning and on the front line as part of emergency response. The increasing frequency of extreme weather experienced in BC highlights an urgent need for inclusive emergency planning to ensure that there is capacity to respond to the needs of all members of impacted communities.

*The author gratefully acknowledges the valuable input offered by Dr. Alexis Crabtree (Substance Use and Harm Reduction, BCCDC) in reviewing this article.*

October 2022

Dear Colleagues:

**RE: Canadian Institute of Public Health Inspectors Awards, BC Branch**

The Awards Committee of the Canadian Institute of Public Health Inspectors (CIPHI) BC Branch would like to take this opportunity to notify everyone that it is that time of year again, when CIPHI BC Branch is accepting nominations for our 2022 CIPHI Awards. For those interested in submitting a nomination, please read the following and ensure that the required information for the particular award is forwarded to the BC Branch Office by **December 2, 2022**.

Each year CIPHI BC Branch recognizes individuals (and organizations) for their outstanding contributions to the field of environmental public health and/or to the Institute. Awards are presented to individuals and agencies that have been deemed to have made a significant contribution(s) to the professional association, the field of environmental public health and/or to the betterment of public health in general. Listed below are the awards and the general selection criteria.

**Alex Nilsson Award**

This award honors a volunteer who has given much time, skill and effort to the BC Branch, CIPHI, or his/her community.

**B C Honorary Membership**

The award is presented to any individual who has performed, contributed or rendered some outstanding service to the Institute, public health and to society.

**Member of the Year Award**

Presented to the individual who has made a significant contribution to the Branch, the Institute nationally, or health professional organization other than the Institute over the past several years.

If a member should require clarification on any award, please contact the Awards Committee Chair directly at [jessica.ip@vch.ca](mailto:jessica.ip@vch.ca)

Please send nominations and supporting documents to:

CIPHI BC Branch Awards Committee  
1200 - 601 West Broadway Ave.  
Vancouver BC V5Z 4C2

Please email nominations and supporting documents to [jessica.ip@vch.ca](mailto:jessica.ip@vch.ca)

**Deadline for all materials to be received is December 2, 2022**





## BCIT Recognizes Environmental Public Health Week

In the lead up to Environmental Public Health week, BCIT Faculty were considering ways to recognize and promote the profession. It was decided to tie it into the annual 'Meet and Greet' where the first and second year students formally meet and faculty introductions are made. Working together, the students were tasked to produce a poster given a short period of time and random magazines and newsprint in support of the theme, "Strength through Collaboration," all while getting to know each other. After they were complete, they presented their work to the group. Overall it was a fun event and the posters turned out really well!

In addition, BCIT Marketing used their social media platforms to promote Environmental Public Health week and the program.

## BOC News



Laura Chow took on the role of the BOC Coordinator for our BC Branch.

The BOCs were held on Wednesday, October 26th, 2022.



Delegates from or BC Branch!

## News from MB Branch

The MB Branch brought public health and environmental health professionals to the lime-light on CTV News in mid-August. Ateeb Khan, Ali Rana, Cristina Bueti (current Branch President), and Kiran Sidhu appeared on Winnipeg's CTV morning show to discuss CIPHI and some public health topics relevant to the summer.

Be sure to take a look at the attached videos below:

- Safe Barbeque Practices: <https://winnipeg.ctvnews.ca/video?clipId=2503359>
- West Nile Virus: <https://winnipeg.ctvnews.ca/video?clipId=2503219>
- Ensuring Sanitary Conditions at Spas and Salons: <https://winnipeg.ctvnews.ca/video?clipId=2503243>
- Swimming Pool Safety: <https://winnipeg.ctvnews.ca/video?clipId=2503276>
- The role of Public Health Inspectors: <https://winnipeg.ctvnews.ca/video?clipId=2503250>

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Commendations to the Manitoba Branch for getting the word out on the important work environmental public health professionals are doing every day!



In 2020, the BC Water & Waste Association and the Government of British Columbia partnered to build a mechanism to support small water systems, defined as serving more than one household up to 500 individuals in 24 hours. The project was created in response to conversations with small water purveyors and their teams (Small Water Systems) expressing the need for connection and knowledge sharing through regional peer networks.

Information gathering was completed using surveys, interviews, and focus groups to identify what was im-

portant to Small Water Systems as well as to understand where there are gaps in support and information. This vital feedback as well as continued communication with Small Water Systems led to the [BC Small Water Systems Community Network](#).

The Community Network is a free, online platform for Small Water Systems to find and connect with their peers as well as the vast array of supporters who have resources, expertise, programs or services to share with the small water systems community. A key foundation of the Community Network is the recognition that all members of the community, water systems teams and supporters alike, contribute to the overall success of the platform.

First and foremost, the Community Network is about building connections. Multiple areas across the platform can facilitate. The member and organization directory allow individuals to find each other. The Technical Discussions forums and Articles provide opportunities to discuss relevant issues and questions, as well as for members to share and demonstrate expertise in their subject areas. The Owners Lounge is designed for small water purveyors and their teams to meet their peers and hold private discussions.

With over fifty unique resources on the Community Network, there are opportunities for both Small Water Systems and supporters to deepen their knowledge and understanding related to the small water systems community. The Community News area with member-submitted content contains areas for classified ads, upcoming events and opportunities to become involved.

For individuals who work with small systems, the Community Network is designed to assist. The *So Apparently I Have a Small Water System ... Now What?* free online course, provides a 75-minute overview of the responsibilities of a small water system owner. This course can be a good jumping off point for supporters to have deeper conversations with new owners, trustees or team members. When gaps are seen in the small water system community, the Community Network can be leveraged to build awareness and promote activities using the Articles and Resources areas and the Weekly Digest email that is distributed to Community Network members.

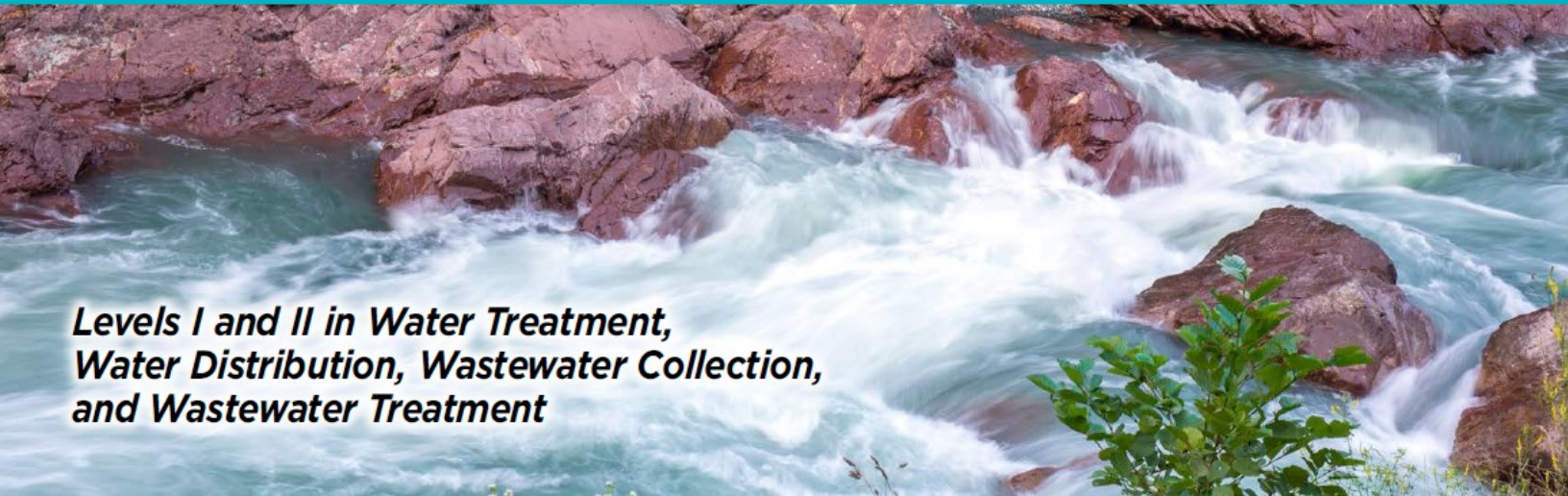
The Community Network can also be used to increase professional visibility and credibility. There are several opportunities to showcase your expertise, including submitting an article, moderating a technical discussion or presenting a topic during a *Coffee with your Community* zoom call to help facilitate conversation.

We are excited about the potential of the Community Network towards realizing the vision of our communities having safe water and a healthy water environment. If you would like to explore the platform, you can create a free profile at [www.smallwaternet.org](http://www.smallwaternet.org). For any questions this project, please reach out to [smallwaternet-work@bcwwa.org](mailto:smallwaternet-work@bcwwa.org)

*Clean, safe drinking water for all of our BC communities is the goal. Working together is how we'll get there.*

# MULTI-UTILITY CERTIFICATION

## FOR OPERATORS WORKING IN SMALLER COMMUNITIES



### ***Levels I and II in Water Treatment, Water Distribution, Wastewater Collection, and Wastewater Treatment***

**By Pat Miller, WT and WWT Level III, WD and WWC Level II**

For many water and wastewater Operators who operate utility systems in small communities, it has always been a challenge to become an EOCP certified Operator. Adding the fact that many small facilities are becoming more automated and have the potential to become classified at higher classification levels, the certification challenge potentially increases.

When Multi-Utility Certification was first approved by EOCP's Board of Directors in 2008, the concept was to recognize the job tasks performed by Operators who worked in smaller systems and the overall knowledge they acquire to run these treatment, distribution, and collection systems.

Prior to this new certification being recognized in 2008, EOCP consulted many stakeholders for their comments and approval. The investigation into a new certification started in 2004 with the key goal of addressing smaller systems without eroding the existing certification program. The board wanted the ability to recognize the knowledge that many Operators in smaller systems acquire going about their day to day activities.

In smaller systems, an Operator usually works on many aspects of the water and wastewater industry. In the morning, they may be checking on well operations, filtration, and chlorine addition, and hooking up a water connection; while in the

afternoon, they may check on wastewater lagoon operation and deal with a collection system odour issue. In addition, there are pump repairs, water main breaks, sewer main breaks, meter reading, and other related activities.

Thus, to meet the goals of the Multi-Utility Certification, Operators must perform a minimum of 1,000 hours of work in at least two fields (i.e. water treatment and water distribution or water treatment and wastewater collection..) for 12 months and spend at least 500 hours in the discipline they are applying for certification in. The work experience also must be supplemented by at least a one day (0.6 CEU) in an applicable and approved course.

Once those requirements are met, the Operator must pass (70% or higher) the appropriate level certification exam (e.g. Water Treatment Level I). Most Operators are aware that the various certification exams require both book knowledge as well as field experience to pass.

Once an Operator has achieved their Multi-Utility Level I certification in one of the four fields and they have 1,800 hours of experience in the specific field, the Operator can then apply to EOCP to have their certificate changed from a Multi-Utility Level I certificate for Level I certificate in the applicable discipline (there is a fee to process the application).

An Operator can hold up to four Multi-Utility certification certificates if they have worked in those fields and have 500 hours

minimum for each certification they are applying for and passing the exam. They also need to have at least a one day (0.6 CEU) applicable and approved course for each certification. The good news is a number of these courses are approved for two or more certificates. For example, a 'small water systems' course would be an approved course for both water treatment and water distribution.

For a Level II Multi-Utility certification, an Operator must work a minimum of 3,000 hours over 36 months with at least 1,500 hours in the specific discipline and pass the Level II certification exam. This assumes that they work 36 months in two or more fields of water treatment, water distribution, wastewater collection, and wastewater treatment.

This certification is designed to address smaller systems, so the community that the Operator provides service to (in the two or more fields), has a permanent population of no more than 10,000 as per the latest Statistics Canada population information.

NOTE: Multi-Utility Certification allows an Operator who meets the experience requirements of a regular Level I or regular Level II Certification to be granted the appropriate certification upon application to EOCP and paying appropriate fees. Also, DRC hours may be applicable for use when applying to write a regular Level III or Level IV exam. Once certified, the Multi-Utility Operator must earn the appropriate CEUs for every two-year reporting period, as required for all EOCP certified Operators.

## Northern BC faces Environmental Health Officer shortage

By Andrea Arnold

Environmental Health Officers (EHOs) under Northern Health are being required to prioritize their jobs due to a shortage of qualified individuals available. Normally, EHOs assess public health risks, address health hazards in the community, permitting and inspecting a wide range of facilities such as drinking water systems, food establishments and other regulated facilities. At this time they are having to focus on the areas that have the highest potential risk to public health.

Northern Health Chief Medical Health Officer Dr. Jong Kim says this is not an isolated issue.

“While other health regions are experiencing similar staffing challenges, Northern BC is particularly impacted and currently has approximately one third of the full complement of EHOs it requires.”

Adverse water quality result assessments, drinking water system advisories and notices are areas that fall under the highest priority for the Northern Health Environmental Public Health team. This is an area of concern that could directly impact the people of McBride.

Village CAO Chris Tupy commented that recently McBride was without an EHO for approximately a month.

“We had to send out water testing information and questions to a generic Northern Health staff mailbox,” said Tupy. “However, they were able to recruit a new EHO and we have a direct [point of contact] once again. Even during the time we were redirected to the generic staff box, I believe someone always got back in a timely manner.”

As water-borne illness is listed as one of the highest priority scenarios CAO Tupy thinks that McBride will continue to be well served on items related to the local water system.

Northern Health has kicked up their recruitment efforts in hopes to draw EHOs into the region by offering incentives, working in partnership with post-secondary institutions to develop affiliation agreements and increase intake of student EHOs, and developing targeted recruitment campaigns that showcase the opportunities available in Northern BC.

Northern Health asks that people still take the time to call in or e-mail with any concerns and questions about matters of public health. By phone or email: 250-565-7322 or [php@northernhealth.ca](mailto:php@northernhealth.ca).

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**[Northern BC faces Environmental Health Officer shortage](#) was originally published on July 31, 2022. Thank you to Andrea Arnold, the publication author, and [The Rocky Mountain Goat](#) for allowing the republication of this article.**

**Keep up to date on the latest news at the BC  
Branch website:**

[www.ciphi.bc.ca](http://www.ciphi.bc.ca)

The page also contains information on membership, conferences, career opportunities, documents, and much more. Check it out regularly.

**Did you know the BC Branch is on  
Facebook and Twitter?**



Click on the icon to find the BC Branch on Facebook and *Like them*.



Click on the icon and *Follow* the BC Branch on Twitter.

# Retired EHO—Where are they now?

Larry Percival was a BCIT PHI graduate dating back to 1971; the same year he received his CPHI(C) credentials. Larry had a long career in BC where he eventually found himself as a Manager of Environmental Health in the Upper Fraser Valley. Over the past couple of years, Larry and his wife Leslie took a couple of trips and explored the northern reaches of Canada.



Last year, my wife and I did a road trip to Yukon but, because of COVID, we did not make it into Northwest Territories, to Inuvik or Tuktoyaktuk. On a whim, we decided to repeat the trip this year but to camp along the way. I looked for a light-weight used trailer such as a bowler but they were asking \$13-\$17,000 for a 30 year old trailer. So I ended up picking up a 30 year old



Jayco tent trailer. Overall, it went OK but we had a number of days of rain and when we got to the Dempster Highway which is 750 km of gravel in mud each way: things ground to a halt. The pictures of the mud on the car and trailer are only after the first 70 km. By the time we hit the midpoint, I had two flat tires on the trailer and only one spare left so we ended up leaving the trailer there and travelling on and staying in hotels. We made it to Inuvik and Tuktoyaktuk. We dipped our toes in the Arctic Ocean and ate Muktuk which is beluga whale, smoked and dried whitefish and we were supposed to have muskox but they ran out. Things are so expensive up north, locally sourced white fish fish and chips in Inuvik were \$39. Groceries were double or triple in price. I don't know how they do it. We came back down the Cassiar-Stewart Highway to Prince Rupert where we filled our tummies with halibut and then worked our way home to Abbotsford. Three weeks and 8600 km later. A great Canadian holiday.

Larry & Leslie Percival





CIPHI BC BRANCH  
Invites You to Our....

**AGM & CHRISTMAS LUNCHEON  
2022**

December 15, 2022  
AGM 10 :00 am,  
Lunch 12 noon

**At Holiday Inn Vancouver-Centre  
711 West Broadway, Vancouver, BC.**

**Registration is required. Please contact:-**

For Regular members - Jackie Chiu at 604-675-3822 [jackie.chiu@vch.ca](mailto:jackie.chiu@vch.ca)

For Retired or non-members – Jessica Ip at 604-675-3803 [jessica.ip@vch.ca](mailto:jessica.ip@vch.ca)

For Student members - Payman Baharmand at [pbaharmand@my.bcit.ca](mailto:pbaharmand@my.bcit.ca)

or Ricky Santos at [msantos70@my.bcit.ca](mailto:msantos70@my.bcit.ca)

Regular Member - \$30.00

Student Member - \$25.00

Retired Member - \$20.00

Non-Member - \$43.00

**Deadline – December 8, 2022**

# BC Branch Executive 2021

[www.ciphi.bc.ca](http://www.ciphi.bc.ca)

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The objective of this newsletter is to keep the members of the BC Branch and other colleagues informed of the local and national events that are of interest and importance to them.

The views, comments, or positions of the BC Page are those of the Editorial Team or the author and do not necessarily reflect those of either the BC Branch or the Canadian Institute of Public Health Inspectors.

The Editorial Team reserves the right to edit material submitted, solicited or unsolicited, for brevity, clarity, and grammatical accuracy.

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