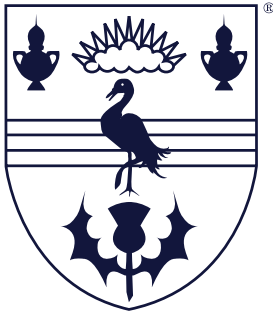


# Environmental Health *Scotland*

The Journal of the Royal Environmental Health Institute of Scotland

Vol 17 - Number 3/4 Autumn/Winter 2005





# The Royal Environmental Health Institute of Scotland

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# Environmental Health Scotland

## Volume 17, Number 3/4 Autumn/Winter 2005

### The Journal of The Royal Environmental Health Institute of Scotland

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*On the cover: Keith McNamara presents John Stirling with the President's Chain of Office.*

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## THE PRESIDENT'S VIEW



*John Stirling*

All newly elected Presidents of organisations such as ours derive great pleasure in knowing that they have been elected to the highest office of their organisations by the people who matter most - the membership. For this to happen twice makes it doubly satisfying and I thank you all for putting your trust in me once again!

I take this opportunity to pay tribute to our retiring President, Keith McNamara, and to thank him for his tireless efforts over the past year. Keith must take much of the credit for the way our Institute and the Profession have achieved such a high public profile in a whole range of areas. In particular, Keith's endeavours in ensuring that we will play such a significant role in the excellent Scottish Executive initiative aimed at protecting the Scottish people from the adverse health effects associated with second hand tobacco smoke in public places, cannot go unmentioned. Well done Keith!

It is my intention to undertake my Presidential duties in a manner similar to that of when I worked as a senior manager in the local authority sector. I will listen to the comments of all members and will seek to ensure that the consensus view is implemented whenever possible.

With the shortage of Environmental Health Officers becoming more acute I believe that we must do all we can to ensure that access to the Profession is made as flexible as possible. The Institute will

continue to look at ways in which this can be done and will continue to investigate the possibility of accrediting suitable environmental health degree courses, in Scotland and further afield, which offer flexible learning opportunities and which do not dilute the academic rigour demanded.

The need for all members engaged in the field of environmental health to maintain and develop their knowledge, skills and competence has never been greater and I would encourage all of you to participate in the Institute's Scheme of Continuing Professional Development. Bernard Forteath, the Senior Vice President, is very keen to lead the drive for an increase in the uptake of the Scheme by all members.

The Institute's recently re-launched website will, I hope, ensure better communication with the membership as well as with interested members of the general public. Paul Bradley, the Chairman of the Environmental Health Promotion Committee, is especially keen that the interactive area will be used by the broad church that is our membership to contribute their views on consultation documents issued by government and its agencies.

In closing, I invite all members to come forward to assist with the work of the Institute and to join elected members and staff in promoting environmental health and the views of the Institute's membership wherever possible.

## PRESIDENTIAL ADDRESS

by *Keith McNamara*

Presented at the 23rd Annual Conference on Environmental Health, Perth, 16th November 2005



*Keith McNamara*

It is both an honour and pleasure to welcome you to my home town of Perth for the Institute's 23rd Annual Conference. I hope over the next few days you find our presentations stimulating and our social events entertaining.

The theme of my address, and indeed the theme of this week's Conference, is to highlight, and to reinforce the message that the environment in which we live is a key determinant of the health of our nation. A vibrant Environmental Health Profession can offer a significant contribution to both ensuring a safe and clean environment, and also in securing the improvements we need to Scotland's health. It is a poor reflection on our nation, and perhaps little co-incidence that Scotland's reputation as the 'sick man of Europe', is accompanied by our country also being branded the 'dirty man of Europe'.

Sadly, our 'sick man' tag is well justified. In the early 20th century, Scotland was amongst the best in health terms in Europe. Yet now, when our own First Minister calls us 'one of the most unhealthy countries in Europe', and goes on to comment on our culture of 'lack of exercise, drug abuse, excessive drinking and overeating', virtually no-one disagrees. Last year, we finally shook off the dubious record of having the highest number of cancer deaths per capita in Western Europe, but we're still near the top of the table for coronary heart disease. Glasgow has the UK's lowest life expectancy and remains the only part of the UK where the average man does not live to be 70. Out of the ten worst areas with the

lowest life expectancy in the UK, seven are in Scotland. Overall, people in Scotland live for a shorter time than the rest of the UK.

As if that's not bad enough, Scotland faces major inequalities in health. Although life expectancy in Scotland rose between 1991 and 2001, the gap in male life expectancy between Scotland's poorest and most affluent areas has actually widened over that period, from just under eight years to nearly 14 years. What a poor reflection this is on social and environmental justice in our society, that people are living around 14 years less because of where they live and how much wealth they possess.

In its simplest terms, most people in Scotland will be killed by heart disease, cancer and strokes - no other causes of death come close to challenging the 'big three'. Politicians, doctors and statisticians generally agree about the contributors to our major ill-health record - cigarettes, alcohol, poor diet and lack of exercise.

Significantly, the most recent Annual Report of the Chief Medical Officer for Scotland, also highlighted another factor, what was termed the 'Scottish effect', a sense of pessimism in the character, which accounts for a consistently higher mortality level amongst Scots compared to other comparable nations. There is a body of evidence to suggest that optimists live longer, possibly by up to seven years, and it is our national negativity that, in part, accounts for Scotland's poor health. This is an issue I will be returning to later.

For several years, I and others in our Profession have advocated that, for environmental health to continue having any credibility as a force in the modern public health arena, we desperately need to extend beyond our traditional roles and demonstrate that we can be a significant player in the multidisciplinary team tackling Scotland's 'big three' killers.

I strongly believe that the Environmental Health Profession has now received its calling to make a substantial contribution in two key areas of modern health policy. I refer, of course, to our role in the imminent controls on smoking in public places and also influencing Scotland's diet through food and health training.

When it comes to smoking, it is virtually impossible to over-emphasise its impact on public health.

- Tobacco smoke contains 200 chemicals, 50 of which are carcinogens.
- Globally five million people will die each year from smoking related illness. 13,000 will die in Scotland.
- It is estimated that 1,500 to 2,000 non-smokers will die in Scotland each year from the effects of second hand smoke, and that successful implementation of the impending controls on smoking in public places could save the lives of around 400 non-smokers each year.

The Scottish Health Minister and the former Chief Medical Officer for Scotland have both stated that the new controls on smoking in public places will be the most significant piece of public health legislation in a generation.

Just as our Profession was called upon to implement the Public Health Acts in the late 1800s which saw the eradication of diseases such as cholera and, just as our profession was asked to enact the Clean Air Act legislation of the late 1950s, which saved thousands from the fatal smog, so we are once again being called upon to take responsibility for the landmark public health legislation of our generation, which should create a step change in our nation's health.

Not surprisingly, enforcing these future requirements has caused quite a debate both within the Profession, and in the wider community.

Yes - it's the first time that the Environmental Health Service has been asked to take an enforcement role in relation to tobacco control.

Yes - it will be a high profile piece of work with a substantial degree of media attention.

Yes - there are concerns about adequate resourcing, and possible threats of violence to enforcement staff.

But let's not talk ourselves out of this. In many, many respects, this is only another piece of environmental health legislation. We will visit workplaces to assess compliance amongst individuals and business proprietors (like we do presently for a range of statutory functions). We will seek compliance through advice, guidance, and persuasion (like we do at present for other areas of work). If people still don't comply, we make a judgement on appropriate enforcement action (like we currently

do), and all the while we have to be wary of our own health and safety in sometimes potentially difficult situations. In other words, it's normal enforcement. It's what we do now and it's what we've done for decades. It's what we're good at, and it's a very tangible and significant way in which we can contribute to protecting a very substantial number of Scottish lives. We can even call upon the experience of colleagues in countries such as Ireland, to help us get it right. So let's get on with making a difference to Scotland's health.

To be brutally honest, if we don't make a success of this, we don't deserve to be called public health professionals.

The other example of our contribution calls upon the skills of another part of the broad church of the REHIS membership - our strong tradition in community training. The success of REHIS accredited training to a wide range of organisations has brought considerable advantages in raising skills in areas such as occupational health and safety, and food hygiene. An example of this success occurred last year when 30,000 REHIS Elementary Food Hygiene Certificates were issued - the first time this figure has been reached in any one year. That means 30,000 people will go into their workplaces and communities armed with a much greater awareness of the measures required to prevent the misery of foodborne infection. This has been a quiet success of environmental health work. It doesn't hit the headlines, because no-one can estimate how many food poisoning outbreaks this collective action has prevented. But there can be no doubt it successfully protects Scotland's health in an understated but highly effective manner.

I am delighted to announce that this week we will witness the official launch of the REHIS Elementary Food and Health Course, a course which I am convinced will evolve to provide significantly higher levels of healthy eating awareness, just as our Food Hygiene courses have achieved for the prevention of foodborne infection. Over 30 million meals are consumed each day in the UK outwith the home, and the people who produce these will have a significant influence on our healthy eating choices.

This will place our training community in the frontline of the modern public health drive - tackling ignorance over dietary considerations, and healthy eating. However, it will be for all of us in the environmental health field to support and promote this course, and I ask you to take all opportunities to do so in your day-to-day activities.

These examples highlight another important feature of modern public health work. The causes of ill health are complex, and the solutions to overcoming Scotland's ill health record will require a range of organisations to play their own part, by working together for a common, highly worthwhile purpose.

Both the examples I mentioned illustrate the value of joint working with a wide range of partners, and REHIS is delighted to work with them on these important issues.

We know the challenges to Scotland's public health. These have been articulated in several policy documents. As public health professionals, we must seek out and embrace the many opportunities where environmental health can contribute to consigning Scotland's 'sick man' tag to the history books.

One such area of opportunity relates to Scotland's ill-health 'secret ingredient', the 'X Factor' that no-one wishes to have, the difference between our health record, and that of other similar nations. I refer to the 'sense of pessimism' concept mentioned earlier.

The exact makeup of this fatal pessimism in an individual would be as difficult to unravel as the causes of ill-health itself. Certainly there will be hereditary factors, social and psychological influences - but surely one's environment must be a major constituent. Existing in surroundings of damp, overcrowded housing, lacking amenities, with noisy antisocial neighbours, and an external landscape of streets scarred by litter and dog fouling, graffiti on walls, vandalism, air pollution from urban traffic, and burnt out abandoned vehicles, is hardly the environmental circumstances to lift the spirits. Yet far too often, these are the conditions that many thousands of Scots find themselves living in. No wonder we have a national pessimism pervading our health and a gulf in health inequalities.

Environmental health has long been deeply involved in tackling local environmental issues and antisocial behaviour through activities such as air quality, noise nuisance, litter and dog fouling, and this conference will hear from speakers on the latest developments with recent government initiatives particularly last year's antisocial behaviour legislation.

As a Profession, we face a difficult dilemma. On one hand we need to stretch beyond our traditional areas of expertise, to embrace the challenges and tackle Scotland's main killers. And yet, we somehow need to maintain our vigilance on what could be regarded as our more conventional work - food

safety, environmental protection, infection control, housing standards, and occupational health and safety. If we slacken our grip on these areas or transfer resources or attention away from them we invite fatal accidents, food poisoning cases, communicable disease outbreaks, media headlines and the inevitable culture of blame that follows. It is therefore understandable that environmental health managers tend to defend their own territory, rather than advance into new areas. Even in these core environmental health areas, professionals have to contend with an evolving climate of legislative changes, increasing public expectation, and scientific developments as well as emerging threats. The breadth of these issues can be illustrated by the topics covered by many of our speakers over the next three days.

As if the environmental health burden was not sufficiently heavy, we must somehow also extend our horizons in terms of geographical distance and to future threats.

Globalisation, whether this is in terms of communication, commerce, travel or knowledge, means that we cannot isolate ourselves from what happens in the rest of the world. This is evident even from the recent rapid spread of the bird flu virus across international boundaries. Since our last conference we have seen a dreadful catalogue of global natural calamities. The Boxing Day tsunami, the effect of hurricane 'Katrina' on New Orleans, the drought and famine in Malawi and the Kashmir earthquake demonstrate the fragility of our co-existence with nature. We are a practical 'hands on' profession. Therefore, it is difficult to watch the effects of these disasters unfolding, as we sit by with a sense of helplessness. Donating money, to assist, seems hopelessly inadequate. Tomorrow we will hear from a colleague who took the brave step to travel to Indonesia to help in the relief work following the tsunami.

We don't need reminding that natural disasters also happen locally and seem to be increasingly prevalent. The flooding in the Scottish Borders in October this year is one recent, serious example. 13 years ago this very location was under ten feet of water, when the River Tay burst its banks bringing devastation to the city of Perth. The influence of climate change can only make us suspect that we will have to respond to an increasing variety and frequency of such incidents. Because of our practical skills, environmental health professionals often play a major role in the response to such events, and this topic will also be debated this week.

However I'd like to turn to my greatest fear for Scotland's health. This is not is not bird flu, MRSA, food poisoning, smoking, obesity, cancer or heart disease. No, to me the biggest issue is the mismatch in our society between the demand for materials to sustain the way we wish to live and the capacity of the earth's resources to meet these exponential demands. The morning's speakers will speak with more eloquence and authority on this subject than I can. However the following figures may act as a prelude to the discussion:-

- In Scotland, we get through a staggering 3.3 million tonnes of food each year - 30% of which is thrown away.
- 15 million tonnes of rubbish are produced each year in Scotland - the equivalent to one and a half full black bin bags per person per day. Over 80% of this waste is discarded to landfill.
- In the last 20 years there has been a 66% increase in traffic on Scottish roads. One third of commuters drive less than one kilometre to work.

We all have an impact on the world and our 'eco-footprint' is determined by the choices we make. If the entire population of the world was to share this same lifestyle as we have in Scotland we would need another two planets to provide the resources to achieve this. This is clearly not sustainable, not acceptable and ultimately terminal to the health of our grandchildren who will have to endure the effects of our environmental extravagance.

Because resources seem plentiful to us in Scotland, and the problem is perceived to be a long way off, it is not being treated with the overwhelming urgency it deserves. Short term commercial interests are crowding out the longer term wellbeing of the planet with, at best, confused policies and conflicting economic and environmental priorities. In other words, we are sleepwalking into extinction.

Now, more than at any other time, we need a workforce to act as society's environmental conscience at a local level - a collective body of people to help champion the cause of sustainability in our workplaces with our local decision makers and in our communities. 80% of Scots want to do more to protect their environment but most don't know where to start. The Environmental Health Professional is the ideal group to take this forward. We are an integral and mainstream part of local government, government agencies, the NHS and

many private sector organisations. We are, I believe, respected for standing up for the environmental issues linked to health and we have a history of over 150 years in delivering this at local level. To coin a phrase we 'walk the talk'. If Environmental Health is about influencing the environment to protect and improve health, there is simply no bigger challenge.

So in summary, there is no shortage of tests for the Environmental Health Profession to face in the coming years. Those unacquainted with our Profession might be led into thinking that the authorities would be looking to invest in reinforcing our Profession as a valuable resource against current and future struggles. Environmental Health Officers are degree-educated professionals, trained to appreciate the dynamics between our environment and our health, to articulate these to others and to bring about positive change. However, the truth is that the benefits of our future contribution are being seriously compromised by the legacy of our recent past. In recent years our Profession has suffered diminishing status and a narrower role due to budget cutbacks, reorganisations at local government level and a dogmatic over-emphasis on restrictive performance indicators.

It is not too extreme to say that we are facing a workforce crisis in the Profession. This can best be demonstrated by looking at the situation for Environmental Health Officers in Scottish councils.

There are currently around 600 Environmental Health Officer posts in Scottish local authorities and, of these, there are presently 43 unfilled vacancies.

The future looks more bleak. A quarter of these Environmental Health Officers are over 50, and indeed in some smaller councils, up to half the staff are over 50. Conversely, only 12% of Environmental Health Officers are less than 30 years old. The prospect of new recruits to overcome this demographic shortfall is not promising. From the 'high point' of 1993, when we enjoyed 55 new Scottish Environmental Health Officer graduates and 40 Student Environmental Health Officer placements, mostly in local authorities, we now have a university course which produces around 12 graduates each year with a similar dramatic reduction in Student Environmental Health Officer placements. The Society of Chief Officers of Environmental Health in Scotland estimates a requirement for 20 to 25 Student Environmental Health Officer placements in local authorities each year, to keep up the numbers of required Environmental Health Officers. This level of workforce planning is simply not happening.

So at a time in Scotland's history when there is arguably the greatest need for a highly qualified workforce, trained across a broad range of health and environmental disciplines and prepared to both articulate and action the links between our health and our environment, the Profession that can deliver all this appears to be, at worst, in danger of extinction, and at the very least our numbers will be so diminished that our effectiveness in contributing to the modern health and environmental challenges will be seriously impaired, as will our credibility as a public health force.

Collectively within the Profession, and amongst the friends of the Profession, we must not let this happen. The solution is not a quick fix, it won't be achieved by one body or group, it won't take place overnight and it won't happen by sitting back and blaming others for this state of affairs. For us to re-energise and re-populate the environmental health workforce our approach must be cohesive and it must be consistent over a sustained period. Those bodies with a role to play in this need to work together to build a case with an agreed and costed action plan to achieve improvements. No-one is going to do this for us. We also need to make our case for government assistance. In England and Wales, the government committed to boost the recruitment of Environmental Health Officers, and early indicators show that this initiative is starting to meet with success.

As my Presidential year draws to a close, this is the baton, this is the challenge, that I pass on to my successors.

I have found environmental health to be a highly rewarding career, both intellectually and emotionally. It is a practical Profession and it can be a lot of fun. I challenge any other profession to offer the variety of work that Environmental Health Officers are involved in. It affords the chance to become engaged in the major issues which affect Scotland's health condition and also the preservation of health for future generations. That is a set of challenges which still enthralls me about coming to work each day even after so many years in the Profession. I believe the current shortfall in our workforce is denying today's young people the chance to become Environmental Health Officers and to contribute to this great cause.

A healthy environment can create a healthy Scotland, and this can be delivered by a vigorous environmental health workforce. I hope you enjoy the rest of the Conference. We have a lot of work to do, not just over the next three days, but in the coming months and years.

## IMPLEMENTING SMOKE-FREE PUBLIC PLACES - AN UPDATE

*by Val Cameron, Director of Professional Development*

So much has happened since the last Journal was published. By now, many of you will be getting involved with implementing the ban which comes into force on 26 March 2006.

It is expected that the ban will be implemented through self-policing by proprietors of enclosed public places and that enforcement will be used as a last resort. It is recognised, however, that in the initial phase, there will be a major burden on services involved in providing advice and support, in assessing planning applications and in carrying out proactive inspections to ensure compliance.

In October, REHIS appointed a consultant, Dr John Morran, to provide additional support during this busy period. The report produced will be used to provide additional guidance to enforcement officers and also for those involved with the media.

The Scottish Executive has sent out 107,000 guidance packs to advise businesses on how to comply with the ban. The pack contains a lot of information and copies of the 'No Smoking' signs that should be used. In addition, a programme of media campaigns has been planned to promote smoke-free Scotland to the public.

On 5 December 2005, 54 senior managers from 28 of the 32 Scottish local authorities attended a training seminar in Stirling, co-hosted by REHIS and officials from the Scottish Executive. The seminar introduced the new enforcement guidance and highlighted some of the indirect issues that might arise as a consequence of the ban, such as litter, noise and health and safety breaches arising from the development of roof terraces, heated patios, retractable roofs, etc. The delegates at the seminar agreed that a short-life working group should be set up, under the auspices of the Public Health and Housing Working Group, to look at the development of the agenda and to produce template forms that can be used by all local authorities.

As funding for additional staff to local authorities has only just been agreed, a training seminar for the new enforcement officers will take place in March.

REHIS fully supports this new legislation. There is no doubt that effective implementation of smoke free public places will have a major positive impact on public health and will help to reduce the gap in health inequalities in Scotland.

## MANAGEMENT COMMITTEE

by John Stirling, Chairman

This is my last report as Chairman of the Management Committee and despite all the staffing upheavals I have enjoyed myself. The work has been easier for me because of the assistance of all those included in the credits at the end of this article.

The final pieces of the jigsaw are now in place, with the arrival of Graham Walker, Val Cameron and Jennifer Watkins. This is the ideal blend of experience and youth and ensures that we have a first class team to go forward with. Thankfully, the administrative support is unchanged, so we should be at full power fairly soon. The membership and the training community also deserve thanks for sticking with it through difficult times.

Val and Graham are well known to the REHIS membership. Jennifer is fairly new to the Profession, but brings with her a tremendous enthusiasm and understanding of environmental health. I wish them all well in their future with the Institute.

The report by the working group (Helen Barron, Alistair Thomson and Nicola Paton) charged with developing a discussion document/policy on marketing REHIS is imminent.

Our recently retired President, Keith McNamara, continues to drive on the Institute's policy response to the excellent Scottish Executive initiative on 'Smoking in Public Places'. The Committee appointed Dr John Morran to assist with this project.

The Committee continues to receive reports from the Project Steering Group chaired by Dr David Old, and once again the final report is imminent.

The redesigned REHIS website has now been launched, and I am sure will be welcomed by the membership as it will provide an excellent resource for all members.

It now only leaves me to roll the credits. I thank Keith McNamara, Bernard Forteach, Martin Henry, Paul Bradley and John Sleith, who comprised the Committee, for all their endeavours, sometimes at very odd hours. Whilst not on the Committee, several members have given of their time to assist, and once again I thank Mike Halls, Helen Barron, Nicola Paton, Alistair Thomson and John Frater. Our discussions and deliberations would have meant nothing if we did not have someone to put them into practice and that someone is the Chief Executive, Tom Bell. I thank Tom and his team at Manor Place. Their work was carried out under extreme conditions, with Tom being required to undertake long hours of work whilst he covered all the vacancies.

*The Management Committee has responsibility for:-*

- *general financial matters*
- *public and media relations*
- *premises and equipment*
- *the Annual Conference*
- *staffing.*



*The Management Committee 2004/05*

## MEMBERSHIP, EDUCATION AND TRAINING COMMITTEE

*by Bernard Forteath, Chairman*

The Committee's second meeting of the year took place on 14 September in Perth and dealt with a variety of issues including:

### CPD Training Provision

It was reported that the number of Environmental Health Officer members participating in the CPD scheme continues to grow and that there are, at present, over 100 with Chartered EHO status. However, while we are happy with this figure, there are still many members eligible to participate and who have, thus far, not submitted record cards to the Director of Professional Development, Val Cameron. This year we therefore intend to organise road shows, in a variety of locations, to discuss the benefits of the CPD Scheme with members and representatives of their employers.

### Centres

The meeting between Centre representatives to discuss the possible review of the present Centre system took place in April. A report on the outcome of that meeting appeared in Environmental Health Scotland, Volume 17, Number 2, Summer 2005 under the 'Northern Centre News' item. The main recommendations of the review concluded that the Centres would remain in their present format

meantime and that, in future, Continuing Professional Development will form the main part of meetings.

### Professional Courses

During the year four courses, Law Enforcement, Food Update, Health and Safety Update and, for the first time, Public Health and Housing Update were held. These courses were well attended, particularly the Public Health and Housing event, which was heartening for the organisers, this being the first time we have held this course. We are now in the early stages of preparing next year's programme and suggestions from members about topics of interest would be welcome.

### Community Training

It was reported that good progress is being made on the proposed Elementary Food and Health Course. David Cameron and Martin Henry have been working closely with Highfield Publications on the training resources pack and the literature associated with this course. (Editor's note: the course was launched during our Conference in Perth last November).

The development of an Introduction to HACCP and Hazard Analysis Course and the presentation of a one day Trainers' Update Course are being taken forward by Graham Walker, Director of Training.

## REHIS TRAINERS' UPDATE COURSE

Wednesday 8 February 2006  
The Space, Dundee College, Dundee

Programme:  
New Food Hygiene Regulations  
Changes to REHIS Course Syllabi and Training Material  
HACCP and CookSafe  
REHIS Elementary Food and Health Course

Further information is available from the REHIS office  
Tel: 0131 225 5444

or

E-mail: [training@rehis.com](mailto:training@rehis.com)

## IFEH MATTERS

*by Mike Halls*

### Report on the IFEH Council meeting held in Vancouver in October 2005.

#### President Elect

The most heartening news to come out of the meeting from a REHIS perspective is that Bernard Forteath, Senior Vice President of the Institute, was successful in a ballot of all full members of the Federation to choose a President Elect of IFEH. As from the World Congress in 2006, Bernard will become President Elect and will take over as President in 2008. There is no doubt that the interest that REHIS has always taken in IFEH and the support that it has given (not only in financial terms but also in attending meetings) have assisted Bernard in his quest for the Presidency. I am sure that all REHIS members will wish to congratulate him on being elected and his success should ensure that he has something to take his mind off being a retired gentleman as from 1 January 2006.

#### Proposal for a Practitioners' Exchange Project

The Council considered a report prepared jointly by members of the Danish and Netherlands associations in which they drew attention to the increasing number of exchanges and 'twinning' which were being undertaken by members of IFEH, for example, that involving the member organisations in Denmark and Scotland. Other similar projects exist, for instance those involving organisations in Cyprus, Ireland, the Netherlands, Sweden, etc. The report stressed that persons involved in such exchanges were expected to work, that they could not look on their involvement as being a holiday and that, to be successful, each project had to be low-cost. After hearing the views of those present it was agreed that Steen Fogde (who is well known to REHIS members due to his representing the Danish Association) should work with the Honorary Secretary in contacting all member organisations, suggesting that each should consider participating in exchanges with other member organisations and that each body should agree to participate and should appoint a person to be the point of contact for the project. It was also agreed that the scheme should be managed through the IFEH website, with all persons appointed as points of contact forming a network and one person being designated as network coordinator.

#### Emergency Disaster Relief

The Council heard from the current President Elect (Colm Smyth of the EHOA Ireland) that, as a direct result of the feeling of helplessness that descended on lots of people after hearing about the effects of the devastating tsunami which struck South Asia in late 2004, a number of individual members of CIEH, EHOA, Ireland and REHIS had consulted with each other and, after consideration, had issued a press release advising that they intended to set up a register of environmental health professionals who were prepared to make themselves available to work in conjunction with relief agencies in disaster areas. It was noted that volunteers would need to be trained and equipped and that there would be costs to be met in these fields.

The Council had no hesitation in giving its wholehearted support and encouragement to the initiative and to ask that the Board of Directors investigate how IFEH could support the initiative in a more tangible way, for instance, by assisting towards the financing of the training and equipment needs.

#### An Overall Strategy for IFEH

For some time the Council of IFEH has been involved in discussions about its vision, its mission and how it sees itself adjusting to the changing face of the global public health. Raymond Ellard, a representative of the EHOA Ireland, had put some ideas down on paper and a lively debate took place after which the following was agreed. A small group of Council members should confer and, in due course, prepare terms of reference for a facilitator who would be asked to facilitate a meeting over a full day (with time set aside for workshop sessions) just prior to the opening of the Dublin World Congress in June 2006. The aim of the full day meeting would be to carry out an in-depth review of the IFEH, prior to which the facilitator will have undertaken, with assistance from the appropriate IFEH personnel, a needs assessment of all aspects of the operation of the Federation.

#### Proposed Policy on Climate Change

The Council considered a draft policy prepared by the Asia and the Pacific Regional Group. The discussion on this topic revealed widely differing views on the detail of the proposal but there was agreement that a policy on climate change was something worth striving for.

Again it was remitted to a small group to consider the points made during the debate and to try to devise a second draft which would be circulated to the membership for comment and placed on the website.

### Possible Policy on the Response to Major Disasters

Representatives of the Canadian Institute (hosts for the meeting) produced a draft policy on this matter and it was very apparent that the idea of having such a policy was sound, but there had to be a recognition that the role of member organisations was more likely to be of use in local as opposed to major national disasters. There is a dearth of awareness as to which member organisations have experience in such calamities but, in an effort to find out, it was agreed that the Secretary should approach all member organisations to ascertain (a) what experience they have in such matters, (b) what sort of skills are necessary, and (c) if they would be willing to contribute to the finalisation of a policy on this aspect of environmental health.

### Appointment of Staff

It is still the aim of the Federation to appoint staff as soon as finance permits so as to try to make greater and more rapid progress in raising awareness about its aims and objectives and making itself better known and respected on the international stage. Investigations are continuing and the officers involved have been asked to report as soon as possible to the Council or the Board of Directors on progress made.

### Signs of Maturity

During consideration of an annual Council task (approving the Board's terms of reference) it became apparent that some members were unhappy at how the Council and its Board of Directors operated. For instance, concern was expressed by the Swedish representative that her association felt that operation of the Board was leading to too much centralisation of decision-making and that the regional groups needed to be involved to a greater degree. She also alleged that the Board was filtering some aspects of IFEH business and thereby preventing the involvement of member organisations. She suggested that the Board should undertake much more consultation so that other officers did not feel undervalued and left out of IFEH matters. Her association felt that the current system was undemocratic. Similar concerns were expressed by the representatives of the Australian and Danish associations and a suggestion was made that the organisation of IFEH was too hierarchical.

It was pointed out that IFEH must be made relevant to individuals in membership of member organisations.

A spirited defence of the work of the Board was given by the President Elect and the Honorary Secretary and they suggested that if the Board had not acted as it had done over the last few years, IFEH would not have made the progress that it had. They also stated that the criticisms made were unwarranted and both felt very disheartened by the nature of the remarks made. They pointed out that the Board members gave up their time (mostly leisure time) willingly and that a major problem faced by all the members of the Board was a significant degree of apathy amongst the members. The Honorary Secretary spoke of his frustration at getting no response from members when he asked for information or assistance. Other comments were made which sought to reassure the Board members that not everyone agreed with the criticism and that too much of it had been lacking in specifics.

The Board members also reacted strongly to the allegation that it was resistant to change and suggested that if member organisations wished to raise any matter with IFEH the system allowed (indeed, encouraged) contact with the Honorary Secretary who is only too willing to have matters to put on Council agendas.

The opinion was also expressed that, despite the criticisms made of IFEH and its Board of Directors, considerable progress had been made during the 21 years of the Federation's existence in regard to assisting those member organisations, which had limited resources and those persons involved should be proud of what has been achieved.

At the conclusion of the discussion it was agreed to ask the Board to discuss the criticisms made during consideration of this item and specifically to look into how better to consult with persons outside the Board.

The Honorary Secretary was asked to set a deadline for responses from members on all matters which he issued and which required a response.

## 9TH WORLD CONGRESS ON ENVIRONMENTAL HEALTH

*EHOA Ireland in co-operation with IFEH*

Trinity College Dublin, 18-23 June 2006

## SOUTHERN CENTRE NEWS

by Evonne Tennant, Southern Centre Secretary

### The Year in Profile

It's been an eventful year for the Southern Centre. Between the AGM in 2004 and the more recent one in September 2005, there have been Centre Management Committee meetings aplenty, organising events for the members. These events have promoted the work of REHIS on behalf of its members and have strived to professionally develop the members through topical and stimulating content.

The Centre hosted a seminar, 'Chartered Status for EHOs', in Glasgow at which both the Chief Executive, Tom Bell and Council Member, John Sleith presented on the CPD Scheme and Chartered Status. The speakers fielded enquiring questions from members looking to gain recognition of their efforts in Continuous Professional Development and gain 'Chartered EHO' status. To date, a significant number of EHO members of REHIS have successfully gained Chartered status and many more are in the process of submitting their applications. The Centre fully supports the work of REHIS in the Scheme of CPD and endeavours to assist members in fulfilling the scheme requirements.

Following on from the Chartered Status event (and, of course, contributing to members' CPD) was a seminar entitled 'Manipulating Environments for Public Health: Taking a More Strategic Approach'. George Morris, currently Senior Scientific Advisor to the Scottish Executive, discussed what a more strategic approach might deliver and the role of Environmental Health activity within such a framework. The second speaker was Ruth Robertson of Health Protection Scotland, who discussed reaffirming the environmental dimension in the public health and health improvement agendas. Ruth also informed the audience of the work of the Public Health Project Steering Group set up by REHIS, and about the UK Voluntary Register for Public Health Specialists. Making a full contribution to the public health debate on the day, as Chairperson, was REHIS President, Keith McNamara.

The Health and Safety Executive 'Slips and Trips Injury Reduction Programme', together with the West of Scotland Health and Safety Liaison Group and the Centre, jointly organised an extremely successful one day seminar. The Centre expresses thanks to North Lanarkshire Council for hosting this well attended event. The Centre also wishes to thank Renfrewshire Council for its ongoing

contribution to member training allowing Centre members to participate in their excellent in-house training events.

On a different note, and one of change, the Centre, at its September 2005 AGM, underwent a 'personnel face lift'! Robert Steenson stepped down as Chairperson after five years and having made a significant contribution to the operation of the Southern Centre. Fortunately, Robert continues in his position on the Institute's Council and so his expertise and great efforts will not be lost!

The new Committee elected at the AGM is as follows:

**Chairperson:**

Martin Keeley

**Vice Chair:**

Bryan Campbell

**Secretary:**

Evonne Tennant

**Management Committee Members:**

Drew Hall

Ruth Robertson

Martin MacNiven

Lorraine MacGillivray

Carole Simpson

The Centre welcomes Drew, Ruth and Martin as new Committee members.

Also at the AGM, the members approved the following nominations for the 2005/06 REHIS Council:

**Nomination for President:**

John Stirling

**Nomination for Senior Vice President:**

Bernard Forteach

**Nomination for Junior Vice President:**

Robert Howe

**Nominations for Council Membership:**

Jacqueline Cunningham

Andrew Jamieson

Andrew Crawford

**What's To Come In 2005/06?**

The Southern Centre Management Committee has two events in planning. The first is an antisocial behaviour event scheduled for February 2006. Speakers include representatives from the Scottish Executive's Air Noise and Nuisance Team who

were responsible for the guidance Environmental Health use within antisocial behaviour work, a representative from Social Landlords, the Police perspective/experience, and one notable expert on the objective noise parameters.

The second event in early planning is on the subject of contaminated land and issues facing the Environmental Health Service and Profession. It is anticipated that this will be of interest to a great many members and also Environmental Health Student/Graduate Trainee EHOs. Both events will

carry a CPD value, and news of the events will be forwarded to members as soon as details are confirmed.

### Finally!

If any members have inspirational ideas for training, workshops or seminars that you would be keen to see organised, please contact the Centre Secretary, Evonne Tennant, to discuss, telephone: 0141 761 4876 or email: [evonne.tennant@eastdunbarton.gov.uk](mailto:evonne.tennant@eastdunbarton.gov.uk).

We look forward to hearing from you!

## NORTHERN CENTRE NEWS

*by Lynsey McNair, Northern Centre Secretary*

The Northern Centre held its AGM in September at the Food Standards Agency Scotland (FSAS) headquarters in Aberdeen following an informative afternoon's meeting and discussion. The Centre is very grateful to FSAS for its kind hospitality, facilities and assistance.

REHIS President, Keith McNamara, updated members on the implications of the tobacco control legislation. In the lead up to the introduction of this exciting and challenging new law REHIS, in association with the Scottish Executive, will provide training for enforcement officers. The experience of several members so far has been that media attention and the Scottish Executive's publicity campaign have already raised the profile of the ban, with the licensed trade in particular beginning to face the reality of a smoke-free enclosed space.

The second presentation of the day was from Tom Bell, Chief Executive, who outlined the REHIS Scheme of Continuing Professional Development and Chartered Status, and the European Qualifications Directive. Tom reminded members of the benefits of keeping up-to-date CPD records. Tom advised the meeting that employers stand to gain from CPD events and encouraged them to allow all staff to attend relevant events in the seven key programme areas. At the end of his presentation, Tom took many questions from members.

Jim Thomson then presented an FSAS news update. Jim advised the meeting that the Scottish Food Diet Action Plan was published in 2004, and that it sets out recommendations from the Working Group on how to measure progress towards targets by 2005 and beyond. (The Diet and Nutrition Strategy for Implementing the Scottish Diet Action Plan is at <http://www.food.gov.uk/multimedia/pdfs/fsasnutplan.pdf>). Members were informed that the

eagerly anticipated REHIS Elementary Food and Health Course will be launched at the REHIS Conference in November and training for local authority officers will follow.

After a brief break, Nicola Paton assumed the Chair for the AGM. Two members stepped down from the Northern Centre Management Committee and, on behalf of all Northern Centre members, I would like to take this opportunity to express grateful thanks to Nicola Paton and John Frater for their hard work and commitment over the past twelve months. The meeting approved two new appointments to the position of Chair and Secretary for the year 2005/2006. The full Committee membership for the forthcoming year is as follows:

### **Chair:**

David Robertson

### **Secretary:**

Lynsey McNair

### **Committee Members:**

Graham Robertson

David Cooper

Robert Drummond

Our colleagues in the Southern Centre have kindly offered Northern Centre members an invitation to attend a half-day seminar on 'Antisocial Behaviour: The New Legislation' to be held in Glasgow in February 2006. The invitation was warmly accepted, and the Northern Centre Management Committee would hope to be able to reciprocate in the near future.

The Northern Centre Management Committee will convene early in the new year to progress potential training events for the year ahead. Please do not hesitate to contact us with any ideas, or useful contacts you may make, for bringing to future events.

## ASBESTOS – FUTURE RISKS?

by Robin Howie, Robin Howie Associates

Exposure to asbestos can cause, in order of increasing severity: pleural plaques, benign pleurisy, diffuse pleural thickening, asbestosis, asbestos-induced lung cancer and mesothelioma. Of the above diseases, the most critical are asbestos-induced lung cancer and mesothelioma, as both are fatal. About 93% of patients with lung cancer die within five years of diagnosis and the average survival from diagnosis in patients with mesothelioma is about eight months. Mesothelioma is a cancer of the pleura (the lining of the lungs), the peritoneum (the lining of the gut), or the pericardium (the lining of the heart). About 90% of mesotheliomas occur in the pleura.

There is a 'latent period' of generally about 20-30 years between first exposure to asbestos and development of asbestos-induced lung cancer. The lung cancer risk with asbestos is synergistic with smoking: a smoker who is exposed to asbestos has about a fifteen times greater risk of developing lung cancer than an equally exposed non-smoker. This multiplicable effect also applies if the exposed person subsequently smokes, eg, if a young child who has been exposed to asbestos subsequently smokes. Conversely, for a smoker who has been exposed to asbestos, the lung cancer risk can be reduced if the smoker stops smoking or reduces his consumption of tobacco. There is also a latent period with mesothelioma, generally about 40 years, but this can range from five to 80 years. However, latent periods of less than ten years are rare.

The risk of developing mesothelioma increases as the time since exposure to asbestos to the power 3-4, eg, Doll and Peto (1985). For example, the mesothelioma risk to age 80 for someone first exposed at age 20 is about twice as high as for someone similarly exposed from age 30. If a child is exposed to asbestos from birth, the mesothelioma risk is about a factor of 2.5 higher than from age 20, from Doll and Peto (1985). Age at the time of exposure is therefore particularly important for children as they have a higher probability than adults of living long enough to develop mesothelioma. A further problem is that if children are exposed to asbestos in the home, they may be exposed for up to 20 hours/day, ~350 days/year. For a given airborne fibre concentration, a pre-school child may therefore have an about four times higher cumulative exposure than an adult occupationally exposed for 40 hours/week for 45 weeks/year. This extended exposure

effect is multiplicative with the age effect: a pre-school child exposed in the home for 20 hours/day for five years is therefore at a ten times higher risk of developing mesothelioma by age 80 than an equally exposed 20 year-old adult at work.

There are two different classes of asbestos, serpentine and amphibole, and six different types of asbestos, chrysotile - 'white asbestos' is a serpentine, and crocidolite - 'blue asbestos', amosite - 'brown asbestos', anthophyllite, also sometimes called 'white asbestos', fibrous tremolite and fibrous actinolite are all amphiboles. Note that non-fibrous tremolite and actinolite are common minerals.

Not all types of asbestos are equally hazardous. For a given exposure, the asbestosis risk is greater with crocidolite and amosite than with chrysotile. The mesothelioma risk with crocidolite is about five times greater than with amosite and about 500 times greater than with chrysotile. The asbestos-induced lung cancer risks with crocidolite and amosite are 10-50 times greater than with chrysotile, Hodgson and Darnton (2000). Fibrous tremolite and fibrous actinolite can be considered as having the same potency for causing mesothelioma as crocidolite.

All asbestos used in the UK was imported. Total imports of asbestos into the UK were about 150,000 tonnes of crocidolite, about 600,000 tonnes of amosite and about 6½ million tonnes of chrysotile. A small quantity of anthophyllite was also imported. Fibrous tremolite and actinolite were not commercially used in the UK but were present as naturally occurring contaminants in chrysotile from some sources, eg, chrysotile from Quebec could contain up to about 4% by weight of tremolite. Fibrous tremolite is also present as a natural contaminant of talcum powder and vermiculite from some mines, and has caused numerous mesotheliomas in such areas.

Crocidolite was used in thermal and acoustic insulation products in sprayed or bulk form, in mattress, (bags with crocidolite or chrysotile textile covers and generally filled with crocidolite or amosite fibres), in building boards, in high-pressure water and sewerage pipes and in wartime and post-war military gas mask filters. Amosite was used in similar products as crocidolite but was also used in preformed insulation sections and slabs and in Asbestos Insulation Boards (AIB). It can be estimated that about 140 million square metres of

AIB were manufactured in the UK between about 1950 and about 1980. Such boards contained 15-50% by weight of amosite, and some pre-formed pipe sections and slabs contained up to about 80% by weight of amosite. Chrysotile was primarily used in asbestos cement products, which can contain up to about 15% by weight of asbestos, and in low-density fire resistant boards, which were widely incorporated in fire doors and other fire resistant panels. From the latter 1950s through the 1960s crocidolite was added to asbestos cement products at 1-3% of fibre content to increase production. Given the 500-fold higher mesothelioma risk with crocidolite compared with chrysotile, a 1% crocidolite content of the fibre content in asbestos cement products increases the mesothelioma risk by about a factor of six as compared with crocidolite-free products. Asbestos cement products should therefore always be assumed to contain crocidolite unless it is known that

HSE (2003) estimated that there had been about 25,800 male mesothelioma deaths in Great Britain between 1968-2001 and that between 2002 and 2050 there will be a further 55,000 male deaths. Assuming that female deaths occur at about 15% of the rate of male deaths, total mesothelioma deaths to 2001 will have been about 30,000 with about a further 63,000 between 2002 and 2050.

HSE's above estimate is based on the assumption that current and future exposures to airborne fibres are very low. However, it must be appreciated that at the incoming Control Limit of 0.1 fibres/ml for all types of asbestos, the risks are very substantial. For example, the lung cancer and mesothelioma consequences of exposure to 0.1 fibres/ml of asbestos over a 20-year working period from age 20 will be as below, from Hodgson and Darnton (2000):

Asbestos type	Mesothelioma	Lung cancer	Total
Crocidolite	19,400	1,300	21,000
Amosite	2,700	1,300	4,000
Chrysotile	150	600	600

*Excess deaths per million to age 80 from 20 year exposure to 0.1 fibres/ml from age 20.*

the dates of manufacture post-date about 1975 or proper analysis has confirmed that such products contain chrysotile only.

Sprayed materials containing crocidolite and/or amosite are very friable and can readily release fibres. Bulk thermal insulation is commonly called 'monkey dung' or 'plastic' and generally contains crocidolite and/or amosite, magnesium carbonate or calcium silicate and a binder, such as Portland cement. Poorly controlled removal of sprayed crocidolite or amosite materials can generate upwards of 3,000 fibres/ml and the use of power tools on inadequately wetted crocidolite can generate up to about 1,000 fibres/ml, Howie et al (1996). A short study by this author revealed that the dry breakout of a single four-foot by eight-foot sheet of AIB and sweeping up the dry debris could generate personal exposures of 50-75 fibres/ml of amosite and could cause the release of 9,000,000,000 respirable airborne amosite fibres. Even 'trivial' activities such as sticking drawing pins in AIB can release numerous airborne fibres: one drawing pin insertion and removal can generate 2,000-6,000 respirable fibres.

HSE (1989) assessed the social acceptability of excess deaths risks and concluded that a death risk of 1 in 1,000 per annum (1/million/yr) 'is about the most that is ordinarily accepted under modern conditions for workers in the UK and it seems reasonable to adopt it as the dividing line between what is just tolerable and what is intolerable.' HSE (1989) introduced the concept of a 'tolerable' risk as a risk arising from a process from which there is a benefit, eg, as we all use electricity, we must therefore all accept a level of risk in return. The upper boundary for 'tolerable' risk was set at 10/million/year and the boundary for 'acceptable' risk was set at 1/million/year.

Philosophically, it seems of extremely dubious morality for anyone to define as 'just tolerable' a level of risk to which he is not himself exposed. It is, therefore, herein considered that no worker should be exposed to an occupational risk of more than 10/million/year.

If annual risk is taken as being the total risk divided by the period over which that risk is accumulated, ie, the period of exposure, the annual risks for 5-year

exposures from age 20 at 0.1 fibres/ml are 5,300/million/year with crocidolite, 800/million/year with amosite and 120/million/year with chrysotile.

That is, all above risks are very substantially in excess of the ‘tolerable’ boundary of 10/million/year.

From the above figures it is essential that all personal exposures be reduced to the lowest technically feasible level, and certainly to substantially less than

risks for adults and pre-school children exposed to this concentration for five years on the assumption that the adults are exposed occupationally for about 1,800 hours per year from age 20 and that pre-school children may be exposed in the home for about 7,200 hours per year from birth.

The mesothelioma and lung cancer risks from such exposures are shown below, from Hodgson and Darnton (2000) and Doll and Peto (1985):

Exposures	Asbestos type	Mesothelioma	Lung cancer	Total	Risk/million/year
Adults	Crocidolite	1,240	15	1,260	252
	Amosite	186	15	200	40
	Chrysotile	50	-	50	10
Pre-school children	Crocidolite	8,160	104	8,260	1,650
	Amosite	1,224	104	1,330	266
	Chrysotile	326	-	326	65

*Excess death risks per million to age 80 from 5-year exposures to 0.01 fibres/ml.*

10% of the new Control Limit of 0.1 fibres/ml, particularly for exposures to crocidolite or amosite.

Limiting personal exposures to consistently less than 10% of the Control Limit will require scrupulous adherence to new working methods and rigorous enforcement of the incoming Control of Asbestos at Work Regulations.

There are many situations where ‘Reassurance Samples’ are taken to assess airborne asbestos exposure levels in offices, schools and homes. Great Britain currently does not currently have an environmental limit for asbestos. However, HSE (2005) states that the Clearance Indicator criterion of 0.01 fibres/ml may “... also be used in the interpretation of reassurance and background samples”. The Clearance Indicator is the airborne fibre concentration which must not be exceeded if an asbestos enclosure is to be removed. This use of the Clearance Indicator is in direct contradiction to the Approved Code of Practice, HSE (2002), which states that: “The threshold of less than 0.010 fibres/ml should be taken only as a transient indication of site cleanliness, in conjunction with visual inspection, *and not as an acceptable permanent environmental level*” (Note: words in italics were added by the author).

As the concentrations measured during Reassurance Sampling are effectively the permanent exposure levels within the building, it is useful to assess the

From the above it will be seen that the consequences of residential exposure to 0.01 fibres/ml for pre-school children are about a factor of 6 higher than for adults occupationally exposed at the same concentration and very substantially in excess of the ‘tolerable’ level of 10/million/year for exposures to all types of asbestos.



*Broken asbestos insulation board containing amosite.*

It is concluded that, unless occupational personal exposures are reduced to less than about 10% of the incoming Control Limit of 0.1 fibres/ml, and residential exposures for pre-school children are reduced to below less than 10% of the Clearance Indicator of 0.01 fibres/ml, particularly for crocidolite and amosite, the excess death risks will be very substantially in excess of the 'tolerable' level of 10/million/year for exposures to all types of asbestos and HSE's assumed mesothelioma deaths to 2050 will be an underestimate.



*Insulation material, containing amosite, being stripped from a plant ceiling.*

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## LAUNCH OF REHIS ELEMENTARY FOOD AND HEALTH COURSE

This new short course covers the relationship between food and health. It is designed to provide nutritional information to people working in a wide range of catering outlets - from staff canteens, school nurseries and community groups to restaurants and café bars.

Developed in conjunction with the Scottish Executive, Scottish Healthy Choices Award, NHS Health Scotland, the Food Standards Agency Scotland and the Scottish Community Diet Project, the course covers the following areas:-

- Basic nutrition and eating for health.
- The relationship between food and well-being.
- Making appropriate quantitative and qualitative dietary changes.

The course provides participants with up-to-date information that extends their knowledge and understanding of the relationship between food and health.



*Dr David Cameron, Gillian Kynoch (Scottish Executive Food and Health Co-ordinator) and Keith McNamara launching the course at the REHIS Conference in Perth.*

The course is expected to appeal to people working directly and indirectly with food, including organisations working with 'Hungry for Success', universities and colleges delivering food-related courses, community groups and members of the general public. By involving caterers and those who influence what Scots eat, it is hoped the course will support the continuing work to implement the Scottish Diet Action Plan.

## ANNUAL PRESENTATION

### **Award of Fellowship of the Royal Environmental Health Institute of Scotland**

Dr Kofi Aidoo

John Sleith

Colin Wallace

Lorna J Davidson (Aberdeen City Council)

Alexander J Fraser (Highland Council)

Fiona Harvie (Aberdeen City Council)

Alistair McBain (Aberdeenshire Council)

Celia Strain (South Ayrshire Council)

Sarah Young (Aberdeen City Council)

### **REHIS Diploma in Environmental Health**

Philip Ellison Bloomer (City of Edinburgh Council)

David William Brown (Orkney Islands Council)

Catriona Ann Cowan (Inverclyde Council)

Steven Craig (City of Edinburgh Council)

Evonne Daffurn (City of Edinburgh Council)

Karen May Foote (Aberdeenshire Council)

Steven Glass (City of Edinburgh Council)

Gerard Hannah (Renfrewshire Council)

Thomas Johnston (East Ayrshire Council)

Kevin Love (Inverclyde Council)

Veronica Maley (Glasgow City Council)

Robert Thomas Murdoch (Highland Council)

Jill Elizabeth O'Brien (Glasgow City Council)

Pauline Reid (Renfrewshire Council)

Alison Sullivan (City of Edinburgh Council)

### **Alistair Orr Award for the Best Final Year Student at the University of Strathclyde**

Richard G Mowat

### **John Merrylees Award for the Best Final Year Project at the University of Strathclyde**

Richard G Mowat

### **AMM Connell Award for the Best EHO Student at the REHIS Professional Examination**

Jill Elizabeth O'Brien (Glasgow City Council)

### **Iain McDonald Award for the Best EHO Student in the Occupational Health and Safety Programme Area at the REHIS Professional Examinations**

Catriona Ann Cowan

### **SFSORB Higher Certificate in Food Premises Inspection**

Brian Alexander (Perth and Kinross Council)

Geoffrey Brewis (Glasgow City Council)

Laura Janet Faulds (West Lothian Council)

Moira Malcolm (West Lothian Council)

Alicia McGrandles (Fife Council)

Niall M Reid (Fife Council)

Alasdair Rennie (Glasgow City Council)

Aileen Smith (Aberdeenshire Council)

### **REHIS Journalism Award**

Fiona McWhirter

### **Highfield Award for Advanced Food Hygiene**

Winner: Fiona Scholes

Runner up: William Crosson

### **Highfield Award for Intermediate Food Hygiene**

Winner: Yoram Odentz

Runner up: Lisa Eardley

Runner up: Elaine Stevenson

### **SFSORB Ordinary Certificate in Food Premises Inspection**

Sally Laing (Perth and Kinross Council)

### **Highfield Award for Intermediate Health and Safety**

Winner: David Ferguson

### **SFSORB Higher Certificate in Food Standards Inspection**

Ian N Bain (Aberdeenshire Council)

## ANNUAL PRESENTATION



*Keith McNamara with recipients of the Institute's Fellowships, John Sleith, Kofi Aidoo and Colin Wallace.*



*Keith McNamara with recipients of the REHIS Diploma in Environmental Health.*



*Keith McNamara, Jayne Sprenger and Hazel Cameron with recipients of the Highfield Awards.*



*Keith McNamara with recipients of the SFSORB's Ordinary/Higher Certificates in Food Premises Inspection.*



*Keith McNamara with recipients of the SFSORB's Higher Certificate in Food Standards Inspection.*

## ENVIRONMENTAL HEALTH AND THE DRILLING INDUSTRY

by Kenneth Lang

The helicopter lurched and then bumped down onto the green helideck. Everyone breathed a sigh of relief even although they were still trussed up in their survival suits and life vests. The rotors were still turning with their usual clatter and out of the small window I could see the deck of the Rowan Gorilla Five drilling rig. This was home for the next five days. The flare was belching orange flames and a ribbon of smoke curled away towards the neighbouring platforms located a few kilometres away across a slate grey sea. What was an Environmental Health Officer doing some 100 miles offshore of Aberdeen, on a drilling rig above 140 feet of cold uninviting water?

In February 1997 I had made a major decision in terms of the direction my career was going, or so I thought. After training and working in a local authority from 1985, I decided that I needed some experience outwith local authority work and was offered a role as Health, Safety and Environmental Co-ordinator for Baker Hughes INTEQ. I thought at the time I would be applying many of the skills I had been trained in and had developed whilst working for the City of Aberdeen Council and with a previous district council. I didn't quite realise how many of the skills I had developed as an Environmental Health Officer I would need.



*The commute home - not your normal day at the office.*

### What does Baker Hughes INTEQ do?

Baker Hughes is an international organisation consisting of eight divisions providing oilfield services. Employing some 28,000 people worldwide, it supports the oil and gas operating companies such as BP, Shell and Exxon Mobil in drilling for oil and gas. It

has operations in a wide range of environments including Alaska and the North Sea as well as in Australia and the Far East. INTEQ is one of these divisions and is the biggest in the North Sea in terms of employees and turnover.

The division covers four main sites operating onshore with a large office complex and, separately, a large workshop. These sites provide support and coordination for the staff that go onto a variety of locations on the UKCS (United Kingdom Continental Shelf) as well as onshore drilling operations. This latter figure averages about 20 sites. Most locations are drilling rigs which are mobile operations which either float when drilling (called semi-submersibles) or are jacked up off the seabed at the drilling locations. INTEQ also provides people and services to fixed drilling and production platforms which are permanent structures. These platforms will tend to have further petrochemical processing facilities on board. Examples of both types of sites are provided in the pictures below and overleaf.



*A semi-submersible.*

INTEQ provides highly trained personnel as well as the technology for drilling and measurement during drilling activities, as well as drilling fluids that are used to make the 'hole'. There are two main types of wells that are drilled in the business:

- **exploration** which is to find out if there is oil and gas in a particular geological formation, or
- **production** where one is aiming to get the oil and gas out the ground and export it for further processing.



*A platform at night.*

In more developed oilfields the days of drilling directly down to find oil and gas are largely gone, and the industry uses companies such as INTEQ to provide specialist directional drilling and measurement to drill very convoluted wells that often twist and turn to hit the very best geological target. For the hydrocarbon economy to be sustained, the use of organisations such as INTEQ is essential. Our skills allow existing platforms to have an extended life and for previously uneconomic reserves to be tapped.

### The Industry

The drilling industry, of which INTEQ forms part, is not famed either for its safety performance nor its environmental credentials. It was historically a business where it is said that 'if you were too dumb to be a farmer in Texas, then you went onto a drilling

rig'. Such rigs were predominantly based on land and had a high incidence of accidents. The industry in the UK is different in nature from those drilling rigs yet has had its share of accidents too, ranging from helicopters crashing, through to oil and gas fires and explosions. For example, on the UK continental shelf between 2000 and 2004, there were nine deaths in the industry, the majority of which were drilling related. Reported accident rates varied in the period with a maximum of 67 major injuries in 2002 and a minimum of 47 in 2001 according to RIDDOR reports, while no-one should forget the Piper Alpha disaster of 1988 which resulted in the loss of 168 lives.

The drilling industry is very focused on cost as the operation of drilling a well can involve huge expenses. Drilling rigs and crews do not come cheap and rigs are charged out at tens of thousands of dollars a day. The drilling and exploration industry truly does represent an organisation where money is time and any down time is scrutinised carefully.

In the UK most drilling is undertaken on platforms or rigs where staff live and work around the clock. This is quite different from the work on land where a semblance of normal life is possible. The drilling operations operate on a twelve-hour shift with core staff working usually 14 day 'hitches' and then returning to their homes on the 'beach'. The drilling rig, then, is very like a ship where food and accommodation are provided and communication to onshore is by telephone or e-mail. In the North Sea one travels to the worksite not by car or bus but by helicopter which may involve flights of up to two hours, to and from the heliport. When on the rig itself, there are limited things to do other than work a twelve-hour shift. As a result most people are there with an attitude that if they can help they will do. Off shift many rigs have gyms and other forms of entertainment including films, snooker and pool. Alcohol is forbidden completely and tests are carried out at the helicopter check-in to ensure that people are not under the influence. Smoking is allowed in very limited areas due to fire and safety concerns.

However, in an industry such as the upstream oil and gas business, if there is a safety related issue then it can be found in the operations undertaken. The industry is technologically complex and wide-ranging in activities with operations such as seismic, drilling, accommodation and transportation, all of which have environmental health implications ranging from noise and food safety through to waste management.

### What Environmental Health Issues are there?

In the support of drilling operations there are a number of environmental health issues which have occurred and which warrant explanation:

#### Health and Safety

The support of offshore operations has a huge commitment to health and safety. The industry in the UK through its 'Step Change in Safety' programme has a commitment to make the UK oil and gas industry the safest place to work worldwide in that industry by 2010. It has been recognised that, while great strides have been made, the level of accidents remains intolerable. Like the onshore industry there are systems in place to provide information, instruction and training, safe systems of work and safe plant equipment. However, the offshore industry faces a number of problems. These include:

1. Staff commonly work for 14 days offshore and so any training must either occur when the rig is not drilling or when they return onshore. The training provided must reflect the quite different challenges faced by those on a rig as opposed to those in a factory environment, although some of the solutions are remarkably similar.
2. The work site is geographically remote and communication can be difficult, particularly with night crews who work 6pm to 6am.
3. There are a number of similar types of safety systems in place but with their own themes. The level of uniformity from rig to rig is low with little recognition of similar systems.
4. There is a wide range of chemical exposures ranging from 'normal' office and hotel type exposures through to exposures to substances that have been pumped down the hole at high pressure and temperature and dosed with bactericides and other caustic chemicals. Some of these chemicals may be hydrocarbons themselves which present risks. Lab activities undertaken at the rig site present other hazards. Assessments of substances hazardous to health are key in identification of hazards and evaluating risks and then establishing controls.
5. There is a huge amount of lifting using cranes and mechanical devices as most equipment will be delivered by boat then craned off. There are huge problems with crane lifts and items falling, though simple risk assessment and checks of equipment can assist in reducing the potential injury.
6. Slips and trips create a big problem with staff working on decks and travelling up and down stairs and passageways. Slips and trips can be managed in exactly the same way as in shops, offices and warehouses with the provision of good design, good working environment conditions and effective housekeeping. Although a last resort, specific designs of personal protective footwear are being trialled to see how this can help by providing ankle support.
7. Falls from heights. Falls from heights are a major cause of serious injury offshore as they are onshore. Indeed on my first trip to a platform I was concerned to find a walkway which lacked adequate edge protection and I vividly remember thinking that this was so akin to many warehouses I had previously inspected onshore. However, other means of falling exist and the use of handrails is also seen as a key control. Care and attention to this routine activity is heavily stressed as it is easy to be caught up with the big hazards which actually are well controlled while overlooking the common hazards.
8. Risk assessment. Risk assessment is a key to identifying whether a task can be done safely and then how it can be done. There is widespread awareness by staff that risk assessment on task basis offers real opportunities to reduce the accident rate and the pain and discomfort suffered by many, however, as an Environmental Health Officer I face the same challenges on the drilling operations as we do onshore. For example, are risk assessments being used for reducing the risk and establishing effective controls specific to that environment? Many of the problems faced in regulating occupational health and safety onshore are those that the drilling industry continues to struggle with.
9. Management. As an Environmental Health Officer working in occupational safety and Health, I viewed HSG 65 as a bible for the effective management of safety. In the oil and gas industry the same view is taken and I continue to spend significant amounts of time influencing my company and its subcontractors to follow its guidance.
10. Ergonomics. Staff can work for the majority of a shift in special cabins where well and drilling parameters are measured using banks

of display screens. There are real challenges faced in the ergonomics of such cabins and the man-machine interface. It is interesting that the issues of DSE and of overcrowding are as relevant here as they are in some offices onshore (see photograph below).



*The ergonomics of an offshore cabin.*

### **Food Safety**

Food safety on a drilling operation is critical. The last thing a member of staff needs when pulling a twelve-hour shift at the beginning or end of a 14 day trip is to have poor quality food. Worse still, in a closed community like a drilling rig, is to be made unwell by your food. Offshore drill crews work hard and look forward to a warm meal at the end of their shift when they might be physically tired. Additionally, crews that are sick don't drill wells, and such cases will cause the rig to be shut down either because of a lack of critical staff due to sickness, or that the drilling staff simply refuse to work. These galleys work 24 hours a day, 365 days a year providing day and night crew food as well as ensuring effective cleaning and maintenance of the food areas.

When I travel to a rig I try to have a tour of the galley area and I am always pleasantly surprised by the professionalism of the food preparation and storage. There are often very good systems and good quality equipment generally well laid out. At any point the galley can be subject to safety tours and these will include hygiene assessments, just as safety tours are made on the drill floor and other operational areas.

The catering staff also support the accommodation as well as act as emergency cover should the worst happen. It is worth mentioning that on the Piper Alpha platform, all the catering staff died in the disaster and it is believed that they stayed on board fulfilling their emergency role.

Onshore at our workshop, based outside Aberdeen, the issue of food safety is the same. Staff in workshops may start at 6am and look forward to a good breakfast and lunch. If staff are not provided with this there is a breach of our duty of care and implications for quality of work as well as production. Unfortunately we have had to deal with a number of issues with regards to catering, including poor quality food, foreign objects and alleged food poisoning cases.

Interestingly, the attitude of the organisation is that there is no tolerance of poor food safety. Food service providers are audited, both onsite and at their bases, both prior to and during contracts. Most local authority Environmental Health Officers will examine issues such as storage and handling practices, as well as staff training as a matter of routine, and work within the scope of the regulations and with a process of co-operation. However, working in a commercial environment where staff safety is essential, if food safety standards are not shown to be appropriate, action is taken very quickly where reasonable opportunities for improvement are given. One catering company which provided food to the facility, for example, was identified as providing food which was not in a fit state. Investigation clearly suggested failures of their management systems and this was discussed with them and action plans and timescales agreed.

Within a reasonable period an audit was undertaken of their main location where systemic failures in stock control, HACCP and temperature control were identified. The advice of legal counsel was sought and, within 24 hours, a notice was served on them to cease supply, not just to INTEQ but to the Baker Hughes group. Loss of the contract was in the region of at least £50,000 annually to the caterer.

Indeed, due to the international nature of the Baker Hughes group, I find that I am occasionally asked to give advice on food safety issues for operations in places such as Iran and the Middle East, where a number of basic challenges can be faced.

### **Noise Nuisance and Occupational Exposures**

On a drilling rig you live and sleep next door to the drilling operations in the 'derrick' and the heavy equipment that lifts and lowers drill pipes. Noise in this 'accommodation' module is always an issue and great care has to be paid to ensure that suitable noise insulation is in place.

However, it is onshore that our noise management is most applicable where we operate our business on a

24 hour basis. Noise can cause nuisance to our neighbours and we have to recognise that such problems do not comply with our Health, Safety and Environmental Policy. Our problems are, however, few and far between as we carefully consider the implications of noise on our neighbours and try and design out problems or design in controls. In the few cases where we have had issues our policy has been clear. We investigate immediately the offending noise and seek to prevent it occurring even if it means that our business is adversely affected. We have actually found that there are no issues which cannot be resolved by working with our neighbours, our equipment suppliers, our local authority Environmental Health Officer and our neighbours.

### **Waste Management**

I have previously written in the Journal on some of the waste minimisation and environmental effects that we have faced and dealt with. For interested readers please refer to 'Environmental Health Scotland', Volume 17, Number 1, Spring 2005.

### **Housing**

Our organisation operates its own 'staff house' which is accommodation for staff who are travelling to and from the rigsite. While the accommodation is merely for during transit, some staff can spend longer periods of time there as a result of training and onshore work. Strictly not a house in multiple occupation, some of the challenges we face are the same, such as fire precautions and provision of washing and toilet facilities.

### **Nuisance**

INTEQ has two issues in terms of nuisance.

The first of these is when we create the nuisance to our neighbours and, in this respect, I would share a simple event. Recently we were written to by a neighbour located some 700 metres away claiming our high level arc lights were causing nuisance during the night to her 'children'. Immediately we contacted the complainer and sought to identify the offending light. The Facility Manager and I visited the next day and gathered more information. That very afternoon electricians resited the light so it did not intrude in the 16 and 18 year olds' bedroom, even although the offending light appeared scarcely visible. And the thanks for all that? It reminded me of the hard work undertaken by my local authority colleagues and the appreciation they, too, often do not receive.

The second issue is when we are affected by nuisance. On two occasions I have had to act on

behalf of the organisation when nuisance was caused to our staff. We have worked with the author of the nuisance to address the issue and have not been shy in laying out the full force of the legal remedies by meeting with our legal advisors. Consistently laying out the implications should action not be taken has proved most effective without the need for local authority input. Not that we don't value our local authority but we are able to quickly address the issues ourselves.

### **Conclusions**

In conclusion, after some seven years in the drilling industry a number of issues have clarified themselves. I firmly believe that the skills and training of an Environmental Health Officer have proven themselves to be of great value to the oil and gas drilling industry. I have been able to use my professional training and the excellent teachings of my local authority colleagues in ways I would not have thought possible many years ago. The need, too, for Continual Professional Development has never been clearer as I have had to ensure I keep abreast of a whole series of environmental health issues.

It is perhaps telling that when I am asked what my background is it is often remarked that 'the change in career must have been a substantial one when you moved from a local authority', I have always replied that it was surprisingly little.



*Heading home.*

## OCCUPATIONAL ASTHMA

by Liz Corbett, Head of Environmental Health, Glasgow City Council (Member of HSE Asthma Project Board)

The Health and Safety Executive (HSE) Asthma Project Board was set up to champion the cause of occupational asthma and to strategically influence its incidence.

Although vastly under reported, it is estimated that there are 1,500 to 3,000 new cases of occupational asthma each year which rises to 7,000 if asthma made worse by work is included. Although it can be life threatening, for many sufferers it is also a chronic debilitating and frightening condition which significantly affects their quality of life. Wheezing, coughing, chest tightness, rhinitis and conjunctivitis are all common symptoms.

There are around 40 main causes of occupational asthma, however, the most common of these associated with local authorities as employers and enforcers are:-

- Isocyanates - vapour and fumes released during reaction between isocyanate hardeners and liquid resins - typically found in '2-pack' paints used in spray painting of vehicles.
- Natural rubber latex - high protein powdered gloves release powder which is inhaled and causes sensitisation - found in health care, catering and the beauty industry.
- Flour and other baking dusts - airborne dusts of flour, cereals and additives.
- Wood dust - fine breathable dust from machining woods and composite boards such as MDF (medium density fibreboard).
- Glutaraldehyde - biocide and chemical disinfectant used mainly in the health care sector.
- Solder/colophony - inhalation of colophony or rosin which is commonly used as a fluxing agent in soldering electrical components can cause irritation to throat, eyes and cause asthma.

The significance of occupational asthma has not, until recently, been widely recognised by health professionals, occupational health practitioners, trades union, employers or employees although there are pockets of expertise in particular industry sectors.

Local authorities could make a significant contribution to reducing the incidence of occupational asthma by

eliminating the use of high protein latex powdered gloves in catering and care services. In fleet maintenance, spray painting and latex gloves should be the main targets.

In addition, local authorities could target:-

- The use of high protein powdered natural latex gloves in catering, the beauty industry, care services and tyre and exhaust fitting premises.
- Wood dust in DIY stores and timber cutting premises.
- Flour and other baking dusts in baking and catering.

Although the hazards associated with airborne dusts and their potential for producing adverse health effects are generally acknowledged, some products which can cause sensitisation are not well understood, eg, powdered latex gloves. The problem is that natural latex rubber gloves stick to themselves and, unless powdered, they can be difficult to use. Consequently the gloves are powdered, the latex protein leaches into the powder and as the wearer handles the gloves the powder is inhaled thus exposing the wearer to the risk of sensitisation and potentially asthma.

Programmes of work will soon be rolled out as part of the new partnership approach between HSE and local authorities which, it is hoped, will include occupational asthma.

To reduce the incidence of occupational asthma it is necessary to:-

- Prevent exposure to asthmagens,
- Ensure early detection of sensitisation, and
- Highlight awareness amongst health professionals, Environmental Health Officers and others.

Occupational asthma is a miserable condition which unnecessarily blights people's lives.

You can make a real difference by raising awareness of the condition and taking action!

## VAL CAMERON, DIRECTOR OF PROFESSIONAL DEVELOPMENT



*Val Cameron*

Val Cameron joined the staff at Manor Place as Director of Professional Development in August 2005 and expressed her delight at being given the opportunity to assist with the development of the environmental health workforce and to ensure that it will be ready to meet the challenges of new agendas in the 21st century. Of the many other professionals involved in delivering public health protection and improvement Val believes that the Environmental Health Officer, working in partnership, has a significant role to play.

Val, originally from the north east of England, qualified as an EHO in 1979 and moved to Scotland in 1985. She has worked mainly as an EHO in local government and has also had some experience as a Consultant in the private sector. Val has been employed by a number of local authorities including Langbaugh Borough Council, Gateshead Metropolitan BC, The City of Newcastle upon Tyne, Roxburgh District Council and the Shetland Islands Council.

Val's last position was as Head of Environmental Health and Trading Standards with the Orkney Islands Council where she managed a team of 18 professional, technical, scientific and administrative staff.

As Chair of the multi-agency Public Health Improvement Team, Val worked across professional and agency boundaries to develop and introduce the Joint Health Improvement Strategy and Action Plans for Orkney.

She successfully introduced the Community Warden Pilot Project, which became a permanent feature of her department, tackling antisocial behaviour issues and promoting good citizenship.

During her career, Val has been involved in a number of research projects particularly in connection with asthma and air quality and also in relation to algal toxins in shellfish. Both have been the subjects of papers she has presented to a variety of international conferences.

In 1999, Val was seconded to Ascension Island in the South Atlantic, where she undertook an in-depth study of animal health and slaughter of livestock, food hygiene training and an overview of public health issues on the island. As UK overseas territory, Ascension Island was expected to work within the framework of UK legislation, implemented through regulations and orders, made by the Governor of St Helena. Val's project included an appraisal of the local public health legislation and its implementation on the island.

In 2000, Val became the first female member of the Society of Chief Officers of Environmental Health in Scotland and was elected to its Executive Committee in 2003. During that time she represented the Society on a number of national groups, including the Health Improvement Stakeholder Group and the Joint Ministerial Steering Group on Health Improvement.

She has acted as the Student Training Officer in several local authorities and has been a REHIS Examiner for the Professional Examinations for a number of years in the pollution control programme area.

In 2003, Val was presented with the REHIS Communicable Disease Award and in 2004 she graduated from Napier University with a Master of Business Administration degree.

In 2004, she was one of the first EHOs to be granted Chartered Status.

## GRAHAM WALKER, DIRECTOR OF TRAINING



*Graham Walker*

Graham Walker started work with the then City of Edinburgh Corporation as a Student Sanitary Inspector in 1965 and, in the years that followed, developed an acknowledged expertise in a wide range of areas including port health, communicable disease control, food safety and occupational health and safety. When Graham left the employ of the City of Edinburgh Council last summer, to join the Institute as its Director of Training, he had achieved the position of Divisional Officer for Food, Health and Safety.

Over many years, Graham has contributed to the work of the Institute and has held a number of appointments including those of Adviser on Port Health and Food Safety, and Chairman of the Working Party on Food Hygiene Training and Education. Graham was also responsible for helping to develop

the REHIS Diploma in Advanced Food Hygiene. Graham successfully achieved all that was required of him and readily acknowledges the assistance given to him by his many colleagues and friends from within the Profession, the food industry and the Institute's community of trainers. The Diploma course was launched in 1989 and is now regularly presented by many REHIS Approved Training Centres throughout Scotland and further afield. More recently, Graham was actively involved in the development of the recently produced HACCP courses for the food industry which were designed to take account of the recent changes in food legislation in Scotland and the UK.

Graham's work in educational establishments, health boards and the environmental health community has given him an invaluable and unique insight into how appropriate education and training can change people's lives for the better. He firmly believes that the most effective way to make a difference to the health of the public is to use a balance of education, training and enforcement.

Graham is an experienced trainer and has been a Scottish Qualifications Authority adviser and course validator and was, until recently, an Honorary Fellow of the University of Edinburgh. In the latter capacity he regularly gave lectures on food safety matters to a wide range of students, including those on the short-lived BSc (Hons) Environmental Health degree course, and to those attending courses based in the medical faculty.

Graham believes that there is still much educational work to do in the fields of occupational health and safety, HACCP, food safety and nutrition and, with his wealth of experience and expertise, is ideally suited to confront the challenges that lie ahead.

### REHIS HACCP FOR AUDITORS COURSE

14-16 February 2006  
Menzies Belford Hotel, Edinburgh

### REHIS LAW ENFORCEMENT COURSE

24-26 February 2006  
Scottish Police College, Tulliallan

## JENNIFER WATKINS, PROFESSIONAL DEVELOPMENT OFFICER



*Jennifer Watkins*

Jennifer Watkins took up the post of Professional Development Officer (PDO) in October following the departure of Laura Mullen, the previous post-holder, to New Zealand. The role of the PDO involves working closely with the Director of Professional Development on a number of remits including the monitoring and support of Student/Graduate Trainee Environmental Health Officers, the monitoring of compliance with the Institute's Scheme of Continuing Professional Development (CPD) for Environmental Health Officers (EHOs), the preparation of consultation responses and the delivery of professional courses.

Jennifer is one of the few to obtain the BSc (Hons) Environmental Health degree from the University of Edinburgh where she graduated in 2002. Throughout her time at university Jennifer was an active member of the student union committee where she helped supervise, promote and run a wide range of events.

On graduation, Jennifer obtained a Graduate Trainee EHO placement with the City of Edinburgh Council. She qualified as an Environmental Health Officer in November 2003 and continued to work for the City

of Edinburgh Council in the Housing and Public Health Section where her routine work included inspecting licensed Houses in Multiple Occupation, dealing with dirty houses, water leaks and monitoring private water supplies.

Jennifer also played a major role in the training of Student/Graduate Trainee EHOs within the City of Edinburgh Council where, on her departure, there were ten Graduate Trainee EHOs in post. This hands-on experience will be invaluable to Jennifer in her future involvement with the Students and Trainees, and their Training Officers, in her new position as the Institute's Professional Development Officer.

Outside work, Jennifer enjoys hill-walking, swimming, good food and dancing. She is looking forward to visiting new areas of Scotland as she travels to meet Students and Graduate Trainee EHOs at their workplaces in Scotland's local authorities.

Jennifer is an active member of the Project Steering Group set up by the Institute to consider the opportunities for the Environmental Health Profession and Service arising from the Health Improvement Challenge. She is very excited about this project and is confident that the group will produce some very useful and relevant findings and recommendations for the Profession and the Service.

Jennifer is very much looking forward to the challenges that lie ahead of her in her new role as Professional Development Officer. In particular, meeting and working with all the Student/Graduate Trainee EHOs throughout Scotland will be a positive experience. She believes her big challenges in the next year will be working to maintain and develop the current schemes of practical training for Student/Graduate Trainee Environmental Health Officers and for Trainee Food Safety Officers, to assist in the training of officers in the implementation of the new smoking legislation, and encouraging all EHO members to maintain their CPD in order that they can achieve Chartered status.

**REHIS/SFSORB  
PROFESSIONAL EXAMINATIONS**

29-30 March 2006  
Ramada Jarvis Mount Royal Hotel, Edinburgh

**REHIS FOOD UPDATE COURSE  
2006**

4-6 April 2006  
Hilton Dunkeld Hotel, Dunkeld

## UK VOLUNTARY REGISTER OF PUBLIC HEALTH SPECIALISTS - AN UPDATE

by Val Cameron, Director of Professional Development

The register was set up in 2003 to allow the registration of professionals from any public health discipline to register as a 'Generalist Specialist in Public Health' and to gain equivalence to a Consultant in Public Health. For the first time, non-medics could apply and, if successful, could be designated and paid as Consultants.

The route to registration is onerous and will only be achieved by those working at a senior level. Historically, registration was by successful completion of examinations but this new process allows registration by submission of a portfolio of retrospective evidence covering ten portfolio areas. For generalist specialist registration, all portfolio areas must be completed to an equal standard and will be assessed by a team of three assessors and a chairperson. Proving competence at the same level across the ten portfolio areas is challenging. The portfolio key areas are:-

1. Surveillance and assessment of the population's health and well-being.
2. Promoting and protecting the population's health and well-being.
3. Developing risk management within an evaluative culture.
4. Collaborative working for health.
5. Developing health services and programmes and reducing inequalities.
6. Policy and strategy development and implementation.
7. Working with and for communities.
8. Strategic leadership for health.
9. Research and development.
10. Ethically managing self, people and resources to improve health.

In 2006, a new method of registration will be introduced which will allow potential registrants the alternative of applying for 'defined specialist' registration. A candidate for defined specialist registration will be allowed to submit retrospective evidence in the ten portfolio areas, but this can be weighted in favour of the candidate's specialist areas. A scoring scheme has been developed which will allow a higher number of credits to be accrued

in the candidate's specialist areas and less credits to be accrued in the remaining areas. The credits accrued must reach the minimum score required across ten portfolio areas and also a minimum total score.

The defined specialist areas agreed by the Board so far are:-

- Environmental health.
- Health promotion.
- Public health pharmacy.
- Public health intelligence.
- Public health academics.
- Public health nutrition.
- Health economics.
- Health protection.
- Health psychology.

Submitted evidence can include reports, strategy documents, projects, media reports, magazine articles, etc, and must be the candidate's own work. Each piece of evidence must be accompanied by a summary, which describes the evidence and states which portfolio areas it contributes to. The summary outlines the public health significance of the work and includes a reflection by the author on the outcomes, desired or not, as the case may be.

All candidates are required to submit four copies of the completed portfolio and two testimonies which acknowledge that the portfolio is the candidate's own work and which recommend the candidate to the register.

At the end of the process, all successful candidates will be registered as Public Health Specialists and will be provided with a testimonial that describes the nature of the registration, eg, Public Health Specialist (Environmental Health) or Public Health Specialist (Generalist), etc.

Around 30 candidates in Scotland attended the 'development, needs and assessment centre' and are in the final stages of completing their portfolios.

In England a number of non-medical public health specialists have been appointed by Primary Care Trusts as Consultants. However, in Scotland this has not yet happened.

## EMERGENCY PLANNING - THE CONTRIBUTION OF EHOs TO INTERNATIONAL DISASTERS

by Martin Fitzpatrick, Principal Environmental Health Officer, Air Quality Monitoring and Noise Control Unit, Dublin City Council



*Martin Fitzpatrick presents his paper.*

### Introduction

26 December 2004 was a life-changing day for many people living on the edges of the Indian Ocean. For many of us in this part of the world it started with the usual rituals of the post-Christmas Day period. For many communities in south east Asia it began with the terror of an unheralded tsunami. Within hours the news and pictures had spread across the globe and we were all able to watch from the safety of our own homes as the scale of the horror unfolded.

As I watched the early morning news on St Stephen's Day (Boxing Day), little did I contemplate that on 26 January 2005 I would be landing in the airport at Banda Aceh, Indonesia as part of the relief effort.

I had been asked by 'Concern Worldwide' to go the Banda Aceh, Indonesia to carry out an environmental health assessment of the area with particular emphasis on assisting them in the internally displaced persons (IDP) camps.

### Situation Analysis of the Affected Communities

The scale of need of the affected communities beggared believe. Unlike some other emergency situations where families can gather some belongings and make their way to safety, this tsunami left people in the clothes they stood in and nothing else. Many of the media reports from the affected area

grappled with the difficulty of capturing the true scale of destruction. I can personally attest that no pictures or words could truly do so.

The needs of communities in the camps were obvious. Clean water, sanitation, shelter, clothing, food and the means to cook it, were desperately needed. Crucially important issues of disease prevention, reuniting families, dealing with mental trauma, opening schools and restoring the means to earn a livelihood were also pressing. The total devastation of the transport and communication systems meant that finding and helping isolated communities was a particular challenge.

We quickly found that the Acehenese were not people to lie down under the terrible blow inflicted on them. In many cases the international community found itself struggling to keep pace with the drive of the Acehenese to restore and rebuild their communities. Many of those in the IDP camps decided that rather than stay put, they would move back to their villages and start the rebuilding process immediately.

### Projects with Outlying Communities

'Concern Worldwide' commenced working with communities from the outlying islands off the Acehenese coast. These had consisted of communities whose villages clung to the narrow strip of flat land on these steep forested islands. The devastation wrought by the earthquake and then the tsunami on these islands was awesome in its totality. Whole villages were literally dashed against the wooded cliffs like matchwood.

The communities moved back in stages, with the men moving back first to clear the worst of the damage, and in many cases to bury their dead.

The environmental health needs of these communities differed substantially from those still living in the camps and brought a unique set of challenges. One of the most important of these involved how to rebuild housing with sustainable development principles in mind. The obvious need to produce local timber had to be balanced against the possibility of causing deforestation and soil erosion which in turn would lead to a range of effects including flash flooding, soil degradation, and the destruction of essential rice growing areas.

## Follow Up Efforts Required

On my return home I found myself talking to other environmental health colleagues on how we could contribute to relief efforts when the next inevitable major disaster struck. It is, sadly, true that our efforts to date are neither sufficient nor timely in order to meaningfully support our neighbours as evidenced by subsequent events in New Orleans or Pakistan.

What we are now working towards is to establish a cadre of suitably trained environmental health professionals whom the aid agencies can draw upon to support their efforts in major emergencies and disasters. When I refer to 'we' I am speaking about a small group (five in number) drawn from members of the EHOA Ireland, CIEH, and IFEH. It must be stressed that we do not claim in any way to represent these organisations, but we do want their support and, in fairness, we have received support, both moral and practical, in our efforts to date.

We have, through their good offices canvassed, members of EHOA Ireland and CIEH for expressions of interest in becoming involved in this initiative. This involves being prepared to undergo training and being prepared to give time to work in emergency situations if called upon by the aid

agencies. In planning our efforts to date we have been careful not to reinvent the wheel but rather to dovetail our efforts into the existing mechanisms for enlisting appropriate professionals for these situations. The training process kicks off next month in Ireland with our first training day.

We hope to emulate this with similar training days in England and Wales as soon as possible. It is our aim that we can formally introduce our cadre of trained EHOs/EHPs in 2006 when Ireland hosts the IFEH World Congress.

## Over to You

I was very pleased to receive this invitation to address this Annual Conference of the Royal Environmental Health Institute of Scotland. I want to use this opportunity to exhort REHIS to support our efforts. We would particularly welcome a REHIS member in our small but ambitious group who can give time and effort to an issue that will not fade or go off the political agenda, as do many of the other issues in which we get involved. The need for environmental health expertise at the coalface during major disasters is one that the aid agencies are belatedly tuning into. Can we in this Profession retain our own credibility if we do not address this need?

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# SURVEY OF THE FAT AND SODIUM CONTENT OF FOODS PURCHASED AS ALTERNATIVES TO SCHOOL MEALS

by Stuart Joyce, Glasgow Scientific Services on behalf of the West of Scotland Food Liaison Group

The purpose of this survey was to appraise the fat and sodium content of the types of food that were available to school pupils, and which could be purchased by them locally, as an alternative to buying the school meals that were offered.

Of 299 samples submitted, 166 showed a total fat content in excess of the maximum value recommended for school meals in 'Hungry for Success - A Whole School Approach to School Meals in Scotland', (Scottish Executive, ISBN 0755907019). Of the samples submitted, 244 showed a total sodium content in excess of the maximum value recommended for school meals in 'Hungry for Success'.

The provision of school lunches is considered to make an important contribution to the well-being of schoolchildren in Scotland, ensuring that pupils receive a well balanced lunch. It has also been recognised that only about half of all children take advantage of the availability of these lunches and some considerable effort has gone into making them

a more attractive purchase. In the 'Hungry for Success' report, it is stated that '*School meals have an important role to play in both supporting the nutrient intakes of vulnerable children at risk of under nutrition, and to promote healthier eating to all Scottish children amongst whom there is a growing prevalence of obesity*'. This same report made a number of recommendations, amongst which were recommendations for the maximum fat and sodium content of school meals.

A recently published report 'School Meals in Scotland', (Scottish Executive, ISBN 0755925904), has shown that, on the date that information was gathered, 47% of school pupils took a meal supplied by the school. Of the remaining 53%, some will obviously take packed lunches or return home for lunchtime meals, but many are observed purchasing lunchtime alternative meals from local shops, takeaways, etc, where a variety of foods is on offer, some of which are offered as 'lunchtime specials'.

The purpose of this West of Scotland Food Liaison Group survey was to establish if these locally purchased alternative meals contained fat and/or sodium contents in excess of recommended amounts.

During April and May 2005 Environmental Health Departments took 299 samples. A proforma was used to assist sample collection and to allow information about the sample to be recorded at the time of purchase. Samples were submitted by twelve West of Scotland local authorities.

Analysis was carried out at the Colston laboratory of the City of Glasgow Scientific Services. The method for fat involved an acid hydrolysis of the food to release the total fat, and extraction of this fat by petroleum ether. Appropriate quality control, involving analysis of duplicates and reference materials, was applied during the procedure. The method for sodium involved ashing the food to enable the sodium to be taken into solution followed by measurement using flame photometry. Appropriate quality control, involving analysis of duplicates and reference materials, was applied during the procedure.

There has, for some time, been growing concern about obesity in the UK, and also about the amount of sodium that is consumed in the diet. It is also recognised that there is a need to promote healthier food choices. As a result, initiatives have been put in place by the Scottish Executive and the Food Standards Agency Scotland to improve the diet in Scotland. One of those initiatives was to improve the nutritional quality and uptake of food in schools.

In the 'Hungry for Success' report it was recognised that the Scottish diet contained many foods that are high in fat and sodium and that there was an underutilisation of fruit and vegetables. The report made many recommendations regarding the provision of school lunches, among which were Nutrient Standards. The recommended standards for fat, sodium and calories (kcal) in school lunches are tabulated below:

Pupils	Infants	Junior	Secondary
Fat (grams)	19	21.7	25.1
Sodium (grams)	0.18	0.36	0.51
Calories per meal	489	557	646

Of the 299 samples submitted, most were taken in the vicinity of secondary schools and, to simplify interpretation of the data, all of the results were

compared with the recommended fat and sodium in secondary schools.

One noticeable feature of the survey specimens was the large difference between meal weights, varying from 85g to 738g. This clearly can influence the comparisons between total weights of fat and sodium in the meals.

When compared against the recommended maximum fat content of 25.1 grams, 166 (55%) of the 299 samples were shown to contain more than the recommended amount. Of these 166 samples, 42 contained between two and three times the recommended amount, 11 contained between three and four times the recommended amount and four contained more than four times the recommended amount. The highest total fat content of 136g was found in a meal of chips, cheese and donner meat.

It is noticeable that, as the total fat content increases, foods containing chips, meat and cheese become more prominent whereas, at the lower end, food sold in bread rolls, wraps and sandwiches is more prominent. The weight of the meal is an influencing factor here because, when the results are sorted on percentage fat alone, products such as sausage rolls start to feature prominently as high fat foods.

When compared against the recommended maximum sodium content of 0.5 grams, 244 (82%) of the 299 samples were shown to contain 0.6 grams or more. Of these 244 samples, 59 contained between two and three times the recommended amount, 40 contained between three and four times the recommended amount and 22 contained more than four times the recommended amount. The highest sodium content of 3.8g was found in a meal of chips, cheese and donner meat. This same meal had the highest fat content.

It is noticeable that, at the high sodium end of the table foods, foods containing chips, meat and pizza feature strongly. However, it is also noticeable that chips and pizza also appear at the low end of the salt table also. There is, of course, no reason why chips should have a high salt content other than through the custom of shops selling those products being in the habit of sprinkling copious amounts of salt onto the food. Once again, it is noted that when the data is sorted on percentage sodium as opposed to total sodium, products containing meat such as sausages, burgers and sausage rolls again feature strongly.

The survey clearly shows that meals available for sale to schoolchildren in the vicinity of the school can have fat and sodium contents well in excess of recommended amounts.

## HSE LAU NEWS

by Allan Davies, Head of Local Authority Unit, Health & Safety Executive

In my article in the last edition of *Environmental Health Scotland* (Volume 17, Number 2, Summer 2005), I spoke about the development of the strategic programmes created by the Health and Safety Executive to deliver the Commission's priorities, and about the mix of programmes, ie, strategic delivery and enabling programmes. Clearly, the local authority enabling programme has the most significance for Environmental Health Officers in Scotland but another, the recently started 'Enforcement Programme', is also important. It is examining enforcement as one of a range of interventions and is intended to support the other programmes, which are looking more directly at health and safety issues. The governance arrangements for the programme will have local government representation at all levels and, indeed, some of you may already be involved.

The word 'enforcement', in the context of health and safety, conjures up visions of unsmiling suited officials with clipboards wandering about premises looking for something to slap a notice on, or an excuse to close a company down. A dictionary definition of the verb 'to enforce' is '1. compel compliance with (a law, rule, or obligation). 2. cause to happen by necessity or force'. Health and safety enforcement can often be perceived by the public as unnecessarily bureaucratic and 'nit-picking'.

The reality, as every enforcement officer knows, is somewhat different. A pre-requisite for the service of a prohibition notice is that there is an immediate risk of serious personal injury and that stopping the activity is the only way of preventing it. It's not about a trifling administrative issue. It's actually about stopping somebody from suffering an injury or contracting an illness. Everybody who's been out 'in the field' will have their own tales to tell about death-trap ladders or forklift truck drivers whizzing around at breakneck speeds. The statistics showing enforcement action and prosecution is a clear demonstration of need. Far from seeking out businesses to prosecute for minor misdemeanours, most prosecutions (up to 95%) are the result of somebody being killed or badly injured at work.

There has been a fall in the number of notices served and prosecutions taken over the past three years, and there are some obvious concerns as to the

reasons for this. There appears to be no great improvement in health and safety standards to justify reduced activity. The Enforcement Programme's overall aim will be to support the reduction of the numbers of injuries, incidences of ill-health and time lost by the use of more targeted enforcement. Evaluation of the programme will include looking at the use of enforcement on a more proactive basis, for example, against dutyholders with persistently poor health and safety performance or in areas where there are high numbers of accidents, such as workplace transport. In doing this, it is hoped that there will be an improvement in businesses with poor standards and a record of accidents. It is also a means of examining ways in which HSE inspectors and local authority enforcement officers can be provided with greater assistance in their day-to-day work, perhaps by developing more efficient and effective processes and giving frontline staff the guidance and support they need to be able to take the appropriate action.

The Health and Safety Commission's Strategy recognises that enforcement, or the possibility of enforcement, is a powerful motivator to compliance. It is only a part of a range of interventions, which will assist in taking the overall strategy for health and safety forward. Further information on this programme can be obtained from Joanna Teasdale at [joanna.teasdale@hse.gsi.gov.uk](mailto:joanna.teasdale@hse.gsi.gov.uk) or Rosalind Roberts, Programme Manager, at [rosalind.roberts@hse.gsi.gov.uk](mailto:rosalind.roberts@hse.gsi.gov.uk).

At the Health and Safety Update Course in Cumbernauld in September, I and others from the HSE's Local Authority Unit gave presentations on the latest developments of the programme including ways forward with S18, the Enforcing Authority Regulations and the work on support and training. All of this will culminate in a report to the Commission in February 2006, which I hope will consolidate the changes already beginning to work through our systems. However, don't forget the post-Hampton work which, in my view, will almost certainly have an impact in Scotland. We will have to wait and see!

As always, please contact me if you want to discuss any of the Health and Safety Executive's work at [Allan.lau.davies@hse.gsi.gov.uk](mailto:Allan.lau.davies@hse.gsi.gov.uk).

## REHIS JOURNALISM PRIZE 2005

*The following article was the winner of the Institute's Journalism Prize for 2005. Each year journalism students at the University of Strathclyde's Scottish Centre for Journalism Studies are given the opportunity to enter a competition for a prize sponsored by REHIS. Articles entered in the competition must be relevant to Environmental Health. The Institute is grateful to John Stirling, who makes the necessary arrangements for the competition in conjunction with the Scottish Centre for Journalism Studies, and to Bernard Forteach, the Journalism Prize assessor.*

### NEIGHBOUR NOISE

by Fiona McWhirter

*'Wee, sleekit, cowrin', tim'rous beastie,  
O, what a panic's in thy breastie!  
Thou need na start awa sae hasty,  
We're just trying to chat!  
I wad be laith to turn down the TV,  
Or the tunes for that.'*  
*(with apologies to the Bard!)*

She doesn't say very much. When I pass her in the street she says nothing, when I hold the door open for her a squeaky 'thanks' escapes from her lips, and her eyes are always full of fear as she shies away from her neighbours. I can understand that she has a problem with us, I can even understand why, but what I cannot comprehend is why this cowrin', tim'rous beastie lacks the means to acknowledge that the five young women who live in the flat above her do just that - live.

She complains in the middle of the afternoon, in the early evening, and on the day after she has had the 'disturbance'. Admittedly, there are times when the five of us get a little excited. We've had the pleasure of knowing each other for years so when we start talking, especially when fuelled with Mr Smirnoff's finest, we tend to have a lot to say. Even then, we leave the flat by half past eleven and (attempt) to creep home after three in the morning, whispering and catching doors behind us.

Although 'Betsy downstairs' complains on these occasions, it is not then that her moans most annoy me. Far worse are the moments when we are calmly cooking dinner before the sun begins to set and hear a knock upon the door. Our neighbour and friend, Cindy, appears apologetically in the doorway, diplomatically explaining that Betsy continues to have a problem with the noise coming from our flat.

We asked what exactly the problem was and Cindy said that the mouse had singled out the fact that she could hear us walking in the flat. Walking? WALKING? Well excuse me if we use the feet we were born with; would she prefer us to get wheeled about? Or perhaps she'd like to think we rolled ourselves along the filthy floor from room to room. Rest assured, there would be cause for our landlord to come up against the environmental health department if that was the case.

After several visits from Betsy, her offspring, and neighbours, we had a visit from a quietly accusing officer from Glasgow City Council's Environmental Protection Services. He could tell us that a formal complaint had been made against us with regards to the noise coming from our flat but could not divulge who made the complaint or what exactly was said. Of course, we quickly (and, as it turns out, rightly) assumed it was Betsy and launched an attack outlining all the ridiculous things she had complained about.

Colin, the Environmental Health Officer, was firm but fair. He began our little 'chat' from Betsy's point of view, playing the 'you're all students and she's an older lady' card. No arguments there, but as we reeled off her riles he warmed more to our point of view. We were told that, if he saw fit, and the complaints continued, our noise levels could be monitored by officers occupying the flat downstairs. I was amused to think of how Betsy would cope with having two unfamiliar men sitting in with her until we made enough of a racket for them to record us.

However, towards the end of Colin's visit, after telling him that we were now getting as annoyed by her as she was by us, he was informing us of the defence of 'normal living' and providing us with anecdotes about other unwarranted complaints. He turned to go but was caught in his tracks as a thought occurred to him, 'Do any of you play the drums?'

he asked. ‘Absolutely not,’ was our reply, you can hardly swing a cat in our flat never mind set up a drum kit.

The complainant was so misled in her objections that I think she must have mistaken the footsteps of the other twenty residents of the block for a date with Keith Moon.

Glasgow City Council recently held its Noise Action Week, which aimed to highlight the nuisance of noise, particularly from neighbours and dogs, and provided people with information on how to rectify any problems. Children from local primary schools took part in a poster competition, and used a noise meter to measure the audio difference in levels of their screams compared to other noises such as a fire engine. Parents were also encouraged to learn more about the out-of-hours service recently introduced to deal with noise complaints as they happen.

‘We are expected to respond to complaints within a 24-hour period,’ says Alistair Cruickshank of the Council’s Environmental Protection Services. ‘So having a team on call right through the night really helps us achieve our remit.’

Like Colin, Alistair recognises the need to be diplomatic when approaching ‘noisy neighbours’. ‘You have to keep an open mind,’ he says. ‘A lot of buildings are in really poor condition so there is often a chance that people can’t help making the noise that they do.’

That is the excuse my flatmates and I are holding on to, not that we need an excuse you understand. We can’t have been that bad anyway. Colin did not return, Betsy has not been back up, nor has she sent anyone else to see us...but our exams are now over, and we want to make the most of our flat before we move out at the end of this month...do 50 guests at an all-night party count as ‘normal living’?

\*\*\*

## REHIS AND THE MEDIA

*by John Sleith*

Some time ago, the Council of the Institute recognised that more had to be done to promote the Profession and to take a pro-active stance with the world of the media.

As a result, it was decided to engage the services of a professional media advisor, with a view to producing regular press releases on items of relevance to environmental health generally which were likely to gain publicity. The firm of Davis Media, based in Aberdeen, was appointed. It was also agreed that a member of the Council would take on a co-ordinating role in overseeing media releases, and that job fell to me.

The general aim is to produce a press release, more or less on a monthly basis. We use a number of spokespersons to assist with this task. The rule of thumb is that the Presidential team would be used primarily, according to their availability, and then members of the Council or other members who are known to be specialists in the particular subject. We have a programme of media awareness training for those who are likely to be used for this purpose. This

formula has, for the most part, been successful and the results have been posted on our own website ([www.rehis.org](http://www.rehis.org)).

The uptake of our releases by the media varies enormously. Occasionally, there will be no interest at all and, at other times, depending on the subject, there is considerable follow-up. Stories regularly appear in the print media, on radio and television, as well as on the BBC news website, quoting our sources. I have even had an article appearing in a Turkish-language newspaper which circulates in the London area!

We continue to strive to make our output stimulating enough to be picked up by the press. This might, on occasion, mean that we have to be controversial but perhaps this is no bad thing. We are also always on the lookout for media spokespersons who might be available at a moment’s notice to do a radio interview or appear on the television. Volunteers are always welcome!

*John Sleith is the Council member with responsibility for media matters.*

## FROM THE COURTS

### Glasgow City Council

Accused: Kenneth Asher Halle  
Address of Premises: 86 Hill Street (2/2), Glasgow  
Legislation: Civic Government (Scotland) Act 1982  
Date of Offence(s): 9 April 2003  
Brief Account of Case: Unlicensed house in multiple occupation.  
Date Determined: 30 August 2004  
Outcome: Not guilty plea accepted by the court, intent to apply for licence accepted.  
Observations: Premises now licensed.

Accused: Mohinder Singh  
Address of Premises: 73 Elmbank Street (3/2 & attic), Glasgow, G2 4PQ  
Legislation: Civic Government (Scotland) Act 1982  
Date of Offence(s): 27 April 2005  
Brief Account of Case: Acting as an agent of an unlicensed HMO occupied by five persons.  
Date Determined: 4 October 2005  
Outcome: Pled guilty.  
Penalty: Fined £500.

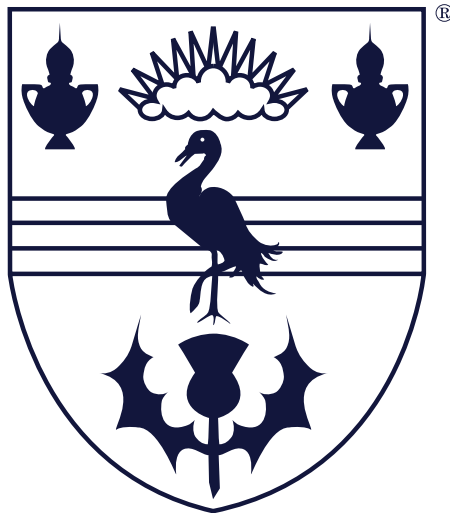
### North Ayrshire Council

Accused: Kulwant Kaur Sandhu  
Address of Premises: Koh I Noor Restaurant, 84a Gallowgate Street, Largs  
Legislation: Food Safety (General Food Hygiene) Regulations 1995  
Date of Offence(s): 22 March 2004  
Brief Account of Case: The accused was charged with 22 offences under food hygiene regulations. The charges related mainly to matters arising from poor cleanliness in the kitchen but included a failure to carry out a hazard analysis of her food preparation activities.  
Date Determined: 11 August 2005  
Outcome: Fined £1,750.

### The REHIS Scheme of Continuing Professional Development (CPD) for EHOs. Applications for Chartered EHO Status from April 2006

If you wish to become a Chartered Environmental Health Officer from April 2006, you are invited to send your CPD Record Cards for the years 2003, 2004 and 2005 to Val Cameron, Director of Professional Development, by 31 January 2006. If appropriate, REHIS will issue you, by 1 April 2006, with an Annual Certificate of Compliance for the calendar years 2003, 2004 and 2005. **Please remember to include corroborative evidence for each event claimed for in the CPD Record Card.**

## THE ROYAL ENVIRONMENTAL HEALTH INSTITUTE OF SCOTLAND



The Institute was incorporated as a Company Limited by Guarantee on 16th February 1983, to give effect to the amalgamation of The Royal Sanitary Association of Scotland and The Scottish Institute of Environmental Health. The Institute was Incorporated by Royal Charter on 8th March 2001, following which the Company was wound up.

The Royal Environmental Health Institute of Scotland is a Recognised Scottish Charity, Number SC009406.

The objects for which the Institute is established, contained in Article 3 of the Charter, are for the benefit of the community to promote the advancement of Environmental Health by:

- a. stimulating general interest in and disseminating knowledge concerning Environmental Health;
- b. promoting education and training in matters relating to Environmental Health; and
- c. maintaining, by examination or otherwise, high standards of professional practice and conduct on the part of Environmental Health Officers in Scotland.

The Royal Environmental Health Institute of Scotland is an independent and self-financing organisation. It neither seeks or receives grant aid. The Institute's charitable activities are funded significantly by the subscriptions received from its members.

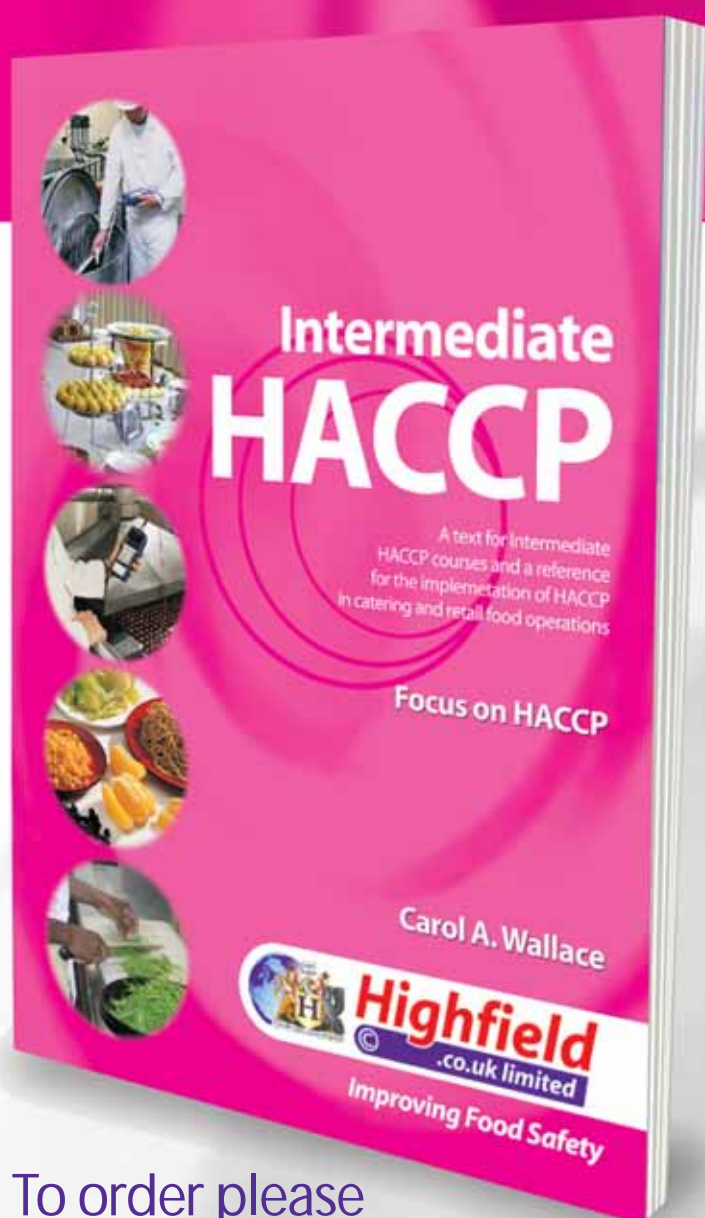
The Institute's affairs are managed by a Council which is elected by members. The Royal Environmental Health Institute of Scotland is a founding member of the International Federation of Environmental Health.

The Institute frequently uses the acronym: REHIS®.

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