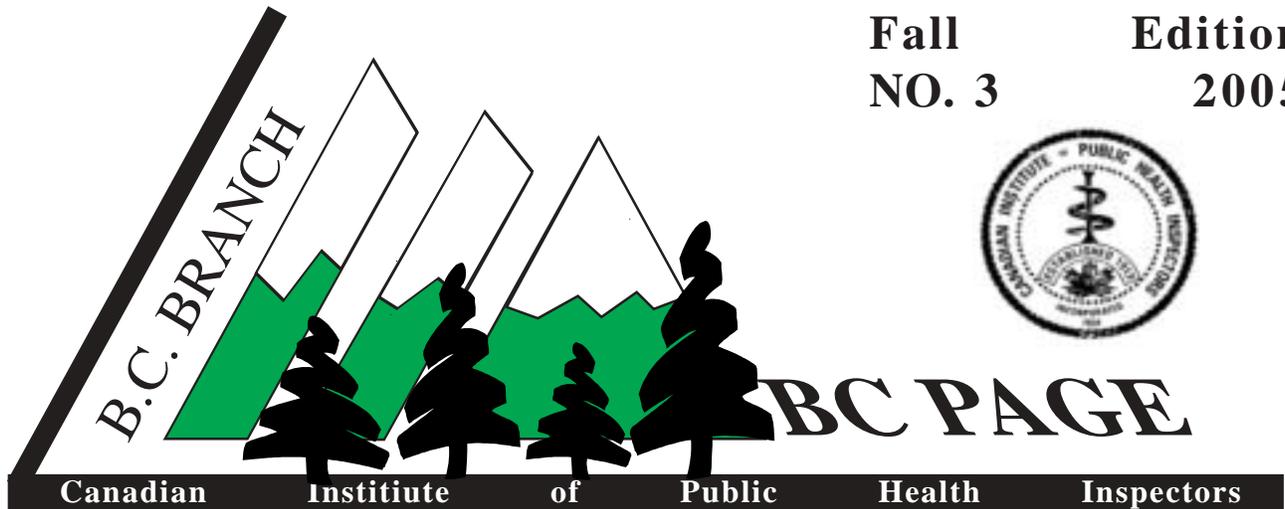


Fall  
NO. 3

Edition  
2005



# Tim Little Receives Award



Tim Little has received a Community Safety Star award from the Maple Ridge Fire Department for his actions in preventing a fire from growing and causing further damage or injury to staff and patrons of a Maple Ridge restaurant. Mr. Little was conducting a routine inspection when fire broke out. Mr. Little is a Public Health Inspector for Fraser Health Authority Environmental Health Services out of the Maple Ridge office.

Submitted by Ken Shaw. This story was originally featured in the Winter 2004 edition of the BC Page.

# BC Branch Executive 2005

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

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**The BC Page is published by and for the B.C. Branch of the Canadian Institute of Public Health Inspectors**

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## BC Branch Update: November 2005

Fall has arrived in full force and as the North Shore Mountains receive a generous dusting of snow the rains seem to make their daily appearance. As the weather forces us indoors, it allows all of our volunteers to focus on planning for social, promotional and educational events.

Our social committee has finalized our Christmas luncheon for December 7, 2005 at the Burnaby Rugby Clubhouse. Please come and celebrate the Holiday Season with your fellow colleagues and enjoy a great feast!

It is also time to start planning for Environmental Public Health Week, which runs the first week in January 2006. For those of you who are not familiar with EPHW, it is an initiative started in 2003 by the National Executive Council of CIPHI. This initiative promotes the field of Environmental Public Health and all of its professionals. The Provinces of Saskatchewan and Manitoba have proclaimed EPHW and the BC Branch hopes to achieve the same. I challenge all of you to participate in some form to promote our profession during this week. You may wish to use information displays, presentations, or involve your local media to attract attention to our profession. Contact your **BC Branch** executive for additional information. It is to everyone's benefit to increase our profile as Environmental Public Health Professionals.

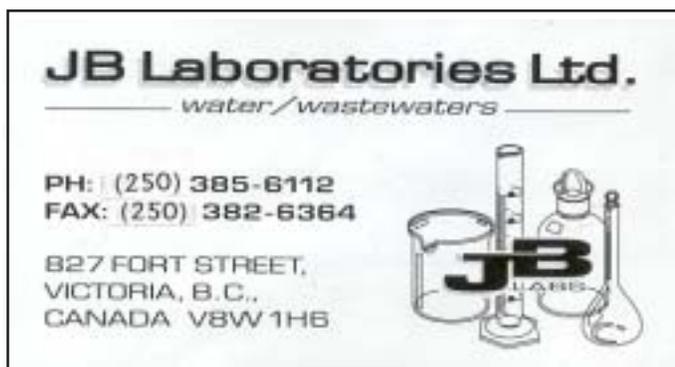
The membership committee has been busy mailing out travel clocks to all of our members as a token of appreciation. This of course was no easy task and I would like to take this opportunity to thank Lis Vallaster for her hard work and dedication. All of your efforts are appreciated!

You all will need to those travel clocks for your trip to the interior when you attend the next Education Conference at Sun Peaks in Kamloops. Again, if you have any ideas/suggestions for this conference feel free to contact the committee chairs, Salima Kassam, (salima.kassam@vch.ca) or Brent Zaharia (brent.zaharia@interiorhealth.ca).

Finally, congratulations to Vanessa Ouellette, the recipient of the Bob Herbison Award and to all students who wrote their BOC exams in October.

Respectfully Submitted,

Jasmina Egeler  
Vice President, BC Branch



Patience, Perseverance & Public Relations – Arrow Creek (Erickson/Creston) Water  
OR  
 Now Is The Winter Of Our Discontent, Made Glorious Summer By This Shining Son  
 Of York!

February 4, 1974 and September 16, 2005 are dates that will be forever linked. These represent the start and the finish of the Erickson Water Treatment System progressive compliance project. This is a project that has spanned the tenure of the former East Kootenay Health Unit, the former East Kootenay Community Health Services Society & the Interior Health Authority.

The first letter to the then Erickson Irrigation District from the Medical Health Office of the East Kootenay Health Unit was dated February 4, 1974. This letter outlined the need for EID to disinfect their water due to ongoing water quality issues. September 16, 2005 was the official opening of the water treatment plant for the communities of Erickson & Creston. The new facility and the water system are now owned and operated by the Regional District of Central Kootenay, and represents the state of the art in water treatment technology, which includes micro filtration, UV & secondary residual disinfection.



This project provided a significant learning experience in science, technology, engineering, finances, law & politics for all involved. We

advanced the understanding of water treatment for surface water in BC. We learned how and when to exploit new technologies in new ways from what was considered the standard practise in BC. To quote Lawrence Benjamin of CM2H Hill Engineering, the senior design engineer for the project – “We (CM2H & IH) did some brilliant design engineering on this project.” The project gave a better understanding of the pros & cons of the federal/provincial infrastructure grant funding program. Our interaction with the community groups through the Supreme Court experience gave us a better understanding of progressive compliance, progressive enforcement, due diligence & administrative fairness as it relates to the Health Act, the Drinking Water

Protection Act and accompanying regulations. The experience did teach us that Public Health work cannot be separated from the political realities of BC & the communities in the province.



*Left: the spillway and fish ladder*

*Article, photos and the title submitted by Don Corrigan*

The ribbon cutting ceremony was held at the treatment facility and was attended by the Board of the Regional District of Central Kootenay; the Town Council of Creston, led by His Honour the Mayor; the design engineering firm of CM2H Hill, led by Lawrence Benjamin; Zenon, who supplied the technology; the general contracting company, and Serge Zibin, Senior Drinking Water Officer – Kootenay Boundary, Dan Byron, Senior Drinking Water Officer – East Kootenay & Don Corrigan, Manager of IH Kootenay Health Protection Programs.



*Above: RDCK Board of Directors, Town Of Creston Mayor & Council, IH Kootenay Health Protection Staff*

During the official opening ceremony the Chair of the regional district board, Gary Wright, led a number of speakers in talking about the process

to get this project completed. He read letters of congratulation from Mr. Corky Evans, MLA for the area & Mr. Stephen Owen, The Minister of Western Economic Diversification Canada for the Government of Canada.

Don Corrigan was asked to speak on behalf of Interior Health. After the ribbon cutting ceremony, a tour of the new facility was lead by Robin Duvall, the EOCP Certified Chief Operator of the plant. This included the new intake works and the filtration, UV & chlorination equipment. After the tour the Regional District provided lunch to those gathered.



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## “Which way to the kitchen?”

Just as hectic days and tight budgets are part of running a restaurant in Victoria, so too are visits from the Vancouver Island Health Authority’s environmental health officers. They are guaranteed to drop by unannounced at least twice a year to make sure restaurateurs and their staff adhere to the standards that keep diners healthy. In the Capital Regional District (including the Gulf Islands) there are 12 environmental health officers tasked with patrolling the area’s many restaurants to ensure compliance with their regulations. Overseeing these inspectors is Maxine Marchenski, the senior environmental health officer with VIHA.

“I think most restaurateurs take great pride in the establishments they run,” says Marchenski. “If they are in violation of a code, it is usually something they’ve let slip over a long period of time, and would have fixed, but just never got around to it.” Inspectors usually probe the nooks and crannies of local kitchens for an average of 30 minutes, but some inspections can be as short as 15 minutes or as long as two hours. While restaurants are guaranteed at least two annual inspections, Marchenski says inspectors drop by more frequently when they receive complaints from diners who have noticed health infractions or if an establishment is known to be a repeat offender.



In the event of a complaint from the public about a food borne illness, VIHA officials are deployed the next day to check up on the offending kitchen. If they show up and find inadequate temperature controls in the kitchen, or that the food preparation area is extremely dirty, they can order the restaurant be closed. In 2004, Marchenski says VIHA health officers had to shut down between 15 and 20 restaurants for critical violations of the health code. When they shut an establishment down it is on the condition that officers will return shortly to ensure the necessary improvements have been made. Food-borne illness complaints make up a minority of the complaints they receive, while a majority concern things like cockroach sightings, hair in food or complaints about the unsanitary or locked bathrooms.

There is no financial penalty for health violations in Victoria. “The lost revenue and the lost reputation are usually enough of an incentive to improve their conduct,” says Marchenski. This has become even more imperative since VIHA began posting the results of the inspections online for all to see. However, even with the results available to the public, Marchenski admits some restaurants still test the limits repeatedly. (She wouldn’t name the repeat offenders, but a visit to the web site should clear up any confusion.)

Marchenski says that while the health officers may not be a restaurant owner’s favorite people, the relationship between health inspectors and the restaurateurs on the receiving end of the criticisms is usually amicable.

Asked whether there is an element of unfairness to ambushing normally compliant restaurants, Marchenski replied, "it may well be that we come by the one day an employee doesn't wash his hands when he comes out of the bathroom, but that could also be the day they make a room full of diners ill. That's their problem, not ours."

She says personality only plays a role in health inspections in that officers are trained to defuse any aggressive behavior on the part of restaurant owners. While some owners and managers like to follow one step behind the inspector as they make their rounds, Marchenski says most are content to get on with their day and talk it over with the inspector at the end of the walk-around.

"When restaurant owners are belligerent, there is usually a reason," she says. "If an operator is nervous, that's when we think, 'Oh, they must be hiding something'."

By Jason Yourmans, Staff Writer  
Monday Magazine, Victoria, BC

## BACTERIA & FINGERNAILS

### Abstract

Compared with other parts of the hand, the area beneath fingernails harbors the most microorganisms and is most difficult to clean. Artificial fingernails, which are usually long and polished, reportedly harbor higher microbial populations than natural nails. Hence, the efficacy of different hand washing methods for removing microbes from natural and artificial fingernails was evaluated. Strains of nonpathogenic *Escherichia coli* JM109 and feline calicivirus (FCV) strain F9 were used as bacterial and viral indicators, respectively. Volunteers with artificial or natural nails were artificially contaminated with ground beef containing *E. coli* JM109 or artificial feces containing FCV. Volunteers washed their hands with tap water, regular liquid soap, antibacterial liquid soap, alcohol-based hand sanitizer gel, regular liquid soap followed by alcohol gel, or regular liquid soap plus a nailbrush. The greatest reduction of inoculated microbial populations was obtained by washing with liquid soap plus a nailbrush, and the least reduction was obtained by rubbing hands with alcohol gel. Lower but not significantly different ( $P > 0.05$ ) reductions of *E. coli* and FCV counts were obtained from beneath artificial than from natural fingernails. However, significantly ( $P 0.05$ ) higher *E. coli* and FCV counts were recovered from hands with artificial nails than from natural nails before and after hand washing. In addition, microbial cell numbers were correlated with fingernail length, with greater numbers beneath fingernails with longer nails. These results indicate that best practices for fingernail sanitation of food handlers are to maintain short fingernails and scrub fingernails with soap and a nailbrush when washing hands.

A comparison of hand washing techniques to remove *Escherichia coli* and caliciviruses under natural or artificial fingernails December 2003 *Journal of Food Protection* Vol. 66, No. 12, pp. 2296–2301 Chia-Min Lin,<sup>a</sup> Fone-Mao Wu,<sup>a</sup> Hoi-Kyung Kim,<sup>a</sup> Michael P. Doyle,<sup>a</sup> Barry S. Michaels,<sup>b</sup> and L. Keoki Williams,<sup>c</sup> <sup>a</sup> Center for Food Safety, University of Georgia, 1109 Experiment Street, Griffin, Georgia 30223-1797 <sup>b</sup> Georgia-Pacific Corporation, Palatka, Florida 32178-0919 <sup>c</sup> Department of Human Resources, Division of Public Health, Atlanta, Georgia 30303-3186, USA <http://www.foodprotection.org/QuickLinks.htm>

Many thanks to Sion Shyng, Food Safety Specialist, Food Protection Services  
BC Centre for Disease Control for circulating this information.

# Three Die From Rabies Transmission Through Organ Transplants

July 04, 2004

Three transplant recipients have died after receiving organs from a donor infected with rabies. It's the first known case of rabies transmission through solid organ transplantation.

The organ donor, an Arkansas man, had undergone routine screening and testing, however, rabies testing is not part of the screening process.

The Arkansas man's lungs, kidneys and liver were donated. On May 4th, the donor's liver and kidneys were transplanted at a transplant center in Dallas. The three transplant recipients were later hospitalized and died from rabies.

The recipient of the lungs died in an Alabama hospital from complications during the procedure.

The CDC confirmed that all three transplant recipients were infected with a strain of rabies commonly found in bats.

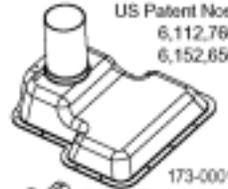
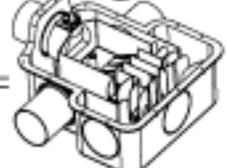
The CDC is working with all the states and hospitals involved to determine who came in contact with the donor and the recipients and who might need shots to prevent rabies.

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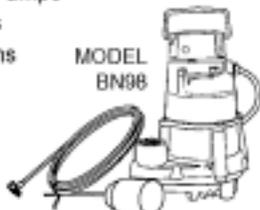
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**Wednesday December 7, 2005 at 12 PM**

*Registration starts at 11:45AM*

Burnaby Lake Rugby Clubhouse  
 3760 Sperling Street (Burnaby, BC)

*Featuring a catered roast baron of beef buffet served with a rich demi glaze, creamy scalloped potatoes, roasted winter vegetables, salad, and Yuletide desserts! Meal includes coffee and tea (alcoholic beverages not included).*

 Cost is \$20 per person 

\* Please see the Designated Representative from each Health Unit for payment by 12PM on Wednesday November 30, 2005



**SEE YOU ALL THERE IN GOOD CHRISTMAS SPIRIT!!**



*For more information or to request a vegetarian meal, please contact Joanne Lum at 604-714-5617.*

## B. C. stays West Nile free

### Virus not expected to arrive at this year: FHA

Health officials are sounding the all clear from the threat of West Nile virus in BC - for this year at least. Mosquitoes carrying the flu-like illness were expected to reach southern B.C. this year via Washington state. But it hasn't happened yet, said Randy Heilbron, the Fraser Health Authority's West Nile virus coordinator.

From a human illness perspective, there's very little chance of a problem occurring this year in British Columbia," he said. "Especially when we're looking at our surrounding jurisdictions and not seeing any activity."

West Nile-carrying mosquitoes continue to be found in California, Oregon, and Idaho, he said. Quite recently there's been some activity in Alberta and Idaho," Heilbron added, "but nothing in Washington yet. One reported case in Spokane ended up being a false positive." Heilbron said a total of 70 new human cases have been reported in primarily the mid-western US states in recent weeks. The virus can cause flu-like symptoms and in very rare cases can lead to paralysis or death. He doesn't rule out the possibility that virus-carrying mosquitoes could make a late season push into B.C. But he says it's a more remote scenario, with each passing day. "That would be an extremely unusual scenario at this point," he said. Even if the virus did arrive, he said, the late-season makes the risk to humans less serious.

"Back in the middle of August, some of the mosquitoes stopped looking for blood meals and start looking for places to hide over the winter," he noted. He said Fraser Health has been working with municipalities, urging the draining of surface water and the use of larvicides in catch basins and areas that can't be drained or aerated.

His office has also headed an active program to trap mosquitoes around the health region for testing. That work has helped map out hot spots where various types of mosquitoes are found. Of 46 species of mosquitoes in the province, just 17 are capable of carrying West Nile virus and only two species - the Tarsalis and Pipiens varieties - are the most likely carriers.

Heilbron said the regular testing of 55 traps has helped determine there were relatively few of those two key species north of the Fraser or in the eastern sub-region from Abbotsford to Hope. But south of the Fraser, it's a different story.



*Above: Randy Heilbron in his office*



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Heilbron said they've measured 3,000 of the Papiens variety and about 550 Tarsalis mosquitoes in the Surrey-Delta-Langley area, and there's thought to be a "pretty significant" numbers in Richmond as well. Even if the threat has virtually ended for 2005, he said his team will remain on alert. "We will continue to test those traps right through to the end of October," Heilbron said. Dead birds will also continue to be collected for testing. A spate of dead crows is expected to be the first visible indication of West Nile's arrival here.

By Jeff Nagel, Black Press

## FOODSAFE CONFERENCE A GREAT SUCCESS

Dr. Douglas Powell, one of Canada's top gurus on food safety issues, was the main presenter at a recent one day food safety conference in Prince George. The conference was hosted by the Northern Health Authority and held on October 21 at the College of New Caledonia. In addition, Lynn Wilcot of the Provincial Health Services Authority gave a summary on FoodSafe trends and progress plus George Church, a WCB Safety Officer, outlined some harrowing real-life kitchen safety investigations.

Dan Armstrong of the NHA FoodSafe Council stated, "the conference was excellent and well worth attending." He indicated there was, "a very informal and friendly atmosphere. We covered more than the expected risk management material and were able to ask all the questions we wanted on topics such as who is being sued for what amounts, what misinformation is being disseminated by environmental health departments and what factors are most important in successfully changing restaurateur habits."

Armstrong also indicated, "the session became interactive with Dr. Powell enjoying challenging EHO's about the professional assumptions that we all have but are not always aware of. All in all he was an active and engaging speaker that kept everyone's attention right to the end and left everyone wanting to hear him again. Who of us knew that student's desks would swab consistently higher counts than toilet seats?"

"We look forward to next year's conference and hope more people from the south will make their way up (to Prince George)", said Armstrong.

A Wine & Cheese get together was held at Sgt. O'Flaherty's the night before where there was a lot of mixing and meeting of new and old friends.

*Photo: Students and EHOs meet the keynote speaker, Dr. Doug Powell at the Wine & Cheese get together. Left to right are Dr. Doug Powell, Nita MacLean, Ben Capman, Russell Seltenrich, Jody Tozer, and Pearly Yip.*



## New Director of Public Health Protection for Calgary

“Robert Bradbury has been named Director, Public Health Protection for the Calgary Health Region. In his role, he will be responsible for Environmental Health and Communicable Disease Control. Robert has more than 18 years of management experience and has worked as a management consultant, manager of health protection and environmental programs for the Capital Health Region in Victoria and as Acting Regional Manager at the Vancouver Island Health Authority. Robert is the past President of the Canadian Institute of Public Health Inspectors as well as the International Federation of Environmental Health (North America region).



Please join me in welcoming Robert to the region in this exciting new role.

Dr. Friesen,  
Medical Officer of Health  
Calgary Health Region

Editorial Note: Rob is a graduate of the Public Health Inspection Program at the BC Institute of Technology and received his Certificate in Public Health Inspection (Canada) in 1973. In 1997 he obtained his MBA from Queens University.

## Robert L. Trerise Dies

On April 6, 2005 Robert Trerise passed away. He was born on December 8<sup>th</sup>, 1919 in Vancouver. He will be missed by his wife Winnifred, sons Randy (Janet) and Stephen (Lisa) and grandchildren Ben, Rob, Dylan, Aidan, Bridget and Rhiannon. Bob enjoyed a full and active life. He especially loved his family, music, and a multitude of sports. Bob was a founding member of the West Vancouver Senior Band and the Alley Cats. Special thanks to the staff at Lions Gate ICU for their support. In lieu of flowers, a donation can be made to the charity of your choice. A family memorial is planned for the future.

Bob received his Certificate in Sanitary Inspection (Canada) # 545 in Vancouver in 1947. He joined the Vancouver Health Department shortly thereafter and worked in various capacities as a Public Health Inspector until he retired in the early 1980s. Bob had been an active supporter of the BC Branch including a term as Treasurer from 1956 to 1958. Bob's son Steven has also followed in his father's footsteps and graduated from the Environmental Health Program at BCIT in 1992 and shortly thereafter received his Certificate in Public Health Inspection (Canada). Stephen is currently a Public Health Inspector with the Fraser Health Authority and is stationed in Port Moody.

---

# Concerns in Victoria Over Tanning Beds

Teens who use tanning salons to brown up for grad or spring break may have to do it the old fashioned way next year. The Vancouver Island Health Authority is urging regional politicians to pass a bylaw that would stop anyone under 18 from crawling into a tanning bed.

According to VIHA Chief Medical Health Officer Dr. Richard Stanwick, the practice is potentially cancer causing with no redeeming health benefits. "Tanning beds are a known cause of carcinogens - period," he said, during a free sun awareness clinic in Victoria Wednesday.

"This is a huge business, about \$5 billion a year in North America, and statistics show its growing among teen clients. The fact the World Health Organization has shifted from not recommending the practice to requesting stricter controls on it should say something."

In the U.S., an estimated 200 million Americans use tanning beds every year, of which 2.3 million have been identified as teens. The figures are even higher in Europe, where the number of 13-to-18-year-olds frequenting tanning salons has increased by a whopping 40 to 50 per cent, helping fuel concerns over the long-term consequences of UV radiation exposure.

A study released by the B.C. Cancer Agency in February found people who use tanning devices were 1.5 to 2.5 times more likely to develop non-melanoma skin cancers than those who didn't use them. The risk of melanoma - a potentially lethal form of cancer - increases by 25 per cent among casual tanning bed users and by as much as 60 per cent among year-round customers.

"I'm sure the industry will come out with its own report, but the bottom line is there's no demonstrable health benefit to tanning beds," said Dr. Richard Gallagher, a researcher with the B.C. Cancer Agency and keynote speaker during the 6th World Congress on Melanoma in Vancouver last week. "You only need a small amount of UV exposure to get the health benefits of Vitamin D, and you shouldn't be going to a tanning salon for it. There are dietary supplements."

Tanning industry representatives say there's no reason to prohibit teens from using salons, arguing responsible management of their exposure is better than sunburns. But Stanwick and Gallagher contend it's not the burns themselves that pose the greatest risk, its UV exposure, particularly for those who have a higher propensity for sun damage-related conditions.

"Individuals under the age of 18 can go outside and get a sunburn, but with tanning salons you can do it twice a week for an entire year," said Stanwick. "As many teens will tell you it takes less time to get the desired effect. The dose you get is three times greater than being in the sun."

Capital Regional District directors voted shoetly to seek the public's opinion on the issue before implementing a ban.

New Brunswick and Saskatchewan have both legislated age restrictions on tanning beds. The B.C. government is reviewing whether to apply similar laws here.

Article by Jennifer McLarty, Reporter

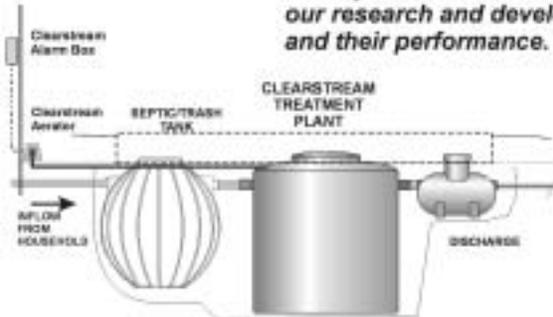
Weekend Edition  
Vancouver Island News Group

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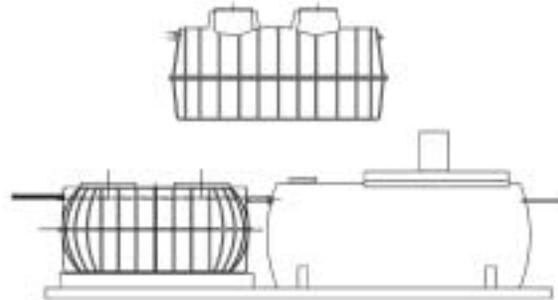


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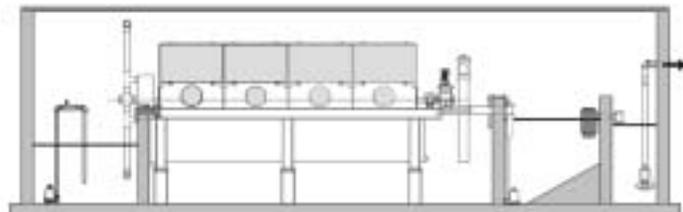


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