NCCEH is one of six National Collaborating Centres created to foster linkages within the public health community. All centres are funded by the Public Health Agency of Canada (PHAC). Our mandate is to:

- synthesize, translate, and exchange knowledge for environmental health practitioners and policy-makers;
- identify gaps in research and practice knowledge;
- build capacity through networks of practitioners, policy-makers and researchers.

Examples of our work include: the public health impacts of personal services e.g., float tanks and tattooing; bed bugs; radio frequencies; radon; healthy built environments; health equity; recreational water e.g., splash pads; small drinking water systems; cyanobacteria in freshwater; oil spills and emergency response.

DPIC consists of 17 specialists in poison information – 9 pharmacists and 8 nurses – as well as medical toxicologists. Our mandate is to provide:

- drug information consultation for health professionals;
- poison information and treatment guidelines to BC healthcare clinicians and the BC public;
- toxicology education for residents in emergency medicine and pharmacy;
- public poison prevention education and resources.

Examples of work include advising on: the opioid crisis; shellfish poisoning; mushroom toxicity; ecstasy overdoses; lead exposure; mercury spills; drug interactions and medication errors; insulin errors in diabetics.

Ph: 1-800-567-8911, 24 hours, toll free

EH acts as a resource to the Provincial Health Officer, the Ministry of Health, and BC’s regional health authorities on environmental health policy, practice, and research. We also host the NCCEH. EH conducts activities in four areas:

- policy coordination and support;
- consultative resources;
- environmental health research and education;
- direct service provision.

Examples of work include: distributing BC-wide food recall notices; inspecting and licencing BC dairy processing plants; foodborne illness outbreaks e.g., norovirus, E. coli, shellfish poisoning; examination of heavy metals in new immigrant women; investigation of lead exposure in children; wildfire smoke; extreme weather events; outdoor air pollution.

PROJECT SPOTLIGHT – CANNABIS

Cannabis has been widely used for years. From July 2018, cannabis will be legalized in Canada.

DPIC receives calls from ER physicians (how to manage adverse cannabis reactions) and the public (e.g., first time users not expecting such a strong reaction, accidental ingestion of edibles such as brownie, containing cannabis).

EH is currently working on analyzing this call data, observing temporal trends with regards to gender, age, location, and other aspects. From 2013 – 2016, the number of cannabis-related calls from Vancouver city doubled, while calls related to cannabis edibles have more than doubled for all of BC.

NCCEH will conduct scoping work regarding environmental health implications of legalization e.g., exposure to contaminants from smoking or vaping. NCCEH will develop fact sheets, an evidence brief, and create a working group.

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For more information visit: bccdc.ca, dpic.org, ncceh.ca

CO is an odorless, colourless gas. Symptoms include headaches, dizziness, weakness, chest pain, and other “flu-like” symptoms, unconsciousness, or death.

DPIC receives calls from ER physicians requiring treatment guidelines, including endpoints and monitoring. Calls from the public are often whether symptoms are CO related and if they should go to the ER.

After a CO incident contributed to 3 deaths and hospitalized 31 at a long-term care facility (LTCF) in Saskatchewan, NCCEH/EH together with Health Canada, Saskatoon Health Region, and Interior Health, developed a CO Monitoring & Response Framework for LTCF to protect residents and staff.

NCCEH supports CO related inquiries from public health professionals. NCCEH developed a workshop and guide to teach public health professionals how to adapt, implement, and evaluate CO policy changes.