



BOARD REPORT

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Program Report November 2014



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We work with the Grey Bruce community to protect and promote health.

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CLIENT SERVICES

2014 Municipal Election Strategy

Local municipal governments have an essential role to play in the health of their community. The Grey Bruce Health Unit developed the initiative “*Let’s make a difference and put Health in All Policies*” to assist elected officials to recognize that the decisions they make can have a significant impact on the health of their residents. Sent electronically and by mail to the over 250 electoral candidates, the resource package identifies important issues related to health across Grey Bruce and actions that can be undertaken at the local level.

Candidates were encouraged to open conversations and connect with their constituents, community leaders and other stakeholders to explore ways to create a culture of health within their community. The Grey Bruce Health Unit will continue this initiative through orientation sessions for elected officials.



HEALTHY COMMUNITY DEVELOPMENT

The Baby Friendly Initiative

The Baby Friendly Initiative designation (BFI) to promote, protect and support breastfeeding is an accountability standard we have been working toward since the Board of Health endorsement in November 2011. Assessors from the Breastfeeding Committee of Canada were on site October 29 - 31 to review our policies and documentation, observe prenatal groups and conduct interviews. The assessors met with over 30 staff and 31 mothers who had received our services. Following a teleconference with the board of the Breastfeeding Committee of Canada to discuss their findings, the assessors met with the Health Unit's BFI working group to share highlights. A written report of the assessment will follow.



We work with our community partners to provide a seamless transition between the hospitals, community services and peer programs. In Ontario, there are over 360 organizations within the scope of the BFI Strategy, including hospitals, CHCs, Health Units and Family Health Teams. Mothers who birth at hospitals practicing even six or seven of the 10 BFI steps are six times more likely to achieve exclusive breastfeeding than those birthing in hospitals that do not support any of the steps. Infant and toddler nutrition is a public health issue, not a lifestyle choice. The goal of the BFI is to have a positive impact on the health of newborns and mothers.

Polio Vaccine – Lessons Learned

In the five years from 1949 to 1954, polio paralyzed 11,000 people in Canada. The rate of polio peaked in 1953 with nearly 9,000 cases and 500 deaths. It was the most serious national epidemic in Canada since the 1918 influenza pandemic (www.cpha.ca).

Sixty years ago, one of the most complex medical trials in history was undertaken in the U.S., Canada and Finland to test the effectiveness of a newly developed polio vaccine. The clinical trial included 650,000 schoolchildren who were given the vaccine, 750,000 were given a placebo and over 400,000 children acted as a control group (receiving neither vaccine nor placebo). Each participant received a "Polio Pioneer" certificate. The vaccine proved safe and effective and widespread use began the next year. The oral polio vaccine followed in 1962. As a result of the vaccine program, Canada was certified polio-free in 1994.

Public support of vaccines is one aspect of the polio story that still plays a role in the development and use of vaccines today. A 1955 Gallup poll showed that more Americans knew about the polio vaccine trials than could give the full name of the president. There is much discussion in the media today about the pros and cons of vaccination. While some may dismiss the benefits and advocate for fewer vaccines, a recent survey of Grey Bruce residents demonstrates ongoing public support for vaccination. Of respondents with school-aged children, 96% strongly agree that immunizing children protects them from disease and 94% strongly agree that vaccines are safe for children (RRFSS, 2012, Attitudes toward childhood immunization in Grey Bruce). With the anniversary of the polio vaccine trial, it is important to remember the significance of vaccinations for both the individual and for public health.



REGULATORY/ RESEARCH / SURVEILLANCE

Food Safety Disclosure

Public access to an online food safety inspection disclosure system begins January 1, 2015. The current food premises disclosure on the Health Unit public website provides information relating to closures, orders or charges laid by Public Health Inspectors. This enhanced feature will provide access to inspection results and provide the community with information about the food safety status of local premises.

Routine compliance inspections are conducted one to three times per year, depending on the complexity of a facility menu and the potential risk of a food-borne illness. Inspection report will be posted as inspections are undertaken.

Inspection results will be summarized into six categories. The food disclosure report will indicate if the facility was in compliance, improvement needed, or if the category was not applicable to that facility.

- Refrigeration and Freezer Temperatures
- Cooking and Hot-Holding Temperatures
- Food Protected From Contamination
- Utensils and Equipment Properly Cleaned and Sanitized
- Food Handler Hygiene (including hand washing)
- Premises Clean and Properly Maintained

Currently, a hard copy of an inspection report can be requested through the Public Health Inspector Helpdesk. As of January 1, this request can also be made through fax, in-person or email.



Staff Panic Alarm System

A new panic alarm system will allow staff to quickly and silently call for help in the event of an emergency when it may be unsafe or inappropriate to call for help in other ways. For example, it may escalate the situation by picking up the phone to call for assistance when dealing with a belligerent person. A panic alarm can provide a quick and convenient way to summon help without drawing attention.

Panic alarms may be particularly beneficial for reception, shipping/receiving areas, clinic rooms and locations where confrontations with the public may occur.

Alarms consist of two components the panic button and the communications system. The button activates the system when help is needed. Panic buttons are designed to resist accidental activation. We will use a wireless model with a short-range radio transmitter, similar to a garage door opener. The communications system summons help when a panic button is pressed. The type of communications system will depend on the layout and resources where the panic alarm is being activated.

The response team will consist of employees from multiple departments (Facilities, HR, etc.). Systems to notify the response team of an alarm include overhead paging and devices that send voice, text or email messages directly to the responder's computer or smart phone.

Panic alarms are only effective if people know how to use them. They require initial training, training for new staff and refresher training to ensure staff responds appropriately when required. Staff will also be more at ease in situations where they may feel anxious knowing they have the ability to call for assistance.

