

NAVIGATE THROUGH THIS DOCUMENT BY CLICKING THE BUTTONS, OR PAGE NUMBERS AT LOWER RIGHT.

ACCESS ASSOCIATED PROTOCOL EXPECTATIONS BY SELECTING THE PROTOCOL NAME BELOW.

PROTOCOL EXPECTATIONS:

Understanding

Priority Setting & Planning

Partnership

Policy

Health Equity

Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

Healthy Communities

Healthy Development

Nova Scotia Public Health

Environmental Health

Protocol ²⁶



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Expectations

Understanding

Public health will

- conduct assessments, inspections, and investigations and seek to understand, emphasizing
 - the physical, chemical, and biological factors that influence the health of the population
 - characterizing reported or suspected health hazards (as per relevant public health legislation)
 - establishing baseline information about the state of underlying social, economic, and physical environments and their influence on the environmental health status of the population
 - understanding and validating of information through processes that include perspectives of those most affected by the issue, as well as of partners and the community
 - collaborating with partners to interpret assessment, inspection, and investigation results to inform policy and collaborative action
 - implementing public health protection and promotion activities or mitigations based on evidence

Priority Setting and Planning

Public health will

- use the planning cycle to conduct a situational assessment, identify and prioritize options, and develop a comprehensive implementation and evaluation plan to
 - determine the appropriate public health response based on the incidence, frequency, severity, risk perception, burden, preventability, communicability, and social determinants of health pertaining to the situation
 - use assessment and surveillance outputs to identify and describe priority populations
 - tailor the public health response by identifying inequalities, inequities, and priority populations, and by providing a mix of targeted and universal approaches as appropriate to achieve outcomes outlined in the implementation plan
 - establish criteria, depending upon the specific area of practice, to assess the severity of health risks in settings with risk-based responses (e.g., frequency of inspection)

- monitor the effectiveness of environmental health interventions and programming by
 - tracking compliance trends
 - developing periodic surveys to establish populations at risk
 - seeking input from stakeholders through the establishment of advisory groups, or informally through visits or inspections (e.g., Recreational Camp Guidelines Advisory Committee; Safe Body Art Industry Advisory Committee)
 - establishing mechanisms and processes for evaluating effectiveness of programs or public health mitigations
 - monitoring trends in industry and program areas for changes in scientific literature and in best practices as a means of assessing current performance

Partnership

Public health will

- establish and sustain relationships with a wide range of partners to understand needs, build support, and collaboratively take action to improve the environmental health status of the population. The specific partners, and relative roles, will vary with the nature of the issue, the context, and the time. Broadly, categories of partners include but are not limited to
 - municipal, provincial, and federal levels of governance and their departments, with specific focus on the health aspects of their by-laws or legislation, as well as interpretation and implementation of existing legislation, regulation, and policies
 - provincial government departments with specific programs that contribute to public health outcomes or knowledge (i.e., Department of Agriculture, Department of Environment, Department of Labour, and Service Nova Scotia & Municipal Relations)
 - organizations involved in delivering programs that affect public health outcomes (i.e., Nova Scotia Lifeguard Service, Department of Natural Resources, Recreation Facilities Association of Nova Scotia, municipalities) and in mitigating hazards (municipalities, cottagers associations, Department of Environment as regulator of private sewage systems)
 - industry and regulated parties (e.g., tanning bed and body art facility operators, tobacco vendors, permitted facility managers and staff, etc.), as well as their consumer groups or stakeholders
 - community coalitions and community based organizations
 - healthcare providers

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Public health will

- seek to influence the establishment and implementation of healthy public policies at federal, provincial, and local levels to promote and protect the health of the population in relation to existing and emerging environmental health issues by
 - establishing, leading, or participating in local, provincial, and national committees or working groups to create networks focused on environmental health issues
 - providing environmental health expertise to facilitate understanding of environmental health issues and the impact on communities
- provide leadership and support across multiple disciplines and departments to ensure an integrated approach to environmental health issues
- collaborate with others to influence and inform the development of policy in other content areas (see Healthy Development Protocol, Healthy Communities Protocol, Environmental Health Protocol)
- support community based action to enable and sustain a comprehensive approach to existing and emerging environmental health issues by
 - building community capacity and partnerships
 - raising the understanding and profile of the environmental health issues
 - collaborating with partners to address the environmental health issue
 - developing and facilitating access to knowledge to inform policies, programs, and practices to address the issue

Health Equity

Public health will

- incorporate consideration of inequalities and inequities in assessing, planning, implementing, and evaluating actions to improve the overall health status of the population, reducing or mitigating the impact of environmental health issues (see Health Equity Protocol) by
 - discussing environmental health assessment, inspections, and investigation activities with community partners and priority populations to further understand population-specific impacts of the social determinants of health on environmental health outcomes, including historical injustices, and to identify possible means for addressing identified inequities and inequalities

- incorporating the social determinants of health at every step of the planning cycle, and by considering that analyzing and addressing upstream determinants of environmental health may overlap with the work of other protocols and may require involvement of those with complementary knowledge, skills, and perspectives
- providing scientific and contextual evidence (provision of assessment and surveillance data, expert advice) to identify potential means for addressing inequities
- advocating for healthy public policy and services, including supportive social, economic, and physical environments that contribute to environmental health issues by addressing root causes and social determinants of health

Program Components²⁷

Public health will

Assessment

- identify health hazards in the built and natural environments, using a range of activities and sources, including, but not limited to, the scientific literature, recognized risk assessment processes, partnerships with community and governmental organizations, relevant data on health hazards in the catchment area, and monitoring the health of residents in the catchment area
- assess risk through the establishment of standard operating procedures

Inspection and Investigation

- enforce public health legislation, including acts, regulations, and standards or guidelines incorporated by reference or practice, which include
 - Health Protection Act
 - Safe Body Art Act
 - Tanning Beds Act
 - Tobacco Access Act
 - Snow Sport Helmet Act
 - Smoke-free Places Act
- establish and maintain an inventory of in-scope premises and settings, including regulated parties and permitted facilities

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- establish and implement an inspection process
 - to assess health risks with clear indicators/expectations and compliance with regulations, standards, or guidelines
 - to provide consultation and education
 - to emphasize graduated enforcement
- establish and implement an investigation process to address known or suspected environmental health issues
- establish and implement evidence-based risk characterization matrices to determine the level of public health intervention required, including inspection frequencies
- conduct inspections of regulated parties and permitted facilities at a frequency in accordance with health risk categorization, or as required to address known or suspected issues
- use a graduated enforcement approach to public health legislation by
 - taking steps to educate and foster operator awareness of regulatory and best practice expectations
 - taking direct enforcement action to address non-compliance and to mitigate risk to the public
 - taking legal action to achieve compliance, including administering or revoking permits
 - evaluating enforcement action to determine effectiveness
- collaborate with partner agencies to address public health hazards in settings not specifically covered by public health legislation (i.e., regulated child-care settings, schools, long-term care facilities, institutions)

Response Mitigation

- establish and implement clear processes for the response to complaints or suspected health hazards (i.e., following Health Protection Act procedures)
- provide an initial response within 48 hours of reports of environmental health-related events on a 24/7 basis
- conduct an investigation, as required, and/or facilitate referral of the situation to the appropriate lead organization
- take action, as required, to mitigate any identified health risk to the public

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Coordination with Other Teams and Organizations

- collaborate across public health disciplines, as appropriate, to ensure an integrated and evidence-based approach to environmental health issues
- collaborate with other local area CDPC teams, as appropriate, in the investigation and control of communicable diseases (see Communicable Disease Prevention, Management, and Control Protocol)
- collaborate with other government departments, as appropriate, in the investigation and management of food and water associated health risks

Reporting and Communication

- record assessment, inspection, investigation, and response/mitigation data and report annually in a form and frequency as specified by DHW
- make summaries of inspection reports of regulated parties available to the public
- provide information to the public, as required and within time frames determined appropriate through the risk assessment process, to reduce the risk of exposure to an identified health risk

²⁶ These expectations span six pieces of public health legislation, including the Health Protection Act, Safe Body Art Act, Tobacco Access Act, Tanning Beds Act, Snow Sport Helmet Act and Smoke-free Places Act. In addition, these expectations include a range of programmatic activities not directly linked with legislation but fundamental to public health protection. They include points of emphasis in the application of the cross-cutting protocols.

²⁷ These expectations do not address environmental public health-related services currently delivered through the Department of Agriculture or the Department of Environment (see Communicable Disease Prevention, Management, and Response Protocol; Healthy Communities Protocol; Healthy Development Protocol). The expectations apply to all environmental health program areas, including those with a legislated mandate and those without. These program areas include but are not limited to tobacco control, body art and personal services, health hazards, housing, recreational camps, radon, air quality, public swimming pools, recreational water, and selected aspects of food and drinking-water safety.