

1993 Winter

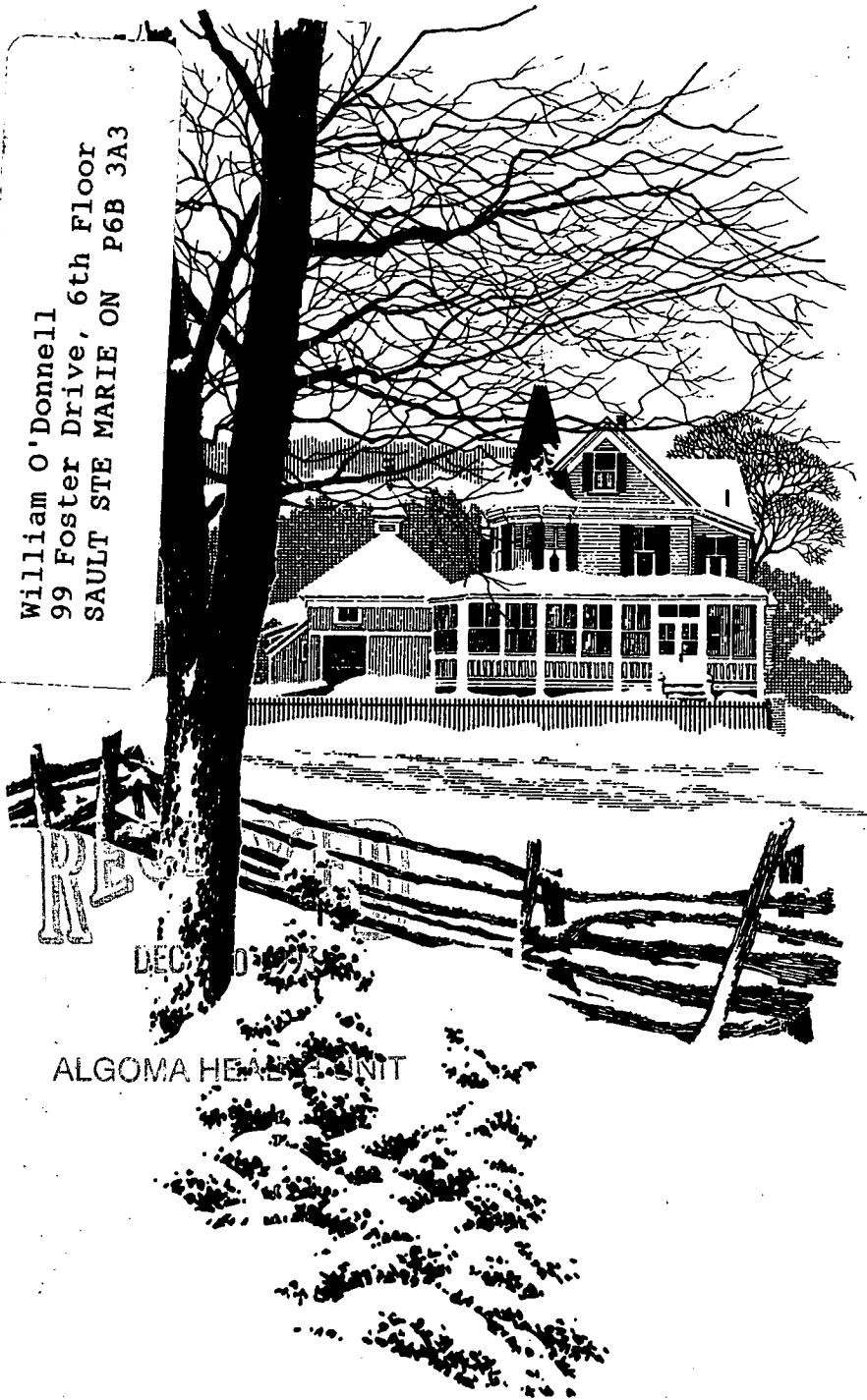


Canadian Institute  
of  
Public Health Inspectors

# Ontario Branch News

WINTER  
1993

William O'Donnell  
99 Foster Drive, 6th Floor  
SAULT STE MARIE ON P6B 3A3



ALGOMA HEALTH UNIT

**A Journal for Public Health Inspectors**

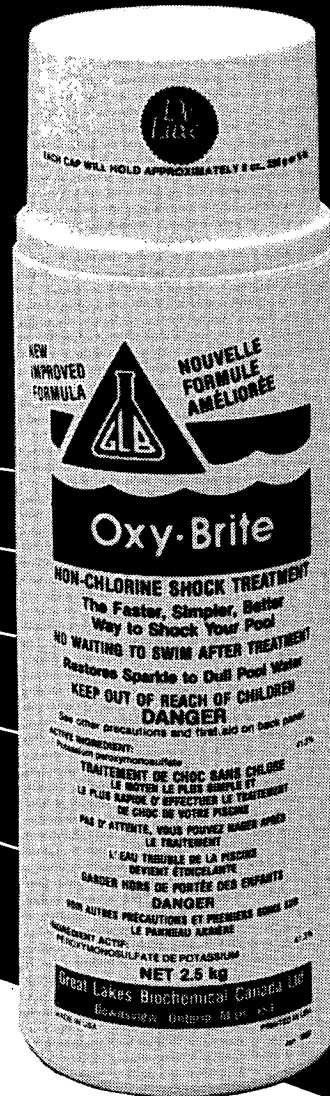
SEPTEMBER - OCTOBER - NOVEMBER  
Volume XIV Number 4, 1993  
ISSN Number 1 0710 345X

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Canadian Institute of  
Public Health Inspectors

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John Orr

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**COUNCILLORS 1992 - 1994**

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Ottawa-Carleton H.U. • 613-722-2200

John MacDonald **Western Area**  
Oxford County Board of Health • 519-539-6121

John Orr **Western Area**  
Huron County H.U. • 519-482-3416

Jane Shimizu **Central Area**  
York City H.U. • 416-394-2436

**COUNCILLORS 1993 - 1995**

Mike Gianfrancesco **Southwestern Area**  
Waterloo Regional H.U. • 519-747-2006

Donna Taylor **Western Area**  
Perth District H.U. • 519-271-7600

Tim Worton **Northern Area**  
Sudbury District H.U. • 705-869-1231

**HISTORIAN**

Bill O'Donnell **Algoma Health Unit**  
705-759-5286

**COMMITTEE CHAIRPERSONS**

**Healthy Environment Division**  
Mike Gianfrancesco

**Projects Division**  
Donna Taylor

**Regional Chapter Division**  
John Orr

**Food Division**  
Audrey Downer

**Water Division**  
Tim Worton

**General Government Division**  
John MacDonald

**Communicable Disease Division**  
Jane Shimizu

**Corporate and Community Liaison Division**  
Henry Chong

**ONTARIO  
BRANCH NEWS**  
VOLUME XIV NUMBER 4, 1993

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**Article Submission Deadline for the Spring issue is February 15, 1994.**

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**EXECUTIVE AT AREA MEETINGS**

Any "Area of the Ontario Branch that wishes an executive member to attend any of their meetings to comment on Branch business or any other reason should feel free to contact John Orr, Chairperson of Regional Chapters. John may be contacted at the Huron County Health Unit.

### ***This Quarter***

I received great news this morning - **Audrey Downer**, my friend from the Ontario Branch Executive, called to say that a new daughter had arrived. We have been calling this baby "Sydney" for months now, and "Sydney" she is. I hope to be able to print **Sydney's baby pictures** in the next issue of the Ontario Branch News.

The October 22-24, 1993 Executive Meeting was interesting. A great deal of work was done by Past President **Henry Chong** in compiling and updating branch executive binders to describe the duties of each elected position. The work was excellent Henry — on behalf of the Ontario Branch Executive — Thank you Henry.

Past President **Klaus Seeger** was able to attend and was presented with a picture point on behalf of the Ontario Branch membership for his excellent service to the Branch. Thank you Klaus.

President **Mike Reid** welcomed the newly elected councillors **Tim Worton**, and **Mike Gianfrancesco** to the table. Councillor **Donna Taylor** was unable to attend the meeting but will be received gladly at our next executive meeting on February 4-5, 1994.

If any of you readers wish to attend the executive meeting a warm welcome will be extended to you as well.

Councillor **Audrey Downer** is pleased to report that new forms are being created by the Province of Ontario, Ministry of Health to record data during HACCP audits. Audrey hopes to have the new HACCP report forms ready for presentation at the Spring Regional Chapters Meetings.

**Dan McMillan**, Assistant Director of the Middlesex London Health Unit has agreed to allow me to publish some of his work. It is hoped that you will gain from the valuable information included in Dan's articles. Thank you, Dan.

Have a safe, happy holiday season. Merry Christmas to you and a Bright Happy Prosperous New Year.

John Orr

## **Canadian Institute of Public Health Inspectors (Ontario Branch) STATEMENT OF MISSION**

To advance, promote, and uphold the profession of public health inspection and to ensure the attainment of the highest professional standards of practice for its members - and in so doing - to facilitate the achievement of optimal health for all persons who live, work or visit in Ontario by promoting excellence in environmental management through education, advocacy and research.

### **STATEMENT OF PHILOSOPHY**

#### **AS MEMBERS OF THE INSTITUTE:**

We Believe: —

1. That we have an obligation to maintain professional competency.
2. That we have an obligation to maintain the highest standards of professional conduct.
3. That we should, at all times, attempt to maintain the integrity of the profession.
4. That we should strive to ensure optimal health for the residents of Ontario through the maintenance of the highest standards of environmental quality.
5. That we should endeavour to keep the public/our employers aware of the importance of maintaining a high quality environment.
6. That all decisions made in the course of professional practice shall be based on the best available scientifically valid data.
7. That effective environmental management can only be achieved through a multi-disciplinary approach to resolving environmental issues.



from

- Mike Reid**
- Henry Chong**
- Ben Vacca**
- Audrey Downer**
- John MacDonald**
- John Orr**
- Jane Shimizu**
- Mike Gianfrancesco**
- Donna Taylor**
- Tim Worton**

## *A New Baby Girl!*

Audrey Downer a member of the Ontario Branch Executive and her husband Jean Guy Albert, a P.H.I. from the Leeds, Grenville, Lanark Health Unit are extremely pleased to announce the safe arrival of their daughter, Sydney Chantal. Baby Sydney arrived on November 9th, 1993 and was 7 lbs. 14 ounces.



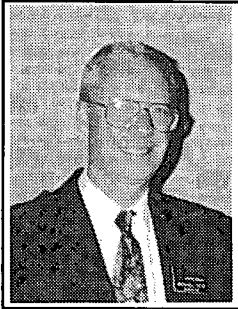
Congratulations Audrey & Jean Guy! Your executive partners are looking forward to meeting Sydney at our next executive meeting.

## **PRESIDENT'S REPORT**

### **Branch Executive Meeting**

### **October 22 - 24, 1993**

by Michael Reid, Ontario Branch President



I would like to take this opportunity to welcome **Donna Taylor** and **Tim Worton** as newly elected Councillors on the Ontario Branch Executive. Tim's area of expertise will be the Water Division and Donna will look after the Projects Division.

"Up the years there have been many reports indicating inroads upon the inspection field from other agencies. This concern is at a grass-root level since it has a direct bearing

on the employment plans and the public health programs of the local inspector.

The major concern of the individual has been fragmentation of his daily work by engineering and veterinary agencies. The paramedical aspect of public health inspection has made it difficult to protect the inspector in some ways, while it has offered a shield in others.

Despite many opinions expressed in annual meetings over the years, no real answer has been provided to the problem. It has never been possible to agree upon a job description because of the variety of services and the different assignments across the country. The changing fields of technology make some responsibilities become mundane and uninteresting, and open new challenges for changes. Some fragmentation has been at the inspectors' request.

Since no real and documented evidence exists to provide answers, one must look at view points. Does the individual really want to spend his career as a policeman with set regulations and limited scope, does he want to be an educationalist, or does he want to have a flexible working field? His view point will depend on a choice or preference for work.

Through it all, the public continues to look to the local health agency for action on any problem felt to be public health. Local governments continue to request inspection in fields that are not really healthy. In this atmosphere of "demand service" it will be obvious that "quasi-health" work will be done and will be turned over eventually to the proper agencies.

Reading the history of fragmentation, as recorded, the problem is often one of poor communication or poor definition. What was considered to be a prime invasion of authority in one area had long since ceased to be even a routine function in another. Even the Branch Committees had problems in establishing priorities on their work.

The national view point has not centered on any one specific case of fragmentation. The problem has been local or provincial. It will continue as the inspector develops. The profession is subject to envy and other agencies will make inroads, but at the same time, it must be granted that the inspector has made inroads into fields which were cherished by others."

The above comments were written in 1970 and are found in the document *Up The Years* by **Thomas E. Elliott**, C.P.H.I.(C) - A Sequel to *In The Beginning* by **Alex Cross**, C.S.I.(C), M.R.S.H., in 1961.

What struck me was the familiarity of this portion of the document and how we are trying to deal with the same things today - 23 years later. The issue of the job description and the realignment of the Branch Executive to concentrate on Mandatory Programs and those other areas as identified in our strategic plan have to a great extent been addressed. But we are still concerned about the encroachment of other agencies onto our "turf", and the loss of what we consider our "mandate".

I'm sure that unless you have been out of the country for the last 23 years or have been living under a rock all of you are quite aware of the problem. It appears that other agencies seem to have unlimited resources, manpower and the inside track to be able to take over what we would consider to be in our job description.

The question I think is obvious. What can we do about the erosion of our job base? What can we do differently that hasn't been done in the past 23 years?

Living in Northwestern Ontario puts me "out of the loop" so as to speak in dealing on a first hand basis with the powers that be in the Ministry of Health, Agriculture, various associations, Health Units and members of the Ontario Branch. All forms of telecommunications are available for communications but first hand and face to face are still best. I feel that to some extent we as public health inspectors in this province are also "out of the loop". We must renew our efforts to maintain and network more closely with the Ministry of Health, Agriculture, etc. etc. and the politicians at Queen's Park. We must also try to understand and discover the particular restraints or desires that either drive or hinder them or hurt us. Hopefully through mutual understanding and cooperation we assist in working out our mutual concerns and misunderstandings.

We, the Branch Executive, cannot do this in isolation. We will need the input of our members to assist us in turning around what some of us perceive to be a one way street. We will also require the assistance of a firm or persons who have the expertise in dealing with government agencies and in particular the Ministry of Health. One of the speakers at our Branch Annual Meeting in Niagara Falls a year ago urged us to obtain the services of such a person, for without moving in this direction we will see the steady decline in influence and position in public health.

## **1994**

# **Curling Funspiel**

**Hosted by the City of  
North York  
Health Department**  
**Public Health Inspectors' Curling Bonspiel**  
**is being held on March 19th, 1994 at the  
East York Curling Club**

**GEORGE MATSUMURA and DAVE WENZEL**  
**suggest that you set aside this weekend**  
**for a P.H.I. Social Time.**

**More information is to follow or you may reach  
George or Dave at (416) 395-7792.**

## REPORT OF THE SECRETARY-TREASURER

by Ben Vacca

The following financial statement has been prepared to show the Executive the Branch's financial activities for the period April 1, 1993, to September 31, 1993.

### APPENDIX "B"

**CURRENT ACCOUNT** Opening Balance 13,059.16

#### REVENUE

Job profile		
Food Fitness	315.00	
Drinking Water	340.00	
The PHI	00.00	
Salmonellosis	168.00	
Hep A	21.00	
Hep B	42.00	
Shigellosis	126.00	
Amebiasis	56.00	
Campylobacter	175.00	
Yersinosis	42.00	
E. Coli	126.00	
Giardiasis	119.00	
P.H.I. Personal Directory	<u>942.00</u>	
Pamphlets		2,472.00
MEMBERSHIP (1992)		
MEMBERSHIP	5,360.00	
CONFERENCE	10,000.00	
HACCP	600.00	
EDUCATION HEALTH ENV	15,000.00	
GREAT LAKES		
HEALTH EFFECTS PROJECT		720.00
ADVERTISING OBN	493.00	
SUBSCRIPTIONS	00.00	
ONTARIO BRANCHNEWS		<u>493.00</u>
<b>TOTAL REVENUE</b>	<b><u>34,645.00</u></b>	

#### EXPENSE

PRESIDENT'S EXPENSES	155.08	
SECRETARY-TREASURERS EXPENSES	600.00	
MEALS	645.27	
HOTEL	672.00	
MILEAGE/PARKING	1,068.57	
AIR FARE	382.79	
BRANCH EXECUTIVE EXPENSES		2,768.63
SEED MONEY 1994 CONF		1,000.00
CONFERENCE REGISTRATION	2,250.00	
HOTEL	3,436.28	
MILEAGE/PARKING	735.57	
MEALS	1,451.00	
AIR FARE	362.00	
BRANCH HOSP.NIGHT	<u>300.00</u>	
CONFERENCE EXPENSES	8,534.85	
ADVISORY RYERSON		58.16
MEMBERSHIP		

PROXIES		93.15
AREA MEETINGS		461.68
NOMINATIONS & BY-LAWS		511.13
HEALTHY ENVIRONMENTS		509.56
COMMUNITY & CORP. LIAIS.		337.09
GENERAL GOVERN DIVISION		000.00
FOOD DIVISION		903.01
REGIONAL CHAPTERS		10.12
CCO	000.00	
NIAGARA INSTITUTE	196.00	
POSTAGE/PUROLATOR	49.11	
MILEAGE	583.69	
INFO SHARING DAY	161.72	
MEALS	<u>83.00</u>	
PROJECTS DIVISION		1,073.52
HEALTHY ENVIRONMENT PROJECT		2,133.88
PUROLATOR		326.04
RYERSON AWARDS		200.00
POSTAGE		148.20
BANK CHARGE		18.71
GRAND AND TOY		296.54
BELL CANADA		742.89
THORELL IND.MINUTES		118.91
CCO		
OPHA		
INSURANCE BOND		
MISCELLANEOUS EXPENSE		30.00
MEALS	105.00	
MILEAGE/PARKING/TAXI	112.56	
AIR FARE	556.94	
HOTEL	<u>258.31</u>	
NATIONAL EXEC. MEETING		1,032.81
TYPING	45.00	
PHOTOCOPYING	388.12	
BINDING		
COVER	<u>144.98</u>	
ANNUAL REPORT		578.10
NATIONAL SUPPLIES		101.65
ASPHIO		78.60
HARPWOOD		534.75
COMMERCIAL PRINTERS		976.35
SIGNAL-STAR	2,069.59	
GODERICH PRINT	727.96	
NEWSLETTER	200.00	
FILM	20.44	
POSTAGE	<u>70.13</u>	
ONTARIO BRANCH NEWS		3,079.12
P.H.I. PERSONNEL DIRECTORY		1,075.16
GREAT LAKES		
HEALTH EFFECTS PROJECT		<u>700.00</u>
<b>TOTAL EXPENSE</b>		<b>30,045.32</b>

**CLOSING BALANCE  
FOR SEPTEMBER 30, 1993**

**17,599.31**

**EXECUTIVE MEETING**  
**October 22 and 23, 1993**  
**Food Division Report**  
**by Audrey Downer**

The Food Division HACCP Committee met at the Ontario Ministry of Health on September 27, 1993. At that time discussions were held with **Dr. Chuck LeBer** regarding completion of Phase I of the HACCP project and plans to begin Phase II.

Highlights of the meeting included:

1) **Fund availability** — Funds are still available from the first phase of the HACCP project and may be used to supplement funds set aside for the second phase.

2) **Form review** — Dr. LeBer agreed to make revised HACCP forms available to the Ontario Branch for possible discussion at Spring Regional Meetings.

3) **Phase II seminars/workshops** — A proposal was put forward for the Ontario Branch/Ministry of Health, to host Phase II seminars/workshops at the 1994 conference. Details of this proposal are to be discussed further, with Ontario Branch Executive members and the Conference Chairperson.

Draft Food Premises Regulations were also discussed at the September 27th meeting. Dr. LeBer stated that the Ontario Branch will be invited to comment on the final draft of the regulations when they become available.

The HACCP Committee is presently comprised of the following members:

- Audrey Downer** — Chair, Ontario Branch Executive, Food Division
- Dr. Chuck LeBer** — Ontario Ministry of Health
- Judy deGrosboir** — Renfrew County and District Health Unit
- Toni D'Ettore** — Middlesex-London Health Unit
- John Fortuna** — Hamilton Wentworth Regional Health Unit
- Siobhan Lehmann** — Ottawa-Carleton Health Department
- Donna Taylor** — Perth District Health Unit, Ontario Branch Executive, Projects Division

**Communicable Disease Division Report**  
**by Jane Shimizu**

Last meeting was held September 17th, 1993. We welcome two new members to the Division, **Ann Hujwan** - Halton Regional and **Craig Lawrie** - Leeds Grenville District Health Unit.

Tear off sheets have been reviewed and suggested changes will be brought forward at the next executive meeting.

Contacts have been made with each Health Unit to collect infection control, outbreak control, rabies and communicable disease resource lists. Line listing sheets will be sent to each contract to list resources by category (e.g.: books, audiovisual, journals, articles, handouts, pamphlets, etc.) Information obtained will be placed on a diskette for future distribution at a cost.

Questionnaires to solicit suggestions for a communicable disease education seminar and a portion of the annual conference have been sent to Directors of Health Units.

The Division anticipates a very busy 1993 - 1994.

**HEALTHY ENVIRONMENTS**  
**COMMITTEE REPORT**  
**by Mike Gianfrancesco**

(1) PART VIII — DISCUSSION WITH THE UNIVERSITY OF GUELPH AND THE MOEE HAS BEGUN FOR THE 1994 WORKSHOP.

(2) HEALTHY ENVIRONMENTS PROJECT — MANUAL DEVELOPMENT IS IN PROGRESS FIRST DRAFT TO BE COMPLETED BY MARCH 1, 1994.

**MEMBERSHIP AND REGIONAL**  
**CHAPTER REPORT**  
**by John Orr**

As of October 8, 1993, there were 408 regular members, 54 student members, 1 honorary member, and 2 new members. The total membership in the Ontario branch was 495.

The following is a membership breakdown nationally:

BRANCH	REG	STU	RET	REN	DEC	LIF	HON	NEW	TOTAL
AB	091	002	009	001	000	003	000	000	106
BC	137	031	006	000	000	000	000	000	174
MB	064	003	002	000	000	004	000	000	073
ON	408	054	024	000	000	005	001	002	495
QU	006	000	001	000	000	000	000	000	007
SK	027	006	004	000	000	002	000	000	039
ATL	066	002	007	000	000	002	000	000	077
NB	021	007	000	000	000	000	000	002	030
NF	022	001	001	000	000	000	000	000	024
OTHER	002	000	000	000	000	000	000	000	002
<b>Totals:</b>	<b>844</b>	<b>106</b>	<b>054</b>	<b>001</b>	<b>000</b>	<b>016</b>	<b>001</b>	<b>004</b>	

Total Members, All Categories 1027

**Regional Chapters**

At the Regional Chapters Chairperson's Meeting held in London on Monday, July 19, 1993 there was a consensus that more membership in the branch would be attracted if:

- a) newly certified Public Health Inspectors were sent letters of congratulations from the National President with an information package about the Branch and an application form.
- b) new members were to receive a first year reduction in the cost of membership, perhaps twenty dollars.
- c) new members were to be encouraged to become active in their branch's activities.

It is recommended that the National and the Provincial Branches will adopt these courses of action to obtain a greater number of members in the very near future.

EDITOR'S NOTE: Reprinted from Food Safety Notebook Palisade New York, July/August 1993.

## **AN OUTBREAK OF SALMONELLOSIS: From Pig Farm to Pork Butcher to Party**

Toward the end of July, 1989 (a particularly warm summer), an 11-year-old girl in northern England who had recently attended a function at a local club came down with food poisoning due to infection with *Salmonella typhimurium*. Thirty people who had attended functions in the community were reported ill in one week with food poisoning, and the outbreak ultimately involved 206 people.

It was determined that the organism responsible was *S typhimurium* DT 193, resistant to ampicillin, streptomycin, sulphonamides and tetracycline, and possessing a single plasmid of size 80 MDa.

A telephone interview with 91 *S typhimurium* cases suggested that cold meats were the vehicle of infection. A cohort study established a significant association between illness and consumption of pork products from one particular butcher's shop.

Although the shop itself was well maintained and clean, with cooked meats stored separately from raw meats, several processing problems were discovered:

- The ham and pork were cooked in a boiler for many hours, but the thermostat was not checked routinely against a thermometer reading.
- No internal probes were used to check the temperature at the core of the meat after cooking.
- One of the elements in the boiler had burnt out.
- The cooked meat was placed in a cooling bath through which cold water was run, but the supply was cut off whenever water was required elsewhere in the shop.
- The cooked ham was then refrigerated, but the pork pieces, after they had been flash roasted in a 260 ° oven for 30 to 45 minutes, were left on a bench at ambient temperature until the next day.

The investigators learned that during July 1989, all pork processed or sold at the shop had come from the same local pig farm. Pooled fecal samples taken from the farm on August 11 and a sample swab placed down a drain yielded strains later confirmed as *S typhimurium* DT 193.

The butcher's shop closed voluntarily on July 28. It was reopened after a test run to evaluate the effects of recommended new processing procedures (which included new equipment for meat cooling), and improved hand-washing facilities.

HCF Maguire et al, A Large Outbreak of Human Salmonellosis Traced to a Local Pig Farm, *Epidemiology & Infection* 110(2): 239-246 (Apr 1993) [Correspondence: HCF Maguire, PHLS Communicable Disease Surveillance Centre, 61 Colindale Avenue, London NW9 5EQ, UK].

**SUPPORT THE ONLY ORGANIZATION THAT  
SPEAKS FOR P.H.I.'S ON PUBLIC HEALTH ISSUES.  
GET A NON-MEMBER TO JOIN THE C.I.P.H.I.  
SUPPORT YOUR PROFESSION!!!**

EDITOR'S NOTE: Reprinted from Food Safety Notebook, P.O. Box 700, Palisade NY U.S.A. 10964, June 1993.

## **P.H.I. - F.Y.I. E coli 0157:H7 Outbreak from Apple Cider**

An outbreak of *Escherichia coli* 0157:H7 took place in the autumn of 1991 in southeastern Massachusetts, and the subsequent investigation by researchers from the Centers for Disease Control and Prevention implicated apple cider from one particular cider mill. The outbreak was signalled by the admission of four children with hemolytic uremic syndrome (HUS) to the same Boston hospital. A total of 18 victims aged two to 70 years were identified by January 10, 1992, at which time a public warning about the cider was issued. That warning led to the identification of five additional victims.

**Signs and symptoms.** Of the 18 initial patients, 96% had diarrhea, 87% abdominal pain, 70% bloody diarrhea, 35% vomiting, and 17% fever. Four children developed HUS; a fifth probably had subclinical HUS. There were six hospitalizations but no deaths. *E. coli* was confirmed in 22 cases.

**Exposure to the cider.** In the initial investigation, 13 of the 18 patients (72%) reported drinking apple cider purchased from the same farmstand, compared to only 16 of 49 matched controls (33%). Three additional patients later remembered drinking cider, a fourth patient (two years of age) probably had cider away from home, and a fifth patient lived with and cared for three child victims.

The smallest amount of cider consumed by patients was four ounces. No one noted an abnormal flavor, odor, or appearance to the cider, which had been kept refrigerated in all households.

**New England cider mills.** The suspect mill produced relatively small amounts of unpasteurized, preservative-free cider. Ninety percent of the apples used were "drops" collected from the ground. The apples were not washed prior to pressing, which was not unusual; an anonymous survey of 36 cider manufacturers attending a trade show in January, 1992 revealed that all used "drops", and only 12 (33%) routinely washed and brushed the apples before pressing. Four of the six large producers cleaned their apples, compared to eight of the 30 small producers.

**Apple cider as a vehicle.** The investigators inoculated the unpasteurized, unpreserved cider samples with the outbreak strain of *E. coli*. Acidity of the ciders varied from pH 3.6 to 4.0 — a level not considered potentially hazardous by the FDA. When held at room temperature of 25°C, bacterial counts declined until the seventh day, at which time they were no longer detectable. Yet when refrigerated at 8°C, slight bacterial growth occurred, and the *E coli* were still detectable after 20 days. Adding 0.1% sodium benzoate prevented *E coli* growth during refrigeration and reduced counts to undetectable levels within seven days. Adding 0.1% potassium sorbate had essentially no effect on *E coli* survival.

Continued from Page 8

Although apple cider is an unexpected food poisoning vehicle, two previous outbreaks involving cider have been reported. Victims in a 1980 Canadian outbreak suffered diarrhea and HUS highly suggestive of *E coli* 0157:H7, and a 1974 New Jersey outbreak of *Salmonella typhimurium* was linked to apples collected under trees fertilized with cow manure.

**Preventive.** Apples must be freed of debris, brushed and washed prior to pressing. Disinfection by pasteurization would ensure safety, or addition of 0.1% sodium benzoate would be very helpful. The industry must develop appropriate guidelines. In general, better detection and mandatory reporting of suspected *E coli* 0157:H7 infections are needed.

An outbreak of *E coli* 0157:H7 illustrates several disturbing trends in microbiological food poisoning, according to an editorial epidemiologists from the Minnesota Department of Health. One is the unexpected nature of the vehicle. Recently tomatoes and cantaloupes were implicated in salmonellosis outbreaks, and apple cider with its relatively high acidity seems an equally unlikely vehicle for food poisoning bacteria. Investigators are likely to overlook such foods. A second trend is the emergence of new pathogens: *Listeria monocytogenes*, Norwalk virus, and *Campylobacter*, for example, and in this case *E coli* 0157:H7. A third trend, reflecting the nature of our food distribution system, is that foodborne illnesses are apt to be sporadic and widely dispersed in the community.

These trends pose a challenge in preventing, detecting, and responding to foodborne illness. In the case of *E coli* 0157:H7, the challenge has not been met. Physicians are often unaware that it is a major cause of bloody diarrhea, and are unlikely to request appropriate diagnostic tests. Moreover, few clinical laboratories can provide these tests. Surprisingly, as of October 1992 only 11 US states required *E coli* 0157:H7 reporting, and only four states required that hemolytic uremic syndrome — an important sentinel of a larger outbreak — be reported.

The authors of this editorial detail needed improvements in education, surveillance, and response, and urge that adequate financial resources be allocated to the effort.

Richard E Besser et al, An Outbreak of Diarrhea and Hemolytic Uremic Syndrome From *Escherichia coli* 0157:H7 in Fresh-Pressed Apple Cider, *J American Medical Assoc* 269(17):2217-2220 (5 May 1993) [Reprints: Richard E Besser, MD, Centers for Disease Control and Prevention, Enteric Diseases Branch, Mailstop C09, Atlanta GA 30333]

Kristine L Macdonald and Michael T Osterholm, The Emergence of *Escherichia coli* 0157:H7 Infection in the United States: The Changing Epidemiology of Foodborne Disease [Editorial], *J American Medical Assoc* 269(17):2264-2266 (5 May 1993) [Reprints: Kristine L MacDonald, MD, MPH, Acute Disease Epidemiology Section, Minnesota Department of Health, 717 Delaware Street SE, Box 9441, Minneapolis MN 55401]

### **P.H.I. - F.Y.I.**

#### **Barrier Chemicals Help Stop Listeria**

Reprinted from Food Safety Notebook  
June 1993

*Listeria monocytogenes* is naturally present in many foods in low concentrations. The pathogen can produce the disease listeriosis, which commonly presents itself in adults as meningitis. There is concern about the concentrations of

*Listeria* in products with extended shelf life, such as commercially formulated salads and spreads. Recent research presented to the 1993 Refrigerated Foods Association Conference in Atlanta evaluated the effects of different barrier chemicals on the survival of *Listeria* in these foods.

The initial pH of the products ranged from 4.1 to 5.0. They were inoculated with *Listeria monocytogenes* and stored at both 4° and 12°C until past their recommended shelf lives. The added barrier chemicals included acetic acid, sodium lactate, ALTA 2341, lysozyme, and a mixture of sodium citrate, ascorbate and diacetate. Levels of *Listeria* declined with the addition of all the barrier chemicals to the spreads and salads, and declined most when acetic acid was increased. ALTA 2341, a microbial fermentation product, was also effective.

Claudia O'Donnell, Solving Salad Bar Listeria, *Prepared Foods* 162(6): 45-46 (May 1993)

### **WINTER DRIVING:**

#### **prepare your car for the worst**

Don't wait until the worst storm of the season to find out you should have prepared your car for winter.

The Canada Safety Council recommends that you take your vehicle to a reputable garage before winter starts, for a complete tune-up and inspection. This advice is even more important if your work involves a lot of time spent on the road.

As your garage to check the following:

**Battery** — Don't take it for granted that your battery will see you through another winter. Battery power goes down in cold weather. Get a charge, or a new battery, if you need one.

**Brakes** — Have the equalization checked. If your brakes pull you to one side, you could end up in a dangerous skid.

**Tires** — If you don't have all-season radials in good condition, put your snow tires on before the first snowfall. The Safety Council recommends snow tires on all four wheels. Check your tire pressure regularly.

**Windshield** — Check your wipers and replace them if they're cracked or worn. Make sure they have enough arm tension. Stock up on windshield washer antifreeze.

**Heaters and defrosters** — Make sure they're working as they should.

**Muffler** — Have the entire exhaust system checked for leaks. Carbon monoxide kills. Leaks are especially dangerous during cold weather driving when your windows are shut tight.

And make sure to take several important steps every day.

Always keep your gas tank full. A full tank avoids condensation, which could cause your gasoline to freeze. You'll also need it if you get stuck somewhere and have to wait for help to come to you.

Check your windshield washer antifreeze level before you head out, and clean your headlights and taillights. Road spray can easily coat your windshield, windows and lights, reducing the lights' efficiency and your all-important ability to see.

The Safety Council also recommends you carry the following basic equipment for winter driving: scraper and brush, shovel, tire chains, wedges, sand, facial tissues, spare tire, wheel wrench, tire jack, pliers, flashlight, flares, battery jumper cables, first aid kit, gasoline antifreeze and an extra set of keys.

For longer or remote trips, also make sure to take an emergency kit including matches, wide candles, an aluminum mug and pot or small heating cans, blankets, woollen mitts and socks, a warm hat and boots, rags, knife and fork, drinking water and high-calorie, non-perishable food.

# MINUTES OF WESTERN AREA MEETING

October 27, 1993

at the Clinton Office, Huron County Health Unit

Chairperson: Manuel de Freitas

Secretary-Treasurer: Mike Pape

### Attendance:

15 PHI's were present from the following Health Units:

- > Kent Chatham Health Unit
- > Huron County Health Unit
- > Middlesex-London Health Unit
- > Oxford County Board of Health
- > Perth District Health Unit
- > Sarnia-Lambton Health Unit
- > Bruce-Grey Health Unit

Manuel de Freitas introduced Jim Reffle, Assistant Director, with the Middlesex-London Health Unit. Mr. Reffle facilitated a Healthy Environments Focus Group Session with all attendance at the meeting participating.

A brief outline of the Healthy Environments was provided by Mr. Reffle. He explained that this document has been circulated in its draft form to all Health Units in December 1992 and was subsequently revised in March 1993. The Ontario Ministry of Health is supportive of the Healthy Environments manual and Trish Powell is currently working with the Healthy Environments manual steering committee at the Ministry level.

The objectives of our Focus Group was to identify the following:

1. Identify skills and competencies needed to implement the Healthy Environments mandatory programs.
2. Establish a list of skills and competencies needed by Public Health Personnel.
3. Establish and implement a needs assessment survey questionnaire to be circulated to all Public Health Units.

With these objectives in mind our members were divided into three groups where heated discussion ensued.

Mr. Reffle then facilitated a wrap up of this session and gleaned necessary information for the next step which is to establish a Needs Assessment Questionnaire for circulation to Public Health Inspectors.

Manuel de Freitas then introduced our guest speaker, Mr. Ron Hawke, of the Palmerston Public Health Lab. Mr. Hawke facilitated a discussion of the role of the lab in outbreaks and investigations and also in proper sampling techniques. Mr. Hawke reinforced a common public health theme, that of doing more with less and eliminating unnecessary and wasteful work.

### BUSINESS MEETING

Minutes of the May 12, 1993, meeting were read by Mike Pape.

Motion to accept the Minutes: Klaus Seeger

Seconded: Kathy Braet

Approved: All

Carried.

### BUSINESS ARISING FROM THE MEETING:

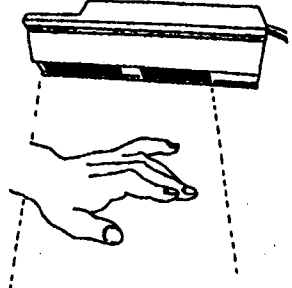
1. John Orr made a motion: to present an inscribed gift to our guest speaker, Ron Hawke; the gift not to exceed \$25.00.  
Seconded: Kathy Braet  
Approved: All  
Carried.

### GENERAL DISCUSSION

1. Klaus Seeger discussed the possibility that the Ontario Branch endorse such events as Earth Day, Health Day, and Environment Week. The feeling was that this would elevate the profile of the P.H.I. Events such as Health Unit sponsored Poster contests, etc. were discussed.
2. Klaus Seeger also suggested across Province E. coli 0157:H7 survey be undertaken.
3. John Orr related that Mike Reid, Ontario Branch President, had given his regrets that he was unable to attend our meeting.
4. John Orr also updated members present by informing us that Donna Taylor of Perth is Projects co-ordinator and that John MacDonald is Chairman of the General Government Division for the Ontario Branch.
5. A general discussion about guest speakers for the upcoming Ontario Branch Conference was held. Anyone with ideas or suggestions contact the Ontario Branch Executive of the appropriate division.

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EDITOR'S NOTE: The following article is reprinted with the approval of the author. The author, **Dan McMillan** is an Assistant Director at the Middlesex London Health Unit.

## **LITIGATION AND THE P.H.I.**

### **An Opinion Paper**

*by Dan McMillan*

"The greatest challenge facing public health inspectors today is in striking an appropriate balance between serving as educator and enforcement officer."\*

Coping with the dual, and often conflicting roles of educator and enforcer has long been a source of concern, controversy, and consternation for public health inspectors. We have received mixed messages from our training programs, supervisors and colleagues. Health units vary widely in their use of enforcement strategies as a part of their food safety programs. Some are very active; giving Orders under the Act, issuing Provincial Offence Notices and Laying Information, while others rarely if ever resort to legal action as a means of gaining compliance.

The reluctance exhibited by some Health Units, and many individual inspectors to pursue legal action can probably be attributed to one or more of the following:

- (1) Philosophical opposition to initiating legal action (PHI, Director, M.O.H. or Board).
- (2) Lack of training in technical aspects of legal action.
- (3) Lack of support for legal activities.
- (4) The perception, on the part of the inspector or the operator, that enforcement is not an integral part of the PHI's duties.

There may be other influences that I have failed to identify and I would consider any suggestions that are offered. But, at this time I will expand on the 4 noted above.

#### **(1) Philosophical Opposition**

It is my understanding that some Health Units (Boards and management) have not encouraged or have even encouraged the use of legal action in gaining compliance. This attitude then reinforces the opposition that many staff inspectors already have to enforcement.

PHIs do not want to be viewed as "police" or enforcers even though they are charged with the responsibility for enforcing much of the Health Protection Act and several of its regulations including the food Premises Regulation.

\* Page 32, Regional Municipality of Ottawa-Carleton's Internal Auditor's Report, August 1992.

I believe that this reluctance to enforce; this "philosophical opposition" extends through the health units and into the Ministry of Health and is manifested in the lack of financial and operational support for enforcement activities which will be discussed later.

#### **(2) Lack of training in legal action**

The Environmental Health course at Ryerson and the field training provided to students does not adequately prepare

them for enforcement activities they will encounter as district public health inspectors. An organized program that provides students with classroom theory and observation of enforcement in the field would lessen their anxiety and reinforce the expectation that enforcement will be a routine part of a PHIs career.

The classroom portion should include a solid grounding in the procedures and forms necessary for legal activities. Students should use role playing derived from actual cases which proceeded from inspection to court. The case studies should include all aspect of enforcement.

EXAMPLES: PHI Orders

MOH Directions

Provincial Offence Notices (Tickets)

Summons

Warrants

Field training should stipulate that students observe routine enforcement activities in the field and actual court cases.

#### **(3) Lack of Support for Legal Activities**

Most health units do not have a legal department at their disposal. The cost of using lawyers on retainer to review all Orders, Directions and Charges is prohibitive for many Health Units and is not viewed as a priority by many others. As a result these activities are left to less qualified people who muddle along with varying degrees of success.

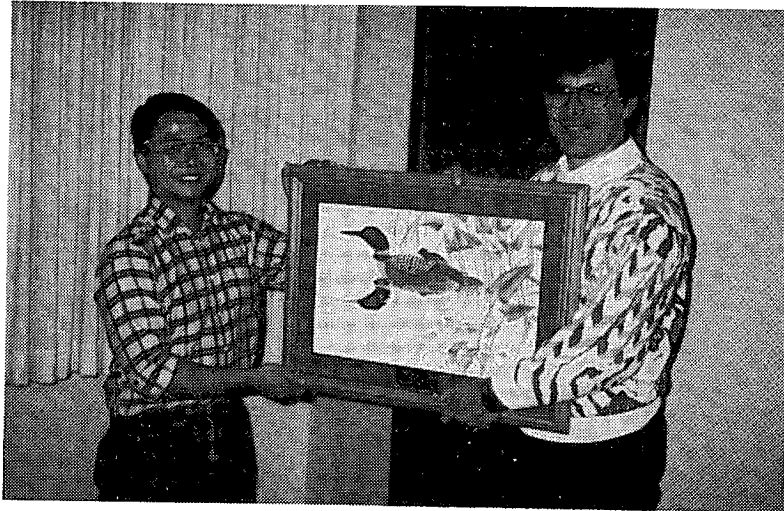
The Ministry of Health's Legal Branch does not have an active support role in environmental health. Changes in legislation are often discovered by individual health units without announcements or bulletins being provided from the Ministry. For instance, the regulation numbers and the Provincial Offence Notices (tickets) were recently changed and no notice was received from the Ministry of Health.

#### **(4) The perception that enforcement is not an integral part of the PHI's duties.**

Public health inspectors do not wear uniforms, carry guns, or drive special cars, thus, their power to enforce laws is not readily apparent to the general public operators of food premises. When you combine this image with the attitude of many PHI's it is not surprising that some food premises operators do not take us seriously. I have seen many operators become very surprised and agitated when confronted with a ticket, a closure order or the destruction of their food. They did not believe that we could or would do such a thing. The police officer who stops a motorist has no such misconception to overcome. Drivers know that there are consequences for failure to obey traffic laws. Food premises operators must learn the same thing about the Food Premises Regulation and public health inspectors.

#### **Conclusion**

Public Health inspectors are not police officers and they are not teachers but their job requires that they have many attributes of both. I believe that the public health pendulum has swung to the education/promotion side and away from the enforcement side. It is my opinion that it should swing back to the middle where education and enforcement are of equal importance. Where funding, training and support systems "strike appropriate balance".



Past President Henry Chong presented Klaus Seeger with this print in appreciation of the many years of service Klaus has donated to the Ontario Branch and the Public Health Inspectors' profession.

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### **CITY OF SCARBOROUGH**

#### **Public Health Inspection Directory Update**

The following inspectors were omitted from our listing for the Directory.

Danny Kartzalis, Senior Public Health Inspector  
Paul McCue, Senior Public Health Inspector

*EDITOR'S NOTE: The Branch thanks Paul Higgins, Director of Inspection of Scarborough Health Department for the update.*

### **CITY OF TORONTO**

#### **Public Health Inspection Directory Update**

*EDITOR'S NOTE: The following is the present staff P.H.I. list of the Toronto City Health Department. Thanks to Pam Scharfe for the update.*

#### **EASTERN HEALTH AREA**

235 Danforth Ave., 3rd Floor, Toronto, Ontario M4K 1N2  
(416) 392-0947 FAX: (416) 392-0714

Rise Kogon, Manager, Environmental Health Services

2nd Floor — (416) 392-0936

Peter Gauthier, Supervisor

John Burnett, Program Planner

Linda Craig, Pest Control Investigator

Gord Chan

Marynisha Moola

Anthony Nikolopoulos

Larry Oxley

Devinder Sahota

Mark Shaw

Bambis Theocharis

Preventive Clinical Services  
(Communicable Disease Control)  
2nd Floor — (416) 392-0927

Jane Urquhart, Supervisor

Anna O'Shaughnessy  
Ali Rampartab

#### **NORTHERN HEALTH AREA**

188 Eglinton Ave. E., 5th Floor, Toronto, Ontario, M4P 2X7  
(416) 392-0975 FAX: (416) 392-0716

Rise Kogon, Manager

Environmental Health Services — (416) 392-0969

Peter Gauthier, Supervisor

Marguerite Wong, Program Planner

Reggie Szava, Education Consultant

Les Nicholson, Community Health Officer

John Richmond, Pest Control Investigator

Reg Ayre

Margaret Breen

Deborah Cornacchia

Charles Empringham

Estelle Mo-Wong

Derek Sim

Randy Singh

Joe Wong

Preventive Clinical Services

(Communicable Disease Control) — (416) 392-0962

Sharron Pollock, Supervisor

Tom Natale

Karen Wark

#### **WESTERN HEALTH AREA**

2340 Dundas St. W., Toronto, Ontario, M6P 4A9  
(416) 392-0996 FAX: (416) 392-0716

Richard Boehnke, Manager

Environmental Health Services — (416) 392-0978

Pamela Scharfe, Supervisor

Victor Yeroschenko, Program Planner  
Ken Simpson, Pest Control Investigator  
Susanne Armstrong  
Denzil Brown  
Jim Cave  
Wendy Harrison  
Ben Heywood  
Paul Imperiale  
Paul Pong  
Frank Shum  
Mary Witruk

Preventive Clinical Services  
(Communicable Disease Control)  
1115 Queen St. W., M6J 1J1  
(416) 392-0884 FAX: (416) 392-0631  
Deborah Fleischer  
Sam Thomas

## TORONTO CITY HEALTH DEPARTMENT

### DOWNTOWN HEALTH AREA

277 Victoria St., 5th Floor, Toronto, Ontario, M5B 1W1  
(416) 392-7461 FAX: (416) 392-1482

Jim Flaherty, Manager, Environmental Health Services  
3rd Floor  
(416) 391-7685 FAX: (416) 392-1482

Dave Harrison, Supervisor

Joann Braithwaite, Infection Control  
Arthur Baszak, Pest Control Investigator

George Aregers  
Alan Banks  
Kathy Conlon  
Dan Graham  
Monica McKenzie  
Bruce Martin  
Peter Moody  
Maurice Moffett  
Vincenza Pietropola  
Marilyn Small  
Fred Taylor  
Uwe Vortisch  
Tom Wong  
Jane Ying  
Joe Xavier

Preventive Clinical Services — (Communicable Disease Control)  
4th Floor  
(416) 392-7420 FAX: (416) 392-0667

Mohamed Jabar, Supervisor

Paul DiBattista  
Don Sutherland

Department Reassignments

Tracy Leach, AIDS Community Projects  
Officer (416) 392-0064  
Bessie Shaw, Drug Abuse Prevention,  
Community Health Officer (416) 392-0809  
Deborah Wharton, Community Health Officer  
(416) 392-7415

# Greetings Sports Fans!

The founding Fathers of the Health Inspection Slow Pitch Tournament are pleased to announce that this 20th Anniversary event is returning home to Ottawa-Carleton.

This spectacular event will be held the weekend of July 15th through 17th. Games will be played at the beautiful world famous R.A. Center.

Seventy-five rooms have been set aside at the recently renovated luxurious Talisman Hotel. (The Talisman has 2 outdoor pools, so don't bring too many clothes.)

Every health unit will soon be receiving a brochure outlining event dates, times, locations, and hotel booking information.

For information contact Wayne Desormeaux or Becky Hester at (613) 722-2200.

**Your Ontario Branch  
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FOR MORE INFORMATION CONTACT:**

Ben Vacca  
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L2H 1V2  
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## **Special Interest in P.H.I. Programmes?**

**Your help would be appreciated by  
the Chairpersons of your Executive  
if you were willing to participate on  
a particular working committee.**

**Please feel free to contact the  
chair of the programme that  
interests you. The section  
chairpeople are listed on Page 3.**

**Canadian Institute of Public Health Inspectors — EASTERN AREA MEETING**  
**Royal Canadian Legion Hall, Perth, Ontario      November 3, 1993**

**Present:**    Area Chairman - Ted King    Acting Secretary - David Cooke

Twenty-seven people representing the following Health Units attended this one day meeting:  
 Kingston, Frontenac and Lennox and Addington  
 Leeds, Grenville and Lanark District  
 Haliburton, Kawartha, Pine Ridge District  
 Ottawa-Carleton Regional  
 Hastings and Prince Edward Counties

AGENDA	ISSUE/DESCRIPTION	ACTION
<p>1. Welcome</p> <p>2. Guest Speaker, Dr. Linda Panaro, AMOH, The Regional Municipality of Durham.</p> <p>3. Area 4 Business Meeting</p>	<p>Ted King, Area Chairman, welcomed everyone to Perth</p> <p>Dr. Panaro presented a very interesting and informative discussion on Environmental Risk Assessment. She covered the basic 3 steps in evaluating a potential risk: 1. Risk Assessment 2. Risk Evaluation and 3. Risk Management. All these steps were thoroughly explored and excellently presented. She emphasized that we as Inspectors are major players in these assessments and are responsible for prevention in the long term.</p> <p>Previous minutes of May 5, 1993 were read and adopted.</p> <p><b>Business Arising:</b>                      Mr. King, Area Chairman, informed the membership that he had contacted Mr. Chong (Past President) to discuss the direction of licensing and registration. He was advised that current information on this subject was published in the Ontario Branch News Fall Volume 14 No. 4 Page 7 (Regulated Health Professions Act.)</p> <p>Mr. King advised the membership that Audrey Downer would not be present as she is on leave. He informed the group that next year's Branch Conference will be held in Niagaa Falls and will include a full day on HACCP. Also the Communicable Disease Committee anticipates Inservice Training Seminars in the near future.</p> <p><b>Questions from the floor re:</b>                      Membership in HealthUnits not being advised of changes to legislation. Draft was circulated but not all Health Units were asked for comments.</p> <p><b>Motion from the floor:</b>                      That presently membership is not being advised quickly enough of changes in Legislation. Canadian Institute of Public Health Inspectors to look into this. Ontario Branch) consult with the Ministry of Health to improve method of communicating changes in legislation.</p> <p>Motion by Gerald Dupuis, seconded by Kathy Dymont, passed.</p> <p><b>Question from floor re:</b>                      Healthy Environments Program. Is it coming on line soon? Mr. King advised that the Ministry of Health is being lobbied to implement the Healthy Environments Program in the Ministry of Health Mandatory Health Programmes and Service Guidelines. Business meeting adjourned at 1:40 p.m.</p>	<p>For Info</p> <p>Further information can be found in the Ontario Branch Number 4, 1993 Page 11.</p>
<p>4. Guest speaker, P.M. Session - Workshop by Dr. Linda Panaro</p>	<p>Dr. Panaro led the membership through a mock trial. Groups were formed representing: The Regulators, Big Business, Scientific Community, The Media The Farmers and The Parents of young children.</p> <p>They're objective was to exchange views on the use of Alar, a chemical used in the agricultural industry. The views and verbal exchanges of the membership clearly showed we are well informed and can have fun at the same time. Many thanks to Dr. Panaro for a very well done presentation.</p> <p><b>Meeting adjourned at 3:30 p.m.</b>  <b>Next meeting</b> is scheduled for the spring of 1994 and will be hosted by Hastings and Prince Edward Counties Health Units (tentative)</p> <p>Area Chairman                      Recording Secretary                      L.E. King                              David Cooke</p>	

## POINTS TO PONDER

### EDITOR'S NOTE:

Dan McMillan reports that the Middlesex-London Health Unit public health inspection staff were experiencing some difficulty in providing foodhandler training to foodhandlers working at the Western Fair in London.

These carry foodhandlers were reluctant to participate in the normal food handling course, which were offered over a several week span - so a short two hour session was developed.

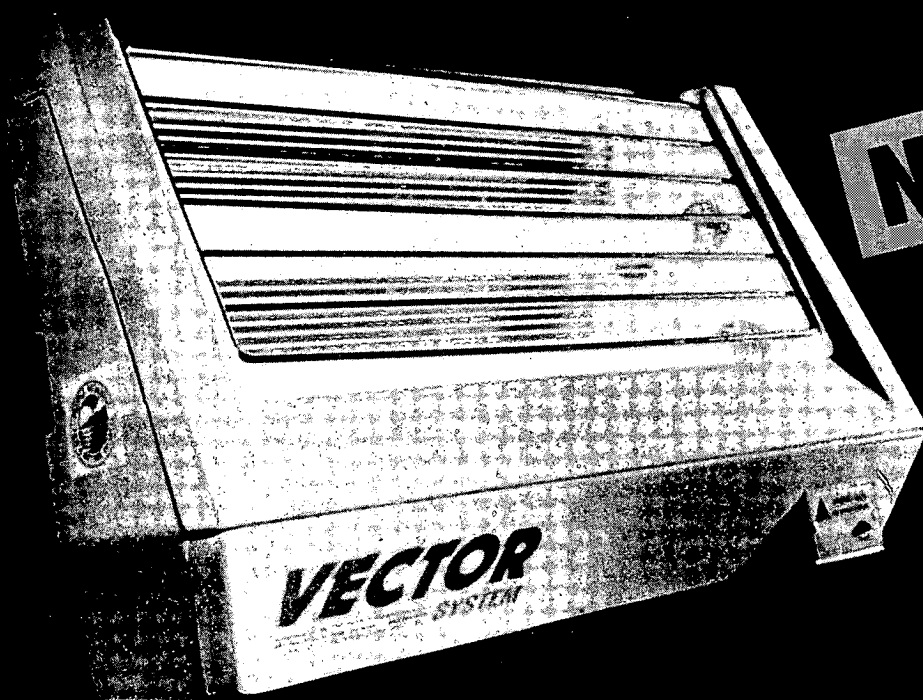
Part of the educational materials provided to the "Carry Workers" included "Points to Ponder". This is a list of most common infractions found in the "carry" setting and the resulting fines that would have to be paid when a provincial offence notice was laid.

Dan indicates that the publichealth inspection staff had much more co-operation from the "Carry foodhandlers" than had been experienced in the past following their two hour foodhandlers' training course.

I thought that the list may be useful to you, the reader, in your foodhandler education program.

FACTS	FINES
1. All "Hazardous Foods" (e.g. meat, poultry, dairy) must be maintained at a Hot Holding Temperature of 60°C/140°F or higher and/or A Cold Holding Temperature of 5°C/40°F or lower.	\$105.00
2. Accurate food thermometers must be available.	\$55.00
3. All food products must be displayed in such a manner to be protected from contamination.	\$55.00
4. Avoid unnecessary stacking of hazardous cooked food products.	\$105.00
5. Provide refrigerated space adequate for the safe storage of perishable and hazardous foods.	\$105.00
6. Hot and cold water under pressure must be available for handwashing and washing of utensils.	\$40.00
7. Provide a handwash basin in a convenient location in the food preparation area.	\$55.00
8. Provide a supply of hot and cold water, soap or detergent in a dispenser and single service paper towels at the handwash basin.	\$40.00
9. Use a proper sanitizer to disinfect utensils and food contact surfaces (e.g. Javex)	\$55.00
10. Dispensing scoops and dippers for ice cream must be kept in a dipper well with running water or any other manner that will prevent bacterial growth.	\$40.00
11. Wash hands before starting or resuming work and after each use of the toilet, urinal or privy.	\$40.00
12. Headgear must be worn to confine the hair.	\$40.00
13. Absolutely "No Smoking" in the food preparation area.	\$40.00
14. Clean outer garments must be worn in the food preparation area.	\$40.00
15. All liquid wastes from the operation of a food premises shall be disposed of in a sanitary manner.	\$40.00
16. Provide garbage containers of durable leakproof material with lids.	\$40.00

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