

Trail Area Health & Environment Committee



MINUTES

Meeting: Tuesday, July 8, 2014
City of Trail – Committee Room #2
7:00 pm

Committee Members in Attendance:

Dieter Bogs, Chair, City of Trail
Mark Tinholt, Teck Trail Operations
Marylynn Rakuson, Community Rep.
Dawn Tomlin, Interior Health

John Crozier, Councillor, Village of Warfield
Graham Kenyon, Community Rep.
Sonia Tavares, WK Early Years

Others in Attendance:

Bruce Enns, SNC-Lavalin Inc.
Cindy Hall, SNC-Lavalin Inc.
Liz Anderson, SNC-Lavalin Inc.
Angelique Rosenthal, Community resident

Richard Deane, Teck Trail Operations
Ruth Beck, Program Manager
Greg Belland, Teck Trail Operations
Tim Campbell, Trimac

MEETING MINUTES:

Note: Flag Andrea's May 13 Action for next meeting: Andrea to ensure that future reports/graphs distinguish between properties sampled in past years that are now being remediated and properties identified this sampling season. **Motion** to approve the minutes dated May 13, 2014. None against; approved.

PRESENTATIONS, REPORTS, DISCUSSIONS & RECOMMENDATIONS:

Program Document:

Discussion of outstanding items from the draft THEP Document

Mark presented revised Signatory Page; this will be a stand-alone page near the front of the document. The Executive Committee has suggested some changes that Ruth reported.

- 1) Towards end of line three: delete "by all" and change to "by the stakeholders".
- 2) In line four: change "entities" to "stakeholders".
- 3) In the second to last line of 1st paragraph: change "Parties" to "stakeholders".
- 4) In the first line of 2nd paragraph: change "all of" to "combines the elements necessary".

Dieter will speak with Ali Grieve and Linda Worley about putting their signatures on the page.

John Crozier informed the Committee that he would like to abstain from being on the signatory page. He stated that he likes the last 25 years of work that Teck has done to clean up around Trail, but doesn't like the past 100 yrs of contamination. Graham urged John to reconsider and stated that the THEC is working hard to make the changes necessary. John was asked if he would object to Dieter speaking with the Mayor of Warfield, John replied that he would not.

Graham would like a break in the middle of the 1st and 2nd paragraphs for readability. All agreed.

Dieter acknowledged Graham's contribution re. the signatory page.

ACTION: Liz to attach the revised signatory page to the minutes.

Mark brought up the point that we need to spell out the process by which we intend to update the THEP Document. Ruth spoke about ongoing program changes. She proposed that we keep an addendum list as a part of the electronic copy of THE Program. It was agreed that we would date the signatory page. Regarding changes to performance targets; many of our current goals expire in 2015 and will need to be updated or renewed. In particular, BLL levels and air quality targets. The MoE will require a public consultation process as part of approving the WARP and that coincides with the next round of THEP

public consultations to renew our goals. Mark added that feedback from the MoE is coming in now. They might want a separate document for the WARP that pulls out the details pertaining to them from our current document. The THEC can expect to be working with the MoE through 2015 to see what they require and hold dual public consultations in 2016. The 5 yr cycle to update the Program document would start at the end of public consultation and approval of new targets in 2016.

Discussion took place around the use of the word “targets” in the Program, Graham suggested the use of the word “objectives”. It was agreed to change the use of the word “targets” to “objectives”.

Mark presented the current draft of the program area map. He explained that the dark orange area (Trail & Rivervale) receives HRSP support regardless of how old the house is; the light orange area receives HRSP support for houses that were built in 1976 or older. The yellow area also receives HRSP support, but for Fruitvale, Rossland and Genelle there is no evidence of historic contamination and the HRSP is offered as a community service only. Dieter suggested the MoE take a look at the map.

ACTION: Liz/Ruth to email a copy of the updated map to Brad McCandlish for review.

Mark presented the new title of the document: “The Trail Area Health & Environment Program”. Graham put forward that he would like “It starts with the kids” as a subtitle. His reasoning being that in the context of our program, kids come first and are the basis of the program; as they grow up they become the leaders and thus It Starts With the Kids would be something to emblazon on the cover of the document. Marylynn suggested it be across the bottom of the cover page. Dieter likes the idea of the subtitle but would like a quote from a parent included. Ruth stated that such a subtitle fits in terms of Dieter’s Foreward. All agree. Cindy will see about getting some quotes from participant families.

Mark proposed that we bring the finalised document in its current form and the signatory page to the September 9th meeting for signing.

Mark and Graham have scheduled a meeting about the abridgement and will also go through the changes that have been made thus far on the signatory page.

ACTION: Mark to email Ruth Hull about changes needed re. the THEP document.

Air Quality:

Air Quality Update – Teck Trail Operations

Mark presented the air quality update. The seasonal trends are similar to other years, however, this June’s total suspended particulate of lead is a little lower than in June of last year. Bill Jankola is working hard to make a big difference this year. Discussion about stack emissions took place. Mark reminded the Committee that stack emissions are extremely low and that Teck’s main focus is reducing fugitive emissions from their current level of approximately 40 tons per year. Richard clarified that total lead emissions from site are around 40 tons per year (includes stack emissions and fugitive dust). The stack emissions might not be as relevant now as they were in the 90s. The community ambient monitoring stations are important indicators. There are two sets of monitors at the stations: one that measures every two days, the other is hourly. Graham added that total suspended particulate (TSP) is a measure of exposure. We look at the relationship between blood lead levels and total suspended particulate of lead. Mark continued his presentation with a discussion about arsenic. We are seeing the lowest numbers this year and if the trend keeps up we’ll see our goal achieved by the end of the year.

Greg brought up the topic of the Smelter Recycle Building; Teck is still waiting on approval on the project. Richard added that there are also smaller projects happening to reduce fugitive dust. In-plant projects will happen on an ongoing basis. Mark stated that the low TSP number in June is encouraging with respect to the Fugitive Dust Reduction Program, especially as there wasn’t a lot of rain and there were some big wind events. Richard pointed out that good lead smelter operations occurred in June as well, which helps with environmental performance. Graham added that the Teck InfoBulletin from June 25 was appreciated.

Dieter asked about the acid plant. Greg explained that it has been operating for one and a half months. There was a performance test last week and the plant met all the requirements. He added that SO₂ emissions are down dramatically: 20ppm as opposed to 300ppm on the old system. The performance of the main zinc stack has improved as a result as well.

Trimac Presentation

Mark welcomed Tim Campbell, branch manager of Trimac, to speak about their efforts to reduce worker exposure to metals at the Waneta Reload Center. Tim first presented some preliminary information about the business model: Teck owns the land and facility, Trimac is contracted to do the work. Tim highlighted the following in his presentation:

- 1) There is no truck wash onsite; units are washed before leaving Teck and are loaded in a closed facility at Waneta. The loading bays are cleaned every day, in accordance with their standard operation procedure. Dieter recalls a wheel wash station on site in the 90s. Tim commented that if that is the case, it is no longer there now. Teck is investigating the feasibility of putting a wheel wash in at the Waneta Reload Centre.
ACTION: Mark to update the THEC in the first quarter 2015 as to the progress of the wheel wash station at Waneta.
Tim continued his presentation and outlined the procedures in place for cleaning roadways. Soil and groundwater investigation shows there is no groundwater contamination on the Waneta site.
- 2) Re. Personal Protective Equipment use, all employees are educated and required to sign off on the Exposure Control Plan (attached).
 - a. Biological (blood lead) testing is done bi-annually. Average is 8.7µg/dL (last year it was 9.2 µg/dL). Employees are tracked by group in order to monitor the different levels of exposure for different work areas. Tim provided the biological sampling breakdown (attached). Monitoring is done through Interior Health.
 - b. Although there is no 24 hour supervision, washing stations, showers and bathrooms are onsite. If infractions are seen, proper hygiene and decontamination procedures are enforced.
 - c. Trimac provides respirator fit tests for its employees.
- 3) Tim described the types of trucks used on site and the methods employed for reducing fugitive dust from driving the trucks.

Family Health:

Interior Health Report

Dawn presented the IH report prepared by Jeannine. Blood lead clinic dates have been set for 6 days over three weeks in September:

- Monday, Sept. 15, 9am – 4pm
- Wednesday, Sept. 17, 9am – 4pm
- Tuesday, Sept. 23, 9am – 4pm
- Wednesday, Sept. 24, 11am – 6pm
- Monday, Sept. 29, 9am – 4pm
- Tuesday, Sept. 30, 11am – 6pm

Cindy asked about the Expectant Parents' Event. Dawn explained that it is no longer being held, likely a result of not getting enough participants. Dawn will look into it further.

Family Action Network (FAN) Update

Ruth provided a verbal update. The Regional Capacity Building Coordinator, Christy Anderson, is working to facilitate increased collaboration between service providers. There are 3 priorities mandated for Christy: (1) increase awareness of early childhood development services via website and social media for providers and families; (2) effort to make the Ages and Stages event mobile and more available; and (3) social sector capacity building. Ruth commented that many attendees at the June 10 and 11 events were delighted to network with other service providers. Sonia added that this speaks to the underfunding of the sector; you stretch as far as you can but lose sight of the bigger picture. Marylynn commented that many people still don't have access to the programs that are available. Marylynn added that the food bank might be a great place to contact families that are not on social media/websites.

ACTION: Liz talk to Marylynn about the various food banks and provide the information to Christy Anderson as a means of contacting those families for information.

Sonia provided some information on the next Ages & Stages Day; it will likely be on the last day of the Fall BLL clinic: Sept. 30th, or perhaps Oct. 1st. The next phase is to make it more mobile and visit other communities. Discussion continued about the space provided at Kiro and the large table that now dominates the space. Dieter offered to comment to IH about the value of the space provided at Kiro for such events are the BLL clinics and Ages & Stages.

Ruth continued the FAN update. FAN will likely be making an announcement later in the summer regarding a new Comfort Station. For the foreseeable future, FAN's focus is on service provider collaboration and increasing their capacity. The strategy of creating a community hub is not the focus at this time.
ACTION: Liz to add the FAN update to the minutes.

Home & Garden:

Community Program Office Report – SNC-Lavalin

Cindy provided the update and noted a correction to the Healthy Families Healthy Homes program participation rate. Going forward, Cindy would like to report HFHH participation rate annually. Cindy noted that soil assessment requests are backlogged and date back to 2011; SNC is working to get those properties assessed as soon as possible. Bruce clarified the difference between yard improvements and remediations.

Dieter asked if the office tracks Trail radon results. The office does not have direct access to that information but the stats are available via the Donna Schmidt Memorial Foundation (in Castlegar) and we can look into it.

ACTION: Bruce to look into the stats about radon levels in buildings in Trail.

Dawn asked about contractor training and if the contractors replacing the soil for our remediation program receive training. Cindy replied that they do health and safety education at the beginning of the season. Mark added that the program hires one contractor and they are diligent.

Graham asked how we measure the effectiveness of all the outreach that our home visiting program conducts other than by tracking blood lead levels. Mark commented that is something we're discussing (it was a main topic on the June 10/11 Putting Children and Families First events). Ruth added that we want to start to measure what the Healthy Families Healthy Homes program is achieving and we need to work through a logic model: what is our theory of change? We will put forward a proposal of how we intend to measure it. Ruth continued that Port Pirie (Australia) recently put forward a report on a longitudinal study that concluded that a program such as ours should combine lead exposure reduction with support for improved children's development. It is possible that we might not be able to measure our program's impact on children's healthy development, even at the population level. Dieter commented that an important measure is the BLL bell curve and how it's moving to the left. Ruth remarked that it might be hard to measure, but there are anecdotes that support the effectiveness of the HFHH Program. For example, Julia Stockhausen, an experienced home visiting professional commented: "I can't speak highly enough of your home visiting program". Sonia added that one form of measurement might be seeing our programs become accepted as the norm in local health promotion culture.

Program Planning & Operations:

Executive Committee Report

Mark spoke about the IH/Teck cost sharing agreement; it will be outlined in a Letter of Understanding.

Program Manager Report

Ruth presented the draft FAQ about maternal health, fetuses, and lead. The MHO recommends its approval as written. Dawn requested a correction to the title of Jeannine's position in the FAQ. Graham asked if the MHO approved all of the other FAQs we have and Ruth explained that this FAQ required closer scrutiny because it was regarding a more complex question. The other FAQs were written by Ruth in consultation with Drs. Larder and Ames. No opposition to approving the Maternal Health and Lead FAQ; approved.

ACTION: Ruth to make the noted correction to the FAQ on maternal/fetus BLLs and issue the FAQ as "final".

Ruth spoke briefly about the upcoming Fall newsletter and proposed contents.

Ruth shared the playing cards created with our key messages about reducing lead exposure in summer.

ACTION: Liz to send a package of Summer Messaging Cards and other THEC literature to Port Pirie.

Ruth presented a brief summary of the June 10/11 events. The community action planning on the 11th identified 5 areas for action:

- 1) Understanding the root causes of vulnerability
- 2) Creating a hub for families in Trail
- 3) Engaging with the School District
- 4) Helping service providers connect
- 5) Getting more of the community involved in helping 'stretched' families.

The final report on the events will propose a follow-up meeting in the Fall. The THEC members will be included in the email distribution of the final report. Sonia commented that it should go back to the Success by 6 coalition. Ruth added that there is a network of home visiting professionals in the Greater Trail area and there may be an opportunity for training events in 2015.

ACTION: Ruth to include the THEC and Success by 6 on the distribution list for the June 10/11 report.

NEXT MEETINGS: Tuesday, Sept. 9, 2014 and Tuesday, Nov. 18, 2014

Meeting adjourned: 9:06pm

The Trail Area Health & Environment Program Collaboration in Action

The Trail Area Health & Environment Program (THEP) represents a unique collaboration of entities combining their knowledge, experience and interests to create and implement a comprehensive Program designed to achieve the objectives and goals agreed to by the stakeholders. The stakeholders comprise the BC Ministry of Environment, Interior Health, Teck Metals Ltd., and the Community itself, represented by the City of Trail and individual community members. All have their own mandates and responsibilities, yet are willing to work cooperatively together towards mutually desired goals.

The success of this collaboration is measured in the progress that has been made, and in the spirit of trust, respect and determination that is reflected in this edition of the THEP. This is a living document that will transcend changes within the stakeholders and will represent an integrated approach to the enhancement of relationships and development of services.

We, the Trail Area Health & Environment Committee, believe the THEP combines the elements necessary to protect and enhance the health and environment of the Trail community, based on 25 years of past experience, extensive research and consultation with community residents, continuing improvements in abatement technology, and the most recent conclusions of Canadian and US health agencies with respect to lead exposure risks.

This is not a legal document. Its strength is that the signatories below publicly acknowledge the cooperative spirit by which this Program has been developed, and the expectation that the various elements of the Program, as they evolve, will be diligently carried out. While the commitments and goals were established in good faith, it is understood that the issues are complex, technologies change and science continues to evolve. As it has in the past, we anticipate this Program will need to adapt in the future as circumstances change. The THEC will work with others to monitor progress, ensure appropriate action is taken when needed, and ensure the Community is fully informed on progress and change.

For the Trail Area Health & Environment Committee:

Date: September 9, 2014

Dieter Bogs, Chair
City of Trail

Craig Adams
Community Representative

Steve Como
USWA Local 480

Bert Crockett
Village of Warfield

Gord DeRosa
City of Trail

Ali Grieve
Director, RDKB, Area A

Ron Joseph
Community Representative

Graham
Kenyon Community
Representative

Brad McCandlish
BC Ministry of Environment

Marylynn
Rakuson Community
Representative

Jeannine Stefani
Interior Health Authority

Sonia Tavares
Community Representative

Brandi Thirsk
Community Representative

Mark Tinholt
Teck Trail Operations

Cheryl Whittleton
Interior Health Authority

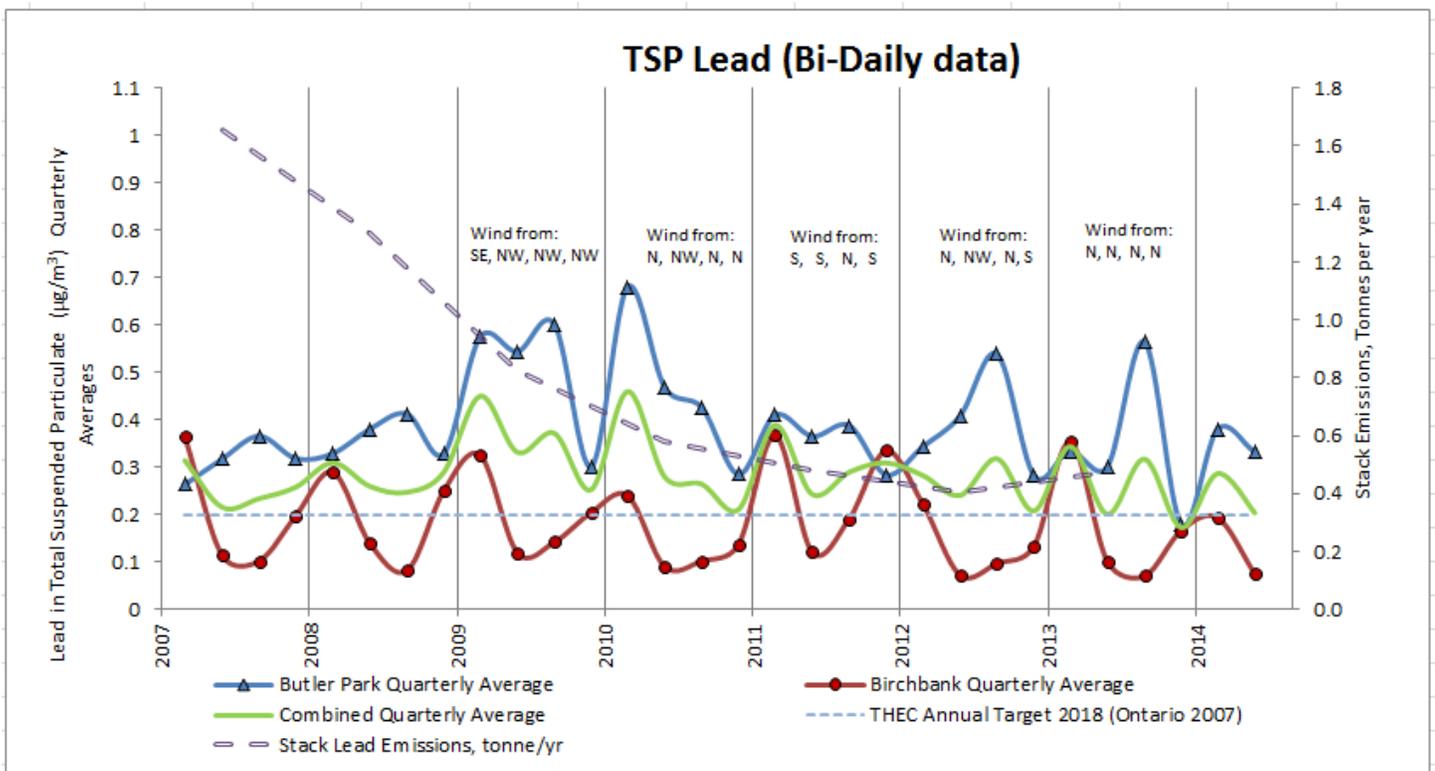
Linda Worley
Director, RDKB, Area B

Trail Health & Environment Committee – Teck Report July 8, 2014

Air Quality Program

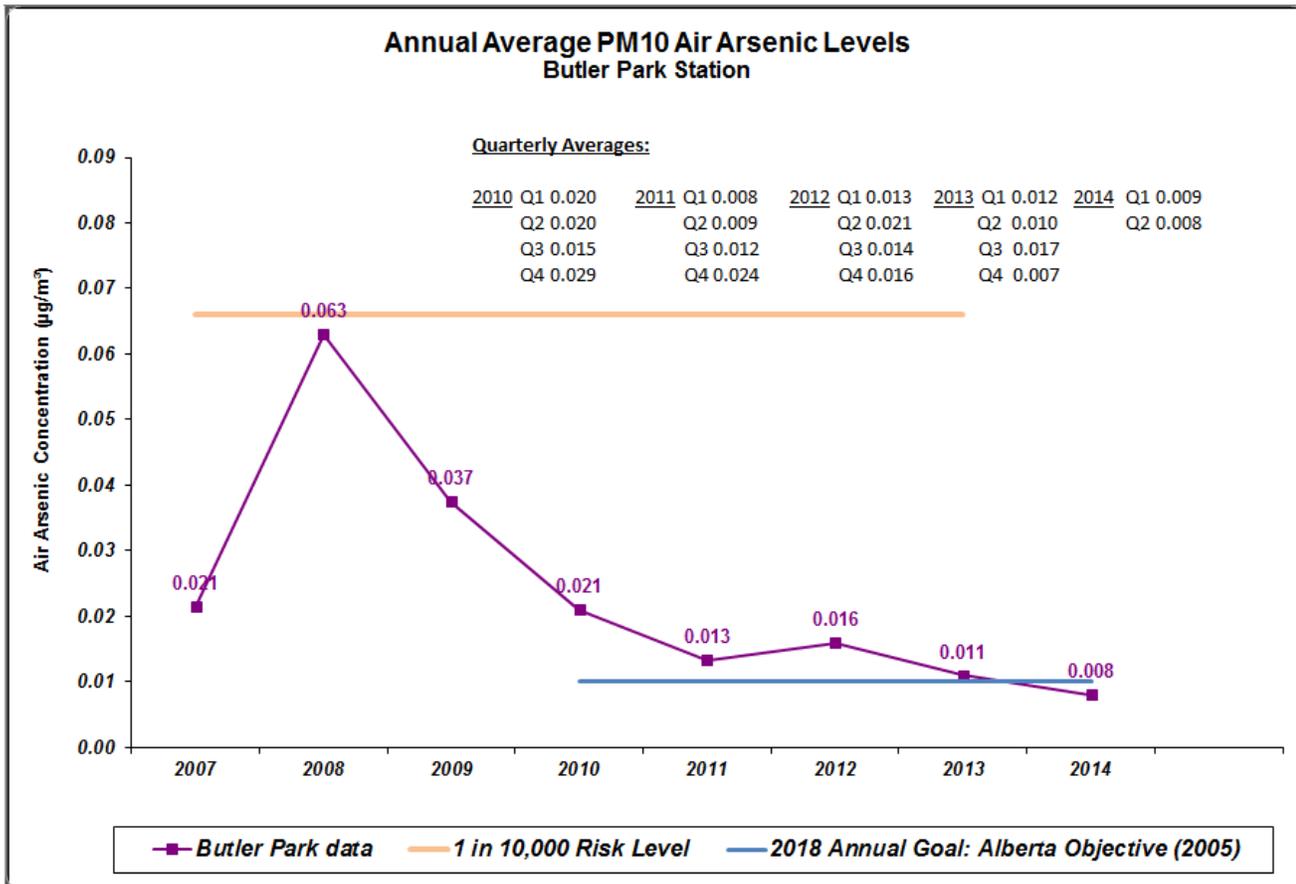
Lead – Total Suspended Particulate:

- The first graph shows ambient (community) levels for the Butler Park and Birchbank monitoring stations based on quarterly averages of Bi-Daily data (rather than NAPS -6 day- data), measured stack emissions (annual basis), as well as predominant wind direction (quarterly, as measured at Maintenance Services Building). More detailed data (e.g. box-plots) are reviewed at the Air Quality Technical Working Group meetings.
- The most recent monthly average for June 2014 was $0.244 \mu\text{g}/\text{m}^3$ for Butler Park and $0.058 \mu\text{g}/\text{m}^3$ for Birchbank, slightly lower than June 2013.
- Quarterly averages for Lead in ambient air at Butler Park continue to follow a typical seasonal trend, with varying influences of predominant wind. The combined average is generally consistent with previous years, with some seasonal variation.
- Both real-time XACT monitors (one at Butler Park and the second at Duncan, located north of Metallurgical Operations) are operational.
- Measured stack emissions have continued to be less than 0.5 tonnes/year. The discrepancy in trends between stack emissions and measured TSP in air is believed to be sourced from fugitive dust.
- Trail smelter's releases of lead to air are still amongst lowest in industry.



Arsenic– PM10:

- Arsenic in ambient (community) air had returned to pre-2004 levels in 2011. Improvements appear to be the results of actions taken at the Continuous Crossing Furnace and Refinery Scrubber Stack.
- The average for 2014 year to date is 0.008 $\mu\text{g}/\text{m}^3$, indicating a slight improving trend that may attain the 2018 goal.
- Trail smelter’s releases of arsenic to air are amongst lowest in industry.





EXPOSURE CONTROL PLAN FOR BRANCH 47

PURPOSE

This plan provides direction to the supervisors and workers of Trimac Transportation Services, 9595 Hwy 22A, Trail, B.C., on the company's policies and procedures for the ore concentrate operations. It covers all standard work practices involving the loading, handling and exposure to concentrates and/or lead ingots.

POLICY

All personnel working in lead hazard areas and/or who are occupationally exposed to lead need to participate in the Biological Monitoring and Medical Surveillance program.

REASON

- Although biological monitoring and medical surveillance are not a substitute for work place controls, they provide the basis for monitoring trends in exposure risk.
- Biological monitoring allows the employee to assess the impact of their individual behaviours on their exposure risks.

RESPONSIBILITIES

The employer is responsible for:

- Providing a job-specific exposure control plan (ECP) to deal with the hazards and risks associated with lead exposure.
- A periodic review of the effectiveness of the ECP, which includes bi-annual blood level samples.
- Ensuring the personal protective equipment is readily available, provided and used where deemed necessary.
- Ensuring supervisors and workers are educated and trained to an acceptable level of competency.
- Maintaining records of training, fit-test results, OH&S meetings and inspections.

The supervisor is responsible for:

- Providing instruction to workers on the hazards associated with lead exposure and on the precautions specified in the job-specific plan covering hazards at this location.
- Ensuring that workers using respirators have been properly fit-tested and the results recorded.

The worker is responsible for:

- Using the assigned protective equipment in an effective and safe manner.
- Following established work procedures as directed by the supervisor.
- Reporting any unsafe conditions or acts to the supervisor.

Risk Identification and Assessment

Concentrates and Lead Ingots contain levels of lead that through inhalation, ingestion and skin absorption that could result in elevated lead body-burdens.

Control

Company policy is to use the following control options to eliminate or reduce the risk to workers from the hazards associated with lead exposure.

- All employees must wear approved protective gear before entering the work area. The gear consists of coveralls, high top leather or rubber boots (safety toe required), gloves, eye protection, reflective vest or retro-reflective striping attached to coveralls, respiratory protection, hard hat and any other safety equipment as required.
- The doors and windows on the loaders must be kept closed at all times to prevent contamination of the cab with ore dust. Respiratory protection is not required while operating the loader with the clean air system functioning. If the door or window is open or if the air system is not functioning then a respirator must be worn.

Education and Training

Workers and supervisors involved in the shipping, handling or exposed areas will be educated and instructed in the health hazards associated with lead operations. This includes, but is not limited to WHMIS and TDG.

Written Work Procedures

The following written procedures will be made available on-site for the direction of workers:

- MSDS sheets
- Product stewardship manuals and videos
- Respirator instructions provided by the supplier
- Branch Operating Procedures, Standards and Employee Responsibilities

Hygiene Practices and Decontamination Procedures

- Coveralls and boots must be removed and replaced with clean approved footwear before entering the lunchroom area. Be sure to wash your hands and face before eating.
- No food, non-reseal able drinks and cigarettes are allowed in the work area.
- All employees who have been exposed to ore dust contamination must shower at the end of their shift to help prevent ore dust getting into personal vehicles, homes, etc.
- Contaminated clothing is to be washed using the washer/dryer supplied in the dirty side of the washroom facilities.

Biological Monitoring

Everyone employed on site must undergo bi-annual lead blood level tests and comply with management's recommendations, subject to test results.

Scope

- Individuals who wish to have more frequent testing are free to do so.
- Individuals with a blood lead level of 33 µg/dL or greater will be counselled with respect to their lead exposure potential, respirator fit and use pattern, as well as hygiene and dietary effect on lead absorption.
- A precautionary lead move will be implemented based on the judgement of the medical consultant using the following guidelines:
 - 3 or more blood lead values (BPb) of 38 µg/dL or more over the past 6 months.
 - BPb >or = 55 µg/dL but < 65 µg/dL on two occasions one month apart.
 - BPb >or = 65 µg/dL on a single occasion with a retest validating the result.

Documentation

The company will keep records of the instruction and training provide to workers, respirator fit-test records, OH&S minutes and any reported unsafe conditions or deficiencies noted in workplace inspections or reported to the supervisor on site.

Annual Review

The employer will undertake, on an annual basis the following:

- Evaluation of the control options and work procedures used
- Evaluation of any new technologies and methods that have come onto the market
- Review of first aid reports, lead blood level results and any health-related symptoms
- Review of documentation for training and education
- Review of the respirator program



LEAD EXPOSURE CONTROL PLAN

BRANCH 47/48/243

Acknowledgement

The contents of the Lead Exposure Control Plan have been reviewed with;

Name: _____

Position: _____

Date: _____

This is to acknowledge that I have received the
"Lead Exposure Plan" Requirement Memo.

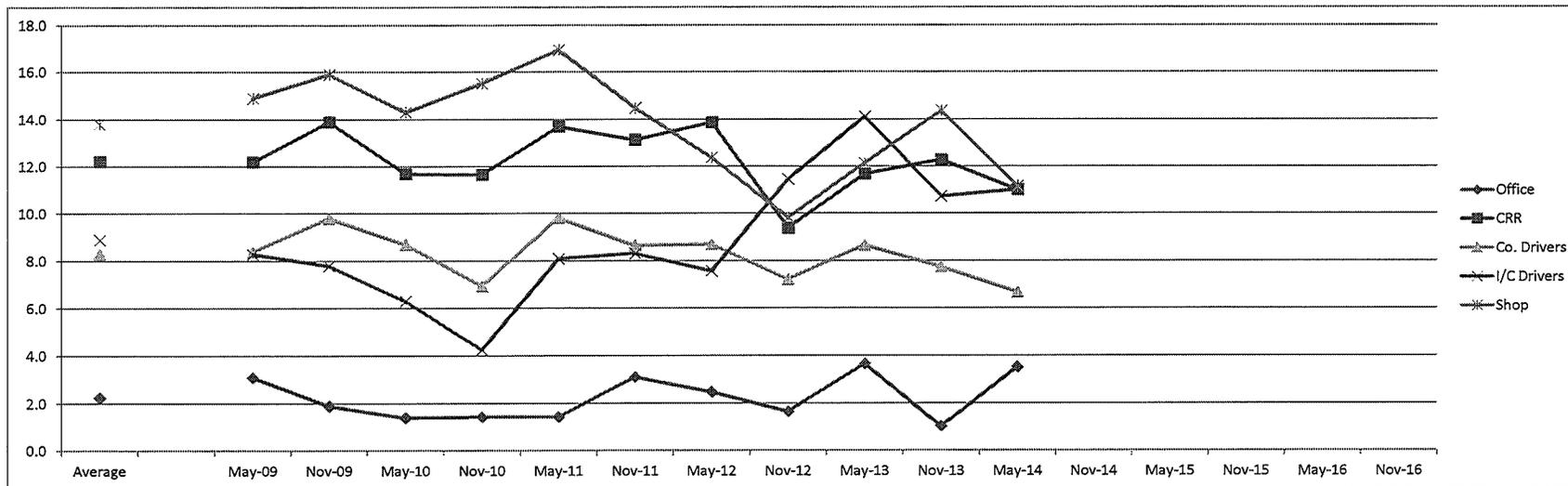
- I will adhere to the plan requirements.
- I understand my responsibilities.

Name: _____

Employee Number: _____

Signature: _____

Date: _____



	Average	May-09	Nov-09	May-10	Nov-10	May-11	Nov-11	May-12	Nov-12	May-13	Nov-13	May-14	Nov-14	May-15	Nov-15	May-16	Nov-16	May-17	Nov-17
Office	2.2	3.1	1.9	1.4	1.44	1.44	3.11	2.48	1.66	3.66	1.035	3.52							
CRR	12.2	12.2	13.9	11.7	11.66	13.7	13.14	13.87	9.39	11.68	12.28	11.01							
Co. Drivers	8.3	8.4	9.8	8.7	6.95	9.82	8.65	8.71	7.22	8.67	7.75	6.68							
I/C Drivers	8.9	8.3	7.8	6.3	4.26	8.1	8.32	7.57	11.46	14.12	10.72	11.01							
Shop	13.8	14.9	15.9	14.3	15.53	16.94	14.49	12.37	9.83	12.15	14.36	11.16							
	9.1	9.4	9.9	8.5	8.0	10.0	9.5	9.0	7.9	10.1	9.2	8.7							

Lead levels:

> 33 will be counselled

Precautionary lead move:

3 or more values of >38 over 6 months

> or < 65 on 2 occasions one month apart

> 65 on a single occasion with a retest validating the result

Trail Area Health and Environment Committee

Interior Health Report

July 8, 2014

1. Healthy Family visits

- Stats:
 - 51 visits done in 2014
 - 26 visits done since last THEC meeting May 8
 - 3 declined, 12 moved, 1 lost
 - 59 remain on list
 - Of those:
 - 6 cancelled/not home
 - 30 left messages to book
 - 23 remain to still be contacted

2. Fall Clinic Prep

- 261 children to be invited to Fall 2014 blood lead clinics
- Invite letters to be sent out to families in mid August
- Dates of clinics:
 - Monday September 15th 9-4:00
 - Wednesday September 17th 9-4:00
 - Tuesday September 23rd 9-4:00
 - Wednesday September 24th 11-6:00
 - Monday September 29th 9-4:00
 - Tuesday September 30th 11-6:00

3. Community Education

- Attended the following with the Home and Garden Program
 - Beaver Valley Adventure Picnic June 9th
 - Prenatal Class June 12th
 - Teddy Bear Picnic June 26th
 - Expectant Parent Events at the hospital are not longer being held

4. Continuing Education

- Attended "Putting Children and Families First" Public Forum and Action Planning June 10th and 11th.

FAN Update 2014

1. Christy Anderson has been hired as the regional capacity building coordinator for two years as a part-time position.

2. The focus of the regional capacity building coordinator is to facilitate increased collaboration between service providers in order to reach more young families in the Lower Columbia. This position is funded for a two-year period through the Trust (CBT) and three priority projects have been identified for the position, which are:

- a) Regional social sector capacity building in order to benefit families with young children, recognizing there is greater value in working collaboratively and sharing services than communities and organizations working on their own.
- b) To lead the development of an online resource for parents and service providers to increase awareness of services and keep up-to-date information for service providers.
- c) To assist with the expansion of the Ages and Stages Event throughout the region, creating more opportunities for connecting with young families, with the overarching goal of knowing every child under 6 in our communities and ensure no child "falls through the cracks".

The washrooms/comfort stations project is being led by Ann Damude, a contractor working with FAN. An announcement about a FAN washroom/comfort station in the Fruitvale area will be announced later this summer.

To speak to your question about what the capacity building looks like in practice, that's hard to answer definitively at this time. I can say that the process will be Board-driven. Undertaking dialogue, engagement and consultation with both the Board and Advisory committee, a capacity building plan will be presented to the network before April of 2015. Also feeding into that plan will be my results of ongoing research regarding capacity building, other successful network models and some surveillance regarding any self-identified gaps in service to young families in our region.

3. Yes, the Board met in June and will reconvene meetings in late September.

4. We would like to have the next Advisory Committee meeting take place in fall, but no meeting date has been set.

5. No updates at this time re: FAN facilitator position.

Trail Area Health & Environment Committee
Home & Garden Program Update
July 18th, 2014

1. Healthy Homes Program

a. Correction to May 13th report:

- i. Participation rate last reported - 90%
- ii. Recalculated participation rate - **73%**

***Note:** the new method for calculating the participation rate accounts for families who have 'declined' a HH visit, who are 'silent' (attempted to contact 3x with no response), and if they have moved out of the Program Area.*

b. Update on in-home visits (YTD as July 4th):

- i. **61** families have received a visit and **30** visits since last report
- ii. **14** families scheduled for a visit in the coming weeks
- iii. **32** families currently on the Healthy Homes scheduling list

***Note:** At last report there were 78 families on the scheduling list.*

c. Supports provided to families (YTD as of July 4th):

- i. **59** Dust-buster kits
- ii. **52** Garden kits
- iii. **35** Sandboxes

***Note:** the wooden sandbox project (partners THEC and Kootenay Columbia Learning Centre –Construction Pre-employment Program) is nearly completed. 12 sandboxes should be going out to waitlisted families in the next few weeks.*

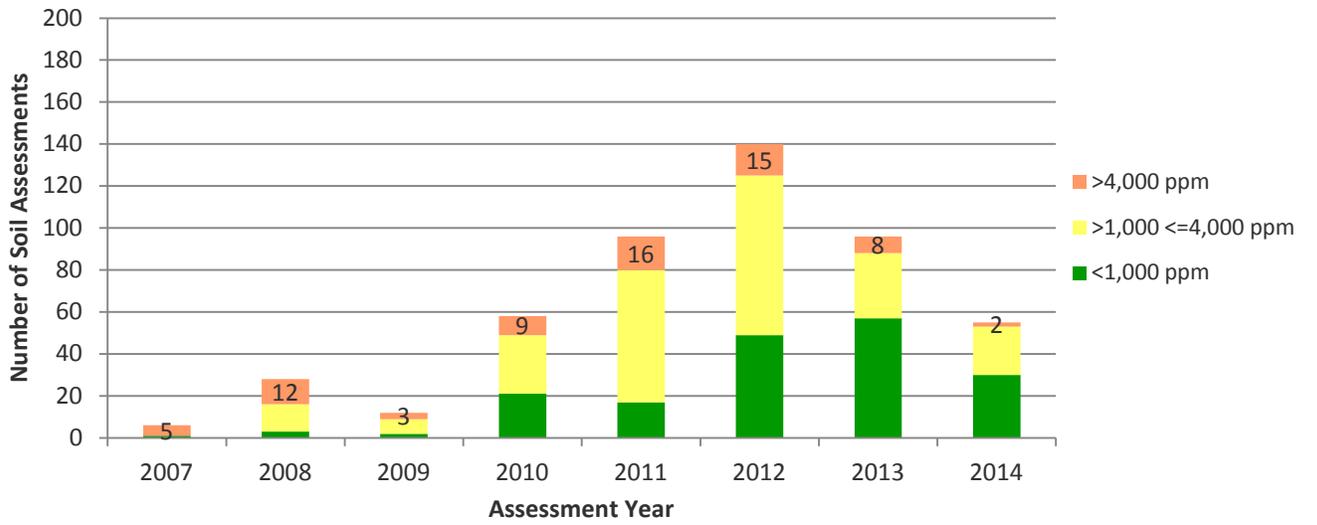
- iv. **75** Vacuums

2. Soil Programs – up to July 4th, 2014

a. Yard soil assessment completed at **56** properties

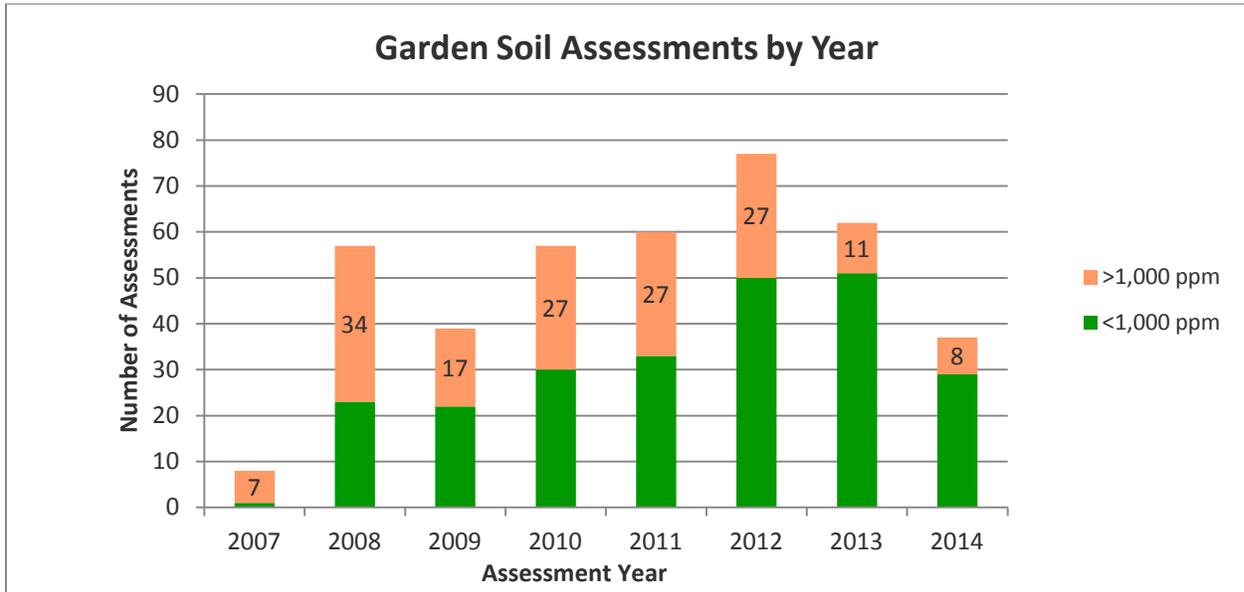
- i. **48** yard assessments were part of the Healthy Homes Program (HH)
 - 10 HH soil assessment requests in the queue
- ii. **8** yards have been completed through community assessment
 - 70 community assessment requests from 2013/2014 are in the queue
- iii. Results for 55 properties shown below, with 1 result pending.

Figure 1. Residential Yard Soil Assessment Summary



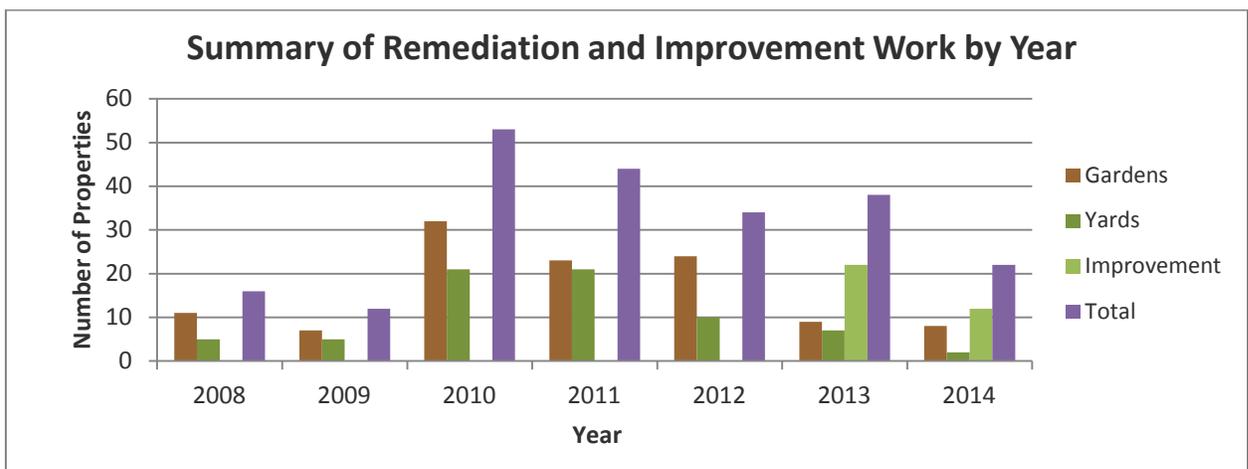
b. **39** Vegetable garden assessments completed (16 independent of yards)

- To date: 8 are > 1,000 ppm (2 results are pending)
- There are 3 garden assessment requests in the queue

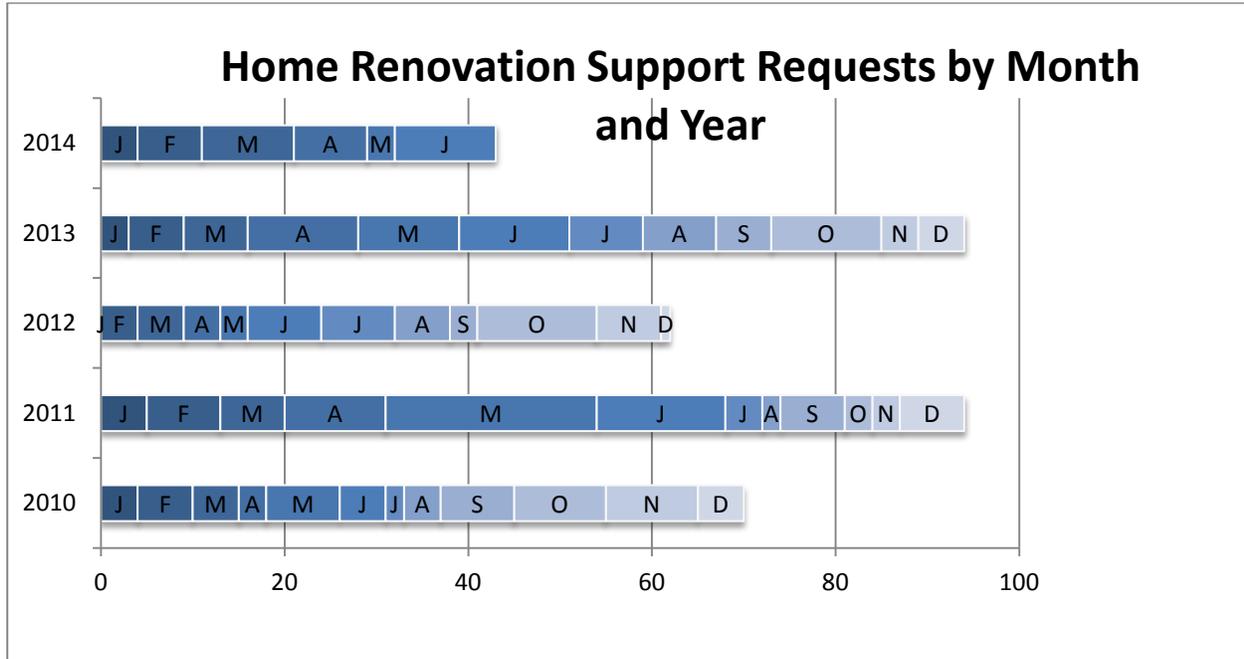


c. **Remediation and Yard Improvement Work**

- **Yard Improvement for Healthy Homes families:**
 - 12 properties have yard improvement work complete or in-progress
 - 3 more properties are planned for July
 - 13 properties require evaluation to determine if improvement is recommended
- **Yard remediation is now being offered to properties with soil > 4,000 ppm lead**
 - 2 properties now have full yard remediation completed (one was a HFHH property)
 - 11 properties have been offered remediation
- **Garden Remediation**
 - 8 gardens were remediated in the spring
 - 2 gardens are currently scheduled for the fall



3. Home Renovation Support and Radon kits
 - a. Total HRSP requests (May and June): 14 requests, 1 of those was a re-order (plus 9 enquiries)
 - b. Radon kits – none given out, four enquiries



4. Community Outreach and Engagement
 - a. Community Program Office Public Contact Summary
 - i. May: Total **63**: 29 walk-ins and 34 phone calls
 - ii. June: Total **76**: 40 walk-ins and 36 phone calls
 - b. Engagement Activities
 - i. Attended:
 - May 23rd - Ready Set Learn event, Glenmerry Elementary School
 - May 24th - Home & Garden Days at both Home Hardware and Columbia Valley Greenhouse
 - June 10-11th - THEP event "Putting Children and Families First"
 - June 12th - "Deepening Community for Collective Impact" workshop in Nelson presented by Paul Born an award winning community builder.
 - June 25th - Teddy Bear Picnic at Gyro Park
 - ii. Presented:
 - June 12th - HFHH presentation with J. Stefani to a local prenatal group

THEP Program Manager's Report July 8, 2014

1. Putting Children and Families First events – June 10/11

The on-site visit by Joanne Schroeder and Brenda Poon of the Human Early Learning Partnership at UBC was a big success. 4 meetings were held, with the following key outcomes:

- a. Literature review presentation and discussion – Brenda Poon made a presentation of the lit review to the THEP Lit Review Group. HELP will create a new short Executive Summary of the report as well as 3-4 one-pagers summarizing the findings on each of the research questions. These will include a short paragraph on how to use the document in practical work situations.
- b. Using the lit review to support home visitation programs – Brenda presented the lit review findings to the THEP Group plus 8 colleagues involved with home visit programs in the Lower Columbia region. Key outcomes included the need to develop a more rigorous “theory of change” related to the visits, ie. how do the visits achieve their desired objectives? Also, we realize that our home visit professionals are part of a wider group and there are opportunities to work together on information sharing, referrals and training.
- c. Public forum – Joanne Schroeder gave a powerful talk about the importance of the early years of life, how the EDI (Early Development Instrument) works, demographic data on Trail compared with other Kootenay communities, and how the community can make a difference to children’s healthy development. Participants discussed the issues and came up with ideas for action to improve the situation for children in the Lower Columbia.
- d. Community action planning – many of the evenings’ participants returned to review the ideas for action and start planning around the 5 top action areas – understanding the root causes of vulnerability, create a hub for families in Trail, engaging with the School District, helping service providers connect, and getting more of the community involved in helping “stretched” families.

A full report on the June 10/11 events, as well as the Powerpoint presentations, will be sent to participants next week.

QUESTION: Would THEC members who want to receive this package prefer to let me know or should I include THEC in the email distribution?

2. Communications

Our feature health promotion piece this summer is our Healthy Families Healthy Homes playing card series. These cards are intended to let our families know that summer is the most important time of year to keep dust down and what they can do to make a difference. This creative card series is the product of discussions about what it would take for families to pay attention to these messages and take action. The result is something we think is beautiful, interactive and fun. And, as we learned on June 10, the cards serve a dual purpose – preventing lead exposure and stimulating parent-child interaction. The latter is vital for healthy children’s development, and in terms of fitting into a lead exposure reduction program, the benefit of supporting healthy parent-child interaction was noted in the conclusions of a recent Port Pirie (longitudinal) study that followed the lives of children over time.

We will put together the Fall Newsletter over the summer. We expect it to include the children's lead clinic dates and information about signing up, a plug for radon testing, and photos of our HFHH families playing with the cards and taking actions to keep dust down.
QUESTION: Any other priorities or suggestions for the newsletter?

3. Program Document

One of my continuing priorities over the past year has been the THEP Document. Working closely with Ruth Hull and Mark Tinholt, I have been participating in discussions about how best to incorporate the input that we've received. We will also start working on the Abridgement, a reader-friendly version for the public. Graham is playing a big role in this.

4. FAQ for the THEC

At the last meeting, the THEC raised a question about the blood lead levels of pregnant women and newborns. We have developed a draft FAQ for the THEC to respond to this question. That draft has now been reviewed by the Medical Health Officer, Dr. Robert Parker, who has recommended that the FAQ be approved.

QUESTION: Is the THEC ready to make a decision re. approving this FAQ?

5. Interior Health Transition

Part of my time in the last few months has been dedicated to supporting the smooth transition for Interior Health. This has included e-mail conversations about THEP branding and communications materials as well as reviewing the role and protocols for working with the Medical Health Officer.

Trail Area Health & Environment Program
July 9, 2014

FAQ re. health risks from lead exposure for pregnant women and fetuses

Q: What are the health risks from lead exposure for pregnant women and newborn babies in Trail?

A: Pregnant women and newborns are at virtually no risk for adverse health effects from lead exposure in typical every-day community situations. We strongly advise pregnant women and children to avoid being exposed to dust from home renovations as this could result in atypical (higher than typical) lead exposure. This includes exposure to fine particles of lead paint in homes built before 1976 (this applies to any community). Please see our Home Renovation Support Program brochure for details.

A mother's blood lead level affects the blood lead level of the fetus during pregnancy but it is only a concern in a situation of atypical exposure, such as industrial exposure, home renovations etc. If a pregnant woman is in a higher exposure risk situation, she should be tested by her physician or, if the timing is convenient, at one of the THEP's lead clinics. Please contact the THEP Family Health Program at (250) 364-6223.

Workers at Teck Trail Operations receive blood lead testing as part of Teck's health protection program. Woman of child-bearing age are given the opportunity to discuss their results with a physician, and may switch work location if there are concerns about the results.

Additional details:

The Trail Community Lead Task Force did a study of the blood lead levels of pregnant women and newborns born in Trail from November 1993 to December 1995, a time when children's blood lead levels in Trail were more than twice as high as they are today. The study assessed 48 matched blood lead results from mothers giving birth in Trail and their newborns. This was a high percentage of all the mothers giving birth in Trail at that time. 16 of 48 women had grown up in Trail and 32 elsewhere. Key findings from that study were that it appeared that children born in Trail start out with blood leads close to the "normal background" and that mothers who grew up in Trail did not appear to be exposed to any greater extent than those growing up outside Trail. There is no reason for that result to be different today.

For more detail on newborns, the study showed that 92% of newborns in 1994/95 had blood lead levels less than 5µg/dL; at that time the community average BLL for children 6-60 months was between 10 and 12µg/dL. The level of lead in outdoor air

Written by Ruth Beck with input from Mark Tinholt, Jeannine Stefani, and Steve Hilts. Reviewed and recommended for approval by Medical Health Officer, Dr. Robert Parker, June 30, 2014. Approved by THEC, July 8, 2014.

has reduced significantly since 1995 and the community average BLL for children aged 6-36 months is less than half of what it was in 1995.

The Task Force Final Report (2001, page 50) summarizes the study findings as follows:

'Pregnant women and their fetuses are at low risk for adverse health effects due to lead exposure, based on current knowledge of lead toxicology. It is not known exactly when lead levels rise in infancy, but we suspect it occurs once babies become mobile and have greater access to house dust and exposed soil, which are recognized as the principal environmental determinants of elevated blood lead levels in smelter community children.'

For full details on the study, please see pages 49 and 50 of http://www.thep.ca/upload/resources/38/thep_tfinalreport_2001_original.pdf

Further references on this topic:

Re. maternal BLL and children's IQ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1665421/>

In extreme blood lead levels (ie >40ug/dL) of a mother that is breastfeeding, there can be a risk to a baby after the birth via the breast milk. A good reference is the US CDC's Guidelines for the Identification and management of lead exposure in pregnant and lactating women

<http://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf>

Another article, entitled "Maternal Blood, Plasma, and Breast Milk Lead: Lactational Transfer and Contribution to Infant Exposure" and published in Environmental Health Perspectives can be found at <http://ehp.niehs.nih.gov/1307187/>