

Ontario Branch News

Clostridium Perfringens in Potluck Chili Implicated in an Outbreak of Diarrhea

By: Elaine Reddick, CPHI (C), CIC

Potluck meals have always been a tradition within the school community. Even food prepared with the best intentions can be a source of pathogens capable of causing illness. The nature of potlucks, where food is prepared in people’s homes and brought to another location to be served, provides many opportunities for food handling errors to occur.



Clostridium perfringens is a bacterium found throughout the environment and is commonly present in raw meat. *C. perfringens* is a spore forming bacteria. Spores, a dormant state of bacteria, can survive normal cooking temperatures and if the food is subjected to improper cooling, storage in the “Danger Zone” (4°C-60°C), and/or inadequate reheating, the spores can germinate and grow to high, and potentially dangerous, numbers. Illness results from toxin released in the intestine after large numbers of the organism are consumed.

Symptoms include moderate to severe abdominal cramps, gas and diarrhea. Symptoms are usually short in duration, commonly less than 24 hours and appear 6 - 24 hours after consuming the contaminated meal.¹

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Submissions Criteria:

- All topics must be relevant to the Public Health Inspection Field
- Articles must be submitted either on computer disk or by e-mail in MS Word (hand-written articles will not be accepted).
- Articles submitted should be approximately 150 words (feature articles a maximum of 500 words).
- Feature articles will be determined by the OBN editorial team.

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Message from the Editor

Fall has arrived, and we all know what that means. Another round of BOC Oral Exams has come and gone, and another batch of graduates are anxiously awaiting news of their fate. Will they become newly minted PHI's? Or will they be forced to endure another round of Orals and/or report writing and possibly a second (or more) practicum? And for those of us who are pleased that we will never again have to subject ourselves to that experience, will we once more be discussing the recent trend towards higher failure rates and speculating – again – as to why that may be?



Tim Sly addresses part of this question in the summer edition of the Environmental Health Review (Vol. 52, No. 2) in his article entitled, simply, The Practicum. If you haven't taken the time to read it yet, you should. It is a timely and thought-provoking piece on what may very well be the single most important training phase for a future PHI.

Although Sly acknowledges that the practicum period is only one part of many that leads to the success or failure of a candidate at the certification stage, it is an area where the current system may be doing students a huge disservice, and possibly setting them up for failure.

Among the shortcomings mentioned are

- The practicum period is too short (especially when compared to other professions)
- Students are receiving limited field exposure, either from limitations placed on them by their health unit, or due to a lack of urban or rural experiences
- The due date for the reports is too early, reducing the likelihood of sufficient experience (and insight) being obtained prior to the reports being written

Not only does an insufficient practicum adversely affect the candidates' potential for successfully completing the certification process, it can also impact on the level of service we – as a profession – provide to the public (our clients). If a newly-certified PHI has significant gaps in their knowledge or has an inability to adequately assess a situation, will they truly be able to provide competent advice? And what may the consequences of poor advice be, at both an individual and organizational level?

What can we, as a profession, do to correct this problem? To start with, each health unit must take ownership of the training of our future PHI's. There is an *obligation* to ensure that students receive the most comprehensive training possible, and be allowed some decision-making opportunities (adequately supervised, of course). Students should not be treated as a cheap source of labour, left adrift to deal with only the most simple and mundane tasks that their more seasoned colleagues may wish to avoid.

To address this dilemma we may need to explore increasing the length of the practicum period, or even (I can hear the protests now!) consider an intern-type "technologist" position that would be a stepping stone to full certification, but would increase the scope of exposure for our future inspectors.

Of course the practicum is not the only reason we have been experiencing less than desirable pass rates for our BOC exams. Work needs to be done to explore other opportunities for improvement in the certification system. Are the curricula in the schools adequate? Is there an issue with the maturity levels of some students? Students are leaving high school at a younger age with the demise of OAC. Is a lack of life experience playing a role in their decision-making abilities? Has anyone asked our recent graduates what *they* feel they need from us to make them better PHI's?

Obviously we have more questions than answers at the moment, but unless the questions are asked, the answer will never be found.

(Students and recent graduates – please send your thoughts on the subject and they will be presented in future issues of the OBN. Email comments to communications@ciphi.on.ca)

Sandy Stevens,
Editor

Ontario Branch News

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Letters to the Editor

Dear Editor:

I am writing to tell you and your readers about an exciting project that is open to all disciplines in public health. We are writing the history of public health in Canada from Confederation to the present day.

There is currently no such single source publication available that provides a complete history of Canadian public health. This proposed book will serve as an informative tool of the experiences of the past and how the challenges have been met. It will be useful to all public health oriented schools, government agencies/ departments and associations related to the various disciplines practicing public health in Canada.

As a first step, a pilot project (nearing completion) has been funded by the Public Health Agency of Canada to create a template for interviewing public health retirees who have a wealth of information to share. We hope to obtain digital recorded interviews which will be used for the book.

We have also contacted the Canadian Public Health Association and its affiliates across Canada, the Branches of CIPHI and other publications. We hope that each of these organizations will also forward information about this project to their affiliates and anyone who may be interested in participating. Please refer to the attached summary of the project for how you can participate. Opportunities to volunteer in this 'historical' adventure will be clearer as we become aware of who our partner organizations are going to be. All concerned will be looking to compile a contact list of those interested. We will publicize which organizations are participating. You can either connect with the partners (or your association) and/or directly with the CIPHI History Committee.

Please share this letter with your constituent societies or other public health organizations that you are in touch with.

I look forward to hearing from you.

Regards,

Klaus Seeger

Klaus Seeger
CIPHI History Committee
seegerk522@gmail.com

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Outbreaks associated with community meals are infrequently reported to health officials for follow-up, leaving the public to conclude that they either do not occur or that there is no risk with this type of food preparation. This outbreak demonstrates the risk associated with consumption of food prepared in private homes by volunteers that were either not aware or didn't understand the importance of adhering to the principals of safe food handling.

Background

On February 23, 2005 the Middlesex-London Health Unit was notified of a possible food-borne illness outbreak after a potluck chili meal was served as part of an elementary school talent show that had taken place the previous evening. There had been approximately 150 children, parents and teachers in attendance. At the time of the report, 15 out of 150 attendees (10%) reported symptoms of illness that included diarrhea and cramps.

Investigation



The health unit initiated an investigation. The organizer of the potluck was interviewed to obtain details of the menu, the preparation, storage and service of the meal. The menu included chili, buns, cookies, brownies, butter tarts and juice boxes.

A letter advising parents that some people that had eaten at the talent show were experiencing symptoms consistent with food-borne illness, and a questionnaire to obtain information about the food eaten, the time the food was consumed and the symptoms experienced, were created. The letter and questionnaire were sent home with all students that same day. It was requested that all attendees of the talent show, including students and their family members, complete the questionnaire, regardless of whether or not they were ill.

Two refrigerated chili samples were obtained from the school and submitted to the Public Health Laboratory in Windsor for analysis. Unfortunately, due to the short duration of the illness, and a reluctance of the ill people to submit samples, no stool was obtained for analysis.

Findings

There were seven (7) parent volunteers involved in the preparation of the chili. Each parent prepared one (1) to three (3) batches of chili. All preparation was done in individual homes. Five (5) parents used a recipe provided by the school and two (2) parents used their own recipes. Prepared chili was delivered to the school beginning at 12 noon and continued until 6:00 p.m. Meal service began at 5:30 p.m.

Limited hot holding facilities were available at the school for storage of the chili. Hot holding equipment consisted of one domestic stove. It was reported that both the stovetop and the oven were used for hot holding. School officials stated however, that hot holding was based on service comfort rather than food safety principles.

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Two (2) parents brought their chili 'hot' to the school in crock-pots and simply plugged the unit in at the school. Some parents arrived with 'cold' chili and used the school's stove to reheat. Other parents arrived with 'warm' chili and also used the school's stove for reheating. No internal temperatures of the food were taken so the temperatures that represent hot, warm and cold are unknown. No food was refrigerated at the school. The potluck organizer reported that it is likely that some of the chili remained at room temperature for a length of time during the afternoon.

Meal service began at 5:30 p.m. and continued until 6:45 p.m. It was not possible to definitively ascertain which batch of chili attendees ate. Only two (2) batches (batch A and batch B) of chili were left after the meal and were prepared by different parents. Batch B was never served.

Results

51 out of 150 (34%) people responded to the survey. Of the 51 respondents, 20 (13.3%) people reported being ill. Of the 20 reporting illness, all 20 (100%) reported diarrhea; 10 (50%) also had cramps; 4 (20%) reported fever and/or chills and 1 (5%) reported vomiting.

The incubation period (the number of hours from consuming the chili meal to the onset of symptoms) ranged from 0.5 hours to 14 hours, with an average of approximately 8.5 hours. The average reported duration of the illness was 24 hours. Two (2) respondents, one of whom was pregnant, sought medical attention. There were no hospitalizations as a result of the outbreak, and no deaths.

Analysis of the questionnaires, which included the question 'what time did you eat your meal?', implicated chili served later in the evening. All those who reported being ill (20 respondents) reported eating chili after 6:00 p.m. compared with 4 out of the 31 who reported no illness.

On February 24, 2005 the Middlesex-London Health Unit received the following microbiological analysis.

<u>Batch</u>	<u>Arrival of chili at school</u>	<u>Served</u>	<u>APC</u>	<u>Coliform</u>	<u>E.coli</u>	<u>Total Gram Negative</u>	<u>Clostridium Perfringens</u>	<u>Bacillus Cereus</u>	<u>S.Aureus</u>
A	4:30 pm	6:15pm	1.0 X 10 ³	<3	<3	<1.0 X 10 ³	>2 X 10 ⁴	<100	<100
B	?		<1.0 X 10 ³	<3	<3	<1.0 X 10 ³	<100	<100	<100

The presence of *Salmonella* and *Campylobacter* were also assessed and were not detected in the submitted samples.

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Discussion

The symptoms experienced (cramps and diarrhea), the average incubation period (8.5 hours), and the short duration of symptoms (24 hours) is suggestive of *C.perfringens* toxico-infection. The history of the chili preparation (home preparation, unknown cooling procedures and suspected Danger Zone storage) and excessive growth of *clostridium perfringens* in one of the chili samples provided strong evidence that the illnesses were caused by consumption of chili contaminated by *clostridium perfringens*.

This outbreak may have been avoided if the chili had been prepared by volunteers with an understanding of safe food handling in an approved kitchen immediately before service or alternately held hot (> 60°C) until service. School boards may wish to consider avoiding the service of food that has been prepared in private homes.

Conclusions

Outbreaks like this one highlight the need to educate the public about safe food handling practices and the risk associated with potluck style food service. At the time of the outbreak a fact sheet on food-borne illness caused by *Clostridium perfringens* was prepared and distributed to the teachers and parents at the school.

To further the food safety message for the public, the Middlesex-London Health Unit continues to offer food safety sessions to community groups that prepare food for others and for premises that are exempt from the Ontario *Food Premises Regulation*.

References:

1. American Academy of Pediatrics. Clostridal Infections. In: Pickering LK, ed. Red Book: 2003 *Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003: 249-50

Who are the OB Executive and What Do They Do? *Here's a quick guide to some of your Ontario Branch Executive*

President

The President provides leadership to the CIPHI Ontario Branch Executive Council (OBEC) and is the primary representative and spokesperson of the association. The President is responsible for liaising with key stakeholders and public health leaders for all matters, and is accountable to the members. The President oversees Branch operations including budget planning, formulating policy and procedures, chairs board meetings and works with committees. The resident is responsible for delegating assignments equitably amongst OBEC members and ensuring they are completed in an efficient and timely manner. The President is also a member of the CIPHI National Executive Council and keeps the membership and the OBEC apprised of activities and events happening on the National level. As well as being a leader and manager, the President must be diplomatic and operate the association as both a community and a business.



*Peter Heywood,
 “El Presidente”*

Secretary -Treasurer



Money, meetings, minutes, mail and making sense of things describes my role. The duties of being both Secretary AND Treasurer means that nearly every day I have something that must be done for CIPHI. But it is a position of trust that I am glad to take on. It is a distinct benefit to work with a near-meticulous President (who was also the previous Secretary-Treasurer. He left behind an orderly system that I work hard to maintain—Thanks Pete!)

*Elaine Reddick,
 Secretary-Treasurer*

Membership

The Membership portfolio endeavours to have all holders of the CPHI (C) designation enrolled as members of the CIPHI (Ontario Branch). This position also covers the annual updating of the National PHIs’ Salary Survey, the Ontario PHIs’ Directory and recruiting volunteers for various inter-portfolio committees that are deemed necessary to carry out the aims and objectives of the Branch.



*Dennis Persaud,
 Membership*

Executive Profiles, continued...

Food Safety Division

The goal of the Food Safety Division is to act as a provincial contact in the area of food safety through the liaison with regional food safety committees and other food safety stakeholders. The Food Safety Division actively participates on the Inter-Agency Council on Food Safety (ICFS) and the Multi-Agency Enteric Outbreak Working Group. The latter is comprised of reps from OMAFRA, PHAC, ASPHIO, MOHLTC and CFIA. We will continue to work with these groups in the future for the betterment of our members and profession.



*Cynthia Rocca,
Food Safety Division*

Furthermore, the Food Safety Division reviews and updates food safety division resources, promotes the distribution of food safety resources/supplies and develops and maintains a resource list of available food safety division resources. We welcome any ideas or concepts that would benefit the community that we serve. Please forward any comments or ideas to foodsafety@ciphi.on.ca.

Recently we have reestablished the food safety committee to help represent the views of inspectors from across the province. The committee currently has 9 members and has room for 5 more. Anyone interested in committing for 2 years, meeting and representing the food safety committee should contact Cindy Rocca at roccac@sdhu.com or foodsafety@ciphi.on.ca

Health Promotion & Professional Development

Note: The Health Promotion and Professional Development portfolio was divided into two separate divisions at the 2008 AGM. This separation will take effect at the 2009 AGM when the new division councillor is elected.



*John Cannan,
Health Promotion—or is it
Professional Development?*

The Health Promotion councillor encourages projects that will result in healthy work environments and improved occupational safety for public health inspectors in the field. This role also supports the development of materials that improves and champions environmental health promotion activities.

A major component of the Professional Development portfolio is the coordination of the Environmental Public Health Week in early January. Duties also include liaising with internal and external stakeholders to promote the role of public health inspectors in Ontario and coordinate membership drives in Ontario on behalf of the Executive.

Continuing Public Health Inspector Education

*Peter Heywood,
President, Ontario Branch*

The CIPHI (ON Br.) Executive Council is developing a continuing education series for public health inspectors (PHI) that will recognize changes in practice, reflect new evidence based information, optimize personal effectiveness, and introduce PHIs to new equipment or materials that are available.

The continuing education series will be launched in spring 2009 with sessions strategically located across Ontario throughout the year. To determine the professional development requirements of PHIs, a needs assessment is currently being developed and will be circulated to PHIs across Ontario by the end of November. Your response will assist us with developing our professional development curriculum. Discussions are currently underway with several professional organizations who are interested in partnering with CIPHI (ON Br) on this important activity.

Continuing professional education begins at the point when formal education ends and professional practice starts. By PHIs maintaining their professional competency it brings creditability to the environmental public health profession and promotes continuous learning. Please stay tuned for further details.



Environmental Public Health Week—The State of the Profession

*John Cannan
Health Promotion & Professional Development*

This year Environmental Public Health Week will be held from Jan 19th to the 24th, 2009. The theme for this year's event is "The State of the Profession". This allows all Public Health Inspectors to showcase our public responsibilities and duties to the community.

An electronic package is being sent to all directors and Medical Officers of Health informing them of this event and various methods of disseminating our message to the public at large. It is hoped that all health units will conduct some public messaging to promote "our week" and let their community know who we are and what we do.

Any questions or comments regarding Environmental Public Health Week can be forwarded to the Health Promotion and Professional Development account at health-promo@ciphi.on.ca



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Stanier Institute

Stanier Institute Opinion Paper Project

The Stanier Institute/Institut Stanier with support of the Canadian Institute of Public Health Inspectors (www.ciphi.ca) invites practicing certified Public Health Inspectors to submit a feature opinion paper – in English or French – comprising ideas and suggestions that address any issue applied to the present day activities of Public Health Inspectors.

Who Can Enter?

The invitation is directed to Certified Public Health Inspectors across Canada who are members in good standing of CIPHI.

Award

The Stanier Institute will provide a \$1000 award (Stanier Prize) for the opinion paper assessed to be the most interesting and original submission.

Details

The submissions should be 1000 to 1500 words in length, typed double-spaced and sent by email as an attached plain text document to stanier@mco.ca or as a hard copy mailed or faxed to the Stanier Institute at the address given below. Opinion papers should be received at the Administration office of the Institute by no later than December 31, 2008.

Stanier Prize Awardees

Sharon Regimbald and Keara Shaw, 2007

Warren Boychuk, 2006

Allan Stirling, 2005

Adam Grant, 2004

Shawna Bourne, 2003

Objectives and Address

The Stanier Institute/Institut Stanier is a scientifically-minded group committed to development of the public health sciences. The aim is to provide ways and means to advance education and research in these disciplines. Those preparing to submit an essay should inform the Institute ASAP at the given address

where further information may be obtained. A note will be sent to acknowledge all submissions upon receipt.

Stanier Institute
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Telephone: (613) 728-2188 Fax: (613) 728-5298 Email: stanier@mco.ca

The Stanier Institute/Institut Stanier reserves the right to alter contest details as conditions warrant.

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I hereby make application for Membership (see list below) in the Canadian Institute of Public Health Inspectors. This application implies that membership is to continue until resignation is tendered, or until membership is discontinued under the conditions contained in the By-laws of the Institute. **(Complete sections with a "*" only, unless information has changed.)**

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Code of Ethics - As a Member of the Canadian Institute of Public Health Inspectors, I acknowledge:

That I have an obligation to the sciences and arts for the advancement of public health. I will uphold the standards of my profession, continually search for truths, and disseminate my findings; and I will strive to keep myself fully informed of the developments in the field of Public Health.

That I have an obligation to the public whose trust I hold and I will endeavour, to the best of my ability, to guard their interests honestly and wisely. I will be loyal to the government division or industry by which I am retained.

That the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

That being loyal to my profession, I will uphold the constitution and By-laws of the Canadian Institute of Public Health Inspectors and will, at all times, conduct myself in a manner worthy of my profession.

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* Please circle branch you wish to belong to below: (Note: Province in which you reside unless you live in Northwest Territories, Nunavut, Yukon or outside Canada)

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Public Health Inspector Brochure	\$1.15		
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c/o Peter Heywood, 410 Buller St., Woodstock ON N4S 4N2
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Ontario Branch News

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Look for our Next Issue..... Winter 2009

If there is anything that you would like to see in the OBN let us know. Contact the Editor at: communications@ciphi.on.ca



C/O

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