



ONTARIO BRANCH NEWS

FALL 1989

ONTARIO BRANCH NEWS
WINTER
Glad Tidings
CANADIAN INSTITUTE OF PUBLIC HEALTH INSPECTORS
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ONTARIO BRANCH NEWS
WINTER 1987
Your Executive wishes you a prosperous New Year and a safe holiday season.
Jane Archibart, Peter Maccio, Jacques Kadeau, Klaus Berger, John Orr, Jeff Chretien, Henry Chong, Ed Wiston, Mike Minor, Patricia Powell.
Volume IX Number 1 1987
ISSN Number 1 0710 345X

ONTARIO BRANCH NEWS
WINTER VOLUME VI Number 1 1984
ISSN Number 1 0710 345X
42nd Annual Conference
Challenges and Changes
NORTH YORK

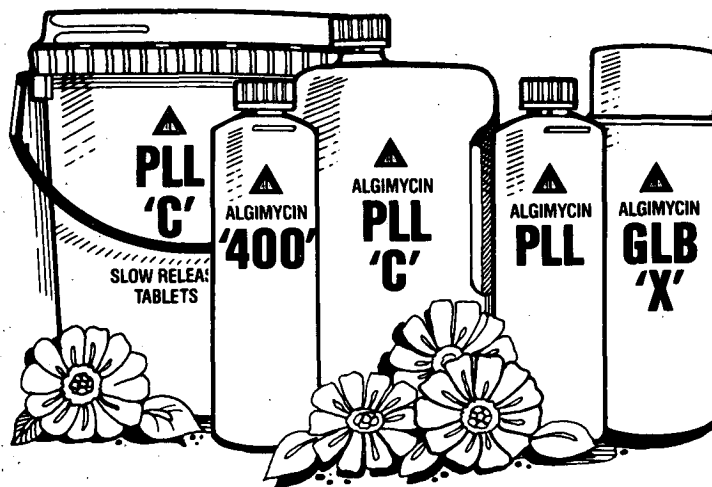
ONTARIO BRANCH NEWS
WINTER Volume V Number 1, 1983
ISSN Number 0710 345X
GATEWAY OF THE NORTH
CITY OF NORTH BAY
49th National Educational Conference
Canadian Institute of Public Health Inspectors.
Coverage of Proceedings
Including: CIPHI Policy Paper on Bulk Foods
Rabies Update in Ontario

ONTARIO BRANCH NEWS
WINTER VOLUME IV Number 1 1982
ISSN Number 0710-345X
New Horizons
HAMILTON-WENTWORTH REGIONAL HEALTH UNIT HOSTS A SUCCESS
also: Salary Survey
Annual Committee Reports
GREETINGS FROM
your Ontario Branch Executive

Volume X Number 4 1989
ISSN Number 1 0710 345X

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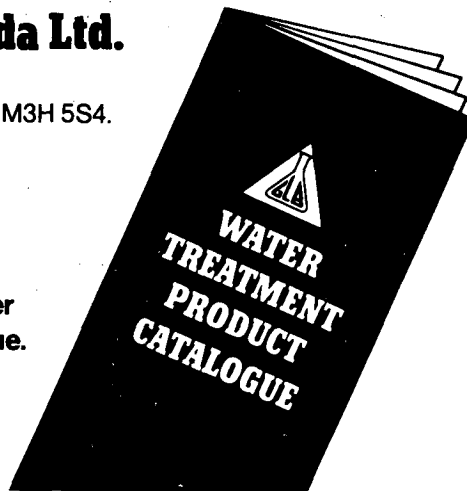
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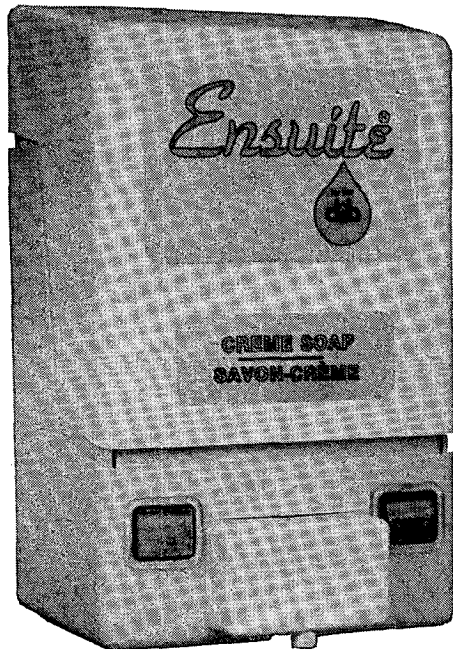


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ONTARIO BRANCH NEWS

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Article Submission Deadline for the Winter issue is Nov. 15, 1989

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THIS QUARTER:

Summer is over and time seems to pass more quickly. History has again been documented. Our 50th annual conference, held in Toronto, will have been completed and plans for next year in Thunder Bay are already underway.

Another historical event which is currently underway in our public health inspection profession is the third PHI work exchange between New Zealand and Canada. **Al Haley** who normally works with the Wellington-Dufferin-Guelph Health Unit has been working in Hamilton New Zealand since May of this year. His exchange, **Ross McNeil** is working in the Guelph office. With the advent of the 'Fax' machine and the groundwork accomplished by the first two exchanges the process for setting up an exchange has been reduced to approximately six months from 15 months. New Zealand Health Inspectors have in the past year changed their name to Environmental Health Officers. Their professional association's name has also been changed to 'The New Zealand Institute of Environmental Health Officers Inc.'. It will be interesting to see how this name change is accepted.

The annual PHI Slowpitch tournament held in Brampton this year was a resounding success. It was held on the August long weekend which prevented some people from attending due to vacation commitments. **Al Duke** and committee did a great job.

In fact, since the tournament was on Saturday there was still part of Sunday and holiday Monday left to actually have a complete normal weekend. This helped to avoid the normal 'Monday morning fatigue' which is usually experienced after a tournament weekend.

A 'Legislation Update' is featured on page 104. This article discusses recent legislation which has had third reading or is going through the approval process. It is provided for your information since some of the legislation may affect you in some way either personally or professionally. Your comments are welcome.

Useful information is presented in the synopsis of both the **Central** and **Southwestern Area** meeting. Surprisingly, no minutes from the Eastern Area and the Northern Area have been received in the past 12 months. Your colleagues in the rest of Ontario are interested in the activities of those two Areas.

Our cover again features reproductions of covers from the Ontario Branch News from the past ten years. The issues shown are: Winter Volume III No. 1 ('81); Winter Volume IV No. 1 ('82); Winter Volume V No. 1 ('83); Winter Volume VI No. 1 ('84); Winter Volume VIII No. 1 ('86); Winter Volume IX No. 1 ('87).

PRESIDENT'S UPDATE



JANE URQUHART

August 15, 1989

It has been a long hot summer here in Ontario. It appears the 'greenhouse effect' may be working right on schedule. The Tent caterpillars in cottage country did not work as diligently this year and they managed to leave enough leaves on the trees for the autumn colour change.

Unlike the tent caterpillar, the Branch has continued to work diligently during the summer in preparation for our annual meeting in September.

In preparation for this 50th anniversary meeting, I had the opportunity to review the records of the Branch from the past decades. Unfortunately, many of these records have been lost and very little historical information is on file from the early days. As a 50th anniversary commemorative, a committee headed by **Brian Hatton** has prepared a review of the Branch's workings. This review highlights the activities of many past executives. Mr. Hatton has graciously volunteered to continue this historical research with the purpose of pulling together the actions, issues and developments of the past fifty years.

As President, I was made aware of the Innovative ideas and positions past executives addressed. Many of these ideas are just now coming to fruition. The Ontario Branch has a very exciting history in the development of Public Health and of our profession. This documentation should not be lost and we must take steps to ensure our history is kept alive.

Research will play an important role in a number of Ontario Health Units in 1990. Two major projects are scheduled that will have an impact on Environmental Health.

The first is a national endeavour known as the **SHEDS PROJECT**. The purpose is to collect information on two enteric diseases prevalent across the country. Participants will include the local health agency, private and public health

laboratories and the Laboratory Centre for Disease Control. It is hoped the completion of this research will provide us with information on **E. coli 0157:H7** and **Campylobacter**.

The second national project will investigate the effectiveness of frequent inspections of food premises. The project will involve approximately 7 Health Units from Ontario, the remainder from Nova Scotia and British Columbia. The project is headed by **Dr. R. Mathias** from the University of British Columbia and **Mr. A. Hazelwood**, Director of Public Health Inspection, Province of British Columbia.

Enjoy the remainder of the summer and I look forward to seeing you at our Annual Conference in Toronto.

NEW LEGISLATION UPDATE

New Legislation has been introduced this year and are presented for your information.

In the following pages you will find a review of recent Provincial Bills. This report is meant to provide you with a short summary of the proposed legislation and an update on the status of the Bills as of June 22, 1989. To fully understand the implications of a particular Bill, the entire Bill should be consulted.

PROVINCIAL LEGISLATION

a) Government Bills, 2nd Session, 34th Legislature

DEVELOPMENT CHARGES ACT, 1989 BILL 20

This Government Bill empowers both municipalities and school boards to impose development charges against land to be developed where the development will increase the need for municipal services or school facilities.

Bill 20 received First Reading on May 17, 1989.

ENVIRONMENTAL PROTECTION AMENDMENT ACT, 1989 BILL 218

This Government Bill prohibits the making use, transfer, display, transportation, storage and disposal of specified things containing an ozone depleting substance and prohibits specified things made using an ozone depleting substance.

"Ozone depleting substance" is defined as meaning a chlorofluorocarbon, a halon or any other substance that has the potential to destroy ozone in the stratosphere.

Bill 218 received First Reading on February 16, 1989 and Second Reading on May 16, 1989. It was ordered referred to the Committee of the Whole House. Bill 218 received Third Reading on June 19, 1989 and **received Royal Assent on June 20, 1989**. It also **came into force on June 20, 1989**. Bill 218 was continued from the 1st Session by an Order of the Legislative Assembly of March 2nd, 1989.

INDEPENDENT HEALTH FACILITIES ACT, 1989 BILL 147

This Government Bill provides for the establishment and operation of independent health facilities under a license of up to five years' duration issued by the Director under the Act. The Minister of Health will decide upon the need for such a facility and will call for proposals. Notwithstanding any international treaty, preference shall be given to applications with regard to facilities run by Canadian citizens or permanent residents or corporations controlled by them. **There are provisions in the Bill for assessors and inspectors**, and for suspensions and revocations of licenses and refusals by the Director to renew or issue licenses.

The Bill restricts the right to charge facility fees to licensed independent health facilities. There is however an exemption for facilities in operation on June 2, 1988 for a one year period.

The Bill received First Reading on June 2, 1988 and Second Reading on February 22, 1989. It was referred to the Standing Committee on Social Development. Bill 147 was continued from the 1st Session by an order of the Legislative Assembly of March 2nd, 1989.

OCCUPATIONAL HEALTH AND SAFETY STATUTE LAW AMENDMENT ACT, 1989 BILL 208

This Government Bill, among other things, establishes the Workplace Health and Safety Agency and its powers including the certifying of members of the Joint Health & Safety Committees, (J.H.S.C.), adds to the duties of an employer including the establishment of a medical surveillance program, expands a worker's right to refuse work and allows a certified member of a J.H.S.C. to stop work or the use of equipment. The Bill also increases the maximum fine against a corporation to \$500,000.00.

Bill 208 received First Reading on January 24, 1989. The Bill

was continued from the 1st Session by an Order of the Legislative Assembly on March 2nd, 1989.

SMOKING IN THE WORKPLACE ACT, 1989 BILL 194

This Government Bill prohibits smoking in all areas of the workplace except in designated smoking areas, public areas, areas used for lodging and private dwellings. **Provision is made for inspections and for enforcement.**

Bill 194 received First Reading on November 30, 1988 and Second Reading on March 2, 1989. It was referred to the Committee of the Whole House. Bill 194 was continued from the 1st Session by an Order of the Legislative Assembly of March 2, 1989.

TRESPASS TO PROPERTY AMENDMENT ACT, 1989 BILL 149

This Government Bill amends the **Trespass to Property Act** to provide that occupiers of premises used by the public may prohibit from re-entering, for no more than 30 days, a person whose conduct is incompatible with the public's use of the premises.

The Bill defines "premises used by the public".

Bill 149 received First Reading on June 7, 1988 and Second Reading on February 14, 1989. It was referred to the Standing Committee on Administration of Justice. Bill 149 was continued from the 1st Session by an Order of the Legislative Assembly of March 2nd, 1989.

WORKERS' COMPENSATION AMENDMENT ACT, 1989 BILL 162

This Government Bill amends the **Workers' Compensation Act**. It provides for a system of compensation to workers who are permanently impaired through a job related injury for future loss of earnings, loss of retirement income, and non-economic loss. There are certain obligations to re-instate workers after their recovery; the meanings of "disability" and "impairment" are clarified; and other matters are dealt with.

The Bill received First Reading on June 20, 1988 and received Second Reading on November 23, 1988 and was referred to the Standing Committee on Resources Development. Bill 162 was continued from the 1st Session by an order of the Legislative Assembly of March 2nd, 1989.

b) Private Members' Public Bills, 2nd Session, 34th Legislature

ANIMALS FOR RESEARCH AMENDMENT ACT, 1989 BILL 190

This Private Member's Bill prohibits the use of animals in non-medical experimentation involving the Draize Eye-Irritancy Test or the Classical LD50 Acute Toxicity Test and similar tests.

Bill 190 received Second Reading on December 8, 1988 and was referred to the Standing Committee on Resources Development. Bill 190 was continued from the 1st Session by an Order of the Legislative Assembly of March 2nd, 1989.

DEAF PERSONS' RIGHTS ACT, 1989 BILL 143

The purpose of this Private Member's Bill is to ensure that deaf persons are not discriminated against by reason that they are accompanied by hearing ear dogs that are used by deaf persons as guide dogs. **The Bill extends to deaf persons with guide dogs the rights now enjoyed by blind persons with guide dogs under the Blind Persons' Rights Act.**

Bill 143 received First Reading on May 26, 1988 and Second Reading on June 16, 1988. The Bill was referred to the Standing Committee on Social Development. **Bill 143 was continued from the 1st Session by an Order of the Legislative Assembly of March 2nd, 1989.**

EMPLOYMENT STANDARDS AMENDMENT ACT, 1989 BILL 28

This Private Member's Bill amends the pregnancy leave

Continued on next page.

provision of the Act and adds provisions regarding paternity leave and adoption leave. The Bill reduces the minimum period of employment required for eligibility for pregnancy leave from 12 months and 11 weeks to 6 months.

Bill 28 received First Reading on May 25, 1989.

HERITAGE DAY ACT, 1989 BILL 7

This Private Member's Bill designates the third Monday in February as a provincial holiday named "Heritage Day".

Bill 7 received First Reading on May 4, 1989 and Second Reading on May 25, 1989. It was referred to the Committee of the Whole House.

MUNICIPAL SMOKING BY-LAW AUTHORIZATION ACT, 1989 BILL 157

This Private Member's Bill enables the council of a municipality to pass by-laws respecting smoking in the workplace and in enclosed indoor areas that are open to the public. **Inspectors may be appointed by the municipality to enforce the Act.**

Bill 157 received First Reading on June 15, 1988 and Second Reading on November 10, 1988. It was referred to the Standing Committee on Social Development. **Bill 157 was continued from the 1st Session by an Order of the Legislative Assembly of March 2nd, 1989.**

ONTARIO ENVIRONMENTAL RIGHTS ACT, 1989 BILL 13

This Private Member's Bill gives any person the right to bring an action in the Supreme Court of Ontario for the protection of the environment. The Bill provides for public

notice and review of certain approvals, permits and orders before they come into force. **The public may also be given access to information relating to environmental decisions.** The Bill provides for a fund to be set up to give financial assistance to persons and public interest groups that would not be heard otherwise.

Bill 13 received First Reading on November 9, 1987 and Second Reading on December 10, 1987. It was referred to the Standing Committee on Resources Development. **Bill 13 was continued from the 1st Session by an Order of the Legislative Assembly of March 2nd, 1989.**

Copies of the **Provincial Legislation** may be obtained for a small fee from: Ontario Government Book Store, 880 Bay Street, Main Floor, Toronto, Ontario. Telephone Number: (416) 965-2054. Toll Free Telephone Number: 1-800-268-7540

Mail Order Service is available from: Ministry of Government Services, Publications Ontario, 880 Bay Street, 5th Floor, Toronto, Ontario, M7A 1N8. Telephone Number: (416) 965-6015.

Information regarding the purchase of **Federal Legislation** may be obtained from: Canada Government Publishing Centre, Supply and Services Canada, Ottawa, Ontario, Canada, K1A 0S9. Telephone Number: (819) 997-2560.

Questions or comments on this report are welcome and should be directed to the editor or the President, Ontario Branch.

**ARE YOU
MOVING?**

If you have or intend to move and change your name or address make sure you let the Institute know. Contact Elan Associates, P.O. Box 5367, Station F, OTTAWA, Ont. K2C 3M1; Jacques Nadeau, Ontario Branch Sec-Treas, 21 Tweedsmuir Dr., North Bay, Ont. P1A 2V3; Editor, Ontario Branch News, Box 687, Clinton, Ont. N0M 1L0. Note: the change of address cards can be obtained at your post office, and the only cost to you is a postage stamp. If you want all the info and publications from your Institute keep the above informed.

AWARD FOR 100% MEMBERSHIP

GET STARTED NOW!!! The Ontario Branch will again be making an annual presentation in recognition of 100% membership. The award is in the form of an engraved wall plaque, a copy of which will be displayed the week of the conference for presentation at the Presidents' Banquet. I will contact each Health Unit that will be receiving these awards prior to the conference to arrange for a representative to accept it on behalf of your unit. Thank you for your co-operation.

MIKE MINOR

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Health Unit Happenings

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For further information, please contact John Gould or Maureen Schulte at the Ottawa-Carleton Health Department (613) 722-2200.

Correspondent: AUDREY DOWNER,

Peel Regional H.U. hosts

successful Slowpitch tourney

Al Duke chaired the committee that hosted the 1989 CIPHI Ontario Branch Slowpitch Tournament. Al reports that it was a successful weekend.

The championship of the tournament was won by the Niagara Region Health Unit over the Leeds Grenville Ottawa entry. The consolation event was won by Etobicoke over the team from North York.

George Matsumura from North York was named the most valuable male player. Nancy Gemmill for the Leeds Grenville Ottawa team was named the most valuable female player of the tournament.

Congratulations to the winners and thanks to Al and his committee.

EXECUTIVE AT AREA MEETINGS

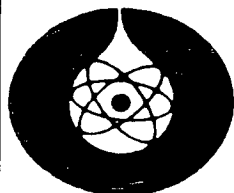
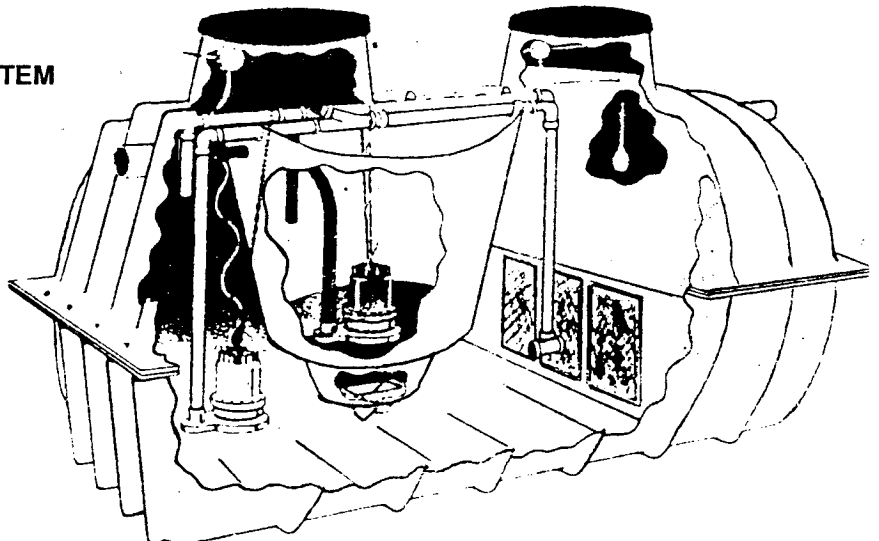
Any 'AREA' of the Ontario Branch who wish an executive member to attend any of their meetings, to comment on Branch business or any other reasons, please contact Mike Minor, Chairperson of the Membership and Area Meetings committee. Mike may be contacted at the Niagara Regional Health unit.

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SOUTHWESTERN AREA MEETING

by **KIMBERLY McDERMOTT**

The spring Southwestern area meeting was held on June 14, 1989 at the University of Guelph.

Attendance:

Haldimand-Norfolk	1
Halton	4
Hamilton-Wentworth	14
Niagara	2
Peel	3
Ryerson	2
Scarborough	2
Toronto	3
Waterloo	5
Wellington-Dufferin-Guelph	2
Total	38

GUEST SPEAKER: Mr. Peter Willmott
Director of Halton Regional Health Unit

Peter Willmott presented information regarding the exchange program called "Africa 2000" in which he participated. This program has been set up by the Federal, municipal governments and other agencies to aid urban communities in Africa with regards to skills, materials and equipment and services. The areas which were found to be lacking are: financial management, planning and development, public health (health education) and public works (waste management, sewerage and garbage).

Items that Canadians take for granted are often lacking in African urban centres. Lack of equipment and parts can have detrimental effects on a community with only two ambulances.

Due to lack of control in urban planning it is common practice for squatter homes to be built directly around garbage landfill sites or sewage lagoons. Although there are highly educated people in government who have the ability to create programs to alleviate problems, the financial backing is lacking. Peter's lecture and slide presentation were very informative.

BUSINESS MEETING:

Secretary-Treasurer's Report: The Minutes of the fall meeting were accepted by the members.

The starting budget for 1989/90 is **\$249.69**.

President's Report: Peter Moccio spoke to the group on behalf of Jane Urquhart. He complimented the in-service which was held in Guelph, mentioning that it was well organized and informative.

He up-dated members on Ontario Branch happenings. Future conferences will be hosted by Thunder Bay in 1990, Hamilton in 1991, no bids for 1992 and London 1993.

Elections for Institute positions are being held. Two people are running for President.

Input is required from the Institute members in order to improve the News Letter.

Jane Urquhart attended the Northwestern Area Meeting and received an update on the 1990 Conference to be held in Thunder Bay.

Peter Moccio addressed the members regarding the Resolution that was sent to the Institute concerning hiring persons other than P.H.I.'s to work on Part VII. Peter suggested that each Health Unit check their contracts and if there is not a clause indicating that only P.H.I.'s are to participate in Part VII programs add this section when contract mediation occurs. Peter also suggested that the Ministry of the Environment be approached. Members accepted the Institute's stand on this resolution.

C.I.P.H.I. Conference Update: Trish Powell updated members on the conference which is to be held on Toronto the week of September 10 to 15, 1989. Information brochures were given to the members. The conference will consist of participatory workshops where input will be implemented into programs.

O.P.H.A. Conference Update: Frank Shimoda updated members on the O.P.H.A. Conference which will be held in Hamilton on November 19 to 20, 1989. This is the first O.P.H.A. Conference in Hamilton and it will aid in revising the mandatory guidelines.

Membership Update: Mike Minor answered questions raised about membership dues.

Question #1: Can membership dues be paid on the anniversary date?

Answer: No. Due to administrative costs, the membership fee should be paid in the first three months of the new year.

Question #2: Why is there a charge for a replacement receipt?

Answer: Due to administrative costs, a fee is charged for a second receipt.

HEALTH UNIT UPDATE:

Wellington-Dufferin-Guelph: The Health Unit is participating in an exchange program with New Zealand. Al Haley is working in New Zealand for ten months. Ross McNeil is his replacement and he will be attending the next meeting.

Waterloo: Two new staff members have been hired: Jane Urquhart and John McAlister. A summer student has also been hired.

Hamilton-Wentworth: There is now a staff of 21 people. Ray McCabe has recently been hired. One of the new staff, Nancy Wilson, is the recipient of the Alex O'Hara Award of Excellence.

A two year water quality survey has been conducted in Dundas. The findings of this survey will be published.

Halton: A new Staff Inspector has been hired. Two students have been hired for the summer. Ray Chong has been accepted by McMaster into the Occupational Health and Safety program. A new position will be created for a Health Education Occupational Health Co-ordinator.

Peel: A blood study has been conducted in areas with high lead emissions. The Ministry of the Environment will be testing soil, and soils with lead greater than 1,000 ppm will be removed. P.H.I.'s will be enforcing smoking by-laws in the City of Mississauga. The Unit is also looking into salad bar guidelines.

Haldimand-Norfolk: A new Inspector has been hired. Seven students have also been hired. A lakefront survey will be conducted.

Ryerson: Ingrid Staaf, a fourth year exchange student from Sweden, was introduced. Ingrid is conducting a study on the control of Salmonella in livestock. A distant education program is in place. A degree can be completed off-campus. Ryerson has now been designated as a University.

Niagara: Ed Meyers has retired and his retirement party took place on June 26th.

Scarborough: The Health Unit has a new addition to staff. The area meeting was successful and 55 people attended. The unit is in the planning stages for an inservice of soil analysis and hydrogeological studies.

Toronto: There is a position open for a Manager.

ELECTION:

John McAlister was nominated and elected as the new Chairperson. Motion: Ron Zinkewich; Seconded: Sandra Francis.

CONGRATULATIONS - John McAlister! and THANK YOU Sandra Francis for your participation as Chairperson.

TREASURER'S REPORT - June 14, 1989

Balance Forward	\$152.59
Revenue from June 14, 1989	700.00
TOTAL:	852.59
LESS: Expenses: June 14, 1989	602.91
TOTAL	\$249.68

CENTRAL AREA MEETING

by JANE SHIMIZU, Chairman

Business Meeting, May 30, 1989

MINUTES OF LAST MEETING accepted - motion by Mr. Henry Chong, second by Ms. Patricia Powell.

Business meeting of November 28, 1988: Item #7 - Mandatory guideline of Core Program completed April 1989; Item #14 (ii) - Executive committee is working on information tear off sheets. Will be completed for the conjoint conference which will be held in Toronto, September 1989.

ONTARIO BRANCH CIPHI(C) EXECUTIVE MEETING held on May 27-28, 1989 at the Westbury Hotel, Toronto. Review given by Ms. Patricia Powell on:

- a) Inservice at the University of Guelph "Public Health Inspectors and the Law" June 13-15, 1989;
- b) Upcoming conjoint conference which will be hosted by both National and Ontario Branch. Please note that this is the 50th anniversary for the Ontario Branch.

SPECIAL THANKS given to Central Region past Chairman, **Ms. Linda Raud** and past Secretary-treasurer, **Ms. Marjolin Pritchard**, for a terrific job done in 1987-1988; given to **Mr. Henry Chong**, Ontario Branch Councillor for ideas and support during the planning of the spring 1989 Central Region Educational Inservice.

SECRETARY-TREASURER'S REPORT: 672.27 balance in account.

REPORTS FROM CENTRAL REGION HEALTH UNITS

Durham - not in attendance

East York - presently are implementing the R-DAP system

Etobicoke - **Mr. Howard Schaub**, retired

- **Mr. Wayne Pollock**, new director

- **Mr. Jim Chan**, new senior inspector

Muskoka-Parry Sound - not in attendance

North York - not in attendance

Scarborough - presently looking at implementing the new mandatory guidelines

Toronto - **Mr. Ted Whiteside**, retired

- **Mr. Doug Fralick**, retired

City of York - not in attendance

York Region - division of environmental services and public health inspection

- **Mr. W. H. Burns**, environmental services director

- **Mr. Art Anderson**, public health inspection director

- **Mr. Philip August, Mr. Harvey Bones, Mr. Tom Willins** new supervisor of public health inspection

- **senior inspectors** deleted from union contract, to be replaced by grade II inspectors

- completion of goals, objectives and activities to meet 1989 mandatory guidelines

- presently working on new policies and procedures to meet those goals, objectives and activities

OTHER BUSINESS

Mrs. Norine Louie reported that there are now 42 health units/departments due to the amalgamation of Grey-Owen Sound Health Unit and Bruce County Health Unit to form the new Bruce-Grey-Owen Sound Health Unit.

Mr. Tim Sly, Director, School of Environmental Health, Ryerson, reported that distance education has received final approval from Ryerson. Those who wish to complete their

degree on a part-time basis, please contact Mr. Tim Sly for more information 979-5154.

Meeting adjourned - motion by Mr. Henry Chong, second by Ms. Patricia Powell.

Following is a summary of the presentations made by the guest speakers to the delegates of the Central Area Meeting, May 30.

IDENTIFYING AND REACTING TO DISASTERS

Presented by: Ms. Fran Perkins

Mr. Winston Miller

Both have personal experience in disaster planning.

Steps following a disaster:

1. people must be removed from danger; have emergency crews ready for evacuation; plan for accommodations; public health department role: advise on emergency situation.
2. shelter - where to go
3. nutrition (food/water); how are they going to be fed? clean water supply?
4. emotional support - finding relatives
5. control of potential secondary outbreaks eg. immunization, chlorination.

Success of a disaster follow-up depends on the infrastructure eg. enough shelter, water, sanitation, population immunization, family planning prior to a disaster.

Nicaragua - Ms. Fran Perkins

- war, economic disaster

- large population of young children, immunization good due to mass movement since 1979 revolution

- infant mortality 140/1,000; most caused by water borne diseases; 80% die due to dehydration/diarrhea

- lack of infectious control

- health services run primarily by volunteers

- health education is mainly done through road side skits (psycho drama), pictures, simple literature. We can learn from this since we have a lot of immigrants

- 90% of the population do not have access to a potable supply of water

- serious rabies problem exists

El Salvador - Mr. Winston Miller

- earthquake disaster

- people who suffer the most in a disaster are the poor

- realization is that these people were always suffering regardless of a disaster occurrence

- problem of the poor? no access to health services

- What can be done? Mr. Miller met with the Faculty of Medicine (University of El Salvador) - arrangements made to have second year students (nurses, P.H.I.'s, doctors) do training in the community to aid the population

Jamaica - Ms. Fran Perkins, Mr. Winston Miller

- hurricane disaster

- water supply was trucked in

- provided credibility for funds, assistance for reinforcement and moral support

- had good communication in place, street to street messages

- found that prior to the disaster there was a lack of fresh fruit, dehydration in infants (chronic problem)

- these chronic problems can be identified and addressed during a disaster follow-up

continued on next page

What can we learn from these disasters?

- simple solutions are best
- low technology, keep it simple, clear communication at a low cost
- build a strong infrastructure
- know your area and the potential problems that may occur
- local area persons must take the lead during a disaster

AIDS AND PUBLIC HEALTH INSPECTION (WORKSHOP)

Presented by: Ms. Colleen Alexson
Ms. Chris Pascoe
Ms. Karen Hoare

People in attendance were divided into four groups. Each group was provided with a poster thermometer. The thermometer was divided into three risk categories (high, medium, low). We were asked to segregate a set of activity cards into the appropriate risk categories.

Immediately following, a video tape was shown, "Aids - the work place facts", produced by the Canadian Labour Congress and Canadian Public Health Association.

Discussions followed regarding the placement of the activity cards.

Time was allotted for each group to re-arrange the activity cards after seeing the video tape.

Discussions headed by our guest speakers followed regarding the placement of the activity cards into the different risk categories.

The three most common modes of transmission of the Aids virus are: 1. sexual; 2. intravenous drug use; 3. birth from a mother who is HIV +.

CDC weekly publications usually has the latest updates on Aids and preventative measures to take.

Discussion - sharing of personal articles such as razors should be discouraged. Recommend that disposable type razors be used and that they be restricted for individual use only.

Discussion - intravenous drug users should be encouraged to use disposable needles only once (shown how to disinfect needles properly).

Concern for embalmers - advise to use universal precautions as outlined in their manual, regardless of the cause of death.

PUBLIC HEALTH ISSUES AS IT RELATES TO AIDS

Presented by: Mr. Fred Ruf

Aids is not classified by risk group but by risk behavior, this includes injections (drug use), homosexual and bi-sexual practices.

Sixty per cent (60%) of Aids cases are living in Ontario. Twenty-five per cent (25%) of Aids cases are living in Toronto. This is possibly due to the availability of health care resources in Toronto.

The difference between Aids positive and HIV + is: 1. Aids persons are symptomatic, all cases are reportable to the Federal Government; 2. HIV + persons are those who test positive with the HIV antibody, they can be asymptomatic for up to 10 years.

In Amsterdam and London, England there are legalized needle exchange programs. N.Y.C. legally cannot have a needle exchange program. One does exist though. This premise also provides a counselling service.

In the U.S. in 22 states, HIV + cases are now reportable. Two years ago HIV + cases were not reportable.

Children born to a woman HIV + have a 50% chance of becoming HIV +. Most children born HIV + do not live past 2 years of age.

Race/Ethnicity of Mothers of Cumulative Cases, May 1989 (positive HIV births - 454) in N.Y.C.: Category - Black 258; Hispanic 152; White 42; Other 2; Total 454.

It is not unusual to get a 20% increase of HIV + cases per year, therefore education and a needle exchange program are critical to the prevention and spread of HIV.

Aids is the single most political issue encountered in Public Health. Public Health can do no more prevention than any other institution. Public Health is challenged by the current

political process and the Aids disease itself.

Controversy: Board of Health, City of Toronto recently adopted a policy on anonymous testing. This challenges the issue of reportability to the MOH. With anonymous testing, partner notification and counselling contacts will not be required. Is anonymous testing even necessary? Public Health track record of confidentiality has been excellent!

Controversy: Who should be tested? With or without consent? I don't think so! Why? How would you justify a positive finding? Pre, post and partner counselling will be required. This is a major issue and a major problem. Currently there are no linked records kept. Why? It is possible that the contacts are not HIV +. Contacts don't want to be associated with Aids cases by name. Therefore, contacts' are given risk information and their file is destroyed.

At the provincial level there is the possibility of standardizing procedures.

Currently existing in Toronto is a Hassle Free Clinic - Problem? The persons are identified by numbers and files are destroyed after notification. This program is partially funded by the City of Toronto. Conflict of interest? Problem? What if a positive case is identified and this person has a wife and children? Do you just ignore this information? This has not been encountered yet but we would hope that the Hassle Free Clinic would be able to provide the person's name and address if this should arise. Public Health MUST act.

Controversy: consenting sex vs. attempted murder.

Basic concept - right to know! - is any male or female of any less value? Let them know if they are at risk.

In the last 18 months, the City of Toronto has been aiming for: - the normalization of Aids; - getting out of the political arena; - dealing with compassion and care; - Public Health Inspectors needing to take a more active role.

This may be coming fast. eg. San Francisco - newspapers print names of Aids persons who have died; printed in an open way; normalization of Aids can be achieved through awareness and education.

In Toronto there is a primary care physicians group who treat at least 90-95% of the current Aids cases.

Information access, call the Aids hot line - 392-aids.

Editor's Note: The following article "Complementary Therapies at Casey House" was provided by the York Region Aids Project Team and submitted by Jane Shimuzu.

COMPLEMENTARY THERAPIES AT CASEY HOUSE

"Complementary therapy" is a term used to describe any one of a multitude of therapies which complement one another. These therapeutic interventions work along with baseline medical care to ensure a resident's comfort and maximal health status. Complementary therapies generally embrace an holistic model of care, which significantly broadens and deepens the care options and quality of life for the resident. (An holistic model of care attempts to meet a person's needs on physical, emotional, mental and spiritual levels.)

In the Casey House palliative care setting, we are philosophically committed to using whatever therapies work, in combination or alone. Complementary therapies can be used according to the individual needs of the residents of Casey House to maximize comfort and to promote the "person-centred" loving care that is clearly a part of Casey House philosophy. Practitioners experienced in these fields will be available to residents.

Our long-range planning will make all the following therapies available at Casey House. In the following pages the resident will find a brief description of each of the therapies, according to the alphabetical index; those still being edited

ACUPUNCTURE
AROMATHERAPY
CHIROPRACTIC
HOMEOPATHY (tf)
HYDROTHERAPY
MESSAGE THERAPY
MEDITATION
NATUROPATHY
NUTRITION
REFLEXOLOGY (tf)
RELAXATION
SHIATSU
THERAPEUTIC TOUCH
VISUALIZATION/GUIDED IMAGERY

ACUPUNCTURE

Acupuncture is an ancient Chinese treatment involving the insertion of very fine sterile needles into the body at specific points. It is used by many people to control painful conditions such as headaches, arthritis and low back pain, as well as non-painful problems such as allergies and withdrawal symptoms when stopping drugs or cigarettes.

Acupuncture may be a form of treatment which Casey House residents have been accustomed to receiving; if this is the case, arrangements will be made for them to continue such treatment, as necessary, during their stay at the hospice. There may be situations where it is appropriate to use acupuncture or other related methods of treatment for pain in individual residents. In that case, physicians experienced in the use of acupuncture for pain control will be available.

AROMATHERAPY

Aromatherapy is the therapeutic use of natural essential oils. These essential oils are the extracts from flowers, seeds, roots and fruits, and give the plant its own identifying smell or aroma. Research shows that certain odours can affect our moods and behaviour; Aromatherapy treatments support this in a positive way.

There are certain odours known to Aromatherapists that can elicit relaxation, stimulate the senses or help alleviate depression. Aromatherapy can be used in the bath or by inhalation, though commonly treatments are given with massage, combining specifically chosen essential oils with the massage oil. Simultaneous absorption through the skin and through the sense of smell contributes to the overall benefit of the treatment.

CHIROPRACTIC

Chiropractic is a health care system which employs manipulation of the spine and pelvis (and, at times, other articulating joints) to restore mobility, ease pain, and stimulate the body's own balancing of function. In addition to manipulation, practitioners may use modified massage techniques and/or electrotherapy to facilitate the treatment.

For patients with AIDS, Chiropractic can offer relief from musculoskeletal pain, headaches, and fever, all commonly associated with the syndrome; as well, it can afford a sense of enhanced well-being due to its effects on the nervous system.

HYDROTHERAPY

Hydrotherapy is the clinical use of water to enhance circulation. The Hydrotherapy facilities at Casey House are designed to complement the massage therapy programme. There are two full-body whirlpool tubs which are state-of-the-art Hydrotherapy designs. The water temperature can be varied to obtain the desired reaction for different conditions.

The Hydrotherapy features of the Casey House programme will help ensure the prevention of decubitus ulcers (pressure sores). The Century whirlpool system enables the resident to be readily lifted and transferred with the utmost ease, safety and security. This highly relaxed bathing atmosphere preserves the dignity of the resident and, in turn, promotes wellness.

MESSAGE THERAPY

Massage therapy is a healing art comprised of specific

techniques designed to promote circulation, enhance lymphatic flow, and ease musculoskeletal pain. This will be available to the residents of Casey House, four hours daily, seven days a week, with treatments administered by Registered Massage Therapists.

Massage therapy can help maintain skin durability by increasing circulation and preventing tissue breakdown at pressure points over bony prominences. This therapy is also important in treating respiratory conditions associated with AIDS. Postural drainage and percussive massage can help clear the lungs. Symptoms of nausea and abdominal cramping can be allayed by massage, and a relaxed sense of well-being is enhanced by this hands-on therapy.

Perhaps the most powerful effect of the Massage Therapy programme at Casey House is simply the miracle of touch.

MEDITATION

Meditation, long practised in Eastern religions, is a system of using the mind to enable us to listen to our deeper thoughts and feelings. Through meditation, one can reach the unconscious mind, experience the peace of pure consciousness, and, perhaps, connect with spiritual influences. Physical benefits of meditation have also been proven and show the interrelationship between brain, endocrine system and immune system.

Meditation is an active process which involves a way of focussing one's mind in a state of relaxed awareness. It leads one into a state of well-being. It produces a deep relaxation which can be described as a restful emptiness. This strengthens the mind by releasing it from its usual turmoil. Spiritually it is claimed that meditation can lead to experiences of enlightenment and "at-one-ment".

NATUROPATHY

Naturopathic medicine is a system of healing - a philosophy, science, art, and practice which seeks to promote health through education and the use of natural agents and processes. Methods of healing using botanical medicines, nutritional counselling, acupuncture, homeopathy and physical therapies such as manipulation, massage, hydrotherapy, electrotherapy etc. are all encompassed in Naturopathy under the premise that the body is the healer and that these therapies assist that innate healing ability.

NUTRITION

Attention to individualized nutritional care for the residents of Casey House can make a considerable contribution to comfort levels throughout the dying process. The quality of nutrient intake has a major impact on the quality of life even in this later state.

Individual food sensitivities, health histories, digestive disturbances, etc., all play an important role in any individualized dietary program. Casey House will provide this type of nutritional care within the context of our palliative care programme.

RELAXATION

Relaxation is a distinct exercise which involves releasing body tension, quieting mental activity, calming the emotions, and withdrawing the total self from external situations. It is a mild trance state which is the first step for hypnosis, meditation and visualization. It helps one to prepare to contact deeper layers of the mind. It also alleviates the destructive effects of physical tension.

Emotional and physical tension can accelerate disease process and increase symptoms such as pain, insomnia, fatigue, loss of appetite and nausea. By practising relaxation a resident can help to alleviate stress symptoms and also regain a sense of self control in his or her life.

Residents can learn relaxation with instruction and practice. It only requires a quiet room, a friend, and/or a tape recorder - though relaxation therapists are available at Casey House when needed.

SHIATSU

Shiatsu is a Japanese form of manual therapy that uses theories and techniques more than 3,000 years old. The

treatment is based on the application of pressure with the thumbs along acupuncture lines, called meridians. This pressure stimulates the flow of energy, "Ki", in the meridians and enhances the body's natural healing abilities.

The therapeutic value of Shiatsu is widely recognized in Japan, where more than 4,000 therapists practise in private clinics and in hospitals.

A Shiatsu treatment is both pleasant and relaxing and consists mainly of a gentle application of thumb pressure along the meridians. Special attention is always given to areas which are causing discomfort and usually a whole session involves treatment of the entire body.

THERAPEUTIC TOUCH

Therapeutic Touch (TT) is a simple mode of healing or helping whereby one can effectively transfer vitalizing energy to elicit a relaxation response.

Within a palliative care situation, TT has been shown to relieve stress and anxiety, to alleviate pain, and to promote ease and comfort. It has been demonstrated to be effective in restless patients, conscious or unconscious. Pain relief, by the use of TT, can decrease the need for analgesia, and thereby enable palliative care patients to be more alert and coherent in

their waking hours.

TT derives from, but is not identical to, the laying on of hands. The difference is that TT need not involve actual touching of the patient's body, thus enabling even a very frail patient to benefit from this treatment.

VISUALIZATION/GUIDED IMAGERY

When people are able to achieve a state of physical relaxation, they have an opportunity to access deeper parts of themselves more readily. This is useful in order to implant suggestions into the conscious or unconscious mind, or to ask questions of the deeper recesses of self. At Casey House, guided imagery can be useful to:

- deepen relaxation states
- ease pain
- resolve conflicts
- heal relationships
- release resentment
- find inner peace
- "finish one's business"
- practise letting go
- encourage and ability to experience a peaceful and conscious dying process.

News from:

Canadian Standards Association

CSA/BSI/KEMA SIGN TESTING AGREEMENT

Toronto, Ontario, August 16, 1989: To assist Canadian manufacturers to export their products, Canadian Standards Association (CSA) has signed reciprocal testing agreements with BSI in Britain; and in The Netherlands, with N.V. tot Keuring van Elektrotechnische Materialen Utrechseweg (KEMA).

In the new agreements, BSI and KEMA will now accept CSA testing reports as a means for granting certification to North American manufacturers who want to export their products to European Community countries.

BSI has acted on CSA's behalf since 1950 as a testing, certification and inspection agency for European manufacturers wishing to sell their products in Canada. The CSA/BSI agreement also allows CSA to assess quality systems on behalf of BSI for North American manufacturers.

KEMA has acted on CSA's behalf since 1952 as a testing, certification and inspection agency for European manufacturers wishing to sell their products in Canada.

Similar agreements were made with the Japan Electrical Testing Laboratory (JET) and JMI Institute in Japan to facilitate the export of North American goods to the Japanese market.

Implementation of the Free Trade Agreement gave added impetus to the movement towards greater compatibility of Canadian and U.S. standards. The efforts by the members of the European Community to have common standards for a wide range of products by 1992 has had a similar effect. Already, CSA standards committees are working to develop North American standards, harmonized, wherever possible with the standards of either the International Organization for Standardization (ISO) or the International Electrotechnical Commission (IEC).

CSA, established in 1919, is Canada's oldest and largest integrated standards development, certification, testing and inspection organization with regional offices and laboratories across Canada, and affiliation with other testing and inspection agencies around the world.

CSA LAUNCHES MOBILE LAB

Toronto, Ontario, August 8, 1989: In its ongoing efforts to

streamline the certification process, Canadian Standards Association (CSA), has launched a mobile test facility, particularly aimed at helping small Canadian businesses.

"Launching of a mobile lab is further evidence of CSA's commitment to helping the manufacturing community to reach higher levels of performance and quality and to take full advantage of market opportunities," said newly-appointed CSA Chairman of the Board, Zoltan D. Simo. Mr. Simo is Senior Vice-President, Sharwood and Company, Toronto.

Initially, the program consists of a van specially equipped with testing apparatus and a mini-office containing a cellular telephone, fax machine and lap-top computer for communication with the central region office, and other electronic office equipment. The storage area in the mobile unit is climate controlled to protect the instrumentation.

Mr. Simo said that the mobile test lab was designed to be of particular assistance to small Canadian businesses. As well as doing business in urban centres, it will operate in remote areas, such as Northern Ontario. "If manufacturers can't come to us, we will provide a complete on-site testing and certification service for them," said Mr. Simo.

The mobile test lab will carry basic testing equipment that will be used to evaluate a broad range of products, including: laboratory equipment, data processing equipment, home entertainment products, lighting products, power supplies, health care equipment and environmental products.

Designed to complement existing CSA certification programs, the mobile test lab will allow all certification activities, (from evaluation and testing to certifying and labelling the products), to be completed right on the spot.

CSA, established in 1919, is Canada's oldest and largest integrated standards development, certification, testing and inspection organization with regional offices and laboratories across Canada, and affiliation with other testing and inspection agencies around the world.

For further information, contact: Allan F. Bailey, Canadian Standards Association, 178 Rexdale Boulevard, Rexdale, Ontario M9W 1R3 (416) 747-4395.

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All in all you may find it is a great place to work and live.

Send resumes and references to:

Mr. G. P. Hudgin
Director, Public Health Inspection
Hastings and Prince Edward Counties Health Unit
179 North Park Street Belleville, Ontario K8P 4P1

Huron County Health Unit

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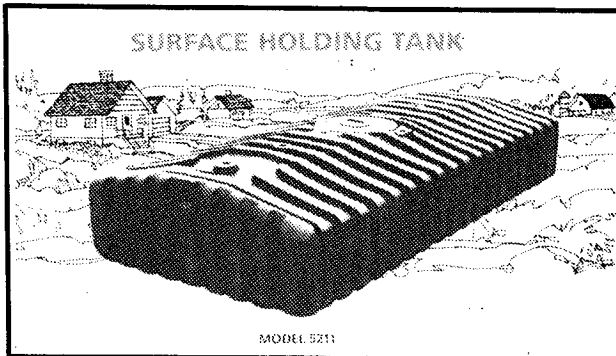
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Nationally:

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1. Providing for the training and certification of P.H.I.'s across Canada, plus those coming from foreign countries, through the operation and administration of the "Board of Certification."
2. Producing and distributing to the membership and others a professional and technical journal; the Environmental Health Review.
3. Organizing with the Branches a National Educational Conference held annually in a different centre across Canada.
4. Providing the members the right to vote, and the opportunity to hold office and take a leadership role in the field of environmental health in Canada.
5. Developing standards in the health field through participation on the National Sanitation Foundation (NSF), an agency which sets internationally accepted voluntary sanitation standards.
6. Acting as a special resource in Canada for the maintenance and improvement of personal and community health through the:
 - (a) initiation, encouragement and participation in health research
 - (b) observation and anticipation of health needs such as manpower, resources, legislation and new environmental health programs,
 - (c) development and expression of viewpoints and statements of concern on a national basis regarding important health issues,
 - (d) advancement of knowledge and exchange of information between health inspectors, those in other disciplines, industry and the public,
7. Promoting fellowship and dialogue with colleagues throughout Canada.
8. Encouraging participation of as many members as possible through the operation of the 7 Branches across Canada.
9. Distribution of information from various sources.

Provincially:

The Branches carry on the National work of the Institute at a provincial and local level. Further, through various committees and appointments they address concerns specific to the region by:

1. Providing a vehicle through meetings, seminars and workshops for discussions regarding professional, educational and employment related matters.
2. Developing briefs for submission to appropriate agencies on health related issues such as control and transport of hazardous wastes, noise, air and water pollution etc.
3. Endeavouring to initiate new legislation or bring about changes and improvements to existing acts, regulations, standards etc.
4. Providing and encouraging bursaries, scholarships and awards for deserving persons entering or practising in the field, including recognition for its members by way of recommendations for Honorary & Life Memberships in the Institute.
5. Developing community service projects in the health field for the benefit of the citizens, the Branch & Institute in general.
6. Arranging social events for members and their families such as bonspiels, golf tournaments, dances, banquets and picnics.
7. Producing and distributing information to the Branch members through minutes, flyers and newsletters as well as contributing material to the Environmental Health Review.
8. Working to raise the status and standards of P.H.I.'s through inservice and continuing education, professional development, plus participation in the field training, examination and certification process for prospective P.H.I.'s.
9. Providing a form of solidarity for the members as they jointly endeavour to meet and set new standards for the profession.



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