



# Oregon Environmental Health Association

*Furthering the Education of the Environmental Health Professional*

Newsletter

Fall 2012

## Registration is **OPEN** - Annual Education Conference!

The 2012 OEHA AEC will be held on October 8<sup>th</sup> & 9<sup>th</sup> in Corvallis on the Oregon State University campus, in collaboration with the [Oregon Public Health Association](http://www.oregonpublichealth.org) (OPHA). A full and diverse agenda is scheduled!

View the conference agenda and register online through the OPHA website at [www.oregonpublichealth.org](http://www.oregonpublichealth.org). As always, registration fees are substantially lower for OEHA members! Register before September 24<sup>th</sup> to get the lower early bird rate.

The OEHA Annual General Meeting will take place on the first day of the conference from 4:00-5:00pm. Agenda items will include:

- Election of Association Officers for the following positions:
  - **President**
  - **President-Elect**
  - **Treasurer**
  - **Southwest Regional Representative**
- Emerging issues in Oregon Environmental Health
- Fundraising Goals
- Constitution & By-Laws

Also, don't forget about the **OEHA Fundraising Auction** during lunch of conference day two!! Please bring an item to donate for the auction, and of course your pocketbook for bidding on the goodies! All proceeds benefit the OEHA Scholarship Fund & Public Health International.

*All that's left are the Registered Environmental Health Specialists- hope to see you at the Conference!*

## Message from the President

I started my career in Environmental Health accidentally. When I was a child, I don't recall dreaming of one day becoming a sanitarian; I didn't even know what one was. I knew, or perhaps I assumed, that there was somebody out there making sure I was kept safe from whatever it was that was supposed to be dangerous.

My affiliation with OEHA began much the same way. While I attended the spring 2007 Annual Education Conference in Hood River, I was invited to be a member of the OEHA Board. Before I knew it, I was elected 'President-Elect'. I began attending meetings where I may have helped a little. My fellow board members did most of the work for the 2008 conference in Bend and the 2009 conference in Lincoln City (I mostly observed). I became 'President' of OEHA during the Lincoln City conference.

For 2010, we tried inviting our emergency preparedness colleagues to the conference in Bend, with mixed results. In 2011, OEHA partnered with the Oregon Public Health Association (OPHA) for a successful joint conference in Corvallis. This year we're uniting again with OPHA.

After a few years holding the gavel, I will retire from the position of OEHA 'President'. While I have been pleased at the quality of the events that OEHA has hosted since 2009, I wish that I had been able to

[www.oregoneha.org](http://www.oregoneha.org)

### OEHA Board

President  
Ian Stromquist

Retiring President  
Gerhard Matheis

President-Elect  
Kaline Rosman

Vice President  
Terry Westfall

Treasurer/Member Services  
Jenifer George

NW Regional Director  
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Mid-Willamette Regional Director  
Bill Emminger

SW Regional Director  
*vacant*

Eastern Regional Director  
John Mason

Secretary  
Tabitha Howell

inspire better participation among my colleagues across Oregon. Even though I am stepping aside, I will continue participating (in a much reduced capacity) as 'Retiring President' (another board position). Thank you for all of your support these last few years.

Regards,

**Ian Stromquist, REHS, OEHA President**

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## Conference for Food Protection

by Dave Martin, REHS

The Conference for Food Protection (CFP) is a national organization that meets every two years to review and discuss food safety issues and make recommendations to FDA on changes to future editions of the FDA Food Code. CFP members include voting delegates from every state food safety program along with participants from the food service industry, academia and federal and local regulatory officials. This past April, the CFP met in Indianapolis, Indiana and I had the opportunity to represent Oregon as the official state delegate.

In addition to being a delegate, I also presented an issue that we co-submitted with ODA that was approved relating to Non-Continuous Cooking. This issue changes the code to allow food service

facilities to cook raw animal foods to the final cooking temperatures allowed in the code, rather than cooking all products to 165°F, which is currently required. Current science supports this change and the existing 2009 FDA Food Code language has been problematic for regulators and industry to adopt and implement.

I was also appointed the Co-Chair (with the state of Alaska) of the Wild Harvested Mushrooms Committee, which is tasked with developing recommendations to address concerns relating to the harvest and sale of non-commercially produced wild mushrooms. The Wild Mushroom committee has members from across the country and will meet throughout the next two years and present our recommendations at the next CFP, which will be held in Orlando, Florida in May, 2014.

For more information, contact Dave at [david.c.martin@state.or.us](mailto:david.c.martin@state.or.us), or visit the CFP website at [www.foodprotect.org](http://www.foodprotect.org).

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## Public Health International- Togo, Africa

by Ron Baker, REHS, President of Public Health International

OEHA has been very supportive of Public Health International (PHI) and our developmental public health programs throughout the third world. PHI was started approximately 30 years ago by three past OEHA presidents and has never had a president who was not a past president of OEHA. We at PHI believe our organization, in many ways, to be an extension of OEHA, since many of our volunteers are still current and past OEHA members.

I would like to update OEHA on the status of our program in Togo, Africa. Some of you may remember that the program was initiated by OEHA members Denny Allen, Gregg Adams, Terry Westfall, myself and others.

PHI has been active in Togo for just over six years. We started our work in the village of Nano in northern Togo. As always, we started by having the villagers form a Public Health Committee. We then trained the committee members in basic public health as it relates to a third world village because public health must be practiced differently in the third world than in the developed world. In our training we use a training manual which PHI developed in four languages which can be read by the majority of the third world's population.

Upon the completion of the designated training program and before leaving for home, each volunteer team will challenge the Village Health Committee to conduct public health training not just in their own village, but to take their training to other villages and develop



*Ron teaching a public health class in northern Togo.*

public health committees in those villages which they are charged to oversee and train just as PHI has done for them. PHI has continued to provide the Nano Public Health Committee expanded training with volunteer teams which return to Togo approximately every two years.



*PHI discusses drinking water well maintenance.*

After each visit PHI develops a project to provide for the construction of safe potable domestic water wells and the construction of latrines for a chosen village. PHI provides the funding for the wells and the latrines, but the village public health committee is responsible for the construction and the operational training for the entire population of the village to be served by the wells and/or the latrines.

The village public health committees are also charged with project review. Just as PHI sends volunteer teams to review the progress of the village public health committees, PHI expects all of its trained village public health committees to review the progress of the village public health committees they have trained and to pass on the additional training they have received from PHI's last visiting volunteer team.

PHI recently made a strategic program development change in its Togo program after developing safe domestic water systems, installing hundreds of latrines and developing public health committees to oversee established village public health programs. Based on our experience, conventional methods are too costly to provide sufficient safe domestic water systems and latrines to even a small percentage of those who need our assistance. Therefore, our most current project in Togo has challenged the Nano Village Public Health Committee to form a dozen or so teams to come up with compost toilet designs which can be constructed of mostly local inexpensive materials.

We have agreed to provide the limited items needed which cannot be constructed of local materials such as plastic vent pipes, cement, reinforcing wire, and waste separation structures. We have proposed further incentives during this demonstration phase, of a prize, either financial or in goods, as a reward to teams whose designs we inspect and find to have met the functional criteria we have set. We will give an extra prize to any team that can build the latrine to meet our functional criteria with no outside materials.

We have also challenged the Nano Public Health Committee to designate no more than three teams to attempt to come up with designs for the construction of a safe domestic water well, which can be constructed of mostly local inexpensive materials. Again we have agreed to provide the limited items needed which cannot be constructed of local materials such as the pump, reinforcing wire, and cement. The designs that are constructed that meet our functional criteria will also receive a financial or appropriate goods reward.

PHI is also currently providing funds to the village of Gnoate which, prior to the development of its village public health committee by the Nano Village Public Health Committee, had experienced annual cholera outbreaks. No cholera outbreaks have occurred since the establishment of Gnoate's Village Public Health Committee. PHI, to date, has provided the village of Gnoate with its only safe domestic water well and its first properly constructed compost toilet. An additional safe domestic water well and additional compost toilets are being provided by PHI's current project.



*Ron teaches locals how to maintain compost latrines.*

It is our hope that this new project will result in the development of a low cost compost toilet design (or designs), and a lower cost safe domestic water well design (or designs). Together these designs will enable PHI to provide considerably more compost toilets and clean wells in Northern Togo and to our other third world project areas.

For more information about this or other PHI efforts, contact Ron Baker at [rbaker@publichealthinternational.org](mailto:rbaker@publichealthinternational.org), or visit the PHI website at [publichealthinternational.org](http://publichealthinternational.org)

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## Shared Swimming Pools and Waders, and Requirement for ORP Monitoring

by John Mason, REHS

There is a bit of confusion about what to require under OAR 333-060-0515(2)(a), which requires all wading pools to have electronic sanitizer and pH feed and monitoring equipment when the wading pool is adjacent to and shares water with the pool. In this particular situation, the pool and wader are connected by an open pipe through the wall of each vessel so water levels in each vessel can reach equilibrium. Each vessel has its own maindrain, skimmers and return lines. The water is pulled out of each vessel and mixed as it goes through the filter, heater and sanitizer feed, before a portion is returned to each vessel.

The first priority is that the wader has circulation and disinfection. The other priority is that there is no entrapment issue and the Virginia Graeme Baker Pool rules (V.G.B.) are met. This may be hard to determine if all the piping is connected by a manifold under the deck as is typical in older pools. If you cannot measure the flow through the maindrain to verify VGB, you may need to advise these clients to install an unblockable drain (most rated at over 300 gpm) or abandon the bottom drain and rely on skimmers to remove water from the wader.

Provided the above two priorities can be met, there is not a requirement that the pool and wader be separated and have their own pump, filter and sanitizer feed system. The owner can install one ORP system to monitor and feed the mixed water going to both vessels. Remember that the minimum free chlorine level for a wading pool is 2 ppm. This will now become the defacto minimum for the pool. (A stand-alone pool requires a minimum free chlorine level of 0.8 ppm.) However, if and when the pool /wader are remodeled, the two circulation and filtration systems should be separated.

The other question that this shared monitoring layout raises has to do with the difference between the turnover rate required for a pool (6 or 8 hours) and a wader (1 hour). Wading pools constructed and continually licensed before 1994 only required a 3 hour turnover. Again, depending on the piping and manifold the operator has available, there are a couple of solutions. If there is dedicated piping to the wader and the outlet flow rate can be determined (via a flow meter or using a Total Dynamic Head calculation [see your CPO manual]) dial in the required turnover as best you can. But there is an assumption here that you should take into account; the water in a wading pool is assumed to have more 'pollutants' due to the nature of the swimmers using that vessel. Most of these shared pool/wader combos have an equalizer or flow through pipe connecting the wader to the pool. We want to try to establish a flow régime that does not push these 'pollutants' into the pool through the equalizer line. Therefore you want to get as much flow as possible coming out of the wader through the skimmer and the bottom drain (meeting VGB ) thus pulling makeup water into the wader from the pool. It is my feeling that if the wader can maintain the 2 ppm free chlorine level, pH below 7.5 and that we can get good (maximum ) flow out of the wader through the skimmer and main drain, the turnover rate will take care of itself.

Any questions or comments about this article should be directed to John Mason at [johnm@deschutes.org](mailto:johnm@deschutes.org) or office phone at 541-388-6598.

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## Letter to the Editor: "REHS: In Its Death Throws"

by Ron Baker, REHS

At the last OEHA Educational Conference we were treated with a presentation from the new director of the Oregon Health Licensing Agency. During his presentation I advised the director that the Registration Act was not being enforced with regards to those who are practicing the profession without the benefit of registration. He assured us that that was about to change. In response I stated that I did not believe it and challenged him to prove me wrong.

Well, nothing has been done; in fact, things have gotten much worse. Those whom I have registered complaints against in the past for practicing the profession without registration are still practicing with impunity. Additionally, many state agencies (DEQ, Health Division, etc.) are issuing certificates based on a few hours to three to four days of classroom instruction for work which requires registration, and then accepting these certificates instead of registration. In fact, when questioning agency staff, they state that

registration is not required, only certification. Certification is appropriate as an addition to registration but not in place of. Just a few examples of certification programs are: existing septic system evaluations, asbestos inspections, erosion control, lead inspections and swimming pool inspections to name but a few. I am sure you can list others.

I and others have for years requested of the Registration Board what it is that registration allows us to do which we cannot do without registration. I know of no one who has received an answer.

If registration is to mean anything in Oregon, we, as registered professionals, must insist that the Registration Board and the Director of the Health Licensing Agency do their jobs and require that the offending state agencies remove the certification programs or limit them to registered professionals. They must be required to comply with the law just as they require those they govern to comply. This double standard must be corrected.

*DISCLAIMER: The views and opinions expressed in this article are those of its author and do not necessarily reflect the policy or position of OEHA.*



**Well, if you made it this far, consider this message an invitation for you to submit an article for the next issue of the OEHA newsletter! Announcements of EHS retirements, new hires, research, upcoming events, etc., are all welcome. Simply email your materials to any OEHA Board member. The more submissions, the better, and thanks for reading!!**