

October 2, 2012

The Honourable Gerry Ritz  
Minister of Agriculture and Agri-Food  
1341 Baseline Road  
Ottawa, ON K1A 0C5

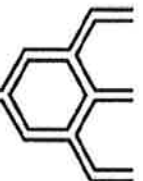
Dear Minister Ritz,

Further to discussion at a recent Ottawa Board of Health meeting, I am writing to express concern regarding the collaborative multi-jurisdictional management of food borne illness outbreaks, as experienced recently in the nation's capital.

At the August 20, 2012 Board of Health meeting, Ottawa Public Health (OPH) presented an update of its Food Safety Program, which included information regarding an outbreak of salmonellosis in preschool and school children. The outbreak, which occurred in March of this year, resulted in 85 cases of Salmonella, 26 emergency room visits, five hospitalizations and likely affected numerous other individuals, including family members and undiagnosed or unreported cases. In collaborating with other agencies, OPH controlled, contained, investigated and managed the outbreak in order to prevent a much larger public health crisis.

Many public and health sector partners were involved in the investigation and management of this outbreak: local hospitals and private laboratories, local school boards, OPH and other affected health units, Public Health Ontario, the Ontario Ministry of Health and Long-Term Care, the Ontario Ministry of Agriculture Food and Rural Affairs, the provincial Public Health Laboratory, Health Canada, the Public Health Agency of Canada (PHAC) and the Canadian Food Inspection Agency (CFIA). Once it became clear that a food borne source was responsible and that linked cases had occurred in other jurisdictions, the Ontario Ministry of Health and Long-Term Care took the lead in coordinating the outbreak response through the Ontario Outbreak Interagency Coordinating Committee, which held regular telephone conferences with the health and agriculture sector partners supporting OPH in the response.

All partners participated fully in these discussions and provided essential support during the outbreak. Nonetheless, communication and coordination challenges arose during this investigation that I suggest are worthy further attention. This includes timely information sharing and divergence of opinion regarding approaches to health risk management, including criteria for product recall. It is worth noting that similar concerns were highlighted in the *Report of the Independent Investigator into the 2008 Listeriosis Outbreak* (the Weatherill Report, July 2009) and the *Chief Medical Officer of Health's Report on the Management of the 2008 Listeriosis Outbreak in Ontario* (April 2009). Both reports highlighted the need to improve communication, role clarity and guidance on action thresholds in the management of foodborne illness. I acknowledge the points made in the *Action on Weatherill Report Recommendations to Strengthen the Food Safety System: Final Report to Canadians* (December 2011), that federal agencies have over the past four years taken action to address these issues, which has resulted in enhanced working relations between agencies that address food safety in Canada. However, our

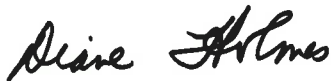


experience during the Ottawa, Ontario salmonellosis outbreak of March 2012 highlighted that there remain challenges in ensuring jurisdictional issues do not limit effective communication and action in an outbreak situation.

On behalf of the Board of Health, I would encourage the CFIA to further engage in discussions with Ottawa Public Health and other partners on the roles that Health Canada, PHAC and CFIA, played and should play, in food borne illness investigations.

I thank you for your attention in this matter.

Sincerely,



Diane Holmes  
Chair, Board of Health for the City of Ottawa Health Unit  
City Councillor

Cc

Ottawa Board of Health

The Honourable Leona Aglukkaq, Member of Parliament, Nunavut, Minister of Health

The Honourable John Baird, Member of Parliament, Ottawa West-Nepean

The Honourable Mauril Bélanger, Member of Parliament, Ottawa-Vanier

Paul Dewar, Member of Parliament, Ottawa Centre

Royal Galipeau, Member of Parliament, Ottawa-Orléans

Pierre Lemieux, Member of Parliament, Glengarry-Prescott-Russell

David McGuinty, Member of Parliament, Ottawa South

The Honourable Gordon O'Connor, Member of Parliament, Carleton-Mississippi Mills

Pierre Poilievre, Member of Parliament, Nepean-Carleton

The Honourable Deb Matthews, Minister of Health and Long-Term Care, Government of Ontario

The Honourable Ted McMeekin, Minister of Agriculture, Food and Rural Affairs

Dr. David Butler-Jones, Chief Public Health Officer, Public Health Agency of Canada  
Health

Dr. Arlene King, Chief Medical Officer of Health

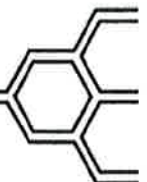
Dr. Doug Sider, Associate Chief Medical Officer of Health

Linda Stewart, Executive Director, Association of Local Public Health Agencies

Dr. Vivek Goel, Chief Executive Officer, Public Health Ontario

Dr. Isra Levy, Medical Officer of Health, City of Ottawa

Attached: Ottawa Board of Health report - Update on the Ottawa Public Health Food Safety Program – August 20, 2012



Report to/Rapport au :

Ottawa Board of Health  
Conseil de santé d'Ottawa

August 20, 2012  
20 août 2012

Submitted by/Soumis par :  
Dr./D<sup>r</sup> Isra Levy,  
Medical Officer of Health/Médecin chef en santé publique

Contact Person / Personne ressource:  
Siobhan Kearns, Manager/Gestionnaire  
Environment and Health Protection / Direction de l'environnement et de la protection de  
la santé  
Ottawa Public Health/Santé publique Ottawa  
613-580-2424, ext./poste 23483, [siobhan.kearns@ottawa.ca](mailto:siobhan.kearns@ottawa.ca)

---

CITY WIDE / À L'ÉCHELLE DE LA VILLE                      Ref N°: ACS2012-OPH-EHP-0001

---

**SUBJECT:**    UPDATE ON OTTAWA PUBLIC HEALTH'S FOOD SAFETY  
PROGRAM

**OBJET :**        LE POINT CONCERNANT LE PROGRAMME SUR LA SALUBRITÉ  
DES ALIMENTS DE SANTÉ PUBLIQUE OTTAWA

**REPORT RECOMMENDATIONS**

That the Board of Health for the City of Ottawa Health Unit:

1. Receive this progress report on implementation of Ottawa Public Health's three- year Food Safety Strategy; and
2. Approve an enhanced approach to Food Handler Training for repeat offenders.

**RECOMMANDATIONS DU RAPPORT**

Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa :

1. reçoive le rapport d'étape sur la mise en œuvre de la stratégie sur la salubrité des aliments sur trois ans de Santé publique Ottawa;
2. approuve l'amélioration de la formation sur la manipulation des aliments dans les cas de récidive.

**EXECUTIVE SUMMARY**

This report recommends enhancements that seek to build on successes that have been achieved in Food Safety programming since the 2007 Auditor General's audit.

As part of its Food Safety Strategy, Ottawa Public Health (OPH) has progressively implemented modifications that have resulted in more transparent sharing of food safety information with the community and a more robust workforce to conduct inspections and promote food safety in the city. These measures include the launch of a food inspection disclosure website, a program to attract and retain public health inspectors and increased food handler training.

Since 2009, OPH has increased food inspection certification rates by 28 per cent through initiatives such as streamlining the group registration process and offering multilingual training.

Following previous Board of Health's direction, OPH studied the feasibility of mandatory food handler certification but found insufficient evidence to suggest that such an approach is a sufficient intervention to improve food safety or lower the likelihood of food borne illness. This, combined with the resource-intensive nature of such a program, led OPH to recommend a targeted food handler training approach.

This targeted approach will enable OPH to effectively manage and mitigate risks in premises known to have a history of non-compliance in the public health arena as well as increase the number of certified food handlers working in food premises that exhibit difficulty with being compliant with food safety regulations. Targeted training would serve as a supplement, not a replacement, to punitive sanctions already employed as appropriate. In addition, OPH will continue to promote voluntary training for all food handlers in Ottawa.

A renewed awareness campaign to promote and protect food safety in Ottawa is also underway. By reaching out to food premises patrons, owners and staff as well as residents and tourists, OPH is:

- Promoting *Ottawa.ca/restaurantinspections* as a trustworthy, recognizable and accessible resource for information on Ottawa restaurants
- Informing residents on how they can report food safety concerns via Service Ottawa and the Ottawa Public Health Information Line and facilitating such efforts through specific online feedback mechanisms

## RÉSUMÉ

Ce rapport recommande des améliorations visant à affermir le succès obtenu par les programmes de salubrité des aliments mis en œuvre depuis le contrôle du vérificateur général de 2007.

Dans le cadre de sa stratégie relative à la salubrité des aliments, Santé publique Ottawa (SPO) a apporté graduellement des modifications qui ont eu pour résultat un partage d'information sur la salubrité des aliments avec la collectivité plus transparent et un effectif plus important pour effectuer des inspections et veiller à l'innocuité alimentaire dans la ville. Ces mesures incluent le lancement d'un site Web sur les résultats des inspections alimentaires; un programme destiné à attirer des inspecteurs

de la santé publique et à les fidéliser; et une formation accrue des travailleurs de l'alimentation.

Depuis 2009, SPO a accru le taux d'accréditation en inspection des aliments de 28 % grâce à des initiatives telles que la simplification de la procédure d'inscription de groupe et l'offre de cours en plusieurs langues.

Conformément à une directive antérieure du Conseil de santé, SPO a étudié la faisabilité d'une accréditation obligatoire des travailleurs de l'alimentation mais n'a pas conclu qu'une telle approche constituerait une intervention suffisante pour améliorer la salubrité des aliments ou réduire les risques de maladies d'origine alimentaire. Ceci, de même que la nature exigeante d'un tel programme sur le plan des ressources, a amené SPO à recommander plutôt la formation ciblée des travailleurs de l'alimentation.

Cette approche permettra à SPO de gérer et de minimiser efficacement les risques dans les établissements reconnus pour leur non-conformité aux normes de santé publique; ainsi que d'accroître le nombre de travailleurs de l'alimentation accrédités dans les établissements de services alimentaires qui semblent avoir de la difficulté à observer les règlements en matière de salubrité des aliments. La formation ciblée ne remplacerait pas les sanctions pénales déjà appliquées au besoin; elle s'y ajouterait. En outre, SPO continuera de faire la promotion d'une formation volontaire pour tous les travailleurs de l'alimentation d'Ottawa.

Une campagne de sensibilisation renouvelée destinée à promouvoir et à préserver la salubrité des aliments à Ottawa est aussi en cours. En s'adressant aux clients, aux propriétaires et au personnel des établissements de services alimentaires, de même qu'aux résidents et aux touristes, SPO :

- Recommande le site [Ottawa.ca/restaurantinspections](http://Ottawa.ca/restaurantinspections) comme source d'information fiable, reconnue et accessible sur les restaurants d'Ottawa;
- Indique aux résidents comment signaler des problèmes de salubrité des aliments par l'intermédiaire de Service Ottawa et de la ligne Info-santé publique Ottawa, et encourage de tels efforts au moyen de mécanismes de rétroaction en ligne précis.

## BACKGROUND

Since the Auditor General's audit of the food safety program in 2007, Ottawa Public Health (OPH) has progressively implemented modifications to enhance and improve OPH's food safety program; including, but not limited to the launch of a food inspection disclosure website as well as a program to attract and retain public health inspectors. These successes have resulted in a more transparent sharing of food safety information with the community, and a more robust workforce to conduct inspections and promote food safety in the city.

This report presents progress on OPH's three-year Food Safety Strategy that have occurred since the 2011 Board of Health report (ACS2011-OPH-EHPOM-0001) and

recommends enhancements that seek to build on successes that have been achieved in Food Safety programming since the 2007 audit.

OPH promotes food safety in the community by delivering on a strategy that includes: 1) prevention and education; 2) inspection and surveillance; 3) enforcement; and 4) management of food recalls, food borne illnesses and outbreaks.

While food safety involves many different stakeholders from the international, national and provincial levels, OPH acts as the first point of contact for the Ottawa public and local food establishments regarding regulatory guidance and information on how to prepare and handle food safely.

## DISCUSSION

### **OPH's Food Safety Strategy: New and on-going initiatives**

#### **1) Prevention and education**

##### **a) Food handler training and certification**

In 2011, OPH certified more than 1,500 individuals in safe food handler training. This represents a 10 per cent increase over the previous year and a 28 per cent increase since 2009. The increase in certified food handlers is a reflection of the program's quality and its ability to adapt to best serve its participants. Specifically, OPH has streamlined the group registration process for large organizations and corporations, offers weekend courses, as well as provides training in English, French and Cantonese to meet the multi-lingual needs of the community. In addition, for those who prefer web learning, online e-courses are available through alternate service providers.

##### **Proposal: Targeted Food Handler Training**

Subject to the Board of Health's approval, OPH will further enhance the food handler training program by increasing the number of certified food handlers working in food premises that exhibit a pattern of difficulty with being compliant with food safety regulations. This initiative – targeted food handler training – would require that food premises, which have exceeded four repeat critical infractions in the previous 12 months, participate in training. This would serve as a supplement, and not a replacement, to punitive sanctions already employed as appropriate.

This targeted approach will enable OPH to effectively manage and mitigate potential public health risks in premises appearing to be repeating public health concerns. In addition, compelling repeat offenders to obtain training may be an effective way to change the behaviour of the more challenging food premises operators in addition to any concurrent legal actions they may face under the *Health Promotion and Protection Act (HPPA)*.

Upon approval by the Board, OPH will fully implement the targeted food handler training initiative and will evaluate and monitor its effectiveness. OPH will continue to promote voluntary training for all food handlers.

### **Mandatory Food Handler Training**

Following previous Board of Health's direction, OPH surveyed the existing body of literature, and initiated consultations with other health units, as well as the Ministry of Health and Long-term Care, regarding mandatory food handler certification. OPH strives to achieve certification of all food handlers in Ottawa. Notwithstanding, the review of the literature indicated that there is insufficient evidence to suggest that mandatory food handler certification is a sufficient intervention to improve food safety or lower the likelihood of food borne illness. Consultations with a number of Ontario health units that have implemented mandatory food handler certification revealed that:

- Evaluations of the effectiveness of mandatory food handler certification are difficult to interpret
- Mandatory food handler requirements for low risk food premises are unwarranted
- The transient nature of food handlers makes it difficult to track trained food handlers

Mandatory training for all food handlers has been found to have limited benefits; a targeted food handler training approach would enable OPH to focus efforts on food premises operators with a history of non-compliance, while still offering the training to all those wishing to be certified.

### **b) Renewed communications plan**

A renewed effort to raise awareness regarding the promotion and protection of food safety in Ottawa is underway. By reaching out to food premises patrons, owners and staff as well as people who prepare food in their homes, this revitalized plan will:

- Support and encourage residents to make informed restaurant choices
- Promote *Ottawa.ca/restaurantinspections* as a trustworthy, recognizable and accessible resource for information on Ottawa restaurants
- Promote the Food Handler Training program as a best practice for all employees who are involved in food preparation
- Encourage residents to understand best practices for food preparation in the home

Starting in August 2012, OPH will:

- Build up brand recognition of the *Ottawa.ca/restaurantinspections* website and develop future resources for restaurant inspections
- Inform residents how they can report food safety concerns via Service Ottawa and the Ottawa Public Health Information Line (OPHIL) and facilitate such efforts through specific online feedback mechanisms
- Provide food preparation messaging in the community through various social media networks during strategic times of the year. For example, tips for safe lunch preparation will be provided in the fall.

- Connect with residents who prepare food at a point of contact like grocery stores, fruit and vegetable markets, food banks, good food boxes and corner stores
- Connect with food establishment owners and associations through city licensing renewals, direct mail, newsletters and email to promote training programs for restaurant staff
- Connect with tourism organizations to promote *Ottawa.ca/restaurantinspections* resources to Ottawa visitors

The effectiveness of the communications plan will be assessed by evaluating the number of new and returning people and businesses involved in the safe food handler course, the number of reports to Service Ottawa and OPHIL as well as the effectiveness of those resources developed for the promotion of OPH's restaurant inspection disclosure website.

## 2) Inspection and surveillance

OPH acts as the visible and transparent wing of a much larger food safety and public health system. Along with these responsibilities, the public expect that their city's food premises are inspected and rendered safe. As Canada's capital, Ottawa hosts many special events that, along with supporting the local economy and tourism industries, also require public health inspections to ensure those in attendance are safe. As such, inspectors engage in risk mitigation and react promptly to health hazards in order to ensure all minimum standards are maintained.

Table 1 provides inspection data from 2010 to the first trimester of 2012. These statistics are retrieved to align with the new Provincial Accountability Agreements for food safety inspection. Notably, the new reporting scheme requires that all high risk food premises be inspected at least once every four months. OPH achieved 100 per cent on this Accountability Agreement indicator in the first trimester of 2012.

**Table 1- Number of Food Safety inspection conducted**

Type of Inspection	2010	2011	T1 2012
Routine	9,271	9,392	3,319
Follow-up	2,702	2,673	747
Complaint	437	385	135
Operator Requested	153	107	37
Pre-Opening	136	129	31
Special Events	1,011	1,151	Reported at end of year
<b>Total</b>	<b>13,710</b>	<b>13,837</b>	<b>4,269</b>

## 3) Enforcement

### a) Legal sanctions and fines

Over the past several years, OPH has renewed its dedication to ensuring consistency in enforcement, enhancements, quality assurance and supervisory oversight. This has resulted in a standardized approach to the existing enforcement policy. Table 2 illustrates Provincial Offence Notice (PON) trends from 2010 to July 1, 2012.



**Table 2 – PONs issued by year, the number of facilities affected and closure orders issued.**

<b>Year</b>	<b>Number of PONs issued</b>	<b>Number of facilities affected</b>	<b>Closures orders issued</b>
<b>2010</b>	20	13	6
<b>2011</b>	55	39	4
<b>As of July 1, 2012</b>	40	27	1

Public health inspectors have the authority to issue a number of escalating sanctions to address premises that fail to adhere to Provincial standards: PONs, Part I Summons, Part III Summons and orders made under the authority of section 13 of the *HPPA* including closure orders. The amount of the PON fine, set by Provincial legislation, reflects the relative severity of the infraction, with those issues more likely to increase the likelihood of a food borne illness being assessed at a higher fine value. A Part I Summons requires that the defendant appear before a justice of the peace at Provincial Offences court. On conviction for a Part I Summons, a justice can impose a fine increase up to \$1,000.00. A Part III Summons also requires that the defendant appear before a justice of the peace at Provincial Offences Court and is typically used when there are multiple offences, if prior enforcement attempts have been ineffective, or when continued non-compliance on a singular repeat infraction persists. Upon conviction, a justice of the peace may impose a maximum fine of up to \$5,000.00.

Pursuant to s. 101 (1) of the *HPPA*, a justice of the peace may impose a fine not more than \$5,000 for every day or part of a day on which a failure to comply with a section 13 order occurs or continues. Upon conviction, corporate defendants in contravention of a section 13 health hazard order may receive a fine up to \$25,000 for every day or part of a day on which the offence occurs or continues.

Further, should continued non-compliance constitute a health hazard, the *HPPA* provides the Medical Officer of Health or a public health inspector the ability to issue a section 13 order. When an inspector has evidence that a location poses a serious public health risk, the inspector may issue a section 13 order that requires that premises be closed. Reasons for closures include, but are not limited to sanitation and rodent infestations, contamination of food due to chemicals or bacteria, lack of running water, and damage due to fire or flood.

#### **b) Quality assurance**

OPH's Compliance Surveillance Unit (CSU), created in 2011, is a quality assurance team within the Food Safety Program. Its objective is the promotion of effective, transparent, and consistent approach to enforcement.

The CSU implements a standardized approach to the enforcement of food safety legislation:

- Developing performance management measures that have standardized adherence to OPH's enforcement policy and reduced repeat critical and non-critical infractions
- Reviewing inspection reports twice per month to identify premises that have exceeded a threshold of repeat critical/non-critical infractions, as per OPH's enforcement policy. Inspectors and their supervisors are made aware of premises that may require additional enforcement. Subsequently, this ensures legal action can be initiated within the legally required timeframe mandated by the *Provincial Offences Act*.
- Providing training sessions for public health inspectors regarding enforcement and the legal system. Originally hosted by prosecutors at the Provincial Court, these sessions provided inspectors with a better understanding of court proceedings relating to their own enforcement efforts, and afforded them the opportunity to walk through trial procedures, the laying of charges, general court decorum and evidence collection. Subsequent sessions are provided as needed by the CSU team.

#### 4) Management of food recalls, food borne illnesses and outbreaks

##### a) 2011 statistics

Pursuant to the *Ontario Public Health Standards* (OPHS), OPH "receives reports and respond to...unsafe food-handling practices, food recalls, adulteration and consumer complaints." OPH also provides assistance to the Canadian Food Inspection Agency (CFIA) and the Chief Medical Officer of Health in removing products that may represent a health hazard to consumers. Generally, OPH is deployed to assist in food recalls that pose imminent health hazard and carry high probability of illness and/or death. Regardless of the level of involvement in a food recall, OPH continually monitors food recall notices to safeguard public health and redistributes these notices via our social media networks; in 2012, OPH monitored approximately 1,000 of these notices.

Table 3 shows the number of times OPH assisted with food recalls and the number of food borne illness complaints received, each of which initiates an investigation. Table 3 also contains the number of laboratory-confirmed cases that reported an exposure to an Ottawa food premises. Exposures are reported for approximately 64 per cent of diseases that can cause food-borne illness, as such this count may be an underestimate of the number of cases that have an exposure to an Ottawa food premises. Table 3 also shows outbreaks in the community, which are followed up if a reportable disease is identified in the cluster or if more than ten people are affected. This count may also be an underestimate as ill people may not seek care or be tested for disease.

**Table 3 – Food Safety Program recall and outbreak investigation activities**

	2010	2011	Q1 2012
<b>Food recalls assistance</b>	2	1	1
<b>Food borne illness complaints</b>	239	247	67

<b>Confirmed cases of food borne illnesses associated with Ottawa-area food premises<sup>1</sup></b>	49	41	61
<b>Outbreaks associated with Ottawa-area food premises</b>	7	6	1

Two hundred and forty-seven food borne illness investigations were conducted in 2011, eight more than in 2010. Food borne illness investigations in 2011 confirmed 41 cases of food borne illness that had a known association with an Ottawa area food premises.

Supplementary to the regular monitoring of recall activity as coordinated by the CFIA, local public health agencies are occasionally activated by request from the Chief Medical Officer of Health. This occurs when CFIA has determined that food requiring recall presents an imminent risk to public health and that urgent action is required at the local level to ensure prompt removal of any of the implicated product from sale. Further to these recalls, public health inspectors conduct effectiveness checks to ensure recalled products are no longer being sold.

#### **b) 2012 *Salmonella* outbreak**

In March 2012, OPH investigated a food borne illness outbreak of salmonellosis that affected 85 people and caused 26 emergency room visits, and five hospitalizations. In collaborating with other agencies, OPH controlled, contained, investigated, and managed the outbreak in order to prevent the potential for a much larger public health crisis. On April 7, 2012, CFIA released a Health Hazard Alert and food recall regarding a ground beef product that was contaminated with *Salmonella* bacteria. The affected product was distributed to public and commercial food establishments throughout Ontario and Newfoundland, but was not available as a retail product to the general public in Ontario. The recall was related to OPH's investigation in Ottawa and a provincial outbreak of salmonellosis, including cases in southwestern Ontario, which were linked to the ground beef product. As part of the outbreak investigation, OPH worked closely with a food premises in Ottawa that had received this ground beef product.

Multiple agencies were involved in the investigation and management of this outbreak: OPH, Public Health Ontario, the Ministry of Health and Long-Term Care (MOHLTC), Ontario Ministry of Agriculture Food and Rural Affairs, Health Canada, the Public Health Agency of Canada and CFIA. There were communication challenges during this investigation and differences in approaches among different health agencies. These challenges lead to delays in OPH's ability to communicate with facilities that had received the implicated product to fully ensure that there was no ongoing risk to the public. Following the investigation, OPH discussed these challenges with appropriate provincial and federal agencies with the goal of improved food borne illness outbreak management.

<sup>1</sup> The high count in 2012 Q1 includes the laboratory confirmed primary cases from the *Salmonella* outbreak.

### **Next steps**

Pursuant to Board of Health approval, OPH staff will:

- Implement targeted food handler training
- Promote OPH's online restaurant inspection website – [www.ottawa.ca/restaurantinspections](http://www.ottawa.ca/restaurantinspections) – and further develop mechanisms for the public to provide comment to OPH on their experiences

### CONSULTATION

Ministry of Health and Long-Term Care, other City of Ottawa departments and the Ottawa chapter of the Ontario Restaurant Hotel & Motel Association have been consulted regarding OPH's targeted food handler certification model.

### LEGAL IMPLICATIONS

There are no legal impediments to the implementation of the report recommendations.

### FINANCIAL IMPLICATIONS

There are no financial implications associated to this report.

### TECHNOLOGY IMPLICATIONS

There are no technology implications associated to this report.

### BOARD OF HEALTH STRATEGIC PRIORITIES

The recommendations in this report support the Board of Health Strategic Priority: B5 Reduce health risks related to preventable infectious and non-infectious diseases

### TERM OF COUNCIL PRIORITIES

The recommendations in this report support the 2010-2014 Term of Council Priorities under "Healthy and Caring Communities".

### DISPOSITION

Ottawa Public Health staff will implement targeted food handler training and promote OPH's online restaurant inspection website – [www.ottawa.ca/restaurantinspections](http://www.ottawa.ca/restaurantinspections) – and further develop mechanisms for the public to provide comment to OPH on their experiences.