British Columbia Branch | FALL 2024 | |

BC PAGE

News for the Canadian Institute of Public Health Inspectors

The health hazards of residential woodsmoke: A burning concern

Ryan Huff, Environmental Health & Knowledge Translation Scientist
National Collaborating Centre for Environmental Health



As temperatures drop heading into winter and people rely on wood stoves or fireplaces for heat, woodsmoke starts to affect air quality in many communities across British Columbia (BC). Yet, smoke emitted from residential wood-burning appliances is often overlooked as a potentially harmful source of air pollution. In 2024, 79% of people in BC did not perceive residential wood burning to be a major source of air pollution. In comparison, 63% and 43% considered transportation and industry, respectively, to be important sources. However, residential wood burning produces the same amount of fine particulate matter ($PM_{2.5}$) as the transportation and industry sectors combined across Canada. In BC specifically, residential wood burning made up 41% of $PM_{2.5}$ emissions in populated areas, representing a serious health concern.

Wood smoke composition and indoor exposures

Woodsmoke is a complex mixture of particles and gases, including substantial quantities of $PM_{2.5}$. These particles can penetrate deeply into the lungs, where they cause irritation and inflammation. In addition to $PM_{2.5}$, woodsmoke contains gases such as carbon monoxide (CO) and nitrogen oxides (NO_x), as well as dioxins and furans, and volatile organic compounds (VOCs) such as benzene and formaldehyde and polycyclic aromatic hydrocarbons (PAHs). Many of these pollutants are found at higher levels in homes with wood-burning appliances and the surrounding communities. For example, several studies have demonstrated that indoor $PM_{2.5}$ levels are 20 - 123 % higher in homes with wood-burning appliances. It is important to note that there is no threshold for the health effects of $PM_{2.5}$, and the current Canadian residential indoor air guidance recommends keeping levels as low as possible. However, some homes have been measured to have $PM_{2.5}$ levels above the outdoor Canadian Ambient Air Quality standard of 27 $\mu g/m^2$ (24-hour average).

Health effects of woodsmoke

Woodsmoke pollutants have serious acute and chronic health effects. Short-term exposure to woodsmoke can induce headaches, nausea, dizziness, irritation of the eyes, nose, throat, and lungs. Short-term exposure has also been associated with reduced lung function, and increased risk of severe events such as strokes and heart attacks. Long-term exposure has been associated with increased risk of developing chronic conditions such as heart and lung diseases. In addition, both short- and long-term exposures have been associated with reduced lung function, and increased risk of severe events such as strokes and heart attacks. Long-term exposure has been associated with increased risk of developing chronic conditions such as heart and lung diseases. In addition, both short- and long-term exposures have been associated with worsening of respiratory conditions such as asthma and chronic obstructive pulmonary disease (COPD), including increased emergency room visits, hospitalizations, and premature deaths. Pregnant women, infants, children,

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President's Message

Dear Members,

As the seasons change and we move into Autumn I hope this message finds you well. This season offers us an opportunity to reflect on our progress, embrace new challenges, and celebrate the vital work we do as Environmental Public Health Officers in British Columbia.

First and foremost, I want to acknowledge the incredible dedication and resilience of our members. Whether you're on the frontlines of food safety, responding to environmental health concerns, or ensuring the safety of recreational water or drinking water facilities, your contributions continue to safeguard the health and well-being of our communities.



Key Highlights and Updates

Professional Development and Training:
Our institute recently hosted a highly successful Annual Educational Conference in Regina, drawing participation from across not only the province but the country. For those unable to attend in person there was an online virtual option.

Advocacy and Policy Engagement:
The BC branch has been actively involved in advocating for our profession and staying actively involved in sharing our National Campaign assets and resources. This includes the most recent campaign focused on recruitment that ran over the summer and Environmental Public Health Week (Sept 23, 2024).

Student and New Member Support:
Supporting the next generation of health inspectors remains a priority. This fall, BC Branch continues to run its mentorship program to connect seasoned professionals with students and recent graduates. If you're interested in becoming a mentor, please reach out.

Looking Ahead – AGM and Strategic Goals:
Mark your calendars for our Annual General Meeting (AGM), scheduled for Dec 12, 2024. Your participation and insights are invaluable as we set our goals for 2025.

Call for Collaboration

As we navigate a rapidly changing public health landscape, I encourage you to share your ideas and expertise. Whether through our newsletters, meetings, or conferences, your contributions strengthen our community and amplify our impact.

Keep up to date on the latest news at the BC Branch website:

www.ciphi.bc.ca

The page also contains information on membership, conferences, career opportunities, documents, and much more. Check it out regularly.

Did you know the BC Branch is on Facebook and Instagram?

Click on the icon to find the BC Branch on Facebook and *Like them* .

Click on the icon and *Follow* the BC Branch on Instagram.

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Use of wood-burning appliances in BC

Many households across BC use wood-burning appliances. In a 2024 survey, 15% of households reported using wood-burning appliances such as wood stoves, fireplaces, and boilers. Most of these contained a wood stove (56%) and were in rural areas (59%). By region, the Cariboo had the highest prevalence of wood-burning appliances (40%) while Metro Vancouver had the lowest (5%). When asked about the reasons for using a wood-burning appliance, 52% of BC residents indicated reliability in the event of a power outage and 42% indicated the availability of wood supply. However, it is important to note that 15% of those using wood-burning appliances had no alternative heat source. These factors are important when considering policies and practices aimed at lowering the levels of residential woodsmoke in and around the home.

Reducing exposure to wood smoke indoors

Several best burning practices are recommended by Health Canada and the Canadian Lung Association to reduce exposure to woodsmoke in the home. These include:

- Only burn seasoned wood that has been split and dried for at least 6 months. Green or wet wood produces significantly more smoke.
- Wood should be dried outdoors. Drying wood inside adds excess humidity to the home that could lead to mould and mildew growth.
- Do not burn garbage, plastics, foam containers, particle board, or painted or sealed wood because these can release toxic gases into the home and surrounding community.
- Do not burn driftwood from the ocean. Wood that has been in saltwater produces smoke with carcinogenic dioxins and furans.
- Perform regular stove/fireplace maintenance according to manufacturer's instructions and have appliances inspected by a qualified professional at least once a year. This includes cleaning chimneys and flues regularly to ensure proper air flow and ventilation.
- Use dampers if available to control the ventilation, which will help maximize heat output and reduce the amount of wood needed for heating.
- Consider using an indoor air purifier to reduce ambient indoor woodsmoke pollutants.
- Install and maintain smoke detectors and a carbon monoxide alarm in the home.
- Consider using a low-cost $PM_{2.5}$ sensor to assess levels of exposure in the house when using appliances.

In addition to modifying burning practices, changing out old stoves for heat pumps, pellet stoves, or cleaner wood stoves is an option. For new wood-burning appliances, only low-emission CSA or the US EPA certified units should be considered. These appliances burn hotter and emit less pollution both inside the home and out into the community. Estimates suggest only 67% of fireplace inserts and 65% of wood-burning stoves are known to be low emission certified in BC. To address this, BC has an ongoing Community Woodsmoke Reduction Program to incentivize replacing old wood stoves, and to support educational initiatives and program administration and promotion. Since 2008 this program has helped to replace over 11,000 wood stoves and reduce annual $PM_{2.5}$ emissions by over 300 tonnes. Nevertheless, more work is still needed to reduce residential woodsmoke emissions

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Complementing this program, other policies and regulations are helping to reduce residential woodsmoke emissions. Across BC, the Solid Fuel Burning Domestic Appliance Regulation ensures that only low-emission certified appliances can be sold by BC vendors. At the local level, by-laws have been introduced in many communities to reduce woodsmoke emissions. In Metro Vancouver, for example, wood-burning appliances must be registered by September 2025 and comply with performance standards, and use is prohibited (with exceptions for sole heat source residences and emergency situations) annually from May 15th – September 15th. Additionally, wood-burning appliances are prohibited in new buildings. However, these regulations present challenges in more rural areas where many residences have less access to other heating sources. In these situations, different by-laws aimed at reducing woodsmoke emissions may be more effective. For example, a bylaw recently passed in Gibsons is designed to identify homes producing excessive smoke.



For any BC community considering policies or regulations to reduce the air quality impacts of residential wood-burning, $PM_{2.5}$ monitoring is a crucial first step in understanding woodsmoke exposures. BC communities can be affected by residential woodsmoke in very different ways that do not necessarily correspond with the number of wood-burning households. For example, weather patterns and mountainous topography in some regions can trap smoke in valleys and intensify the outdoor pollution levels. Real-time outdoor air quality information including the Air Quality Health Index (AQHI) from the government of BC is available to many BC communities. However, for communities without $PM_{2.5}$ monitoring stations, the AQ Map, consisting of a network of low-cost sensors, may be a helpful tool in understanding current air quality. For indoor air pollution, low-cost $PM_{2.5}$ sensors can help assess exposure levels. Understanding the scope of the issue is vital in employing appropriate solutions to protect public health.

More information on guidelines, standards, best burn practices, and health risks specific to residential woodsmoke are listed below:

- Woodsmoke & Your Health: What you need to know (BC Lung Foundation & BC Ministry of Environment and Climate Change Strategy)
- Woodsmoke and Lung Health Guide (BC Lung Foundation)
- Woodsmoke: Health Risks and Best Burn Practices (Health Canada)
- Burn Wise (U.S. Environmental Protection Agency)

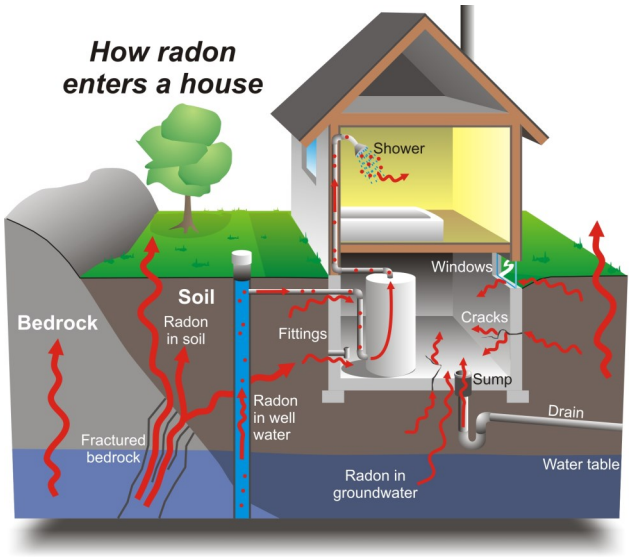
National Collaborating Centre for Environmental Health

Centre de collaboration nationale en santé environnementale

How Public Health Professionals Can Reduce Radon-Induced Lung Cancer

Jeffrey Trieu, Environmental Health & Knowledge Translation Scientist
BC Centre for Disease Control

Radon is an odourless, colourless, and tasteless gas that derives from the radioactive decay of uranium which is naturally found in the rock and soil below us. Radon is a noble gas. It can migrate above ground and accumulate in confined indoor spaces. Radon and its decay products emit alpha particle radiation, which damage the genetic material of lung tissue when inhaled and increase the risk of developing lung cancer. Radon gas quickly dilutes to low levels in outdoor air, so radon exposure is solely a health concern within indoor spaces.



Radon is often measured with the unit Becquerels per cubic metre (Bq/m^3). Health Canada recommends mitigating indoor levels of radon if an average concentration of 200 Bq/m^3 or higher is found from a minimum 3-month test. A recent national report estimates that 1 in 3 homes in the British Columbia (BC) Interior, North, some parts of Fraser Valley and Yukon Territory contain radon concentrations above 200 Bq/m^3. The BC Radon Map shows similar findings, with some communities in the provincial Interior having 1 in 2 households above 200 Bq/m^3. Overall, British Columbia has some of the highest risk of problematic indoor radon exposure in Canada and the world.

Pooled epidemiologic studies have found that long-term exposure to radon is the second leading cause of lung cancer globally and the leading cause among non-smokers. Smoking and radon also have a multiplicative synergistic effect on the risk of developing lung cancer. It is estimated that 16% of lung cancers are attributed to radon exposure in Canada. Lung cancer is the most commonly diagnosed form of cancer in Canada, has one of the lowest survivability rates, and therefore is the leading cause of cancer deaths in the country. Survivability decreases at later stages of cancer, therefore lack of lung cancer screening programs for those who do not having a smoking history is an issue for radon-induced lung cancer patients.

The good news is that there are established effective interventions to reduce radon levels in buildings. There are several consumer-grade products that can be used to measure indoor radon, such as continuous monitors that operate like smart-home devices, providing real-time readings often with a mobile app interface. There are also single-use detectors which require laboratory analysis after a recommended minimum 3-month long measurement period. The most common type of single-use device is called an alpha track detector. These are widely available. As an example, an alpha tracker can be purchased from the BC Lung Foundation for $50 at the time of publication.

Radon and lung cancer is understood to have a linear dose-response relationship, meaning lung cancer risk increases with length of time exposed and the concentration level itself. Therefore, the 200 Bq/m^3 action level does not mean there is a binary risk threshold and individuals should strive to reduce levels of radon to as low as reasonably achievable. There are multiple effective mitigation strategies that range in cost and complexity. Mitigation can be as simple as sealing ground contact entry points or as involved as installing a depressurization and ventilation system. Individuals should contact a certified radon mitigation professional to assess what is the best mitigation option for them. Individuals may also be eligible for a mitigation grant through the Canadian Lung Association. At the end of the day, it is much easier to remove radon from a home, than it is to remove lung cancer from a patient.

The crux of the radon public health issue is lack of awareness and engagement. According to a 2021 Statistics Canada survey, only 56% of Canadians have even heard of radon and much less have tested their home. Radon health promotion is understandably difficult, but public health professionals can make a big difference.

How Public Health Professionals Can Reduce Radon-Induced Lung Cancer

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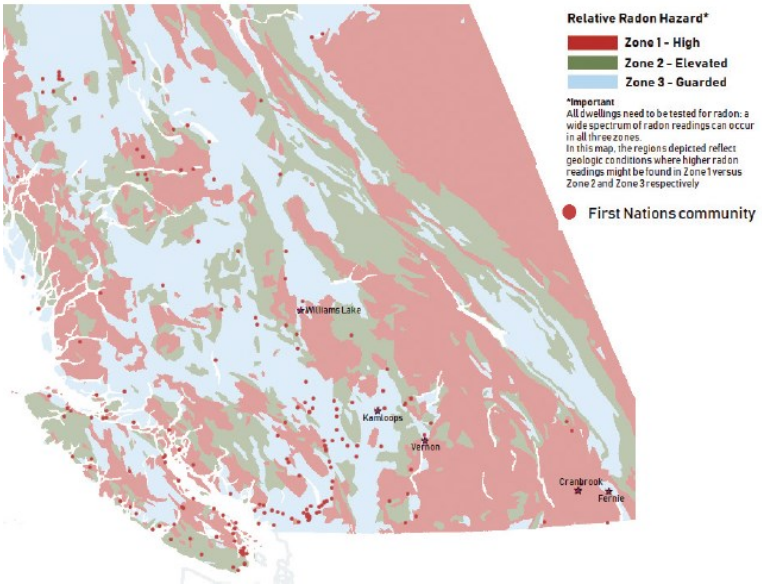

Public health professionals can organize marketing campaigns through social media, other online spaces, mail-out programs, or in-person presentations. The perfect time to do is during November Radon Action Month. Further to providing introductory education on radon, public health professionals can promote testing through library lending and free detector distribution programs. Public health professionals can also organize testing and mitigation campaigns directly. Examples of these include school testing by Vancouver Coastal Health, mandatory daycare testing by Interior Health Authority, and testing and mitigation in First Nations communities by First Nations Health Authority. Public health professionals can also apply to host a 100 Test Kit Challenge, a free radon detector distribution program that runs across Canada every fall and winter.

Reducing the risk of radon-induced lung cancer requires a multi-faceted approach that spans lung cancer screening programs, building code revisions and enforcement, protections for renters, development of mitigation professionals, and awareness and education campaigns, to name a few. Public health professionals can play a key role, working collaboratively across disciplines, to reduce the frequency and severity of radon-induced lung cancer. Radon can be built out of our lives.

YOU KNOW WHAT

REALLY GRINDS MY GEARS. . .



"You know what really grinds my gears? When a restaurant proudly shows off their 'clean' kitchen... and the mop bucket's in the food prep sink."

Please submit your "heard it a thousand time before one-liners" that you hear in the field over and over and your EPHP pet peeves to bcpageeditor@ciphi.bc.ca. Let's all share in the hilariously annoying joys of our environmental public health experiences.

Improving air quality awareness through low-cost PM sensors in schools

Angela Eykelbosh, Environmental Health Scientist
Island Health

Poor outdoor air quality presents challenges for those living with chronic illnesses, both in terms of safely participating in outdoor activities and in maintaining healthy indoor air quality in homes and other settings. Among the numerous outdoor air pollutants produced by natural and anthropogenic sources (e.g., ozone, nitrogen oxides (NO_x), sulfur oxides (SO_x), etc.), **fine particulate matter ($PM_{2.5}$)** is known to have deleterious impacts on adults living with COPD, cardiovascular disease, diabetes, and other chronic illnesses.[1] In children, $PM_{2.5}$ exposure is associated with increased morbidity related to asthma, bronchitis, and respiratory infections, appears to lower birth weight, and may be associated with numerous other physiological and neuropsychological impacts.[2,3]



Climate change is expected to worsen air quality generally $PM_{2.5}$ exposure in particular as summers become warmer and dryer, increasing the likelihood of wildfires and smoke exposure.[4] $PM_{2.5}$ exposure due to wood-burning stoves and biomass burning is also a long-recognized challenge in some regions, including the Cowichan Valley, the Comox Valley, and the Alberni Valley. With woodstoves and wildfires, rapidly changing air quality can now impact the lives of children and adults all year round.

Low-cost PM sensors have become a popular approach to helping vulnerable populations maintain better air quality awareness. The concept is that local or neighborhood-level sensors allow community members to directly observe real-time air quality data, providing a more personalized and impactful experience compared to regional air quality alerts. Individuals are then empowered to take appropriate actions (staying inside, limiting strenuous activities, stocking up on medications, using air cleaners, etc.) to avoid negative health outcomes. Indeed, a number of Vancouver Island communities have already established $PM_{2.5}$ sensor networks for this purpose, including Cowichan Valley[5] and Comox Valley.[6]

Low-cost sensors are also an equity tool. Currently, ~20% of BC's population does not have access to localized air quality data due to their distance from established regulatory air quality monitoring stations.[7] This gap currently includes most of northern and western Vancouver Island. Community $PM_{2.5}$ sensor networks can help to fill this gap, but must be equitably distributed to provide best coverage. Currently, community $PM_{2.5}$ sensor networks are densely concentrated in south Island communities.

In addition to lack of access to localized air quality data, additional support is needed to help communities interpret sensor data and feel empowered to take action. For example, community networks are typically created and maintained by local governments and may not offer consistent health advice. Without appropriate health messaging, users are more likely to under- or over-react to information generated by the sensor network. Communities also often rely on the publicly accessible PurpleAir network map,[8] which displays uncorrected data "as is" and does not used the AQHI by default. This may lead to confusion during high-risk events when clear communication is essential.

island health

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The ISLH PM Air Sensors Project aims to improve upon the current community sensor networks through a combination of:

- **Offering free $PM_{2.5}$ sensors to schools in regions where more sensors are needed**. Schools are an ideal hosting location because they are typically equipped with internet (necessary for the sensors) and the data provided by sensors can provide both an educational opportunity for student as well as actionable information for school administrators. Hosting at schools also allows for direct engagement with asthmatic children, a population greatly impacted by high PM events.
- **Collaborating with work already underway within First Nations Health Authority (FNHA), Northern Health Authority, and Vancouver Coastal Health** to provide best coverage and capitalize on resources and lessons learned by more developed programs.
- **Develop evidence-based materials** to help school administrators, parents, and students understand the relevance of PM sensor data and how to apply it for various purposes.
- **Encouraging existing community networks to use vetted information** sources developed and maintained by public health and air quality experts. In addition to working with school communities, Island Health community health promoters will also engage with local organizations to encourage broader use of the sensor data within the community. The project will also embed use of the Environment and Climate Change Canada-supported AQMap[9] to provide data in the appropriate metric and with health-oriented advice.

This project is being carried out by Island Health's Healthy Environments Team and Healthy Communities Team, which includes an environmental health scientist, school health and community health promoters, as well as Environmental Health Officers within Island Health and in FNHA. The project is currently engaging with school districts and school communities to invite new sensor hosts and the first round of evaluation will be carried out in Fall 2025.

For more information on the ISLH PM Air Sensors Project, please contact Angela Eykelbosh at: angela.eykelbosh@islandhealth.ca

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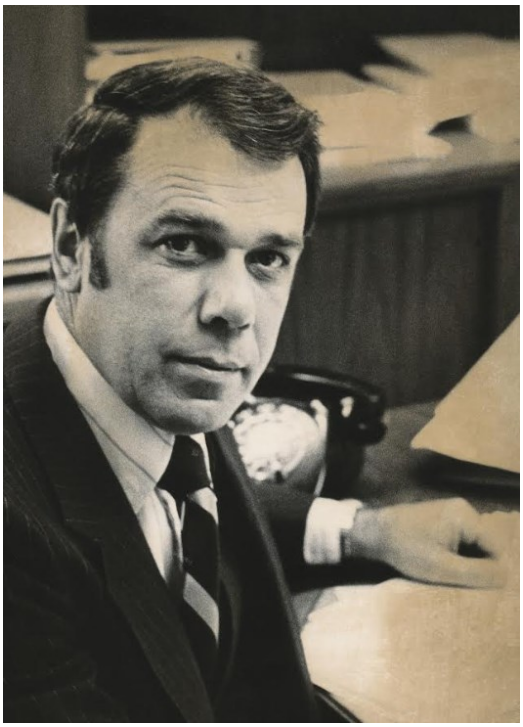
In Memoriam—John Pelton



John Pelton was a long-standing and an important member of our profession. He passed away this past September 2024 in Calgary. John graduated from the Public Health Inspection Program at Ryerson in 1961 and received his CSI(C) #1261. John soon became involved in the Ontario Branch of CIPHI and was a member of the Branch Executive while working in Ontario.

In 1970 John and family moved to BC to join fledgling new day-school program at the BC Institute of Technology which was intended provide the academic training for future Public Health Inspectors in BC. The program when it first started in 1967 was largely directed towards pollution control, sampling and laboratory analysis of environmental results. With John's experience from attending the Ontario PHI Training Program and working in Ontario as a Public Health Inspector, he believed the program needed to be expanded to deal with a much broader range of public health issues such as safe drinking water, food safety, substandard housing, proper on-site sewage disposal, disease investigations, waste disposal, etc.

In 1972 John was appointed as Director of the BCIT Public Health Inspection Program and soon he reorganized and enhanced the training program so graduates would be well prepared to deal with the many public health and environmental health issues in rapidly growing communities throughout B.C. An Advisory Board had been created involving experienced Public Health Inspectors and a Medical Health Officer to support the changes and improvements proposed by John. The result was a very thorough and balanced 2 year PHI Training program.

On learning of his recent passing many colleagues from the field and graduates of the PHI program forwarded their thoughts and condolences regarding John's passing. Here are just a few of the many comments.

John Pelton was one of the good ones. I always enjoyed working with him—he recruited me to BCIT to be on their EHO Advisory Committee. A good guy who set he stage for a great training program. -**Dr. John Blatherwick**

John was a great help for a relatively new EPH Manager in the East Kootenay region. My deepest thoughts and condolences to John's family. -**Don Corrigal**

Sorry to hear about John. He was well respected and an inspiration to many. -**Barry Willoughby**

John and I go back to when he headed the course at BCIT for public health inspector. I had a lot of respect for John as both and educator and a man of integrity. -**Bob Smith**

My second year at BCIT was John's first. You could say we broke him in. In fact he was really a bit of a savior as his colleagues were not cut out for teaching at that level. -**Larry Copeland**

Acknowledging Lydia Ma

At the 2024 CIPHI National Annual Educational Conference in Regina, Saskatchewan, NCCEH Manager Lydia Ma was recognized with the CIPHI Honorary Membership award. This award is presented at the discretion of CIPHI voting members, and recognizes an individual for "outstanding support, contribution and service to CIPHI and the profession by an individual who is not a holder of the CPHI(C)". Below is an excerpt of the nomination form submitted by nominators Kevin Kapell and Casey Neathway.

Lydia serves as the manager of the National Collaborating Centre for Environmental Health (NCCEH) and holds an adjunct professorship at the School of Population and Public Health, University of British Columbia. In her leadership role at the NCCEH Lydia manages a dedicated team of environmental health and knowledge translation scientists to respond to research and information requests from environmental public health professionals across Canada. Lydia has ensured that NCCEH program development is aligned with their mandate to provide knowledge products and services that bolster the public health sector, particularly in addressing current and emerging environmental health issues.



Beyond her administrative and management contributions, Lydia's academic accomplishments are equally commendable. Holding a PhD in Pathology and an MSc in Occupation and Environmental Hygiene from the University of British Columbia, her educational background has been instrumental in pioneering public health initiatives. These credentials not only solidify her deep understanding of public health complexities but also signify her commitment to continual learning and dedication to environmental public health.
In addition to her ongoing commitment to advancing the professional practice of environmental public health professionals, Lydia has been a staunch and ongoing supporter of CIPHI while in her role. It is thanks to her advocacy that CIPHI holds a spot on the NCCEH Advisory Board, and she was instrumental in ensuring the voice of CIPHI was included into the ongoing modernization of the PHAC public health competencies framework.

Lydia's commitment to environmental public health research, support for increasing knowledge and awareness, and her ongoing advocacy for CIPHI makes her a prime candidate for this award, and we thank you for your consideration.

Congratulations Lydia on behalf of the CIPHI BC Branch for this well-deserved award!

From September 22-25, 2024 CIPHI held its 88th National Annual Educational Conference at the Ramada Plaza by Wyndham Regina Downtown in Regina, Saskatchewan. CIPHI was excited to return to Saskatchewan for the first time since the 2018 National Annual Educational Conference, which was held in Saskatoon.



The crowd heard from keynote speakers Dr. Lisa Belanger, Jill Heinerth, Lyndon Linklater, and Aaron Tootoosis as well as the strong roster of presentations submitted by CIPHI members. For the third year, CIPHI was also pleased to welcome delegates Dr. David Dyjack and Tom Butts from the National Environmental Health Association, reflecting our organizations' reciprocal
Approach to developing environmental public health across North America.

In addition to the educational offerings at the conference, participants also had the opportunity to attend the President's Banquet with an honor song performed by the Crow Singers, followed by entertainment provided by "Mind Over Magic" and "Mind Mystique". The Monday Night Social was hosted by Baller's Rec Room, where attendees could use the batting cages, enjoy the arcade games, or just get caught up with old friends and new.



CIPHI National President Casey Neathway and President-Elect Natalie Lowdon with NEHA Executive Director Dr. David Dyjack

During the CIPHI Annual General Meeting, the organization passed the first significant update to its Bylaw 1 in decades. This update not only provided clarity on the governance structure of the organization, but also brought CIPHI into compliance with federal legislation governing its business. In the coming years, CIPHI will continue to update its foundational documents to ensure its long-term sustainability and success.

Call for Expressions of Interest

In alignment with the Canadian Institute of Public Health Inspectors National Bylaw 1 (2024), CIPHI is seeking Expressions of Interest for two (2) National Director positions.

Position Responsibilities:

The National Directors will be responsible for co-chairing the portfolios to which they are assigned and working in partnership with the other members of the CIPHI Board of Directors to advance the vision and directives of CIPHI.

This call for Expressions of Interest is for National Directors to support the following portfolios:

- Policy and Governance
- Education

Qualifications:

- Be at least eighteen (18) years of age
- Be Regular/Life/Retired member of CIPHI
- Not have the status of a bankrupt
- Not be a person who has been found under any applicable statute to be incapable of managing property
- Not be a person who has been declared incapable by a court in Canada or elsewhere

Term of Appointment:

The National Directors will be appointed for a two (2) year term. Directors are eligible to serve for consecutive terms.

Election Process:

Upon receipt of Expressions of Interest, the CIPHI Nomination Committee (made up of CIPHI Officers) will review each application for the skills, experience, and qualifications in alignment with the CIPHI mission and priority objectives and may conduct interviews to gather additional information about applicants and their qualifications for the role. The CIPHI Board of Directors will vote to elect candidates brought forward by the Nomination Committee at a duly convened meeting.

Please submit a written expression of interest outlining how you meet the above criteria (no more than 250 words) along with a recent resume/CV to elections@ciphi.ca. **Expressions will be received until 16:00 PST on December 1, 2024**. Late applications will not be considered.

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The objective of this newsletter is to keep the members of the BC Branch and other colleagues informed of the local and national events that are of interest and importance to them.

The views, comments, or positions of the BC Page are those of the Editorial Team or the author and do not necessarily reflect those of either the BC Branch or the Canadian Institute of Public Health Inspectors.

The Editorial Team reserves the right to edit material submitted, solicited or unsolicited, for brevity, clarity, and grammatical accuracy.

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The BC Branch will accept advertising relating to health & environmental issues, products, and services. Advertisements that the editorial team concludes are contrary to good public health practice or environmental protection goals, or those deemed offensive or not in good taste, will not be accepted.

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