



News for the Canadian Institute of Public Health Inspectors

2022 Year in Review

J. Alison Gardner

It's that time again for the Year-in-Review. This opportunity usually lends itself to looking back on a year of public health successes, failures, challenges, and gains. We could talk about the emergence of monkeypox in the spring, and of the WHO changing the name to MPOX in an effort to reduce any stigma from the illness that may have been a barrier for folks seeking treatment. We could talk about climate change from ferocious Fiona in the east, to wasteland-etching wildfires in the west. We could talk about polio virus popping-up again in 2 wastewater samples in Canada, prompting our colleagues at PHAC to begin a routine surveillance program for the virus in the wastewater of several key high-risk communities (1 and 2). We could talk about the proposed public consultation period on requiring vaping product manufacturers to disclose the ingredients contained in their products (3). We could celebrate the launch of Canada's first form of national dental care coverage (4)...

But today I don't want to talk about any of those things.

Today, I want to talk about the blast radius that COVID-19 left behind in our workplaces. Its full impact is only becoming measurable now following the removal of the provincial public health restrictions last spring.

Most of us have returned to regular operations at work, and as we sort through the rubble extending out from ground zero we may affectionately reacquaint ourselves with the relics of our former work lives. These are the familiar facets of inspection work – the bread and butter, so they say. Thermometers still need to be calibrated, and temperatures measured. That hot tub timer isn't going to test itself, after all. But alongside the familiar we also notice that things have changed. Some of these changes are intangible; others overt. Many of us feel a sense of heaviness, so to speak, that blankets our bodies and minds as we move through our work days. This is called exhaustion.

And perhaps more frequently now, we notice another change. The gaze of many members of the public seems cloudier as they look upon our daily work. This is called mistrust. Trust is a curious thing in that as a point of pride, we have all worked hard to build and maintain it in our rela

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2022 Year in Review continued. . .

tionships with the public. But trust is fragile, and it can flee in an instant over the horizon, never to return. Sometimes, with luck and effort (and a sprinkle of pixie dust) trust can be rebuilt.

I like to imagine that before the blast, we may have aspired to hold the public, “adrift in the sheltered harbour of our patience” (5), as we guided them through their critical role in public health responsibility. But it feels harder now to hold that space for them. This is because we are tired. And as we participate in a more divisive and conspiratorial social landscape, it becomes more difficult for all of us to bridge the gaps between opposing world views to support cooperation toward a common goal. One might conclude that a common goal no longer exists, and this idea may leave us feeling isolated. At its worst, our perception of isolation becomes a self-fulfilling prophecy.

These thoughts lead me back to a recent conversation I had with a dear colleague. She highlighted a concept from the movie “Stutz” that had brightly resonated with her and I quote, *“You could invite somebody out to lunch that you don’t find interesting, it doesn’t matter, it will affect you anyway, in a positive way. That person represents the whole human race, symbolically.”*(6).

I find this concept refreshing because considering it necessarily recalibrates my perspective. It elevates me above the tumult of confusion, anxiety, frustration, exhaustion, alienation, and ultimately fear in which I had at times operated through the pandemic, and brings into focus a bright and shining light. That light is a human being. That light is all of us. We have all been tired and afraid. In a curious way, it is that shared experience of difficult emotions that unites us. For me that comradeship is akin to plummeting over the rapids in a white water rafting boat adventure with a collection of strangers; except with fewer souvenir photos of me screaming in terror. Thankfully.

Our employers have earnestly encouraged us to embrace self-care. Sometimes this self-care may involve the integration of knowledgeable outside supports. Try checking your employee assistance program for direction on ways to connect. Because the grace with which we explore and administer non-judgemental self-care flows naturally to the people with whom we share our time. That’s the trick of it: the calm in one person evokes the calm in another.

The condition that brought us to this point in our careers was beyond our control to change. The reality is though, that we are now positioned to consciously clear away the detritus so the bright lights can shine again. We made it down the rapids. There is space for moorage in our harbours, and it is time to see that once again.

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Member of the Year Award



Casey Neathway has consistently made significant contributions to CIPHI's BC Branch, CIPHI National, and the field environmental public health.

With the completion of a Bachelor of Science degree from Thompson Rivers University in 2005, Casey promptly enrolled in BCIT's Environmental Health Program, and graduated with distinction in 2008. After obtaining his Certificate in Public Health Inspection (Canada), Casey continued to broaden his knowledge base in public health when he acquired a Graduate Certificate in Public Health Leadership (2012) and a Graduate Certificate in Public Health Strategic Communications (2016) from Concordia University of Edmonton.

While excelling in his studies, Casey also fast-tracked his way through various positions within environmental public health profession. In 2008, Casey worked as an Environmental Health Officer with Interior Health and by 2011 he was a Team Leader for their Licensing Program. In 2015, after a short hiatus, the environmental public health profession drew Casey back in as he became the Regional Manager for First Nations Health Authority's Interior Region. In 2022, as he continued to demonstrate and develop his professional knowledge and leadership skills through the C-19 pandemic, he was awarded the Director position for FNHA's Regional Health Emergency Management and Environmental Public Health Services department.

Concurrent to his career achievements Casey has also been a very active, responsive, and effective

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BC Branch Update—Member of the Year continued. . .

member of the BC Branch Executive and National Executive for over the past 5 years. Casey also supported the BC Branch prior to that time through participating in the BOC Examination process and as a BC Page Associate Editor. Casey Neathway hit the ground running when he leapt into the BC Branch President-Elect role in 2017. After the first year of his term, Casey stepped up to take on the full scope of the Presidential duties with unwavering commitment and kept the BC Branch pushing forward both professionally and financially. He was very well organized, readily available, and always approachable throughout his tenure with the BC Branch Executive. It was no surprise that Casey kept climbing the CIPHI ladder after his term as past-President of the BC Branch, by taking on role of the National President-Elect, all amidst the COVID-19 pandemic, in January 2021.

If that is not busy enough, along with helping to support a young family at home, it is not uncommon to see Casey's name as the author of publications or editorials or to see him up on a stage presenting on his dedicated environmental public health work with Indigenous communities. Notably, during the 2019 Halifax "Hurricane" AEC, Casey showcased the important works of BC Indigenous communities in an "Indigenous Food Safety and Security" presentation. In 2021, Casey authored the "Environmental Health Role in Atmospheric Flooding" article published in the Winter 2021 BC Page Newsletter. Casey is always actively seeking ways to improve and highlight the field of environmental public health. This notion is only further supported by his current involvement in CIPHI National's nation-wide advocacy campaign aiming to elevate awareness of CIPHI, the profession, and the field of environmental public health.

Casey is not one to let life or work go idly by as he actively improves our profession, CIPHI, and the health of the communities that he serves. He exemplifies what it is to be an Environmental Public Health Professional and 2022's CIPHI Member of the Year!

Gordon Moseley and Stacey Sowa

AGM and Holiday Lunch

December 15, 2022



(L to R) Randy Ash, Denis Semail, Gordon Stewart, Pam Mandarino.



(L to R) Patrick Chuang, Emily Chow, Matt Latter, Gurinder Saini, Sophie Fantillo, Nadia White.

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AGM and Holiday Lunch continued. . .



(L to R) Zheng (Jenny) Li, Parul Sharma, Gurneet Khun Khun, Ariana Aktary, Rajpreet Atwal, Joyce Javier, Kandwaldeep Kaur, Marrick Santos

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(L to R) Tara Abraham, Laura Chow, Helen Heacock, Keith Herle

(L to R) Scott Wilson, Christian (Ian) Aleroso, Sara Forsting, Payman Baharmand, Dale Chen, Shelley Beaudet



Public libraries and public health collaborate for healthy indoor air, food security, health equity and more

Anne-Marie Nicol and Angela Eykelbosh, Environmental Health & Knowledge Translation Scientists, NCCEH



National Collaborating Centre
for Environmental Health
Centre de collaboration nationale
en santé environnementale

The NCCEH recently showcased our collaborative knowledge mobilization work with public libraries in our [December 7th webinar](#). Many of us utilize the services offered by our public libraries but may not be aware that they are positioned to serve the information needs of their patrons beyond traditional lending of books and other materials in physical and digital formats. As with public health, libraries are changing with the times, hosting new programming and lending items beyond books. Our research discovered libraries offering innovative services and device lending programs that directly address shared health and wellness interests around climate change and resilience, emergency preparedness, food security, indoor air quality, cancer prevention, health equity and mental health. Some examples of free programs we found being offered by BC public libraries include:

- Device lending programs, such as [radon detectors](#) and [CO₂ sensors](#)
- [Extreme Heat Shelters](#) or [Warming Spaces](#)
- [MedSheds](#)- Medical device lending, including crutches and post-surgical care kits
- [Seed libraries](#), community garden spaces and courses on growing food at home
- [Food canning and preserving](#) support and [courses](#)
- [Digital connectivity kits](#) that help people access the internet from home
- [Light therapy](#) (Sunshine Lamps) lending
- [Naloxone training programs](#)

Beyond being great places to host programs and lend devices, we learned that public librarians are very receptive to partnering with public health. Our lively December 7th webinar highlighted how librarians and public health researchers came together to start a free radon digital detector lending library program in North Vancouver BC. These devices can cost hundreds of dollars to purchase, so having free access can mean a great deal to many people unable to afford this technology. We wrote a follow-up [blog](#)

on this session to help public health professionals learn more about working with librarians on environmental public health issues.

Outside of BC, NCCEH staff also collaborated with public health professionals to set up a [new CO₂ sensor lending program](#) with the Peterborough Public Library. Interest in CO₂ sensing – an indicator of whether an indoor space is appropriately ventilated - spiked with the onset of the COVID-19 pandemic. However, interpreting CO₂ data are not straightforward. The collaboration led to the creation of a [freely available fact sheet](#) to orient patrons on how to use the CO₂ sensors, proper placement and how to interpret results. Other Ontario libraries have taken note, and [Toronto Public Library](#) started offering CO₂ sensors in July 2022.



www.EHFC.ca

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Public libraries and public health collaborate for healthy indoor air, food security, health equity and more continued. . .

However, challenges may also arise when attempting to conduct public health interventions through a library. One key issue is that of evaluating library programs to understand their impact relative to other public health intervention. This issue and others are discussed in our newly released paper in [Environmental Health Review](#).

Librarians make enthusiastic public health partners and we encourage you to explore what is offered in your local libraries. If you are already working on a library-based project, we want to hear from you! Send us an email info@ and tell us a bit more about what you are doing. The NCCEH will continue to explore library-based opportunities and new ways to engage.



Photo credit: Getty images

Stay tuned!



RETIREES

Stay Connected!



As a retired CPHI(C) a great way to stay connected with our professional organization is to sign up for the free CIPHI National News. Available to CIPHI members & non-members. Copy & paste the following link into your internet browser <https://list.web/lists/listinfo/ciphi-national-news>

The CIPHI Retirees Advisory Committee (RAC) also has a Facebook private group for retired CPHI(C)s. To join the FB group or for general retiree inquiries send an email to the RAC Chair at ciphiretireschair@gmail.com

Updated Pooled Egg Guidance on BCCDC Site

Lorraine McIntyre, BCCDC; Serena Lai and Anastasia Wilcott, Vancouver Coastal Health

In the fall of 2022, 16 *Salmonella* Enteritidis (SE) illnesses were traced to shell eggs used in restaurants and purchased at retail by consumers in home-prepared meals in three different health authorities. Reports from EHOs found that premises were pooling eggs and using them in dishes that could have been prepared with pasteurized eggs, like tiramisu and Caesar salad. In the past, cocktails and drinks, e.g., Whisky Sours, may also be topped with raw egg whites. This month (January 2023), another cluster of illnesses have been linked to shell eggs.

Although the chances of any one individual egg having SE is small, there is some risk. In a contaminated flock, estimates made in Canada suggest that 3 eggs in 10,000 are contaminated with SE.¹ Risks increase when eggs are not stored refrigerated, when eggs are pooled, when eggs are held for a longer time in storage, and when eggs are consumed raw or partially cooked in foods and beverages.¹

Since pasteurized eggs are now more readily available, BCCDC, in collaboration with food safety managers in regional health authorities updated the Pooled Egg Guidance to remind operators on safe handling and preparation practices for raw eggs and/or pooled raw eggs. The updated pooled egg guidance can be found [here](#) and will be translated into other languages soon on this [page](#).²

A notification was sent to Ian Tostenson with the BC Restaurant and Food Services Association to share with their members, and is transcribed here for your information. Please remind your operators about risks associated with raw shell eggs and pooled eggs.

Reducing the Risk: Salmonella Enteritidis and Pooling Eggs

Public health has seen a recent increase in the number of people who have eaten eggs and gotten sick with *Salmonella* Enteritidis.

Salmonella Enteritidis (SE) are bacteria that can contaminate food and make people sick. Eggs are known to contain SE. These bacteria may be present inside the egg and/or on the outer shell surface of the egg. Food contaminated with SE will not smell or taste different and can only be safe to eat if cooked to a high enough temperature for enough time. Pasteurized eggs have been heat treated to kill any remaining bacteria including SE.

“Pooling eggs” refers to recipes that ask for several raw eggs to be cracked and combined together. When eggs are pooled, if one raw egg was contaminated by SE, the entire batch would become contaminated with SE from that single egg.

To reduce the risk, review your food safety plan and determine which menu items call for pooled raw or undercooked eggs. These menu items may include but are not limited to cocktails, tiramisu, tartare and dressings. Once you have identified these menu items, change the recipe to replace raw eggs with pasteurized eggs or pasteurized egg products.



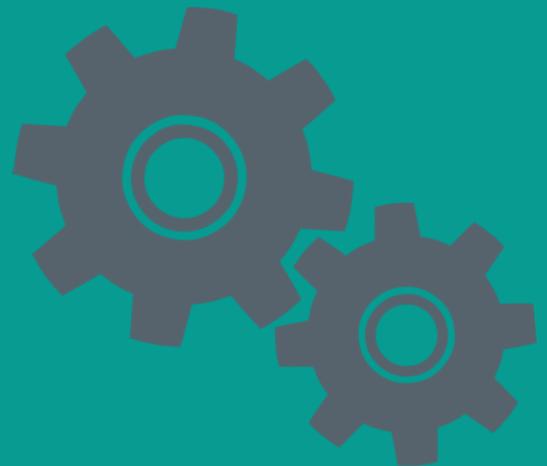
Updated Pooled Egg Guidance on BCCDC Site continued. . .

DO		DON'T	
✓	Purchase eggs from approved suppliers	X	Serve ready-to-eat foods containing raw eggs
✓	Refrigerate eggs	X	Serve beverages containing raw egg whites or yolks
✓	Replace raw eggs in ready-to-eat recipes with pasteurized eggs or Remove those menu items from service	X	Serve undercooked eggs
✓	Cook all eggs and pooled eggs to minimum time and temperature (e.g. 66°C for 1 min)	X	Store or re-use pooled eggs the next day
✓	Follow the Guideline for Pooling Eggs Safety pooled egg guidelines		

¹DeWinter, L. M., Ross, W. H., Couture, H., & Farber, J. F. (2011). Risk assessment of shell eggs internally contaminated with Salmonella Enteritidis. *International food risk analysis journal*, 1(1), 40-81.

²- BC Centre for Disease Control. Food Premises guidelines. <http://www.bccdc.ca/health-professionals/professional-resources/food-premises-guidelines>

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



“That the answer to the question: “how long has this been sitting here?” is almost always “30 minutes”. Shocking that we always show-up right at 30 minutes into temperature abuse.”

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. Let’s all share in the hilariously annoying joys of our environmental public health experiences.

Facility Classification – What is it and Why is it Important?

By Kalpna Solanki CPHI(C) BSc MBA

In September 2017, the Environmental Operators Certification Program (EOCP) launched new facility classification models for water treatment, water distribution, wastewater treatment, and wastewater collection.

Facility classification is an imperative step to determine the complexity of a facility, and therefore the level of certification needed for an Operator who works there. In addition, a great deal of information is collected during the process that can be used for generating necessary reports as well as for data mining on numerous parameters. A simple report could provide information on how many of each type of facility have been classified by the EOCP:

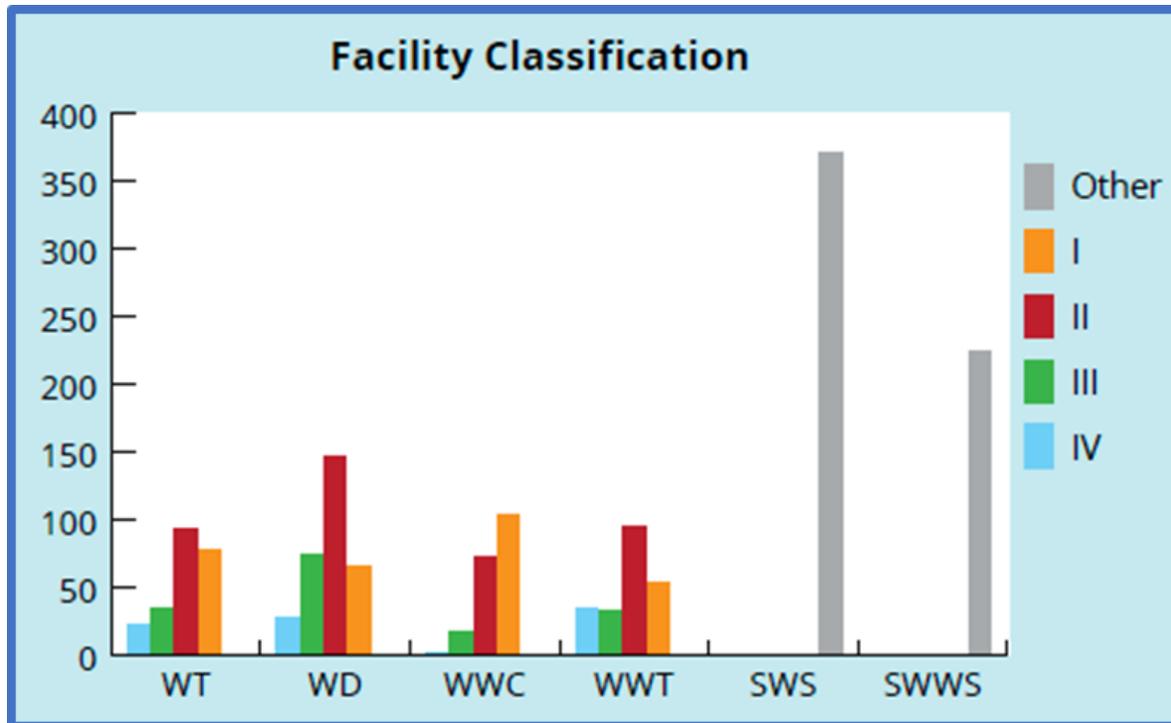


Figure 1: Facility Classification by Type (as of October 2022)

Specific reports, as needed by various government ministries or groups such as WorkSafeBC, can be generated as well. Reports we have recently generated have looked at the level of compliance to pertinent legislation, the potential of production of toxic process gases, the types of disinfectant used, as well as other data mining endeavours.

A great deal of effort was expended in the development and validity testing of the new classification models. The EOCP worked with experts from the Ministry of Health, experts from the Ministry of Environment and Climate Change strategy, as well as Subject Matter Experts who work in the water and wastewater industry.

The EOCP's classification models have been very well received and are considered to be 'best of class'. When rolling out the new models, we found that there were facilities that had undergone significant changes over the years, and some had been classified 20 years earlier, with the information on our previous database being quite unreliable. Thus, as part of the migration to the new online system, all facility classifications are set to expire every five years. In this manner, the classifications remain valid and relevant, and that Operator training and certification align more accurately.

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Facility Classification—What is it and why is it important? Continued. . .

Some recent changes to the CRM advise you right away on whether a facility’s classification is valid, and if the facility has an appropriately certified Operator at the facility:



Figure 2: Facility Classification and Operator Status

A facility can apply to reclassify at any time by selecting ‘Request Re-classification’ from the ‘Action’ tab on the facilities homepage. The EOCP’s Technical Specialist, Chandana Sundar, is advised by the system when a re/classification has been completed.

It is also recommended that any new facilities planned undergo preclassification. This enables the organization commissioning the work to determine the level of the classification early on in the process. With the ongoing Operator shortage, especially those at higher levels, there is potential that a facility with a high preclassification could have some design changes made resulting in a lower level of classification. This makes the hiring of an appropriately certified Operator easier. The cost for preclassification is \$50.

Whilst the legislation is somewhat vague in terms of classification of Small Water Systems and Small Wastewater Systems, the EOCP’s recommendation is that these systems are also classified.

The EOCP has in place a ‘Communication Process’ whereby it works with government agencies to increase adherence to the regulations. The infographic for this process with the Health Authorities outlines its steps:

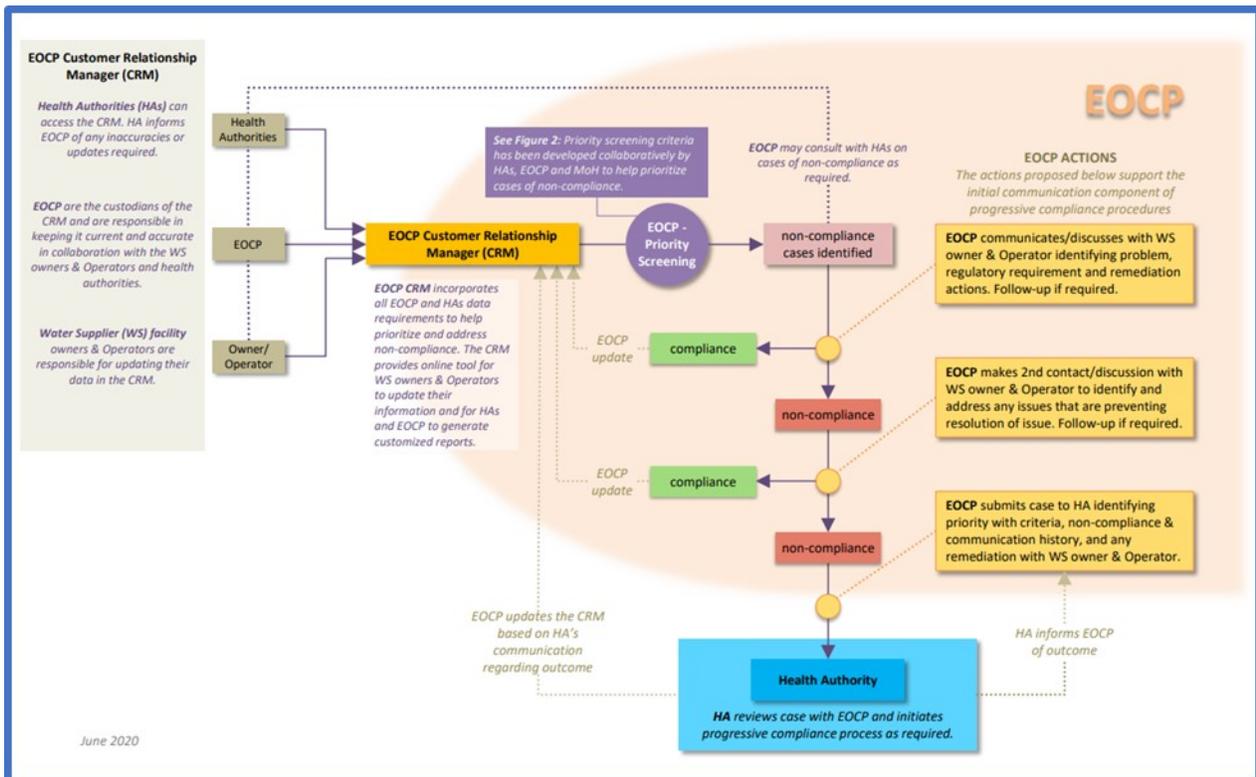


Figure 3: EOCP and Health Authority Communication Process

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Facility Classification—What is it and why is it important? Continued. . .

The communicate as well as the infographic for the process can be found at <https://eocp.ca/eocp-ha-communication-project/>

Facility classification and the requirement for appropriately certified Environmental Operators is entrenched in the regulations for most jurisdictions across Canada. Ongoing work on these two aspects, as they relate to the protection of public health and the environment are essential.

Below are several FAQs. However, if your question is not addressed below, contact us via email at eocp@eocp.ca or via phone at 604.874.4784.

FAQs

Q: When does a facility need to be reclassified?

A: All facilities need to be re-classified every five years, or following a major system change, whichever comes first. Facility classifications expire after five years.

Q: Have the small water and small wastewater facility classification models part of this change?

A: No. At this time the small systems facility classifications remain the same.

Q: Can I complete the classification for small water and wastewater systems online?

A: No. At this time the online submission is only available to level I to IV facilities. The forms for small systems can be downloaded from the EOCP's website at <https://eocp.ca/facilities/facility-classification/> and can be submitted via email to eocp@eocp.ca

Q: How much does it cost to re-classify my system?

A: There is no cost to reclassify Level I to IV facilities as the cost is covered in the annual facility fees. For small systems, the reclassification fee is \$100.

Q: Can re/classifications be completed online?

A: Yes. Level I to IV facility classification is completed through the CRM <https://crm.eocp.ca>

Q: Who can re-classify a facility?

A: Through the CRM, only the person designated as chief operator or person in charge may apply and complete the reclassification process.

Q: Can classification levels be disputed?

A: Yes, the dispute email can be sent to our Technical Specialist, Chandana Sundar at csundar@eocp.ca

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

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.



HEALTH INSPECTOR Volk steps gingerly on the job

Lurking near sewers is this lady's job

Riddle: What motivates Gundie Volk, an attractive 21-year-old woman, to spend most of her working day lurking around sewer lines and in the kitchens and restrooms of local restaurants?

Answer: Mrs. Volk is a health inspector for the Northern Interior Health Unit and it is her job to ensure that the preparation of food and the disposal of waste meets provincial health standards.

One moment she may be inspecting a sewer line for proper drainage and grade and the next be studying the sanitary conditions in a local eating place.

The job is varied and, according to Mrs. Volk interesting, but hardly the type of work normally considered in a woman's realm.

In fact, the new health inspector is the first woman employed in that capacity by the health unit, but she says she is not meeting with any public resistance.

Mrs. Volk considers herself more of an educator than a law enforcer but that does not mean she will not get tough if the situation warrants.

"I consider myself a teacher teaching the public about sanitation and health," she said.

"But if we find a situation that needs cleaning up — we make the owners clean it up — it can affect the health of the public.

At the tender age of 21, Mrs. Volk has not been in the health inspection field very long. In fact, this is her first posting.

A recent graduate of the British Columbia Institute of

Technology (BCIT), she worked a summer in Kelowna as an assistant.

The health inspector claims she first became interested in health inspection when a representative of BCIT visited her high school and literally "talked her into it."

Two years and an environmental technology degree later, Mrs. Volk landed her first job in her new career.

Although it seems strange to think of a young and attractive woman inspecting sewer lines, or worse, cattle slaughtering houses, health inspection appears to be a field opening its doors to female employees.

Mrs. Volk says she was one of five girls in a class of 25 who graduated from BCIT in environmental technology.

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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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