

PEER LEADER HANDBOOK: A Guide to KFL&A Public Health

August 2005

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Revised from the Student Handbook!



KFL&A

PublicHealth ♦♦

Kingston, Frontenac and Lennox & Addington Public Health works together with our communities to promote and protect the public's health. Our commitment is to provide public health programs and services of the highest quality.



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General

Welcome to KFL&A Public Health. We are an agency committed to the training of future public health professionals. This manual is intended to provide information about KFL&A Public Health for Peer Leaders working within the Youth Action Alliance through Smoke-Free Ontario.

Note: This manual provides a brief overview of KFL&A Public Health. It is to your benefit as an employee to make yourself familiar with its contents and to be guided by it throughout your employment. You are expected to have this manual with you while at KFL&A Public Health.

There are four manuals that outline the KFL&A Public Health policies and describe its work in detail:

- 1) By-Law, Policy and Procedure (BPP) Manual
- 2) School Health and Tobacco Free Living Service Manual
- 3) Mandatory Program Manual
- 4) Orientation Manual

They are located in the library. The BPP Manual outlines the policies and procedures that are relevant to all KFL&A Public Health staff. The Service Manual outlines the programs offered within that division. The Mandatory Program Manual is a guide to the mandatory programming set out by the Ministry of Health and Long Term Care. The Orientation Manual serves as a guide to understanding Public Health and the vital role it plays within the health care system.

KFL&A Public Health Mandate

Kingston, Frontenac and Lennox & Addington Public Health is an accredited organization providing public health services to the people in the communities of Kingston, North Frontenac, Central Frontenac, South Frontenac, Frontenac Islands, Addington, Greater Napanee, Loyalist and Stone Mills.

KFL&A Public Health offers health programs and services under the following programs: Chronic Diseases and Injuries; Family Health; Infectious Diseases and Environmental Health. The Public Health Research Education and Development (PHRED) program fulfils a supporting research and teaching function. The Administrative Services Department supports the program activities.

Mission Statement

Kingston, Frontenac and Lennox & Addington Public Health works together with our communities to promote and protect the public's health. Our commitment is to provide public health programs and services of the highest quality.

Slogan

"Working together for better health"

Mandatory Health Programs and Services Guidelines - December 1997

The Provincial Government establishes standards outlining the type of health services, which KFL&A Public Health must provide.

The purpose of the standards is to prescribe the minimum requirements for fundamental public health programs and services targeted at prevention of disease, health promotion and health protection. These standards reflect broad aspirations for the health of all Ontarians and the important role of Boards of Health in providing relevant programs and services.

Through these standards, Boards of Health seek to enable residents of the community to realize their fullest health potential. They do this by promoting improved health, preventing disease and injury, controlling threats to human life and function and facilitating social conditions to ensure equal opportunity in attaining health for all.

Various teams within KFL&A Public Health take on the responsibility to provide programming that meets the mandatory guidelines. (Specific teams within KFL&A Public Health will be discussed later). What follows provides a brief description of the prescribed standards. A copy of the guidelines in its entirety can be obtained in the library.

The Mandatory Health Programs and Services Guidelines require activities in the following areas:

- Chronic Disease & Injury Prevention
- Family Health
- Infectious Diseases Prevention (including Environmental Health)

Chronic Disease and Injury Prevention

General Goal: To increase the length and quality of life by reducing the mortality and morbidity associated with chronic diseases, injuries and substance abuse.

This is to be accomplished through:

- Chronic Disease Prevention (regular physical activity, healthy eating and healthy weights, and tobacco-free living)
- Early Detection of Cancer
- Injury Prevention Including Substance Abuse Prevention

Family Health

General Goal: To promote the health of children, youth and families.

This is to be accomplished through:

- Sexual Health
- Reproductive Health
- Child Health

Infectious Diseases Prevention (including Environmental Health)

General Goal: *To reduce or eliminate infectious diseases.*

This is to be accomplished through:

- Control of Infectious Diseases
- Food Safety
- Safe Water
- Rabies Control
- Infection Control
- Sexually Transmitted Diseases and HIV/AIDS
- Tuberculosis Control
- Vaccine Preventable Disease

Public Health Research Education and Development (PHRED)

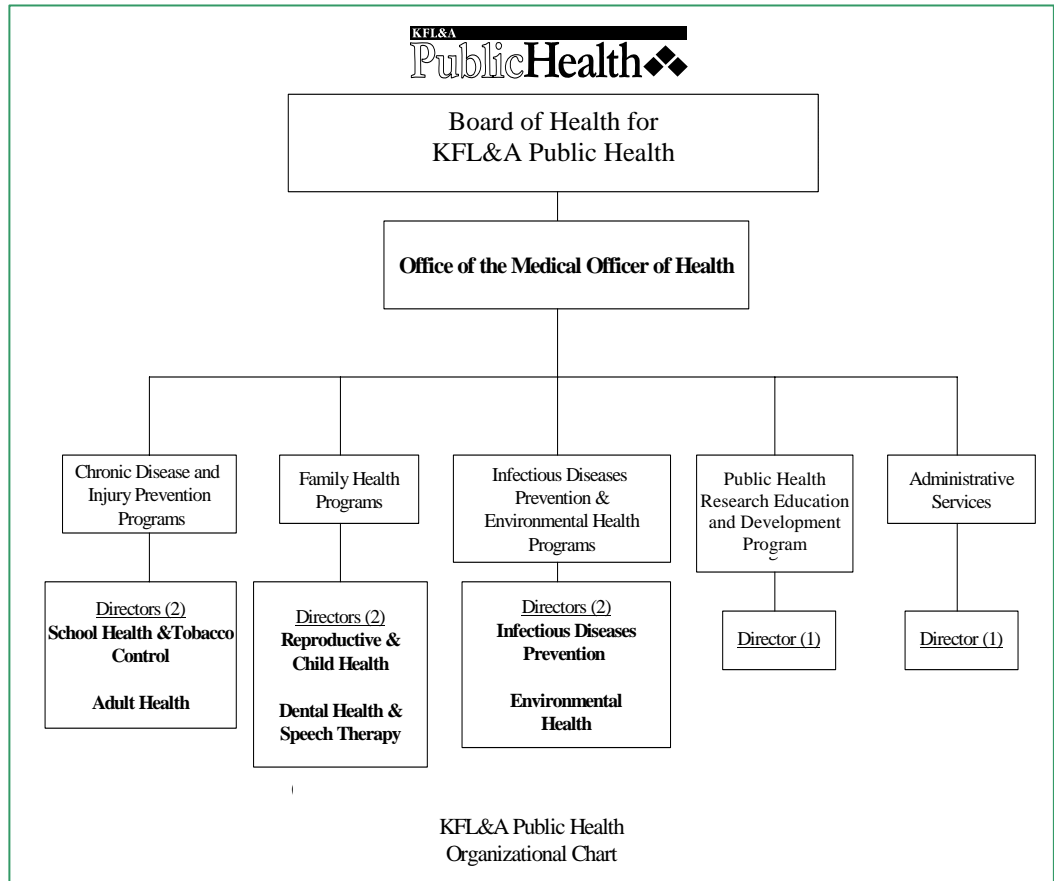
In partnership with Queen's University, to provide a leadership role within the public health system and the health care system as a whole through the provision and integration of public health research, education and the development of exemplary programs and services.



“Working together for better health”

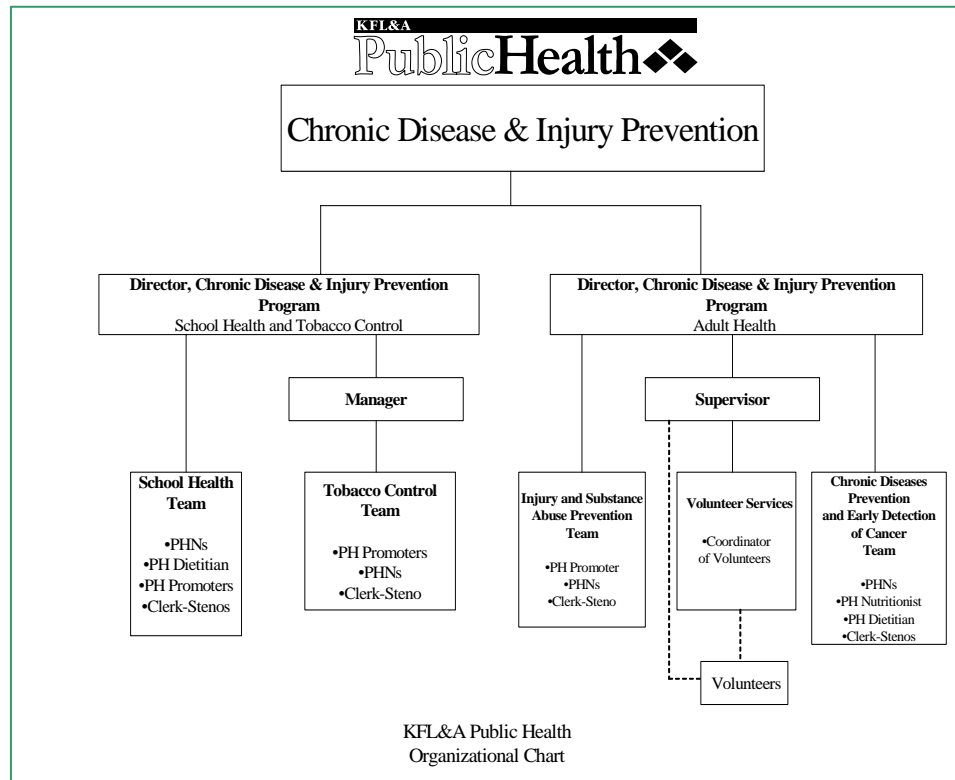
Organization Structure

Public Health Organizational Chart

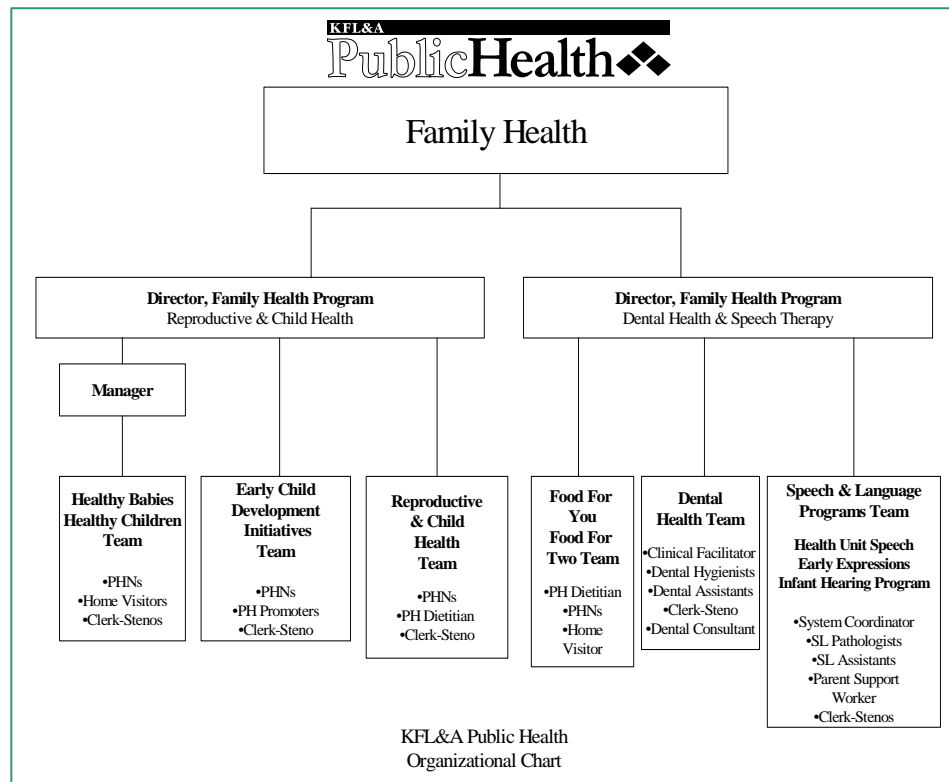


Mandatory Health Programs and Services Organizational Charts

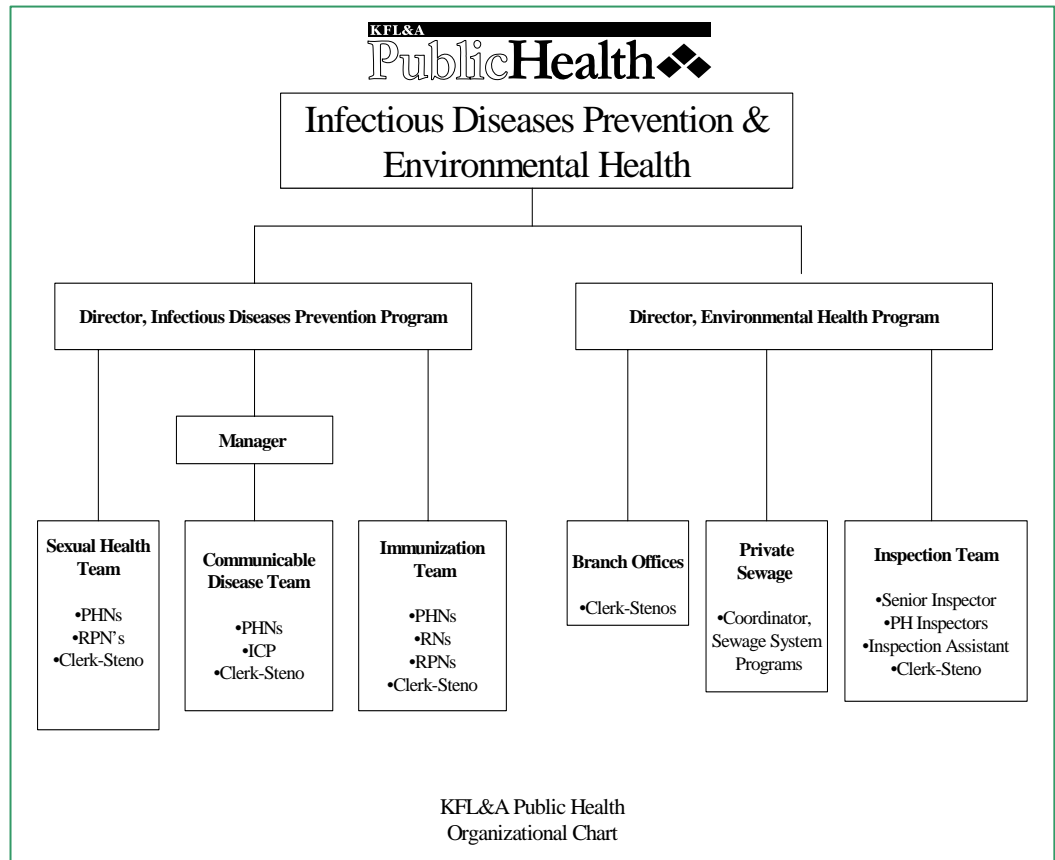
Chronic Disease and Injury Prevention Programs



Family Health Programs



Infectious Disease Prevention and Environmental Health Programs



Note: The Chair of Mandatory Programs is assumed by one of the Directors for a term decided by the Medical Officer of Health.

An interdisciplinary team of health professionals i.e. public health nurses, nutritionists, inspectors and health promoters use a variety of health promotion and protection strategies to deliver these population-based programs.

The following provides a description of the teams and the many programs for which they are responsible. Should you require additional information about functions of the teams, please ask your Manager.

Chronic Disease and Injury Prevention Programs

The Chronic Disease and Injury Prevention Programs include lifestyle programs related to risk factor reduction and screening for disease.

i) Adult Health Team

Director: Valerie Stenzl

Team Activities: This team uses a number of different channels including media campaigns, large events and workplace strategies to promote healthy eating, active living, tobacco free-living, injury prevention and the early detection of cancer. Other program activities focus on the prevention of osteoporosis, diabetes, heart disease and skin cancer.

Program Objectives:

...for Early Detection of Cancer

- To reduce female breast cancer mortality by 10% by the year 2010.
- To increase to 70% the proportion of women ages 50-69 who receive screening mammography through the Ontario Breast Screening Program by the year 2010.
- To reduce the mortality from cervical cancer by 50% by the year 2005.
- To increase the proportion of women screened according to the guidelines of the Ontario Cervical Screening Collaborative Group to 85% and to increase the proportion of ever-screened to 95% by the year 2010.

...for Injury Prevention, including Substance Abuse Prevention

- To reduce the number of alcohol and other substance related injuries by 20% by the year 2010.
- To reduce the percentage of the adult population who drink more than 2 drinks per day by 20% by the year 2010.
- To reduce the rate of injuries caused by cycling crashes and motorized vehicle crashes by 20% by the year 2010.
- To reduce the rate of fall-related injuries in the elderly (aged 65+ years) that lead to hospitalization or death by 20% by the year 2010.
- To reduce the rate of illicit substance use and the non-medicinal use of drugs and other psychoactive substances by 20% by the year 2010.

...for Skin Cancer Prevention

- To increase the proportion of the population of all ages who limit sun exposure and use protective clothing and sunscreens when exposed to sunlight, and avoid artificial sources of ultraviolet light (i.e. sunlamps, tanning booths).

...for Healthy Eating

- To reduce dietary fat intake to an average of 30% of calories or less among people aged 18 and older by the year 2010.
- To slow the decrease in the proportion of adults ages 20-64 with healthy weight status (BMI 20-27) by the year 2010.

...for Active Living

- To increase to 40% the proportion of all adults who include at least 30 minutes of accumulated, moderate physical activity on most if not all days of the week by the year 2010.

....for Tobacco-Free Living

- To reduce the proportion of adult women and men who smoke daily to 15% by the year 2005.

Program Examples:

Workplace Wellness - Consultation, resources and education sessions in the workplace to enhance healthy workplace environments which support active living, healthy eating, smoke-free living, stress reduction and more.

Dial a Dietitian - A telephone line where Registered Dietitians answer specific questions about nutrition and healthy eating.

Injury Prevention Initiatives - KFL&A Public Health works with the Greater Kingston Area Safe and Sober Community Alliance to prevent and reduce injuries and deaths related to alcohol use, and the KFL&A Falls Prevention Coalition to prevent injuries related to falls in seniors.

Step Into Fitness – An eight-week pedometer-based walking and healthy eating program designed for people who want to start becoming physically active.

ii) School Health Team and Tobacco Control

Director: Darlene Mecredy

Manager of Tobacco Control: Jo-Anne Peterson

Team Activities: To assist teachers in their implementation of the health curriculum and to assist students in reaching and maintaining their optimum level of health. This team also focuses on tobacco use prevention, cessation, demoralization, and protection from second-hand smoke for youth and adults.

Program Objectives:

...for Injury Prevention, including Substance Abuse Prevention

- To reduce the rate of injuries caused by cycling crashes and motorized vehicle crashes including boats, snowmobiles and all terrain vehicles that lead to hospitalization or death by 20% by the year 2010.
- To reduce the rate of alcohol and other substance-related injuries or deaths by 20% by the year 2010.

...for Skin Cancer Prevention

- To increase the proportion of the population of all ages who limit sun exposure use protective clothing and sunscreens when exposed to sunlight and avoid artificial sources of ultraviolet light (i.e. sunlamps, tanning booths).

...for Healthy Eating

- To increase to 75% the proportion of the population aged 4 and older consuming 5 or more servings of vegetables and fruit daily by the year 2010.
- To increase to 75% the proportion of youth aged 10-16 years consuming 3 or more servings of milk products daily and to 65% the proportion of adults consuming 2 or more servings of milk products daily by the year 2010.
- To increase to 50% the proportion of the population aged 4 and older consuming 5 or more servings of grain products daily by the year 2010.

...for Active Living

- To increase to 60% the proportion of youth who include at least 30 minutes of accumulated, moderate physical activity on most if not all days of the week by the year 2010.
- To increase the proportion of children who are active.

...for Sexual Health

- To reduce the rate of pregnancy in women 15-19 years of age to 40 per 1000 population by the year 2005.
- To increase the awareness and knowledge about personal responsibility and life skills required to deal with sexual relationships and behaviours including the impact of alcohol and other drugs.
- To reduce the incidence of complications from STDs.

...for Tobacco-Free Living

- To reduce the proportion of 12-19 year olds who smoke daily to 10% by the year 2005.
- To increase the proportion of smoke-free homes by the year 2010.
- To increase the proportion of smoke-free public places and workplaces to 100% by the year 2005.

Program Examples:

Bicycle Safety – Bicycle and other safety promotional program coordinated by public health nurses in conjunction with area police and local school boards.

Tobacco Control Act - Ontario law enforced by Public Health units, governing smoking in public places and the provision of tobacco products to youth less than 19 years of age.

Smoke-Free for Good! - Weekly meetings offered for adults who want to be smoke-free for good.

Ontario Tobacco Strategy - Youth Action Alliance - Youth led activities promoting tobacco control.

TV Turnoff Challenge - Students, staff and families are challenged to turn off their televisions and computers for five days and turn up their activity levels. The challenge promotes and increases awareness about youth and physical activity.

Energy Check – An interactive pit-stop event to educate grade 10 students about the importance of healthy eating, active living and positive body image.

Raise a little health - A health promotion program, focusing on six health guidelines: Like your body, Talk about it, Keep safe, Eat well, Move your body and Be smoke-free. It consists of a teacher newsletter, a parent newsletter, a dedicated phone line, an audiovisual resource package, and in school programming.

Drive for Life – An interactive pit-stop event to educate grade 11 students about impaired driving prevention and alcohol awareness.

Family Health Programs

i) Family Health Team

Directors: Pam Carr & Kathy MacRae
Manager: Heather Johnston

Pam Carr – Responsible for Reproductive and Child Health (BabyTalk phone line and BabyTalk drop-ins, Breastfeeding Initiatives, Parenting, Prenatal Classes, Reproductive Health Initiatives, Child Injury and Family Violence).

Kathy MacRae – Responsible for Dental Health, Speech and Language, Infant Hearing and Food For You, Food For Two.

Heather Johnston - Responsible for Healthy Babies, Healthy Children.

Program Activities: Services are targeted to prenatal clients, parents, postpartum mothers, newborns, children and youth. The focus is on reproductive health and child health, with the ultimate goal of enabling all children in the community to attain their optimal level of physical, mental, emotional and social development.

Program Objectives:

...for Reproductive Health

- To reduce the low birth weight rate (under 2500g) to 4% or below by the year 2010.
- To decrease the prevalence of neural tube defects by 25% by the year 2010.

...for Child Health

- To increase the percentage of children and youth who meet physical, cognitive, communicative and psychosocial developmental milestones.
- To increase to 50% the percentage of infants breastfed up to 6 months by the year 2010.
- To increase access to and the use of needs-based services and supports for children who are at risk of poor physical, cognitive, communicative and psychosocial development and their families.
- To increase effective parenting ability in high-risk families.
- To reduce the prevalence of dental disease in children and youth.

Program Examples:

Healthy Babies, Healthy Children – A province wide program for expectant parents and families with children up to age 6. All mothers and newborns

receive a phone call from a public health nurse within 48 hours of their discharge, are offered a home visit and, if appropriate, referred to community services. Expectant mothers may be referred for a public health nurse visit also. For those families with children who may have problems reaching their developmental milestones, a home visitor may be offered.

BabyTalk Drop-Ins – Public Health Nurses weigh babies and answer questions on breastfeeding, infant nutrition and normal growth and development.

Prenatal Classes - A series of five classes for pregnant mothers and their coaches.

Breastfeeding Classes - Certified Lactation Consultants teach mothers how to get started and keep breastfeeding going.

BabyTalk Phone Line – Public Health Nurses answer questions on pregnancy, breastfeeding, parenting and more.

Food for You, Food for Two - A weekly drop-in for pregnant women at risk for delivering low birth weight infants. The program is aimed at improving the nutritional status of the participants through education and food supplements.

Parenting Classes, Introduction to Solids and Feeding your Toddler – A variety of parenting classes for parents of children aged newborn to 5 years.

Early Expressions – A system of partner agencies servicing children up to their 5th birthday who *have*, or are *at risk for*, speech and language difficulties.

South Eastern Infant Hearing Program – Goal of program is to identify infants who are deaf or hard-of-hearing and to assist parents with decisions regarding communication development by the age of six months.

Dental Health Programs – In elementary schools to assess the dental health of children and to ensure follow-up treatment is sought.

Early Child Development Initiatives: Child Injury, Family Violence & Healthy Pregnancy - Focus is on specific topics for families with children 0-6 years.

Infectious Diseases Prevention and Environmental Health Programs

The Infectious Diseases Prevention and Environmental Health Programs provide programs and services in the areas of infectious disease control, food safety, infection control in institutions, rabies control and vaccine preventable diseases. The health of the public is protected through prevention, monitoring, clinic services, inspections and education.

i) Infectious Diseases Prevention

Director: Penny Lavalley

Manager of Communicable Diseases: Marg McReynolds

This department offers programs and services to address health issues associated with sexual health, communicable disease, immunization and sexually transmitted diseases, including HIV/AIDS.

Program Objectives:

...for Vaccine Preventable Diseases

- To eliminate indigenous measles by the year 2000.
- To maintain at zero the incidence of tetanus and diphtheria and indigenous polio.
- To reduce to zero the incidence of invasive *Haemophilus influenzae* type b (Hib) among children under 5 years of age.
- To reduce to zero the incidence of indigenous congenital rubella.
- To reduce the annual incidence rate of mumps to 1 per 100,000 and pertussis to 2.5 per 100,000 population by the year 2005.
- To reduce the annual incidence rate of acute hepatitis B to 1.5 per 100,000 by the year 2000.

...for Communicable Disease Control

- To reduce morbidity and mortality associated with infectious diseases.
- To reduce morbidity and mortality associated with infectious diseases in institutions, day care centers and personal service settings.
- To reduce the annual incidence rate of active and reactivated TB to 3.5 per 100,000 by the year 2005.
- To reduce the progression of latent TB infection to active TB.
- To reduce secondary drug-resistance by the year 2005.

...for Sexually Transmitted Disease, including HIV/AIDS

- To reduce the incidence rate of gonorrhea to 15 per 100,000 by the year 2005.
- To reduce the incidence rate of genital chlamydia to 500 per 100,000 women aged 15-24 years by the year 2005.
- To maintain the incidence rate of primary and secondary syphilis at less than 1 per 100,000 by the year 2005.
- To reduce the number of newly diagnosed human immunodeficiency virus (HIV) infections to less than 800 per year by 2005.
- To reduce the incidence of prenatal HIV infection and maintain the incidence of congenitally acquired syphilis at zero.

...for Sexual Health

- To decrease the rate of pregnancy in women 15-19 years of age to 40 per 1,000 population by the year 2005.
- To increase access to contraception for individuals in need to decrease unplanned pregnancy.
- To increase the awareness and knowledge about personal responsibility and life skills required to deal with sexual relationships and behaviours including the impact of alcohol and other drugs.

Program Examples:

Sexual Health Clinics - Clinics are held 4 times weekly in the Portsmouth office and once per week in Napanee. Clinic services provided are counseling, testing, treatment and referral on sexual health and sexually transmitted infection issues.

Travel and Immunization Clinics - Clinics are held twice weekly to provide information on safe travel and to administer travel and routine vaccines. Appointments are required and charges apply for travel consultations and vaccines.

Hepatitis B Immunization Program for Grade 7 Students - All grade 7 students are offered free Hepatitis B immunization at school.

Influenza Immunization - An annual campaign is held to promote this vaccine to the general population in order to decrease influenza in our community.

Follow-up of Reportable Diseases - Physicians and laboratories must, by law, report cases of diseases specified under the HPPA. Public Health Nurses follow protocols to investigate cases, ensure contacts are protected and monitor trends of disease occurrences.

ii) Environmental Health

Director: Peter Moccio

The environmental health program protects the public from environmental health hazards through prevention, monitoring, education and inspection of public food premises, public places and health/long term care institutions.

Program Objectives:

...for Food Safety

- To ensure that food is stored, prepared, served and distributed in a manner consistent with accepted public health practices.
- To stop the sale or distribution of food that is unfit for human consumption by reason of disease, adulteration, impurity or other cause.

...for Infection Control

- To reduce morbidity and mortality associated with infectious diseases in institutions, day care centers and personal service settings.

... for Rabies Control

- To maintain the incidence of rabies at zero in the human population.

... for Safe Water

- To ensure that community drinking water systems meet the microbiological objectives.
- To reduce communicable disease transmission from waters used for bathing at public beaches, public swimming pools, wading pools, spas and whirlpools.
- To provide information and sample bottles so that the public can test their water.

Program Examples:

Food Safety and Inspection - of all food premises where food is prepared, stored, transported, manufactured, processed, handled, displayed, distributed or offered for sale.

Safe Water Inspection – of the environment around wells and water supplies for private and small communal systems and public swimming pools, public wading pools, spas (whirlpools) and bathing beaches.

Private Sewage Program – Inspection of rural properties to determine suitability for the installation of private sewage systems, mainly septic tank systems.

Public Health Research Education and Development Program

i) Public Health Research Education and Development (PHRED) Program

Director: Dr. Kate O'Connor

KFL&A Public Health is a Teaching Public Health housing one of the five provincial PHRED (Public Health Research Education and Development) Programs. The PHRED program is an integral part of KFL&A Public Health and is engaged in activities that focus on providing evidence-based services and programs.

Program Objectives:

- To participate in provincial projects of applied public health research.
- To stimulate, advise and participate in projects of local applied public health research.
- To disseminate research results relevant to public health practice.
- To participate in the education of undergraduate, graduate and medical students in areas relevant to public health.



Personnel Policies and Guidelines

Location and Hours of Operation

Main Office

221 Portsmouth Ave., Kingston, ON K7M 1V5
Phone: (613) 549-1232; 1-800-267-7875
Fax: (613) 549-7896
www.healthunit.on.ca
Hours of Operation: Monday-Friday; 8:30 a.m. - 4:30 p.m.

Branch Offices

41 Dundas St., **Napanee**, ON K7R 1Z5
Phone: (613) 354-3357; Fax: (613) 354-6267

P.O. Box 149, **Sharbot Lake**, ON K0H 2P0
Phone: (613) 279-2151; Fax: (613) 279-3997

P.O. Box 59, **Cloyne**, ON K0H 1K0
Phone: (613) 336-8989; Fax: (613) 336-0522

Peer Leader Workspace

Peer Leaders will work from the KFL&A Public Health Library located at 221 Portsmouth Avenue in room 234. Peer Leaders are responsible for notifying the Youth Advisor of any equipment or space needed at least 3 days prior.

Dress Code and Nametags

Casual apparel is permitted with the exception of clothing with holes, clothing with inappropriate messages written on them, etc. If there is any confusion, ask your direct manager. Nametags, in addition to being worn at *all times* in KFL&A Public Health, must also be worn when representing the agency in the community.

Lunchroom and Additional Facilities

The lunchroom on the third floor is for Public Health staff and student use. Coffee, tea, lunch food and snacks are available at a minimal charge. The Ongwanada facility, which is located adjacent to the Portsmouth Avenue office, provides excellent cafeteria-style food at very reasonable rates.

Smoke-Free Workplace

All KFL&A Public Health facilities are smoke-free. No person - Board member, employee, student, volunteer, client or visitor - shall smoke anywhere within any of the KFL&A Public Health buildings or on its property (including parked vehicles) at any time.

Employees and students shall not smoke while conducting KFL&A Public Health business with clients, whether or not this contact occurs on KFL&A Public Health property.

All KFL&A Public Health sponsored events, or indoor events in which the agency is participating, shall be considered smoke-free.

Travel and Mileage

All employees using a vehicle for KFL&A Public Health business purposes during their employment must possess adequate (a minimum of \$1,000,000 public liability and property damage) personal comprehensive insurance.

Employees who incur expenses for travel or parking will be compensated according to KFL&A Public Health policy.

Peer Leaders who live outside of the Kingston area (i.e. Sharbot Lake, Cloyne, Napanee) may have access to transportation compensation at times to assist in travel costs. This will be determined by the Manager and Director on an individual basis.

Ethical Review

All surveys involving individuals who are not enrolled in KFL&A Public Health programs require Ethical Review, even if they are aimed at providing information for the development or improvement of a KFL&A Public Health program. In addition, any survey of individuals enrolled in KFL&A Public Health programs requires ethical review if it solicits information not directly required for the conduct of the program, or information deemed sensitive or invasive. Other kinds of project activities (e.g., focus groups) could require ethical review.

Communication Policies and Guidelines

Protection of Personal Health Information

As an employee, you are to ensure that all client data is kept confidential. You will be required to sign a Confidentiality Agreement during your orientation. KFL&A Public Health has a responsibility to protect the personal health information of its clients (an individual who participates in agency programs) and patients (an individual to whom the agency provides clinical services). Personal health information is identifying information about an individual which relates to the individual's physical or mental health, the provision of healthcare, health card number, family history, or identifies the individual's substitute decision maker (Source: Personal Health Information Protection Act S.O. 2004, Chapter 3, Schedule A.). Policy V-50, Protection of Personal Health Information provides guidelines for the collection, use and disclosure of personal health information based on the Personal Health Information Protection Act (PHIPA).

Client records are to remain at KFL&A Public Health. They are necessary and important tools in the provision of healthcare. Without reports, health professionals would have almost no way of communicating with each other about the care and services provided to and required by clients. The client's record is a type of accounting system that provides a written statement of exactly what has been done for the client (individual/group/family). Confidentiality of records must be assured and therefore should not leave the designated storage areas.

Documents Produced for External Use

All KFL&A Public Health print materials (i.e. letters for mass distribution, flyers, display materials, newsletters, news releases, fact sheets, articles, pamphlets etc.) must be proofread before production. Therefore, any materials you develop for external use must be reviewed by the Youth Advisor and the Manager of Tobacco Control. The Communications Officer must see the final copy of any document to be distributed to the public. However, he or she is also available for consultation during the development process. In addition, the Medical Officer of Health must review all letters to the editor, news releases, and advertising copy prior to distribution.

Follow the **Corporate Policy Checklist** and the **Clear Writing Guidelines**, which identify the criteria used to create and release items. The Corporate Policy guidelines include the use of logos (where and how they appear), the date, mission statement, slogans, address, contact info, etc. The Youth Advisor has a copy of the Clear Writing Guidelines accessible at her desk.

Telephone and Voicemail

Peer Leaders will have access to a telephone through the youth advisor's office or the designated room for meetings. Peer leaders will have a joint mailbox which will be allotted to the entire team. Peer Leaders will be trained on voicemail retrieval, etc.

Responsibilities of the Youth Advisor and Peer Leaders

The following provides a general standard for which you may compare your responsibilities to that of the Youth Advisor. You are encouraged to become very familiar with your responsibilities as a Peer Leader. Your self-directedness will be reflected in your evaluation and success at KFL&A Public Health.

Responsibilities of the Youth Advisor

- Take initiative in developing and fostering relationships with community partners such as: educators, law enforcement, fire departments, business organizations, community agencies, and other youth focused agencies.
- Assist with the recruitment of Peer Leaders and volunteers.
- Work with a group of Peer Leaders on a Youth Action Alliance, to take tobacco control messages to the community and other youth, in an attempt to denormalize tobacco use and lower smoking rates in the KFL&A area.
- Responsible for the functioning of the Youth Action Alliance. Facilitates weekly meetings with Peer Leaders.
- With Peer Leaders, plans and coordinates special events in schools and the community-at-large.
- Mentors and trains Peer Leaders to deliver their tobacco control messages to the relevant target groups. Supports Peer Leaders as they participate in area, regional and provincial initiatives.
- Uses the Volunteer Management Cycle to have adult and youth volunteers to work with Peer Leaders in their tobacco reduction initiatives.

Responsibilities of the Peer Leaders

- Works with the Youth Advisor, a group of Peer Leaders and volunteers in taking tobacco control messages to the community and other youth, in an attempt to denormalize tobacco and lower smoking rates in the KFL&A area.
- With the Youth Advisor and other Peer Leaders, plans and implements special events in schools and the community-at-large.
- Attends weekly Youth Action Alliance meetings with other Peer Leaders, facilitated by the Youth Advisor. Participates in team building activities.
- Makes presentations to students, agencies, and the community-at-large about tobacco control.
- Works with the Youth Action Alliance to develop effective working relationships in the community.
- Acts as an ambassador for KFL&A Public Health, Smoke-Free Ontario, and Tobacco Control.
- Completes all necessary paper work, including timesheets, performance plans, etc.
- Performs all other duties as may be assigned.
- Maintains open communication with the Youth Advisor about any issues that may arise.

Library

The library provides resources and services to support the information needs of KFL&A Public Health staff.

The library collection includes public health related journals, newsletters, reference material, books, government documents, and vertical file material. These materials, with the exception of reference items, are available for loan to staff and students of KFL&A Public Health.

The library offers a range of services including reference, on-line database searching, interlibrary loans, photocopying and current contents. A catalogue of library holdings is available in the library. The computers in the library are available for staff and student use and provide access to word processing and Internet services. Should you require any assistance, feel free to speak to the Library Technician, Melanie Dittburner. Peer Leaders will attend an information session to familiarize them with the Library.

Resource Centre

Audio visual aids are catalogued, stored, maintained and loaned by the audiovisual clerks. The public has access to materials, subject to administrative approval, but KFL&A Public Health staff is given priority.

Materials include: DVD'S, videotapes, audiotapes, CD's, display sets and teaching kits. Equipment includes projection equipment, audio equipment and display boards etc. Resources can be checked through the RBIS program in the Resource Centre.

All material and equipment must be checked in and out with the clerk. It is preferable that you do your bookings one to two weeks in advance. Fill out a yellow Audiovisual Request form and include your manager's name. Put the form in the inbox on the desk in the Resource Centre. The clerk will leave a message to confirm your request. Requests can also be made through voice mail or E-mail, but remember to include your preceptor's name. On the day you require the A.V. equipment, you can pick it up at the Resource Centre. After you are finished with the equipment, return it promptly to the Resource Centre, as it may be booked out again. KFL&A Public Health has a manual containing all of the audiovisual materials that are accessible. Make sure that you return all borrowed material.

Computers

Employees will not bring discs into KFL&A Public Health or take discs out of the office. Remember, by infecting just one computer you can quite easily disable the entire KFL&A Public Health system. When you use the computer system, kindly exit the software as instructed.....if you have problems please ask!! Finally, it is illegal to download and “borrow” software for use at home. Use of electronic mail and the Internet shall be work related and may not be used for any activity, including games that are personal, private or commercial. Electronic mail shall be used for work related activities and will not be used to send or forward messages that are inappropriate. Users of the Internet represent the Agency and shall address all communications accordingly.

Photocopying

Photocopying is expensive. Photocopying is limited to KFL&A Public Health related business. If the copy job is larger than a few pages or, if colour reproductions are required, submit a work requisition form to the appropriate support staff person, indicating number, colour of paper and type etc. Employees have access to the Canon copier in the Copy Shop (Room 240). When making overheads on the Canon copier, use the Arkwright sheets, which are stored above the copier. Only the overhead transparencies supplied by KFL&A Public Health and designated for specific machines are to be used.

Program

Each section and team has its own resource drawers, pamphlets and fact sheets. The Youth Advisor will orient you to the files and resources that are pertinent to your activities with the Team.