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

CLIENT SERVICES

Dundalk Youth Group

An initiative was undertaken this past summer in partnership with the South East Grey Community Health Centre and the Township of Southgate to increase accessible physical activity opportunities for youth in the Dundalk area. The lack of physical activity programming for youth, especially aged 10-14, was identified. The Community Health Centre and the municipality approached the Grey Bruce Health Unit to provide support to help plan and facilitate drop-in youth sessions at the Dundalk Park.

During the planning stage, a focus group was held at the Highpoint Community School in Dundalk and surveys were sent home with all students in Grades 6 to 8. The focus group and surveys showed a demand for physical activity opportunities for youth; they identified which sports and activities were preferred as well as the most convenient day and time for the sessions.

Throughout July and August, a drop-in program took place every Wednesday from 1:00 – 3:00 p.m. Sports equipment and other resources were supplied by the Community Health Centre, the municipality, Grey Highlands Secondary School and the Health Unit. The activities for each session were decided collaboratively by the participants and attending staff from the Community Health Centre and the Health Unit.

The feedback received from youth was extremely positive and after-school programs are being considered. The Community Health Centre may hold a youth group at Grey Highlands and there has been interest from the Highpoint Community School for an after-school program.
HEALTHY COMMUNITY DEVELOPMENT

Promoting Home Radon Testing

The Grey Bruce Health Unit is participating in a provincial media campaign to promote home radon awareness and testing.

Radon is a colourless, odourless, radioactive gas that occurs naturally in the environment. It results from the normal breakdown of uranium in soils and rocks. The greatest source of public exposure to radon occurs when the gas enters buildings through cracks in basements, floor drains, sump pits and other below-grade access points.

Long-term exposure to radon significantly increases the risk of lung cancer and much more so among smokers. Released in August by Public Health Ontario, the report *Lung cancer risk from radon in Ontario, Canada: how many lung cancers can we prevent?* estimates that in 2007, approximately 13% of the lung cancer deaths in Ontario were the result of exposure to radon. This translates into nearly 850 individuals. The report goes on to estimate that approximately 233 of these cases could have been prevented if homes with excessive levels of radon were remediated to below the World Health Organization standard of 100 Bq/m³.

Throughout November, conventional and social media outlets are being used in a promotional campaign across south/central Ontario to advise homeowners of this information and support radon testing. Health Canada recommends long-term testing (at least three months) and winter is the best time to do this when windows are generally left closed. Should excessive levels of radon be found in a home, inexpensive measures such as sealing cracks in floors and openings around pipes as well as improving ventilation can be effective.

Food Safety Education

Education is a key component in supporting the Ontario Public Health Standards Food Safety Protocol to prevent and reduce of food-borne illness.

Public Health Inspectors incorporate food safety education into food premises inspections to assist the operators to adopt appropriate food safety management strategies. In June 2013, a 24-page coloured *Food Safety at Recreational Camps: An Operator’s Manual* was developed and provided to 21 children’s recreational camps. The manual covers topics including hazardous foods, time and temperature control, cross-contamination, personal hygiene, drinking water supply and cleaning/sanitizing.

The local food movement is growing rapidly in Grey Bruce as consumers seek out local food products and local markets. This is no surprise given our rural landscape and rich agricultural heritage. In the spring of 2013, a scan was conducted to identify all farmers’ markets in Grey Bruce. These markets were added to our database and inspected over the course of the farmers’ market season. Haines’ food safety funding was used to develop an educational package specific to the vendors. Public Health Inspectors provided the packages to the individual vendors during their visits to each of the farmers’ market.
The Food Handler Certification Course is a 12 hour program delivered by Public Health Inspectors. Participants learn about safe food handling, preventing food-borne illness, potentially hazardous foods, basic microbiology, sanitation, food allergies and pest control. Participants also learn about nutrition through a session delivered by the Public Health Dietitian. Food handler training is in record demand in 2013. In addition to three scheduled public courses, we have provided courses to three secondary schools, four employment agencies and two workplaces. Through Haines’ food safety funding, we offered the program to an additional 100 participants working and volunteering in the after-school programs and breakfast clubs. This supported an increase in food handler knowledge without significant financial burden to social service agencies or schools.

ENFORCEMENT / RESEARCH / SURVEILLANCE

Amendments to the Immunization of School Pupils Act

On September 18, 2013, amendments were made to Ontario Regulation 645 under the Immunization of School Pupils Act (ISPA) to improve the health and safety of school children. The revisions strengthen the mandate of ensuring school children are protected from vaccine-preventable diseases.

The amendments require the student’s Ontario education number be included in the identifying information for the purposes of matching the student record to the correct immunization record. Effective July 1, 2014, meningococcal disease, pertussis (whooping cough) and varicella (chickenpox) will be added as designated diseases requiring proof of immunization for school attendance, unless a valid statement of exemption is provided to the Medical Officer of Health.

Drug Endangered Children Grey Bruce Community Response Protocol

The Drug Endangered Children (DEC) Grey Bruce Community Response protocol is ready for final approvals and signing by the 22 organizations that contributed to its development. In 2011, the Grey Bruce Crystal Meth Task Force was asked by the RCMP to consider drug endangered children and youth programming, as has been introduced in several regions in the USA and Canada. The Task Force established a working group to develop an inter-agency protocol to guide and coordinate the response of various service and justice agencies to the needs of drug endangered children and youth.

Drug endangered children have had their health and safety compromised as a result of exposure to drug manufacturing and trafficking or are at risk of harm from an adult’s drug activity. They are deemed especially endangered if they live in a home where drugs are being produced or sold such as an indoor marihuana grow operation or a synthetic drug lab. Exposure to these environments can cause a variety of health and safety risks including toxin exposure, fires and explosions, abuse, neglect and medical problems.

The DEC Grey Bruce Community Response provides best practices to prevent or reduce the negative consequences to children and youth from exposure to substance misuse, production, purchase and sale. The protocol outlines a multidisciplinary team response and a more effective collaboration between the police, child welfare services and health care providers in situations where children are believed to be at risk of serious harms due to exposure to drug activity.
Beach Water Quality in 2013

2013 was an excellent year for beach water quality in Grey Bruce. No beaches were posted. This was the third year efforts were put towards providing resources to support the public to make an informed decision when choosing if and when to swim.

The fixed schedule of our routine sampling necessarily includes occasions when we would not recommend swimming due to adverse conditions. We do not automatically post if results exceed the provincial limit of 100 colony forming units (cfu) per 100ml. Beaches are posted when results are excessively high or not predicted by obvious conditions.

Grey Bruce did not see many of the high intensity storms that were experienced in other parts of the province this past summer. Observations during the majority of our beach visits show moderate temperatures, mostly settled conditions with clear skies and clear water. As a result, water samples came back showing low counts of \textit{E. coli}.

Beaches were sampled on 123 occasions. Each one of these sites was represented by at least five samples. None of the results exceeded the federal limit for a single sample of 400cfu. Only seven samples exceeded the provincial limit of 100cfu; these results coincided with environmental factors such as heavy rain or high turbidity.
Long seen in the health care and long-term care sectors, the Chief Nursing Officer (CNO) is a new position to public health. Requirement 6.16 of the *Ontario Public Health Organizational Standards* (Feb. 2011) requires that the Board of Health designate a Chief Nursing Officer to be responsible for nursing quality assurance and nursing practice leadership. The role of the CNO is to lead the way to a vision of excellence in public health. All 36 health units across the province now have a designated Chief Nursing Officer.

The more than 3000 nurses working in public health represent over 60% of the professionals in the provincial public health sector. Public Health Nurses are trained to focus on promoting, protecting and preserving health; the effective use of their full skill set will lead to improving population health outcomes.

As a senior manager at the Grey Bruce Health Unit, the CNO provides input into health and human resource strategies; assist planning and implementing staff development; and provides support on issues related to professional practice. The role includes leading the Accreditation process, aligning strategic planning, meeting standards of practice for all disciplines, and supporting evidence-based practice and quality improvement. The CNO champions the Best Practice Spotlight Organization (BPSO) candidacy with six initiatives currently underway within the organization. Staff receive training in the best practice process and are applying that to their practice and projects. Two leading practices have been recognized by Accreditation Canada.

The CNO brings professional development and professional standards and quality improvement initiatives to the Nursing Practice and Leadership Committee (NPL). Training this year includes: Health Equity, Evidence-Based Practice, Clinical Skills - flu clinics, Leadership, Documentation and Confidentiality, Team Building – RN/RPNs, Ethics, and Client Safety – Root Cause Analysis. Additionally, the NPL initiated peer recognition-based Nursing Awards for Excellence.
CNO’s from all health units have formed a provincial body, Ontario Public Health Chief Nursing Officers (OPHCNO), with the goal to provide collective public health nursing leadership. While in my position as vice-chair, the group has developed a vision, mission and goals statement and we continue to work with provincial-level partners to support the work of Public Health Nurses in Ontario.

The Ministry of Health and Long-Term Care is monitoring and evaluating the implementation and impact of the role. A full report will be distributed to Boards of Health when completed. In a leadership capacity, highlights for the CNO group include collaborative partnerships with academia including formalization of relationships with institutions; developing policies and protocols for student practicum placements; orientation for students; and support for preceptors. Quality assurance and continuous quality improvement activities include a review of current nursing practice, policies and procedures including College of Nurses of Ontario training; implementation of Registered Nurses’ Association of Ontario Best Practice Guidelines; and formation/reorganization of nursing/inter-professional practice councils.

Supporting organizational effectiveness, CNOs are involved in strategic planning to build supportive work environments and strengthen nursing practice/professional development.

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