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On the cover: Rod House makes his Presidential Address at the REHIS Conference. See page 5.
Welcome to the summer edition of *Environmental Health Scotland*, the Institute’s Journal.

Since the publication of the spring edition of *Environmental Health Scotland*, the Annual Conference, one of the main events on the Institute’s calendar of events, has been presented and all the usual Institute business has been successfully conducted.

The Annual Conference, held in Renfrew, has been acclaimed by the broad range of environmental and public health participants present to have been a great success. A summary of the event can be found on pages 19 to 21 of this Journal and I take this opportunity to record my thanks to all who participated.

Rod House and I were honoured to be guests of the Environmental Health Officers’ Association of Ireland at its annual All Island Environmental Health Forum which was held at the very comfortable Hodson Bay Hotel, Athlone, Ireland on 13 and 14 May. The Forum featured high quality presentations from speakers at the cutting edge of environmental health practice and research across Ireland and, as always, our hosts made us very welcome indeed.

On 21 May, the day after the REHIS Conference ended, Bernard Forteath (representing the International Federation of Environmental Health) and I made the long journey to Lilongwe, Malawi to attend the 2nd All Africa Environmental Health Congress. A full report on this event can be found on pages 12 to 14 of this Journal. The event was a huge success for the organisers and marked an important step forward in the development of the recently re-established Malawi Environmental Health Association (MEHA) as the organisation charged with promoting environmental health and the role of Environmental Health Officers and the wider environmental health workforce in Malawi. REHIS has worked in association with MEHA for a number of years and Young Samanyika, its President, has visited Scotland on two occasions in the last two years to study how the Institute functions, how the Profession operates and how local authorities and government agencies deliver the environmental health service. In its relationships with international environmental health institutes and associations REHIS aims to work in equal partnership for mutual benefit; good practice is exchanged and experience is shared at no cost. REHIS does not seek to sell products and services and is not driven by the need to make a profit from such partnerships. I believe that this approach will help to ensure the sustainability of environmental health organisations across the world and commend it to the global community of environmental health institutes and associations.

The next meeting of the International Federation of Environmental Health Council will be held in Vancouver over the weekend of 4 and 5 September. One of the items on the agenda is likely to be related to the proposal for an International Competence-Based Curriculum for Environmental Health. My concerns on this proposal are well known and were detailed in the June 2009 (Volume 11, Issue 1) edition of the Federation’s magazine *Environment and Health International* and in the summer 2009 (Volume 21, Number 2) edition of *Environmental Health Scotland*. Both publications are freely available on respective Federation and Institute websites (www.ifeh.org and www.rehis.com). I am not aware of any attempt to address the concerns I raised and I am sure discussions in Vancouver on any proposal will be lively.

From everyone at the REHIS office, best wishes for an enjoyable and relaxing summer!
Introduction

Good morning ladies and gentlemen and welcome to this, our 27th Annual Conference. The theme of this year’s conference, *Environmental Health - 135 Years Protecting the People of Scotland*, reflects the anniversary of REHIS and its forebears which have represented the interests of and promoted Environmental Health in Scotland over this time.

The Institute celebrated its 135th birthday on 20th January this year. In January 1875, The Sanitary Inspectors’ Association of Scotland was established; this Association was the original forebear of today’s Institute. The other preceding body was The Scottish Institute of Environmental Health which was founded in 1891. The Sanitary Inspectors’ Association then became The Sanitary Association of Scotland in 1878; it was incorporated in 1902 and then became The Royal Sanitary Association of Scotland in 1942. The Royal Sanitary Association joined with The Scottish Institute of Environmental Health in 1983 to form our current Institute.

The Royal Sanitary Association of Scotland offered a wide umbrella for public health interest and included Medical Officers of Health, Sanitary Inspectors, then Environmental Health Officers, and other professional interests including Veterinary Surgeons and Meat Inspectors. It was also responsible for the education and training of Student Environmental Health Officers and our Institute continues this work to this day.

Over the past 150 years we have witnessed many challenges in public and environmental health from the major disease epidemics such as cholera, and public health interventions such as the eradication of cholera through the introduction of clean water schemes, such as Loch Katrine feeding Glasgow in 1859, through the introduction of drainage and sewerage systems; also the removal of the threat of smallpox and tuberculosis through vaccination but then we have witnessed the return of tuberculosis in this millennium.

In thinking about what I wanted to speak to today I thought it would be beneficial to look at what previous Presidents saw as the challenges of yesterday and to consider if these are still relevant today.

1897 saw the introduction of the Public Health (Scotland) Act 1897 which was for decades the cornerstone of the work of environmental health, and was such a robust piece of legislation that it was only finally replaced in 2008 with its successor the Public Health etc (Scotland) Act 2008.

Rightly, I believe from that time, the Sanitary Inspector and the Medical Officer of Health worked together within the local government institutional framework and did so up to re-organisation in 1975 when the Medical Officer went to the newly formed health boards and the EHO remained in local government. Currently our working relationship with Consultant in Public Health Medicine (CPHM) colleagues has never been closer but I always wonder how our service would have evolved and developed if both disciplines had been kept together rather than separated into differing institutional frameworks 35 years ago.

Context

The industrial revolution forced many of those employed in the country to work in factories situated in towns and cities. This resulted in a rapid expansion in the size of industrial towns and these towns were not prepared for this expansive burden. An unforeseen burden was placed on the housing stock in order to accommodate the rapid influx and
expansion of population and landlords. Living conditions were wholly unsanitary and it was not uncommon to find more than one family sharing a poorly lit and ventilated room in a house, which also lacked any water supply and toilet.

With the rapid expansion of industrial towns during the Victorian era, and with the new factories situated in such close proximity to houses, it was inevitable those living in the houses would be affected by the smoke, fumes and noise emanating from the factories. Family life in the 19th century was very different from that of today. By the end of the century, the average life expectancy for the working classes was still only 47 years of age (sad, therefore, to reflect on only an increase of some 12 years on the male life expectancy in some parts of Glasgow today). Large families were the normal thing to have but many children died young and families of over ten children were commonplace.

Poor families lived in slums that were built close together and, as a result, hardly any daylight came into the houses. The houses were often damp and smelly. Opening windows to get fresh air was thought to be bad for you. The slums had no gardens, the people in a tenement shared one outside toilet and they collected water from a tap in the street.

Keeping clean was difficult until homes had piped water and drains. For clothes washing, the better tenements had outside washhouses and some towns later built public laundries, better known as ‘steamies’.

Massive immigration and bad housing were the ingredients for chronic public health problems and, by the end of the 18th century, smallpox was responsible for almost 19 per cent of deaths in Glasgow. Not surprisingly children were the worst affected with 50 per cent of the deaths of those under five years of age being attributed to the disease.

This, therefore, was the background that Sanitary Inspectors worked in to improve the environment of the urban populations, and over the next 100 years did so with dramatic effect.

Much of this work centred on the application of public health nuisance law which has made a significant contribution to improving the health, well-being and living conditions of the Scottish population, individually and collectively, within local communities. Major interventions included:

- Clean water supplies to towns and cities
- Sewerage and drainage systems
- Dry, ventilated housing
- Provision of water and sanitary facilities within housing
- Infectious disease control
- Smoke control
- Noise control
- Clean and safe food production
- Safe working conditions.

Institutional framework

Over the past 150 years Sanitary Inspectors and Environmental Health Officers have, in addition to meeting public health challenges, faced the challenge of a changing society and a changing working environment, working from the small burghs to the large counties from 1947, then in District Councils from 1974-96 and more recently in unitary authorities. They have also worked through major epidemics of the 1800s such as cholera and typhoid, the Depression of the 1930s, two World Wars and at that time working at home and in the battlefield protecting the health of the armed forces; then taking on the mantle of clean air through applying the Clean Air Acts in our towns and cities throughout the 1950s, ’60s and ’70s. Throughout these changing environments the pragmatic approach of the Environmental Health Officer has seen the Profession adapting to different needs and influences but importantly not losing sight of its principal aim of protecting the health of the people of Scotland through action and intervention on the environment.

Today

In today’s modern Scotland, the multi-disciplined Environmental Health Profession of Environmental Health Officers, Technical Assistants, Scientific Support, Food Safety and Food Standards Inspectors, etc are working in probably the most demanding environment ever, needing to deliver more for less within an ever increasingly scrutinised service and ever decreasing resource allocations.

Against this backdrop Environmental Health Officers are meeting the challenge of a changing society which is more insular, has less tolerance in some respects for others and which, within days and even hours, can be subject to the impact of international travel and its consequences on health as we saw last year with the rapid spread of H1N1.
The challenge for our Profession is to make sure its voice is still heard in public health, and its contribution is not only promoted but delivered across Scotland’s public health arena. In meeting the challenge of working in partnership with national agencies such as the Food Standards Agency and Scottish Environment Protection Agency, and public health colleagues in NHS boards, our Profession also needs to address the marginalisation of our service in some councils, but above all protect the public in these challenging times.

As last year proved with H1N1, society will always be faced with the challenge of communicable disease. The major killers are under control but in the past few years we have witnessed SARS, the return of mumps, tuberculosis and even anthrax. We need to be vigilant and need to respond to these challenges as they arise.

However, we also need to learn the lessons of past and present. We had the *E.coli* outbreak in Central Scotland in 1996 followed by the Pennington Report in 1997, then 11 years later we have the Pennington Report MKII following the Welsh outbreak, and were the lessons learned from 1996? If we are honest, in some cases probably not.

**Looking forward**

Climate change is without doubt one of the biggest challenges facing society today. I am not going to discuss the causes of climate change. There are still many in the scientific field of the opinion that the changes are not man-made but, whether the cause is natural or from human activity, the health consequences are with us now and we have to address these as best we can.

Climate change is now acknowledged to be altering weather patterns that previously have been relatively stable. It is generally accepted that climate change will result in increasingly frequent and extreme weather events in addition to rising sea levels. In Scotland we are now witnessing increased occurrences of flooding and this year saw the coldest winter for over 30 years. These changes will have the potential to affect human health in several direct and indirect ways, some of them severe. This winter alone saw significant increases in visits to Accident and Emergency Departments resulting from falls in the snow and ice and, in a few cases, death was directly attributable to the freezing conditions.

The recent report *The differential social impacts of climate change in the UK* concluded that:

‘The people who are likely to be most vulnerable to the impacts of climate change are those living in places of risk; people who are already deprived by health, level of income, the quality of their homes and mobility, as well as people who lack awareness of the risks of climate change, the capacity to adapt, and who are less well supported by family, friends and agencies. Deprivation often increases vulnerability to climate change and climate change increases deprivation.’

Potential climate change health effects may include increases in aero allergens, poorer air quality and increases in respiratory disease, impact on mental health and well-being, increase in vector borne and zoonotic disease, increase in water and food borne disease and the psychological and physical impact of flooding including the effect on the local housing stock.

The Environmental Health Profession has a dual role to play in combating climate change; one in partnership with public health colleagues in NHS boards of counteracting the health effects on the local populations and, just as importantly, instituting environmental controls and changes through regulation, waste management, recycling and carbon reduction which hopefully will mitigate the potential impact of climate change on local communities.

The Environmental Health Profession will have to meet these important challenges while facing a second climate change issue, which is the financial climate. We are currently within the longest recession since the 1930s and the resulting consequences are not only being experienced now but will be with us for years to come. Public finances are being squeezed as we have to trim back to what the country and society can afford. Environmental Health is no different in this respect from every other profession and service within the public service arena and will bear its share of contraction. We will be expected to do more for less and I am confident the current Profession, like its predecessors, will meet the challenge. We will need to do things differently, we will need to prioritise and risk assess, two skills we are highly experienced in already but within the current institutional framework there is only so much contraction that can be accommodated without seriously impacting on the services we provide.
Professional matters
At this point I would particularly like to welcome our environmental health colleagues from Ireland who are regular guests at the REHIS Conference. I would also like to take this opportunity to thank them for their invitation to their recent conference. There is much benefit from learning from each others’ experiences and Maurice will be speaking tomorrow on the challenges the Profession faces in education and training of future officers. Unfortunately, representatives from the Chartered Institute of Environmental Health (CIEH) in England, Wales and Northern Ireland are not with us this year. Most of you are aware that the relationship between our two institutes has deteriorated over the past years with the CIEH instigating a series of actions aimed at extending their professional influence beyond their boundaries, despite an agreement of mutual understanding between our two bodies for several decades. This culminated in the CIEH establishing a Scottish Region and, in consequence, a motion being passed at our AGM in November 2009 calling on the CIEH to re-consider their decision. Subsequently the CIEH action was raised in Holyrood by Stewart Maxwell MSP and has received considerable support from MSPs across all political parties. REHIS is happy to continue dialogue with the CIEH to reach a satisfactory conclusion but cannot do so while it continues with the formation of a Scottish Region.

As we meet here today and tomorrow I am already advised that in some councils up to 40% of Environmental Health posts are potentially being lost. This loss will not only be felt now but will impact on many years to come. Experience has taught us that crisis and emergencies come without warning, E.coli O157 in 1996 and 2008, anthrax in 2007, and H1N1 in 2009. When the next one comes along will we be able to respond? I leave you here today to answer that question.

As a professional body REHIS also has its own challenges and the most important one is that of education and training of our future officers. Our principal academic route for our undergraduates through the University of Strathclyde is under threat due to the deepening recession and the lack of training posts supported by local councils which are facing severe cuts in budget.

These threats, while becoming more acute over the past year or so, have been increasing for some time now and, in recognition of these threats, the Minister for Public Health established a Short-Life Working Group in 2008 with the following remit:

‘The Short-Life Working Group on the Future Role of the Environmental Health Profession in Scotland

A short-life working group commissioned by the Minister for Public Health on the future role of the Environmental Health Profession in Scotland with specific consideration of:

- The current size and make up of the workforce in Scotland
- Current and future strategies for recruitment and retention
- Future skill mix of the profession and related training needs
- The contribution the profession makes to public health in Scotland.’

The Group will not be required to publish a formal report for submission to Ministers. The Group’s work and recommendations will form the basis for future action by REHIS to promote and shape the role of the profession with local authorities and training bodies.

The Group first met in February 2008 and, while it had an encouraging start, it was clear two years later that due to the overarching agreement between CoSLA and the Scottish Government there was little opportunity to influence CoSLA and the Health Department in establishing a sustainable training model which could deliver consistency.

REHIS, with the Society of Chief Officers of Environmental Health in Scotland, will try to provide an independent solution which supports our graduates and sustains environmental health training in Scotland in the long-term. However, in meeting this challenge, we have to take account of the fact that Strathclyde University, the main provider of Environmental Health undergraduates, is considering stopping the degree course after this year’s intake in September, while more critically the current 19 local authorities providing practical training places for students is forecast to fall to 13, less than half of the local authorities in Scotland.

Facing these worrying figures it is clear that the current format for postgraduate training is not sustainable either in terms of resourcing or in consistency with the potential of 32 different training units trying to adhere to a formatted training programme when a significant number will not be providing practical training year on year.
On a happier note, each year we have our awards ceremony in November when recipients receive certificates and diplomas in a variety of topics.

Included within the award are our Diplomas in Environmental Health which are received by our students who have successfully passed the Professional Examination following the practical training programme. Over the years the gender balance has changed and for several years now the majority of students receiving Diplomas in Environmental Health have been female. Unfortunately this change has, as yet, not been reflected in the profile within local government where the senior positions within Environmental Services are still predominantly occupied by male colleagues. Hopefully in the not too distant future this situation will better reflect our current membership profile.

Community training

Within the wider context the Institute is primarily concerned with the health of Scotland’s people. One of the most effective ways to use scarce resources to improve public health is through education and training.

As most here today will know, the Institute acts as the awarding body for a number of qualifications in food safety, food and health, occupational health and safety and infection control. Courses leading to REHIS qualifications are available through over 600 REHIS Approved Training Centres throughout Scotland.

Occupational health and safety courses are available at four levels: introductory, elementary, intermediate and advanced. Similarly, food safety courses are also available at these levels.

A range of HACCP courses is also available at introductory and intermediate levels. A food and health course is available at elementary level and is designed to provide nutritional and health information to people working in a wide range of catering premises but would be suitable for anyone interested in food, health and nutrition.

In 2009 REHIS awarded over 45,500 certificates across this wide range of subjects from elementary to advanced levels and these awards went to employees in the public and private sector, voluntary groups, students and school children. All courses are designed to improve understanding and protect public health across Scotland and across many significant areas of interest. Interestingly, this year’s figures, despite the recession still biting hard across the public and private sectors, are holding up, demonstrating that our courses and awards are valued and relevant to today’s modern Scotland.

As President I am particularly proud of Graham Walker, our Director of Training, and our Approved Training Centres across Scotland. Through Graham’s leadership and the centres’ high standard of service delivery we are delivering a valued product which not only benefits the individual student, their company and industry, but also contributes to providing safe food to eat, safe places to work and play but also safe and clean environments for our more vulnerable citizens to live in.

In conclusion I believe that the Environmental Health Profession and the Institute will continue, no matter the climate we have to operate in, or the challenges we face, to do its best to protect the health of Scotland’s population. I say this in the knowledge that the Institute is fortunate in having a dedicated Chief Executive in Tom Bell who provides the strategic vision and continuity for transient Presidents like me and Council Members. His wise counsel is something we have grown to appreciate over the years and hopefully he will for many years continue to guide REHIS and the Environmental Health Profession in Scotland.

And lastly, on behalf of REHIS, thank you to our exhibitors who have again supported our Annual Conference and I would ask all delegates during the breaks to visit the various stands and have a chat with colleagues from the private sector and national agencies.

Thank you for listening.
In October 2006, as I embarked on PhD study at Edinburgh Napier University, I became aware of changes to skin piercing and tattooing industry management in Scotland: growing interest in tattooing and cosmetic body piercing activities nationally (and indeed globally) over the past few decades had led to calls for greater control over industry practices. Legislative controls through the Health and Safety at Work Act 1974 and other supporting legislation such as the Prohibition of Female Circumcision Act 1985 and the Tattooing of Minors Act 1969 were considered by some to have become insufficient. Consultation on the need for tighter controls in 2001 saw key stakeholders respond overwhelmingly in favour of more stringent measures to govern such practices, with the majority feeling control should be mandatory licensing or new primary legislation. Such public and professional opinion had culminated, in June 2006, in the approval of plans by Ministers for the introduction and content of Regulations under section 44 of the Civic Government (Scotland) Act 1982 relating to mandatory local authority licensing of businesses offering tattooing and skin piercing services across Scotland. Thereafter, the Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006 came into effect on 1 April 2006, with a transitional period of 12 months given for existing businesses to ensure they met its requirements, its aim being to implement consistent controls that would ultimately minimise risk to health from industry practices.

While the need for regulation on the basis of health risk from industry practices is an issue I shall return to, it is perhaps important to say at this juncture that the decision taken by the Scottish Government to regulate the skin piercing and tattooing industry mirrors that of much of the global community, where widespread review of self-management approaches has led to a favouring of state-controlled regulation. In fact, the literature notes that in focusing on health and safety and infection control, rulings to introduce state-controlled regulation aim generally to offer public protection through systems of monitoring and control of practice.

So what about my research? Recognising the absence of formal educational qualifications in tattooing and cosmetic skin piercing, in favour of a wholly practical apprenticeship model of training, I proposed to develop an infection control educational programme of study, which could then be implemented and evaluated on the basis of its ability to impact on infection control practice. Early pilot work, however, identified the lack of robust demographic data and paucity of data on baseline infection control practices, and it quickly became clear that while evaluation of an educational intervention would be worthy of study, there was a greater need to firstly understand the impact on the industry of regulation itself and from such research, to determine if there was truly a need for formal education to support infection control practice.

My research has therefore evolved into an exploration and explanation of the response to regulation of the tattooing and cosmetic body piercing industry in Scotland. Focusing on infection control, it asks the questions ‘how have users of the regulation responded?’ and ‘why have they responded in the way they have?’.

It is a mixed methods study, where it is argued that combining both quantitative and qualitative approaches to data collection and analysis supports better understanding of the research topic, by bringing together the different strengths inherent in both approaches. The opportunity to acceptably make use of the array of data collection methods provides scope to gather more comprehensive evidence on a particular problem, and assists in the answering of questions that could not be answered by one or other approaches in isolation.

The study has adopted a concurrent design, collecting data in parallel from users of the regulation - namely Environmental Health Officers and practitioners of the industry. To date, 26 Environmental Health Officers (Designated Lead Officers), with responsibility for local authority co-ordination of enforcement of the regulation and eight practitioners have participated in interviews. 0 practitioners and 78 Environmental Health Officers were invited to participate in the census survey of 98 users, with 107 responses (overall 6% response rate) received, 42% (n=45) from Environmental Health Officers, 29% (n=31) from tattoo artists and 29% (n=31) from cosmetic
body piercers. 57% of Environmental Health Officers (n=45), and 30% (n=62) practitioners responded, highlighting the need to consider the weighting of each profession when interpreting findings, but recognising that this offers an improved response in comparison to the consultation, and equates or exceeds the response rate of other similar type studies.

Throughout the evolution of this work, I have grown more familiar with the significant body of literature that exists across environmental protection, health and safety and food safety on the effects of regulation, the effectiveness of regulation, regulatory compliance and factors that influence compliance. While highlighting the difficulties for small and medium sized businesses in responding to and complying with regulation, none of this research has considered the tattooing and cosmetic body piercing industry specifically. Coupled with the historically disparate nature of this industry, a sound rationale for undertaking this work is generated.

Indeed, this work becomes imperative given the limited scrutiny and appraisal of similar regulatory intervention across the globe, from which researchers have reported variation in the effectiveness of regulation as an intervention to minimise risk to health from skin piercing and tattooing: focusing on the impact of regulation on infection control practice within tattooing and cosmetic body piercing industries (particularly in respect of infection control knowledge, attitudes and behavioural practices), research has found that despite regulation, low levels of compliance with infection control requirements persist. Indeed, most of this work concludes that regulation alone is often insufficient to change infection control practice.

Since the implementation of mandatory licensing of this industry in 2006, I have continued to both read and listen with great interest to discussion and debate on the aims and intentions of the Order, and while I must admit to initially buying into the notion of its need on the basis of health risk, over the years that have followed I have come to find this aspect of the Order most intriguing. In revisiting the consultation documents, I have observed what I feel are some salient points: while the consultation document identified a number of health-associated risks in the event of improper hygienic precautions and the outcome of consultation then claims those risks offer justification for considering strengthening existing controls, the consultation offered limited empirical evidence of then current infection control practices, or the extent to which health was in fact affected by these practices. Nor did it offer detail of how any of the proposed options would address those weaknesses identified in what was then an almost wholly self-regulatory system of control managed through the Tattooing of Minors Act 1969 and the Health and Safety at Work Act 1974. These weaknesses were reported as:

1. The absence of any formally recognised guidance on good practice (although it acknowledges that advisory material was available and in circulation)
2. The lack of specific powers to assess the skills and training of operators (although noting that it was then possible to assess whether good hygiene is observed)
3. The fact that a business may be operating for some time before the local authority is aware of its existence
4. Piercers operating from home, or who are peripatetic, are not likely to be identified, and
5. The lack of agreed standard for inspection.

While acknowledging that the need for regulation continues to hold its foundations in arguments associated with ‘risk to health’, I have come to interrogate the level of evidence to support such a claim, and begun, as part of my research analysis, to explore the effect this may have on the ability of regulation to impact on practice as anticipated. This has in part been driven by the findings of research by Ipsos Mori, which has found that compliance with regulation does not equate with support for regulation - this being an important aspect in terms of sustainability of behaviour and behaviour change.

As this individual data analysis continues, so too does data collection; I am currently undertaking some observational sessions within the premises of licence holders, aiming to complete this final data collection by the end of June 2010. Data interpretation is scheduled to follow thereafter, and I would hope to report on my findings towards the end of the year.

I anticipate this work will contribute to the knowledge and understanding of the effectiveness of regulation as a driver/key determinant of health behaviour, behaviour change and compliance. In addition, it will offer a significant contribution to new knowledge on the impact of regulation, as both a single and multifarious process, on infection control practices within this industry.

Acknowledgements

I would like to acknowledge the support from my supervisory team, led by Professor Morag Gray, Edinburgh Napier University.
Bernard Forteath and I (representing the International Federation of Environmental Health and The Royal Environmental Health Institute of Scotland respectively) attended the 2nd IFEH Africa Group All Africa Environmental Health Congress which was held at the Crossroads Hotel, Lilongwe, Malawi between 24 and 27 May. Our arrival at Lilongwe Airport after thirty hours travel and three flights was a joyful one as we were met by Young Samanyika (President of the Malawi Environmental Health Association), Dr Steve Taulo (Vice President of the Malawi Environmental Health Association), Kingsley Lungu (Head of Environmental Health at the University of Malawi Polytechnic), Dr Tracy Morse, Dr Tony Grimason and George Jabu (Senior Lecturer at the University of Malawi Polytechnic).

The Opening Ceremony of the Congress was a lively affair with Malawian primary school children entering the congress hall singing and carrying the flags of all the African nations. The children were followed by the Malawi National Dance Troupe who were accompanied by drums and whistles. Following the official welcome from Dr Grant Kululanga (Chairman of the Congress Organising Committee and Vice Principal of the University of Malawi Polytechnic) two Keynote Addresses were delivered by Bernard Forteath (President of the IFEH) and by Jerry Chaka (Chairman of the IFEH Africa Group). The official handover of the Africa Academy for Environmental Health curriculum document to Julian Baker, Director of the British Council in Malawi took place.

The development of the Africa Academy for Environmental Health curriculum document, a British Council sponsored project, was finalised during a workshop which was held in Johannesburg, South Africa in February 2010. (Please refer to pages 12 to 14 of the article ‘A Generic Curriculum for Training Programmes in Environmental Health in Africa’ in Volume 22, Number 1, Spring 2010 of *Environmental Health Scotland*). The curriculum document is the product of a series of workshops that took place over a period of two years with participation from Africa’s main stakeholders. These workshops were facilitated by Jeannie Snyman, a curriculum development specialist, from the Tshwane University of Technology in Pretoria, South Africa. Ms Snyman presented a very interesting paper during the Congress in which she, with the active participation of delegates, considered the concept of constructive alignment using a number of examples from the curriculum document.

The handover was followed by the Malawi Environmental Health Association (MEHA) announcing its re-launch. To mark this occasion Malawi’s Minister of Health, the Honourable Professor Moses Chiramba, MP presented certificates conferring Honorary Membership to six individuals who were deemed to have made valuable contributions to MEHA and to Environmental Health in Malawi. Receiving these certificates were Dr Tony Grimason (formerly Head of Environmental Health at the University of Strathclyde, Glasgow), Professor Kafwe Tembo (Retired Head of
Environmental Health Scotland

Environmental Health at the University of Malawi Polytechnic, Mr Wilson Bomba (retired Malawian EHO and Member of the Health Service Commission for Malawi), Dr Anne Phoya (Sector Wide Approach Director at Malawi’s Ministry of Health), Mrs Neema Kandoole (Deputy Director for Preventive Health) and myself. I have to say that I was greatly honoured to have my, relatively small, contribution recognised in this way.

At the end of the first day a Welcome Reception was held around the open air swimming pool at the heart of the hotel and delegates enjoyed generous hospitality while being entertained by the Ministry of Health’s ‘African Band’.

The four day Congress consisted of four plenary sessions with 12 presentations, 18 parallel sessions with 75 presentations, several poster sessions and field trips. Plenary and parallel sessions covered diarrhoea control and treatment, climate change and disaster risk management, training and professional development, water and sanitation, community health, curriculum development and quality assurance for the Africa Academy for Environmental Health, drinking water safety plans, primary school water sanitation and hygiene, community led total sanitation, food safety hygiene, waste management, policy development and decision-making, pollution control and occupational health and safety.

In addition to the formal plenary and parallel sessions two field trips were organised for delegates. I chose ‘The Role of Culture in Environmental Health Activities’ which included a visit to the Dedza Pottery on the border with Mozambique. Delegates received a guided tour of the pottery and the various processes were explained and the occupational health issues outlined. Delegates were then driven from the high peaks of Dedza, some of which reach to over 7,000 feet, down the African Rift Valley escarpment to the low levels of the lake shore via the picturesque Golomoti Road. Delegates were able to take in beautiful views of Lake Malawi, the low lying plains and the surrounding mountains. The next scheduled stop was at the Mua Mission and the Kungoni Cultural Centre. The Mua Mission was established in 1902 and in 1976 the Kungoni Centre was initiated. The centre has its own cultural dance troupe made up of people from the local villages who perform dances from all over Malawi. Each dance and song is interpreted to give their origins and meanings and their relevance to Malawians today, including the importance of health messages. As the result of mechanical breakdown on our return journey we had an unscheduled 90 minute stop by the roadside as darkness fell. Koos Engelbrecht’s confident assertion that there were no large carnivores in this part of Malawi didn’t stop us anxiously peering into the tall grass and thick shrubbery at the roadside as the gloom descended! Bernard Forteath, who was representing the IFEH at the Congress, chose the alternative field trip and travelled to Salima District and Lake Malawi where he witnessed the implementation of hygiene and sanitation programmes at district level. On our return to the hotel we enjoyed an excellent buffet at the Congress Dinner and were entertained by the Malawi National Dance Troupe which performed at the Opening Ceremony. Following the dinner Young Samanyika presented a number of us with beautifully carved wooden plaques depicting the MEHA crest.
During the Congress I presented a paper on the Education, Training, Qualifications and Continuing Professional Development of EHOs in Scotland at a parallel session and chaired and co-chaired two other parallel sessions. The delegates at all sessions I attended enthusiastically asked questions of the presenters and were happy to exchange views on all the topics covered.

Between two sessions Young Samanyika, Tony Grimason and I took the opportunity to finalise an application for funding from the British Council’s International Health Links Funding Scheme. If successful, the funding will be used to improve the knowledge, attitude and practical skills of the environmental health workforce in Malawi through the development of MEHA. This application demonstrates the ongoing and developing relationship between MEHA and REHIS. I also met informally with senior office-bearers and committee members of MEHA at the end of the second day of

the Congress to discuss how REHIS might further assist with the organisation and development of the Association. The enthusiasm and commitment shown by Young Samanyika, by the senior office-bearers and committee members of MEHA allied to the clear support offered by Humphreys Masuku, Chief EHO at the Ministry of Health, bodes well for the future of the Association and for the delivery of environmental health in Malawi.

On the last afternoon of the Congress the Closing Ceremony was held and, on behalf of the members of REHIS, I presented two gifts to Young Samanyika to mark the re-launch of MEHA and the hugely successful delivery of the Congress. Presentations of stone sculptures to Koos Engelbrecht, Tony Grimason, Jerry Chaka and myself were made by Professor Kafwe Tembo, the now retired former Head of Environmental Health at the University of Malawi Polytechnic. I first met Kafwe when I visited Malawi in 2000 and it was a delight to meet with him again. The announcement that South Africa will host the 3rd All Africa Environmental Health Congress in 2012 was met with enthusiastic applause from the delegates.

The role played by Dr Tracy Morse and the Congress Secretariat (Dr Steve Taulo, Kingsley Lungu and Dr Geoffrey Chavula) in organising the Congress cannot go unmentioned. Tracy, a Scottish EHO, has a long association with Malawi which started with her visit to ‘The Warm Heart of Africa’ as a postgraduate with the University of Strathclyde. Tracy completed her PhD studies in Malawi and has been Project Manager of the Scotland Chikwawa Health Initiative and a lecturer at the University of Malawi Polytechnic for a number of years. She and her husband Chad live with their two young daughters in Blantyre. Tracy’s energy, enthusiasm and attention to detail along with the dedication of Dr Grant Kululanga and the Organising Committee ensured the successful planning, organisation and delivery of the Congress.

Finally, I take this opportunity to thank the Africa Academy for Environmental Health, WASHTED, MEHA, and the University of Malawi for making my trip to the Congress possible and for inviting me to be a delegate at this hugely successful event. The warmth of the welcome and the hospitality of everyone involved in the Congress more than compensated for the long outward and return trips from Edinburgh to Lilongwe.
ENVIRONMENTAL HEALTH PROMOTION COMMITTEE

by Martin Keeley, Chairman

In this, the second article I’ve written about the function and workings of the Environmental Health Promotion Committee (EHPC), I will review the workings of the EHPC and the ongoing body of work which it manages on behalf of REHIS and more importantly, REHIS members. In so doing I acknowledge that we are only as strong and effective as the membership that participate and contribute to the Profession through REHIS.

It’s helpful for the uninitiated to quickly run over the remit of the EHPC as it is this remit which guides the work of the committee on behalf of members. The committee has delegated responsibility for (i) Environmental Health technical matters, (ii) responses to consultations from Government Departments, etc, (iii) the establishment and organisation of relevant technical working groups, (iv) dealings with Institute publications (with some exclusions), and (v) promotional campaigns including the promotion of guidance and policy. The committee meets twice a year and has its next scheduled meeting later this year. Between meetings, the actions identified at meetings are progressed by myself and committee members but also rely on the support of the REHIS office and of those REHIS members who give their time freely to produce the bodies of work and contribute to the technical and working groups that report to the committee. Without the effort and professionalism of such individuals, progress on a wide range of matters would be terminally slow. In my last report, I advised on the working group set up to assist the EHPC in dealing with the implementation of some of the recommendations from the David Old report on the Environmental Health Profession in Scotland. The group, entitled the Public Health Resource Group, under the chairmanship of Keith MacNamara, is continuing to progress its work, supporting the EHPC as it works through ‘Old Report’ recommendations. Keith and the group have been reviewing the REHIS Communication Strategy inter alia with a view to improving the communication and promotion of the Environmental Health Profession with its stakeholders. Keith will be reporting back on the group’s progress at the next scheduled meeting of the EHPC and we look forward to reviewing his body of work. At that stage the EHPC should also be in a position to review the production of updated briefing notes for approval and publishing on the REHIS website. As Chairman of the EHPC I am always mindful of the contribution volunteers make to the working groups and the amount of personal time given up to support the Profession through the workings of REHIS. With that in mind, myself and others have been examining the way the groups supporting the EHPC operate to identify good working practices and support those who give their time to REHIS and the Profession to the betterment of public health. I hope to be able to report on modified working practices and support mechanisms in a future edition of the Journal.

I reported in my last article that I and the REHIS Chief Executive intended arranging meetings with the Secretaries and Chairmen of those technical working groups falling under the auspices of the EHPC, namely the Public Health and Housing Working Group (PHHWG), the Health and Safety Co-ordinating Group (HASCOG) and the Scottish Pollution Control Co-ordinating Committee et al. I am pleased to report that meetings have been arranged with each group to give the necessary support, encouragement and direction to these important contributors to the vast body of work undertaken by REHIS and on behalf of REHIS.

As Chairman of the EHPC, it is incumbent upon me to turn my public health view outward to inform and keep relevant the public health work that we do. It’s important, I think, to note that our work as public health professionals is becoming more challenging. The recent change of government at Westminster will undoubtedly bring with it more challenges as public health bodies strive to provide the professional public health services necessary with fewer and fewer resources. As a committed public health professional like you, I will endeavour to keep the work of the EHPC as focused and streamlined as possible to support Environmental Health and keep it firmly and squarely in the centre of the work progressing the public health agenda in the challenging times ahead. In doing so, acknowledgement must be made of the efforts of the committee members, REHIS staff, technical working groups and their office-bearers, REHIS members and contributors, without whom the workings and output of the EHPC would be less relevant and less effective. I look forward to bringing you more on the workings of the EHPC and the progress being made by REHIS on your behalf.
SFELC Enforcement Planning Work Group

In November 2009 a wide range of representatives met at the Making a Difference - Local Authority Food Hygiene Delivery workshop. Its purpose was to consider future enforcement in light of recent developments, changes and topically Professor Pennington’s report on E.coli O157 in Wales. 30 of the 32 Scottish local authorities including lead officers for food were present together with members of the Scottish Food Enforcement Liaison Committee (SFELC), the Royal Environmental Health Institute of Scotland, the Society of Chief Officers of Environmental Health in Scotland (SoCOEHS) and the Scottish Food Advisory Committee. Topics discussed included:

- Current enforcement powers
- Food business operator audit process
- Enforcement guidance
- Enforcement Officer competence and training.

Following feedback from Liaison Groups, SFELC at a meeting in February 2010 agreed to set up the Enforcement Planning Work Group to consider and drive forward the outcomes. The Group comprises representatives from REHIS, SoCOEHS, SFELC and is facilitated by representatives from the Food Standards Agency in Scotland.

Its terms of reference are:
(1) to consider the current difficulties around the topics of:
   - Enforcement resources
   - Competency of officers and training methodology
   - Legislative impact
and suggest improvements, guidance or good practice where necessary, and:
(2) to report back to SFELC once all work has been completed/discussed with appropriate recommendations for consideration.

The first meeting of the Group took place on 8 April where the working mechanisms and initial courses of action were agreed which include the development of a draft Competency and Training Matrix for Officers in Food Safety and Food Standards.

Local Authority Partner Forum replaces Enforcement Liaison Group

The highly effective and extremely valued Enforcement Liaison Group, which was a UK attended forum bringing together local authorities, the Food Standards Agency (FSA) and professional bodies, has been replaced by a new London-based Local Authority Partner Forum chaired by FSA. The inaugural meeting was attended by Tom Bell representing REHIS, and George Fairgrieve, Chair of SFELC. Both were concerned at the absence of any regional FSA representatives from Scotland, Wales and Northern Ireland and that the Forum had a distinct centralist approach. There was further concern that the age old existing liaison arrangements in Scotland could be potentially weakened and undermined resulting in difficulties and confusion, particularly with regard to the devolved arrangements which clearly work so well in Scotland. Consequently a joint letter from REHIS and SFELC was sent to Tim Smith, FSA Chief Executive, expressing these concerns. In his reply Tim has made an assurance that ‘the existing strong partnerships in the devolved countries are valued and it is his desire to build on this partnership approach to achieve uniformity and consistency across the UK’.

As a multi-disciplinary body SFELC has very positive strengths and can look back to a great many achievements in the field of improving food safety, coupled with a range of initiatives that have provided better consistency of enforcement throughout Scotland. Indeed, several pilot initiatives have been introduced nationally. SFELC has provided the ideal forum for producing guidance, advising the Agency on enforcement issues, looked at training and resource issues whilst including consumer, trade and other partner organisations in discussions, all the while being conscious of the political landscape within Scotland. It is crucial that SFELC is fully supported to ensure the excellent record of collaborative working through the 32 local authorities and partner organisations is maintained and strengthened.

The Institute is committed to continuing its vital role in promoting and developing the future shape of food safety in an ever changing and continually challenging landscape as a key partner in SFELC.

Colin Wallace is the Council member with responsibility for food safety and food standards matters.
New online maps guide the way through Scotland’s waste landscape

Information on Scotland’s waste infrastructure is now more accessible than ever thanks to new interactive online maps recently published by the Scottish Environment Protection Agency (SEPA).

The maps, at both national and local authority level, show the location of existing waste management facilities in Scotland, and contain underlying information on the amount and type of waste handled at each facility.

Scotland requires considerable investment in waste management infrastructure if it is to meet its Zero Waste Plan, climate change and renewable energy objectives. The development of the maps is an important step in meeting these objectives by providing clear information on waste and waste infrastructure in Scotland. The information contained in the maps is used to inform SEPA responses to planning applications and development plan consultations. The Scottish Government, local authorities and developers are able to use the information to identify future planning needs and business opportunities. Members of the public can also access them for information purposes.

Three maps have been prepared at national level to show the following licensed and permitted waste management facilities:

- landfills
- energy from waste and other incinerators
- pet cemeteries and pet crematoria.

Local authority maps have also been prepared showing all operational licensed and permitted waste management facilities within each area. The facility types shown are:

- landfills
- energy from waste plant and other incinerators
- pet cemeteries and pet crematoria
- civic amenity sites (recycling centres)
- metal recyclers (includes end of life vehicle and authorised treatment facilities)
- transfer stations
- composting sites
- anaerobic digestion plant
- other treatment sites
- multiple activity sites (those operating more than one activity).
The maps are based on the National Capacity Report 2008 data, showing facilities with a SEPA Pollution Prevention and Control (PPC) permit or Waste Management Licence, and will be updated annually as the national capacity work is published. The site activities are based on current information and are, to the best of SEPA’s knowledge, correct.

The Scottish Government will publish the Zero Waste Plan in 2010 which will empower Scotland to meet challenging recycling targets, ultimately making Scotland a cleaner, greener place to live. The waste infrastructure maps are a just one example of the building blocks needed to help Scotland on the road to becoming a zero waste society.

The new maps and information on how to use the maps and the National Capacity Report can be found on the SEPA website www.sepa.org.uk/waste/waste_infrastructure_maps.aspx.

Prosecutions
On 9 March the Perth Sheriff Court fined I & H Brown Limited £3,000 for disposing of the chemical calcium polysulphide into a surface water drain, which then reached a Perth watercourse. The company pled guilty to the offence which resulted in the water of the Denmark Burn, a tributary of the River Tay, turning white.

Scottish Water pled guilty on 9 March at Stranraer Sheriff Court after sewage effluent that had not undergone secondary treatment was discharged into Loch Ryan. The company was fined £2,000 for failing to comply with licence conditions and discharging sewage that exceeded the permitted limit of biochemical demand with a further £4,000 for failing to measure and record the volume of effluent discharged.

On 1 April, a Kirkcaldy scrap metal merchant pled guilty to waste offences at Kirkcaldy Sheriff Court. Henry Gray & Sons pled guilty to breaching the conditions of their waste management licence by storing waste motor vehicles and parts in a way that was likely to pollute the surrounding environment.

Scottish Water pled guilty on 16 March at Oban Sheriff Court after sewage was allowed to spill into Tobermory Bay. The company admitted carrying on a controlled activity liable to cause pollution of the water environment and were fined £6,667.

A project manager at Barry Downs Holiday Park was fined £500 at Arbroath Sheriff Court on 29 April after pleading guilty to illegally burning waste on the caravan site near Carnoustie.

Sign up to SEPA weekly email updates: www.sepa.org.uk/update/index.htm.

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GETTING INVOLVED IN THE WORK OF REHIS

There are plenty of opportunities for all members to get involved in the work of REHIS; getting involved is good for your professional and personal development and enables you to make a positive contribution to the work of the Institute.

Members can choose to get involved with the Northern Centre or Southern Centre, for instance by helping with organising Centre events. The work will help you to maximise your networking opportunities and to gain a useful insight into event organisation.

If you have specialist knowledge of a particular area of Environmental Health you might consider contacting the Director of Professional Development to put yourself forward to represent the Institute on a range of working groups and committees or to contribute to consultation responses. You can also contribute by writing a report describing a successful intervention or research for publishing in the Institute’s Journal.

Other ways to get involved include standing for election to the Council, organising a Continuing Professional Development event, writing an article for the Journal or e-newsletter and promoting career opportunities in local schools or careers fairs.

If the idea of training or disseminating knowledge to a wider audience appeals, why not consider becoming a REHIS registered course presenter and assist in the delivery of education, training and qualifications for the community?

Please contact Tom Bell, Chief Executive on 0113 229 2968 or at tb@rehis.com for further information or visit the REHIS website www.rehis.com.

REHIS is a registered Scottish charity and promotes environmental health through education, training and qualifications.
This year’s Annual Conference was held in the Glynhill Hotel, Renfrew on 19 and 20 May and was hugely successful.

The conference programme, under the theme *Environmental Health - 135 Years Protecting the People of Scotland*, was organised by Rod House, the Institute’s President, and was very well received by all participants.

A range of speakers presented many excellent papers on the following topics: Health Protection in Scotland, Competency-Based Approaches to Education and Training for Environmental Health, the Public Health etc (Scotland) Act 2008, Carbon Monoxide, Cryptosporidium in Scotland’s Water, the Influenza H1N1 Pandemic, the Future Education and Training of the Environmental Health Profession, EHO Education and Training in Ireland, the Tattooing and Cosmetic Body Piercing Industry in Scotland, challenges facing the International Federation of Environmental Health, the International Health Regulations, Protecting our Armed Forces in Combat Zones, Scotland’s National Food and Drink Policy, the Food Standards Agency beyond 2010, and the Challenges of Food Safety.

Rod House’s Presidential Address (see pages 5 to 9 of this journal) resulted in a great deal of press and media interest, and much positive comment was made by delegates, guests and other speakers.

The Keynote Address by Dr Harry Burns, Scotland’s Chief Medical Officer, was very supportive of the Environmental Health Profession’s contribution to the Scottish Government’s public health agenda and was also very well received by delegates.

Professor Hugh Pennington voiced his support for the Environmental Health Profession’s contribution to protecting the health of Scotland’s people and expressed his concern at the reducing resources available to Scotland’s local authorities. Professor Pennington used the example of the Nimrod aircraft disaster over Afghanistan in 2006 as a metaphor to express his concern that the reduction in these resources may dilute the ‘airworthiness of the regime and culture of the Ministry of Defence and distraction from airworthiness issues as the top priority’. At the time of writing, 15 of the presentations to the conference are available on the Members’ Area of the REHIS website www.rehis.com.

The Conference Dinner, held on the Wednesday evening, provided the social highlight of the conference and it proved to be a hugely enjoyable event with after-dinner speaker, Chief Inspector Stewart Carle, of Strathclyde Police, drawing much laughter and amusement from those in attendance. Provost Celia Lawson, Ann Marie Part, Shane Keane, Professor Charles Milne, Professor Graeme Millar CBE, Elaine Harbour, Mary Morgan and Jayne Sprenger were the President’s guests of honour at the dinner.

The Institute acknowledges the support of Renfrewshire Council, of Highfield.co.uk limited, and all the exhibitors.

Rod House has asked me, on his behalf, to thank the speakers and the chairmen who all agreed to the donation of a sum of money to the Scotland Chikwawa (Malawi) Health Initiative in lieu of conference gifts. Rod also takes this opportunity to thank Stewart Carle who also donated his after-dinner speaker’s fee to the Scotland Chikwawa (Malawi) Health Initiative and to all who purchased raffle tickets for this very worthwhile cause. The Initiative, established in association with the University of Strathclyde’s Malawi Millennium Project, provides funding for a range of projects in the rural region of Chikwawa in the south of Malawi. Everyone connected to REHIS will be pleased to learn that £650.00 was raised for the Initiative.

The planning for next year’s Annual Conference will get underway in the next few weeks.
Ann Marie Part, a REHIS Honorary Vice-President, poses a question to a speaker.

Delegates at the Renfrewshire Council exhibition stand.

Dr Harry Burns, Chief Medical Officer for Scotland, delivers the Keynote Address.

Speakers Phil Mackie and Dr Martin Donaghy, take questions at the end of the first session, chaired by Bernard Forteath (left).

Stewart Maxwell MSP, a REHIS Honorary Vice-President, with Dr Harry Burns.

Professor Hugh Pennington.
Delegates at the Food Standards Agency Scotland exhibition stand.

Professor Hugh Pennington with Bill Crosson and Robert Howe.

Elaine Harbour, Head of the HSE Local Authority Unit.

Jim Thomson, Assistant Director, Food Standards Agency Scotland.

Helen Greenhow of Highfield.co.uk limited discusses training materials with delegates.

Shane Keane, Chairman, Environmental Health Officers’ Association (Ireland).

Delegates at the Food Standards Agency Scotland exhibition stand.
The adverse weather conditions at the turn of the year provided a rich source of material for those tabloids that heap criticism on our public services. There were tales of refuse collection services being disrupted, and public-spirited neighbours being dissuaded from clearing the roads and footpaths because of the possibility of ‘being sued by anybody hurt as a consequence of their actions.’ All in the name of ‘health and safety’!

While there are, however, several parts to this scenario, it has to be said that in the last decade we seem to have lost sight of the concept of ‘an accident’. Daytime (and indeed early evening) TV is liberally sprinkled with adverts encouraging viewers to sue whoever they think is responsible for their misfortune. Employers, public services and corporations are fair game for the ‘no win, no fee’ offers (I sometimes wonder what would happen to this business if, in the ‘no win’ situation, those initially pursued were entitled to recover their costs for defending the claim?). It’s also a fact of life that the cost of litigation is such that insurance companies will sometimes negotiate a settlement that costs less than defending the claim.

Where, however, does this sit with the health and safety scenario?

When the writer was involved with winter emergencies (at a time when mild winters were rare) there were a number of court cases where councils were sued for damages allegedly resulting from a failure to plough snow/grit roads. In virtually every case there was a presumption that anyone driving in icy/snowy conditions should not expect to proceed as if the driving conditions were good. In other words, drivers (and indeed pedestrians) should watch out!

Environmental Health Officers (EHOs) are in the (happy?) position of being asked to comment on the activities of other council services. Such commentary can have significant consequences and needs to be made under consideration.

A good example is the introduction of alternate weekly collections, used to maximise source-separated household waste recycling. How many EHOs were confronted by agitated householders seeking a professional opinion that ‘keeping waste in a wheeled bin for a fortnight was ‘insanitary’, and would cause rats, flies, and odours’? The initial response was to point out that wheeled bins were introduced in Scotland over 20 years ago to prevent such nuisances (rats, flies and odours), however, some practitioners could cite a number of examples of ‘insanitary’ bins all over Scotland in two decades, but these were on weekly collections. Heal thyself, complainer? Another trick was to suggest that the boxes of glass, etc used by crews to sort into colours at the vehicle were ‘too heavy’. Just as well there was well-documented risk assessed information available.

The most bizarre objection to alternate weekly collections was perhaps concerns about keeping soiled nappies for a fortnight after the bairn had been inoculated. Fortunately the local Chief Medical Officer was able to demonstrate that the greatest risk was to the person on nappy duty rather than anyone else.

Educational colleagues often get ‘het up’ about the risks to pupils visiting ‘open farms’. The sad thing is that it’s not really the farm that’s the problem: it’s the question of who’s going to be liable if the weans pick up an infection during the visit. If it happens at weekends, then of course it’s the fault of the farm (or the parents for not making sure their offspring observes basic hygiene) rather than the teachers.

It was reported in April that a council’s insurers had paid £9,000 in an out of court settlement after a 10-year-old girl broke her leg while at an after-school scheme. Two members of staff had taken a party of 14 to a local play-park, but sat some distance away from the equipment. The girl had gone on to a roundabout and then been joined by other children (not from the group) whose behaviour allegedly caused the girl to fall off breaking her femur. The parent’s case was that the council had failed to prevent the accident and ‘had not informed her (the parent) of the full circumstances surrounding it’ (the accident). A casual observer might wonder why the parents of the ‘other children’ weren’t pursued rather than the council? Or is it just too easy to go after the council?

One can imagine the aftermath where the council’s Risk Management Service have to try to compile a report on how a similar circumstance can be avoided. Remove roundabouts from play-parks? Members of staff to remain within specified distances of children when in play-parks? Children at play-parks as part of after-school schemes must not play on equipment when other children are using it?
At certain times, play-parks will be reserved exclusively for children on after-school schemes? It becomes nonsensical.

So where do EHOs fit in when pressed by colleagues in other services for a professional opinion on health and safety or indeed any aspect within their public health remit? It should be reasonably straightforward: after all EHOs enforce the legislation in many business sectors; their premises are categorised in terms of risk and their inspection performances are subject to monitoring and reporting as Statutory Performance Indicators. Enforcement of the legislation on councils however lies with the HSE who ‘do it differently’ (critics allege they only appear on the scene after there’s been an incident), so EHOs are effectively in a consultancy role as far as their own council’s activities are concerned. Their expertise however should be invaluable to other council services and sought whenever necessary. This, however, doesn’t mean that EHOs should be used as a shield or excuse when it suits these services. EHOs can assess the risks, offer professional advice and it should then rest with the management of the service concerned to make the final decision. This approach isn’t however always easy, particularly when the Environmental Health Service is part of a much larger department and officers may not have the managerial backing they once had in the halcyon days of separate Departments of Environmental Health.

Our job is strewn with all sorts of guidance that invariably includes the caveats ‘at the end of the day it will be for the courts to decide on the interpretation of the legislation’. Thankfully the number of cases pursued against councils is relatively small and, of those reported, there is little, if any evidence of any shortcomings laid at the door of the Environmental Health Officer.

John Crawford, a Chartered Environmental Health Officer, is an Environmental and Waste Management Consultant.

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EXAMINATIONS AND PROFESSIONAL STANDARDS COMMITTEE

by John Sleith, Committee Chairman

Professional Examination - March 2010
A total of nine student EHOs presented and a further two students re-submitted food safety case studies giving a total of 11 students. In summary, of the 11 student EHOs presenting in the March diet eight passed and three failed. Two students presented for the SFSORB’s Higher Certificate in Food Premises Inspection and passed. One student presented for the Board’s Higher Certificate in Food Standards Inspection and passed.

Continuing Professional Development (CPD)
A total of 253 members submitted a CPD return for 2009. 196 achieved Chartered Environmental Health Officer status. 57 are working towards Chartered Environmental Health Officer status.

Trainee EHOs
At present there are 38 students registered with REHIS. 24 students are studying or have studied the BSc(Hons) Environmental Health degree course at the University of Strathclyde. The registration forms indicate three as postgraduate students and 21 as integrated but this is not always reliable as sometimes the forms are incorrectly completed.

Fourteen students are undertaking the MSc at the University of Derby degree course (by distance learning).

In addition to the above, there are five further student registrations in the pipeline: two at Falkirk Council, one at Dundee City Council, one at South Lanarkshire Council and one at Highland Council.

This means that there are nine councils currently not providing training placements.

The committee re-elected me as Chairman and Bob Drummond and Bernard Forteath as Vice-Chairs.

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REHIS/SFSORB
Professional Examinations
2,3 and 4 November 2010
Ramada Edinburgh Mount Royal Hotel, Edinburgh
NORTHERN CENTRE NEWS
by Bob Drummond, Northern Centre Secretary

The Northern Centre held a Seminar via video conferencing on Friday 7 May. This was our first attempt at video conferencing and we hoped that we would not end up speaking to people in China and Korea rather than Inverness and Orkney. In the event it turned out well and we did learn a few lessons which I will address later.

Many thanks to the Food Standards Agency (FSA) who kindly provided accommodation and facilities in their Aberdeen office to host the seminar. Special thanks should also go to Karen Foote for her preparatory work and the FSA's Tigan who provided the IT skills to ensure the seminar ran smoothly.

After a short delay we managed to link with Inverness, Shetland, Orkney and the Western Isles. We lost the Elgin office in the ether for a short time until we found a simple solution and dialled the correct telephone number. My thanks go to those councils for providing facilities at local offices. The screen at the FSA offices in Aberdeen was able to display four venues but the fifth venue was only hidden when not selected. I don’t know if a bigger screen would allow all venues to be displayed and that’s something we will be looking at for future seminars.

Fifty two delegates and speakers took part and we started with Gregor MacCormick, Highland Council, who gave us an excellent presentation from the Inverness office on the lessons learned from Rockness. From Aberdeen, Graham Robertson gave us an update on health and safety and Rod House gave us an informative presentation on the work of Health Protection Scotland. Unfortunately, two of the afternoon speakers had to pull out at short notice but we did receive a presentation from Gregor Mackintosh on the small scale manufacture of rape seed oil.

Feedback from delegates was mostly positive. Savings in travel costs and travel time were often mentioned as was obtaining Continuing Professional Development hours without leaving the office. Question time after the presentations required strict control but Karen managed that very well on the day. We did have some concerns raised over poor sound transmission but that was due to poor placement of microphones and something easily corrected at future events. The placement of cameras could also be improved so that speakers address the camera rather than the audience in that particular venue. Gregor in Inverness has obviously had lots of practice as he managed to avoid these pitfalls. In addition, participants should be aware that you’re on camera and all personal actions can be viewed by others. Falling asleep and scratching yourself in delicate places should be avoided!

One final point. A REHIS member who was unable to attend any of the venues asked if we would be putting the presentations on the web. An excellent idea, but way beyond my limited IT skills. Any guidance on this would be much appreciated.

Video conferencing seminars are certainly worth considering as a cost-effective way of providing shared learning and CPD hours to REHIS members. I intend to speak to my colleagues in the Southern Centre and see if we could share speakers at future events using video conferencing.

We fully intend to repeat the seminar most likely in September this year. Any ideas or suggestions for topics or speakers will be most welcome. Please feel free to contact me via Karen Foote at northerncentre@rehis.com.

REHIS Annual Presentation of Awards
Wednesday 17 November 2010
7.00pm for 7.30pm
The Apex International Hotel, Edinburgh

REHIS welcomes the submission of articles for publication in Environmental Health Scotland. Submissions of research-based articles are especially welcome.
Charles Milne, Director of FSA in Scotland, recently visited a range of shellfish businesses and Scotland’s largest fish market. He also met with Environmental Health Officers responsible for carrying out official controls on shellfish.

The purpose of the visits was to develop working relationships with these industries, and a shared understanding of respective interests and challenges.

Shellfish visits were carried out in Argyll and Bute which contains around one third of all classified shellfisheries in Scotland including the majority of Scotland’s farmed Pacific oyster areas, and mussels are also grown extensively. Clams and king scallops are also exploited from wild shellfisheries. Due to the level of industry activity, Environmental Health Officers in Argyll and Bute Council have recognised expertise in shellfish controls, and described the challenges faced by the authority generally.

Loch Fyne Oysters and Muchairn Mussels in Loch Etive were also visited, providing a very useful insight into the day to day issues faced by the sector. Major sectoral concerns include management of algal toxin testing and water quality, shellfish hygiene and consumer safety as well as integrated coastal zone management. Norovirus and difficulties in forecasting toxic algae events were noted as particularly challenging for the industry as a whole.

Charles visited two contractors who carry out sampling and analysis on FSA’s behalf - the Scottish Association for Marine Science (SAMS) and VeroMara Ltd. SAMS co-ordinates the Scottish algal monitoring programme at its laboratory near Oban. This programme monitors shellfish waters for the presence of naturally occurring algae that can produce shellfish toxins that can be harmful to consumers.

VeroMara Ltd, part of GlycoMar Limited, is a marine biotechnology company based at the European Centre for Marine Biotechnology. VeroMara Ltd undertakes E.coli testing on shellfish samples from the classified shellfisheries across most of Scotland, which allow the FSA to classify shellfish growing waters annually.

The final visit was to Peterhead’s fish market, accompanied by Aberdeenshire Council’s Principal Environmental Health Officer. Peterhead is Scotland’s biggest fish market, and designed to create optimum conditions for preservation of the catch, it handles finfish and shellfish. The visit culminated with a tour of the ‘Kings Cross’, a state-of-the-art pelagic fishing vessel.

These visits allowed Charles to see at first-hand some of the challenges that the sector faces and provided an excellent opportunity for constructive dialogue between the FSA, industry and enforcers. Charles said: “I am extremely grateful to these businesses, and also to our local authority colleagues, for the time they gave to these visits and the constructive nature of our discussions. The informative visits greatly helped my understanding of the sector, and allowed FSA to discuss directly with stakeholders our regulatory role, and the FSA’s core value of putting the consumer first”.
Well, it’s ‘goodbye’ from him and ‘hello’ from me! Tony Hetherington and I managed the usually unheard of feat of having a handover before he moved on in HSE and I took over as Head of Local Authority Unit (LAU). Invaluable for me and, timing-wise, we couldn’t have asked for better since I’ve had the opportunity to attend a number of important meetings - the LACoRS policy forum, the LAU - Partnership Managers’ meeting, the Chairs of Liaison Groups meeting, HELA and of course most notably the REHIS Annual Conference. I was delighted to be invited to the conference and to hear first-hand about the difference you can make and the challenges you face.

As Tony has outlined before, the main priority for LAU remains the effective implementation of the S18 Standard. Following feedback we presented HELA with the details of the refinements we propose to improve the toolkits and encourage compliance. HELA agreed with our proposals and we are working now to make the necessary changes. As we progress with the implementation, the all important stage of the peer review process looms. I hope you find that sharing your assessment with others will allow you to share what you have done well and learn from others where you can do things better.

Another important priority is the liquid petroleum gas (LPG) pipework replacement inspection campaign. As you know, this work stems from the investigations following the tragic explosion at the ICL plastics factory in Glasgow in 2004, in which nine people died and 33 were injured. I have been really impressed by the way that local authority have enthusiastically committed resources to the campaign and I would like to take this opportunity to thank those who have already been out inspecting - giving advice and taking enforcement action if necessary to help reduce the risk of such a terrible incident re-occurring. This is an area which makes the need for partnership working clear, as it has been estimated that possibly up to half of all the commercial LPG sites in the UK may be local authority enforced.

I appeal to you all to continue this crucial nationwide campaign to ensure that the high risk priority sites get the regulatory attention they require. Details of the sites that fall to your enforcement will be cascading out to you via Percy Smith, your Partnership Manager. Please use the database on HELex to capture your visit details and record any enforcement action taken.

So far, this is all work in progress but on the horizon we have the newly reconstituted Local Government Panel (LGP) meeting (where local authority members meet with the HSE Board) and the HELA conference season coming.

At its July meeting the LGP will consider the influential role local authorities have as dutyholders and service procurers in assisting with the effective delivery of the strategy as well as taking their traditional look at local authorities as regulators. Looking at the two areas together can only benefit the local authority/HSE relationship and I’ll keep you informed with how this develops.

In November/December we have the HELA conferences. Last year we held a series of local conferences which attracted nearly 700 delegates in all. Given this success, HELA decided against holding national conferences and agreed instead to hold a number of local conferences. I am delighted that you intend to hold a conference in Scotland. We have a provisional date of 3 November and the HSE Chair lined up as keynote speaker. LAU will work with Percy to make the necessary arrangements and the idea is to combine the conference with a planning event to ensure we all get the maximum benefit for our time away from the office. I look forward to seeing you there!

Finally, as I write this the coalition government is just starting to announce their intended measures to tackle the deficit. Whilst we wait for the complete picture to unfold what we already know is that the pressure on our already scarce resources will become tighter. Our common aim will be to realise the maximum benefit from the resources we have at our disposal to ensure worker and public protection. I think our work in partnership will serve us well in facing the challenges to come.

For more information or if you have any queries, please contact lau.enquiries@hse.gsi.gov.uk.

Editor’s note: Elaine was a guest of the President at this year’s REHIS Annual Conference in Renfrew. It was a pleasure to meet Elaine and to extend the Institute’s hospitality to her.
At the end of May this year I was invited to take part in the 2nd All Africa Environmental Health Congress held in Lilongwe, Malawi. Malawi is a small country surrounded by Zambia, Tanzania and Mozambique. The country has no ocean coastline but has, within its boundary, Lake Malawi, the third largest lake in Africa. The main river is called the Shire (pronounced ‘Shir-ee’) which flows out of the southern end of Lake Malawi eventually joining the Zambezi River in Mozambique. The capital, Lilongwe, was built in 1906 along the bank of the Lilongwe River and it is here that the Parliament Building and the main government departments are situated. The official language of the country is English although Chichewa is also widely spoken. Malawi is known as the ‘warm heart of Africa’ and for very good reasons. Malawians are friendly people and visitors, particularly from Scotland, are given a warm welcome.

The Congress, which attracted delegates from all over Africa and beyond, lasted for four days, one of which was given over to technical visits. The Congress was officially opened by the Minister of Health, Professor Moses Chirambo, MP. My duties involved giving a keynote address on the first morning, chairing one of the parallel sessions, and officially closing the Congress on the last day.

The Congress programme covered areas of particular importance to Malawi and Africa, and was very much centred on public health issues including diarrhoea control and treatment, water and sanitation, drinking water safety plans, Community Led Total Sanitation, community health, and climate change and disaster risk management.

During the Congress, the Environmental Health Curriculum document, prepared by the Africa Academy for Environmental Health (AAEH), was handed over to the Director of the British Council in Malawi. The British Council provided financial assistance through a DelPHE grant to help develop the first ever generic curriculum in environmental health training for Africa. Africa is a unique continent with unique challenges and the development of a curriculum for a Bachelor of Science in Environmental Health is a major step forward and will assist training institutions throughout Africa.

The presentations on day two of the Congress focused on the implementation of community led sanitation and hygiene promotion programmes, and the presentations provided ideal preparation for the technical visits the next day to community sites in the Salima District situated in the Central Region of Malawi.

Visits were made to two villages and to Salima District Hospital that have been working with a number of non-government organisations over the last decade in the search for improved water, sanitation and hygiene. Community Led Total Sanitation (CLTS) is a grassroots approach to sanitation developed in Bangladesh which mobilises communities to completely eliminate open defecation. It is generally recognised that providing toilets does not necessarily mean that they will be used and that the cycle of faecal-oral contamination will come to an end. CLTS approach harnesses a community’s desire for change and improvement leading to greater ownership and sustainability.

In the villages we visited it was obvious that the villagers were totally committed and involved in improving living conditions within their own village. Unfortunately, the area we were visiting was suffering from a measles outbreak which originally started in South Africa and then spread to Zimbabwe, Mozambique and then to Malawi. Measles is not something we are too concerned about in this country now but in Africa it still remains a major problem. There is no African equivalent to the European Centre for Disease Prevention and Control, something that I am sure would be welcomed.

The IFEH Member Organisation for Malawi is the Malawi Environmental Health Association (MEHA) which, after a few years of inactivity, was re-launched during the Congress. MEHA received a lot of help, guidance and support over the past few years from our own Chief Executive, Tom Bell. In recognition of his significant contribution to MEHA and to Environmental Health in Malawi, Tom was presented with Honorary Membership of the Association by the Minister of Health during the Opening Ceremony. Tom was one of six people to receive Honorary Membership. I wish to add my personal congratulations to Bernard Forteath.
to Tom for the work he has done, and continues to do in support of our colleagues who live and work in Malawi. The Congress was a great success, was well-organised and much of the credit for this goes to Dr Tracy Morse for the hard work that she and a small group of volunteers put into this event. The next All Africa Environmental Health Congress will take place in South Africa sometime during 2012.

Finally preparations are well underway for the 11th World Congress on Environmental Health which is due to take place from 5-10 September in the Westin Bayshore Hotel, Vancouver, British Columbia, Canada. The Congress is being organised by the Canadian Institute of Public Health Inspectors. The IFEH Council meetings and the International Faculty Forum will take place on Saturday 4th and Sunday 5th September with the Annual General Meeting and IFEH Regional Group meetings taking place on Sunday 5th September.

HEALTH PROTECTION SCOTLAND NEWS

Management of Legionella incidents in the community - online training resource

This online resource has been developed by NHS Education for Scotland in partnership with the Health Protection Network to support the implementation of the Legionella guidelines published in 2009. It details the processes that should be followed to ensure public safety, effective communication with relevant stakeholders and compliance with legislation and guidance on managing public health incidents.

The resource uses a scenario approach and aims to demonstrate to students how to apply the guidelines when investigating a Legionella incident. The resource can be used for personal study or in facilitated study sessions. It is anticipated that both health boards and local authorities will find the resource of interest.

The programme will be of interest to a number of staff groups in the NHS and local authority settings including the following: Consultants in Public Health Medicine, Environmental Health Officers, and Health Protection Nurses, etc.

Access to the resource is by way of the following link: http://www.nes.scot.nhs.uk/hai/osc/legionella/default.asp.

HPS Port Health Oversight Group

During 2010/11 the Port Health Oversight Group which is supported by both REHIS and the Association of Port Health Authorities will be developing standards for Designated Ports of Entry for Scotland in order to comply with the requirements under the International Health Regulations 2005. Following development and adoption of the standards selected airports and seaports will be audited against the standards.

Tattooing and skin piercing

Health Protection Scotland have been requested by Scottish Government to undertake a review of the implementation and effectiveness of Skin Piercing and Tattooing Order (2006) legislation and we will, in due course, be contacting REHIS and local authorities to contribute to the process.

Influenza A (H1N1v)

A stakeholder event is being planned for late summer/autumn to allow communication of the health protection response and lessons learned, and this will include publication of Influenza A(H1N1v) scientific and outbreak reports.

Outbreaks/incidents

Anthrax in injecting drug users - the national outbreak control of anthrax in injecting drug users continues to be managed by Health Protection Scotland with close liaison with other agencies.

In relation to the volcanic ash cloud, there continues to be ongoing monitoring and surveillance.
IFEH 2010 WORLD CONGRESS ON ENVIRONMENTAL HEALTH

by Domenic Losito, Chair, IFEH2010 World Congress

The 11th IFEH World Congress on Environmental Health, running jointly with the 76th CIPHI Annual Educational Conference in Vancouver, British Columbia, takes place from 5 to 10 September in 2010. The conference is less than three months away and has garnered widespread interest.

Congress registration
International Conference Services (ICS) will provide registration services for the Congress. The registration website can be found at www.ifeh2010.org, which provides a web registration and a PDF downloadable paper version option. A range of registration fee options are available. Potential delegates should note that early bird registration discounts finish on 5 August.
Please also note that members of REHIS will qualify for the reduced CIPHI members’ rate.

Educational programme
The Congress Organising Committee has confirmed an outstanding selection of speakers who will cover a diverse range of topics during the Congress. In keeping with the Congress theme of Global Health Protection - From Sea to Sky these presentations will explore the universal challenges to environmental health in an era of increasing globalisation and decreased funding. Keeping true to our motto ‘Educate, Innovate, Advocate’, attendees will learn about the latest innovations and strategies in health protection by focusing on:

- Food safety
- Promotion of active living and healthy communities
- Disaster preparedness and emergency response
- Occupational health, risk and injury prevention
- Uniformed services health protection
- Indigenous peoples’ environmental health
- Environmental health management
- Core competencies for environmental health
- Sustainable communities and environments (air quality, water quality, and climate change).

Keynote speakers
We have booked three exceptional keynote speakers for Monday, Tuesday and Thursday morning to address the motto of ‘Educate, Innovate, Advocate’. We have also secured an Olympic gold medalist as our Closing Keynote Address on Friday to inspire us all as we travel back to implement what we have learned in Vancouver! She will be bringing her gold medal along for photo opportunities!

Educate: Following the Congress Opening Ceremonies on Monday, we will hear from Dr Dave Williams, a medical doctor, Canadian astronaut, and scuba diver. He has seen earth from unique perspectives, both high in space and deep underwater. Dr Williams will share his thoughts on the importance of the effects of human habitation, the history of the human condition and our approach to planetary stewardship.

Innovate: On Tuesday, we will welcome Larry Beasley, a world-renowned community planner, who will address Healthy Built Environments. Larry has played a leading role in transforming the City of Vancouver’s downtown core into a vibrant, liveable urban community. Thanks to Larry, the City of Vancouver is known as one of the most liveable cities in the world. He is internationally acclaimed as one of the world’s best urban planners.

Advocate: On Thursday, we will be challenged by Dr Samantha Nutt, a medical doctor and public health specialist with more than 13 years of experience working in war zones. Committed to peace, human rights and social justice, her ambition has always been to help war-affected women and children. She has worked in some of the world’s most violent flashpoints with War Child Canada, the United Nations and non-governmental organisations (NGOs) in Iraq, Afghanistan, The Democratic
Republic of Congo, Liberia, Sierra Leone, Somalia, Iraq, Burundi, northern Uganda and on the Thai-Burmese border.

**Social programme**
The IFEH 11th World Congress will be offering an exciting social programme:

- Welcome Reception and Exhibit Grand Opening, Sunday 5 September
- Daily luncheons Monday, Tuesday and Thursday, including an Awards Lunch on Tuesday
- Civic Reception, Monday night at the Vancouver Aquarium. A short walk into Stanley Park from the Congress venue, this event will start with a Dolphin Show, followed by official welcomes from dignitaries and a relaxed reception where you can get to know your fellow delegates
- ‘Tailgate Party’ at the Oval. Visit and experience one of the truly remarkable 2010 Winter Olympic venues, the Richmond Olympic Oval, a stunning example of sustainable construction set on the banks of the Fraser River. Join us for a West Coast BBQ and the chance to mingle or even take a skate around the Oval!
- Lithuania Night. Join the hosts of the 12th IFEH World Congress, Vilnius, Lithuania, for some hospitality on Wednesday evening after your return from the technical tours
- IFEH Congress Banquet and Dance. The gala event of the Congress is complete with a sumptuous West Coast feast, the closing of the silent auction, and formal speeches and presentations. The night will wrap up with a fun-filled evening with the house band ‘Dr Strangelove’ - bring your dance shoes!

**Travel**
Vancouver is located on the Pacific Rim, with a world class international airport (YVR - [www.yvr.ca](http://www.yvr.ca)) serving most major countries with direct service. Air Canada provides direct service to most major European centres, and has been selected as our official airline for the Congress. We have obtained a ‘conference rate’ from Air Canada for both domestic and international delegates. The discounts are limited to the first 250 passengers booking qualifying fares for the Congress travel period (29 August to 17 September 2010). A 10% discount applies to Latitude, Tango Plus and Tango International bookings. A 12% discount applies to some Executive First and Executive class bookings. Please quote promotion code: 4NNRVYT1 at time of booking.
Accommodation - the Congress hotel
The Congress venue is the Westin Bayshore Hotel, set on Vancouver’s waterfront with a majestic view of the ocean and the local mountains, within walking/jogging distance of world famous Stanley Park and the downtown shopping district. The Westin Bayshore is newly renovated, 100% smoke-free and provides exceptional service and comfort. Congress sessions will take place in the Westin Bayshore Conference Centre, just a short walk from your room.

Guest room reservations
We have been able to secure a competitive hotel rate of just over Cdn $15/night (double occupancy, net of taxes) for standard guest rooms in the main building, with the ability to upgrade (at modest extra cost) to Harbour View guest rooms in both the main building and the tower building. The $15 double occupancy rooms are available to the first 70 bookings, and are going fast. The next available rate is $45/night. Suites are also available on an upgrade basis.

Please visit the Westin Bayshore Congress registration page at: http://www.starwoodmeeting.com/StarGroupsWeb/res?id=0907293515&key=9A90D.

Please note that these special rates are also offered from three days prior to three days after the Congress dates, subject to availability.

Technical tours and mid-week workshop
We have arranged for five technical tours for mid-Congress (Wednesday) as well as an on-site workshop (and boat tour of some built examples) entitled ‘The Healthy Built Environment - a Primer for Environmental Health Practitioners’. The technical tours will involve a full morning of knowledge transfer, followed by a lunch and refreshment stop and an afternoon of exploring some of the highlights of the different locales. The choices for the technical tours include:

- Whistler, Sea to Sky Green Initiatives: Zero Waste Target Resource Management
- Vancouver Convention Centre Sustainable Design and Cruise Ship Terminal Kitchen
- Sustainability Initiatives: University of British Columbia Green Building and Museum of Anthropology
- Vancouver ‘Green City’ LEED Gold Building and Emergency Preparedness Plan Tours
- Seymour Water Treatment Plant and Capilano Suspension Bridge Tours and Tree Top Walk.

When you register for the Congress you will be asked to select your first and second choices of tours and/or the on-site workshop. Space will be limited on some technical tours due to bus capacity.

For more information on the Congress: www.ifeh2010.org.

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FROM THE COURTS

North Lanarkshire Council
Accused: Fraser Limited (haulage business)
Address of Premises:: 8-10 Hornock Road, Coatbridge, ML5 2DX
Legislation: Clean Air Act, 1993 Section 2(1)
Case Summary: Dark smoke emissions were the subject of letters sent to the company on 31 December 2008 and again on 23 March 2009. Dark smoke emissions were again observed from the premises occupied by the company at around 11.00pm on 1 June 2009
Date Determined: 15 April 2010
Outcome: Fraser Limited pleaded guilty in Airdrie Sheriff Court to one charge in relation to the dark smoke emissions of 1 June 2009
Penalty: Fraser Limited was fined £360.

This case was submitted by Charles Penman of North Lanarkshire Council.
In Volume 22, Number 1 of the Journal I mentioned that the process of re-accreditation of the MSc Environmental Health (distance learning) at the University of Derby had commenced. The course syllabus submitted by the University for the purpose of accreditation was in general terms satisfactory. The Institute, through the accreditation team, submitted proposals for some amendments and additions to the syllabus to improve the content and to ensure that all relevant subjects are covered. I am pleased to report that the University accepted all the suggested amendments and a report was submitted to the Examinations and Professional Standards Committee on 28 April when the decision was taken to re-accredit the course for a further three years.

Continuing Professional Development (CPD) submissions relating to 2009 have all now been accounted for. There were a number of late submissions and, whilst I appreciate that we all have busy schedules, I would remind members that all CPD submissions for 2010 should be made by 31 January 2011. Further reminders about the deadline will be made later in the year. In total, 253 members submitted a CPD return for 2009 with 196 achieving Chartered Environmental Health Officer status.

Student/Graduate Trainee Environmental Health Officer training by local authorities remains a high priority for the Institute which is indebted for the support provided in this regard by the Food Standards Agency Scotland, Health Protection Scotland and the Society of Chief Officers of Environmental Health in Scotland.

On a positive note, the combined efforts of the Institute and the other stakeholders mentioned has ensured that there are presently 44 Student Environmental Health Officers in training places with local authorities. However, this is despite almost a third of Scottish local authorities not providing training. These figures are of concern when viewed against the backdrop of the impending constraints on public sector finance. It is the view of the Institute that Student/Graduate Trainee training is an investment for the future and should continue to ensure that the local authority Environmental Health Service is strong and vibrant when we eventually emerge from recession. Otherwise, services designed to protect and improve public health may be compromised to the detriment of the general population in the future.

The Institute, through my role as Course Co-ordinator, is involved in the Environmental Health semester of the Master of Public Health programme at the University of Glasgow Public Health and Health Policy Section. The semester ran for an eleven week period from 15 April to 24 June.

The lecture programme covered a wide range of issues and guest lecturers covered the following: Environmental Health - An Introduction (Robert Howe), Environmental Epidemiology (Professor George Morris), Indoor Air Quality (Dr Sheila Beck), Waste Management and Health (Robert Howe), Air Quality (Andrew Taylor), Climate Change and Human Health (Professor George Morris), Injury Prevention (Professor David Stone), Environmental Health and Concepts of Risk (Robert Howe) and Housing and Health (Professor George Morris).

The programme is completed by student presentations in the final week.

A total of 14 students from a range of public health backgrounds undertook the programme, only one of which was an Environmental Health Officer (EHO). The programme would present an opportunity for EHOs interested in improving their public health portfolio and provide them with the knowledge to utilise their skills within the wider public health agenda.

Finally, I would recommend that members make a diary entry for the Public Health and Housing Update 2010 event. The event will take place at the Golden Lion Hotel, Stirling on 7 and 8 September. The course organisers spend a lot of time and effort organising these events, which provide opportunities to develop knowledge and skills on current and developing issues, and deserve your support.
COMMUNITY TRAINING UPDATE

by Graham Walker, Director of Training

Edinburgh Prison Health Day
Edinburgh Prison has been an Approved Training Centre for a number of years and has presented a number of REHIS courses.

They hold regular ‘Health Days’ aimed at prisoners and staff and it was my pleasure to be invited to attend the last Health Day in April. These events are organised by the Prison Physical Education Department in order to generate more interest in health issues and get prisoners and staff to participate in activities or courses that can help with any health issues that they may have.

The main aim of the day is to promote health awareness and any problems that someone may have can then be addressed through referrals after the event. Over 160 prisoners and 15 staff attended throughout the day.

Apart from the REHIS stand, exhibiting our range of courses and resources available, some of the other stalls covered such topics as yoga and self-harming and other exhibitors included the Samaritans, Caledonia Youth and NHS Lothian; apart from attendance on that day some of the agencies visit the prison on a weekly basis.

I enjoyed the day a lot and take this opportunity to thank the staff at the prison for their kind invitation, with special thanks going to David Curr, our registered course presenter at the prison, who negotiated my early release!

Elementary Food Hygiene Refresher Course
The Elementary Food Hygiene Refresher Course is now available. This is a half-day course aimed at people already holding a REHIS Elementary Food Hygiene Certificate or equivalent. It is based around a workbook/assessment tool. An information pack is available and existing Elementary Food Hygiene Centres are automatically approved to deliver the course.

Risk assessment course
For Health and Safety Centres we have developed a half-day risk assessment course. This is aimed at supervisors but is suitable for anyone with an interest in health and safety in the workplace. Existing Health and Safety Centres can apply to deliver the course.

REHIS first aid course
In the near future we will be adding a ‘first aid at work’ course to our list of qualifications. This course has been developed in response to a review of first aid training in the workplace by the Health and Safety Executive. Centres can apply to deliver this Level 2 qualification if they have qualified presenters capable of delivering the course. We intend to organise ‘train the trainer’ first aid courses for presenters that do not hold first aid qualifications.

E-learning packs for food hygiene courses
The Elementary and Intermediate Food Hygiene courses are now available in e-learning format. Existing food hygiene centres can provide both levels if they meet the requirement for tutor support.

The REHIS trainers’ website
The REHIS website is now up and running. One of the major features is the addition of a Trainers’ Forum. This is a password-protected area where trainers can start discussions and post messages. The Trainers’ Forum can be accessed, after logging in, by clicking on the ‘Qualifications for Communities’ tab and then choosing Trainers’ Resources and then Trainers’ Forum. You can then pick a forum that interests you and join in the discussion. If you wish you can also add new topics in your chosen forum.

Why don’t you have a look now and see if anything interests you, if not then you can always start your own discussion topic. If you want a new forum started or have problems logging in then contact me via contact@rehis.com.

Training Resource List 2010

This list details the resources that are available for trainers who deliver REHIS food safety, food and health, control of infection and health and safety courses. The list includes an order form.

Date for your diary
The Annual Trainers’ Seminar will be held in Glasgow at The Trades Hall on 20 October 2010.

If you are interested in any of the abovementioned, please contact the Community Training team by telephone on 0131 229 2968 or by e-mail at training@rehis.com.
AN INTRODUCTION TO THE HEALTHCARE ENVIRONMENT INSPECTORATE

by Kevin Freeman, Regional Inspector, Healthcare Environment Inspectorate

Background
In November 2008, the Scottish Government produced a consultation paper entitled Healthcare Associated Infections - Inspection, Assurance and Public Confidence. The paper announced that an Inspectorate based in NHS Quality Improvement Scotland (NHS QIS) would bring a new level of scrutiny to the services provided by the NHS in Scotland. The functions of the Inspectorate would be to:

- contribute to the prevention and control of healthcare associated infections (HAI) by carrying out rigorous inspections, drilling-down from NHS board level to hospital level down to ward/clinical level
- develop a proactive and assertive approach to NHS board self-assessment and supporting evidence requirements
- establish a robust methodology for the analysis of that evidence for the purposes of validation, risk assessment and targeting for scheduled and random inspections
- provide continuous oversight of NHS board improvement plans
- make its findings public, and
- make recommendations to Scottish Ministers.

In addition the Inspectorate must ensure that patients are at the heart of everything it does by being accessible to the public and measuring things that are important to patients.

The Inspectorate was established in April 2009 and named the Healthcare Environment Inspectorate (HEI). In June 2009 the Chief Inspector, Susan Brimelow was appointed. Shortly after, the rest of the team was appointed, and this is made up of experienced Environmental Health Officers and Registered Nurses, amounting to a powerful combination of public health, clinical, inspection and regulations skills.

Purpose of HEI
The focus of HEI will be reducing the healthcare associated infection (HAI) risk to patients through a rigorous inspection framework. Our aims are to provide public assurance and protection, to restore public trust and confidence, contribute to the prevention and control of HAI, and contribute to improvement in infection control and the broader quality improvement agenda across NHSScotland. In addition, HEI will draw on and contribute to the broader improvement agenda across NHSScotland.

Inspection methodology overview
The Inspectorate has been initially tasked to carry out at least one announced and one unannounced inspection of each acute hospital in Scotland every three years. The purpose of the inspection will be to assess compliance with the NHS QIS HAI standards. The inspections are mapped to the key areas of the patient journey and will examine the governance arrangements and systems in place to ensure infection prevention and control policies and procedures are working in practice.

The inspection teams are usually made up of a Regional Inspector, three Associate Inspectors (one volunteer inspector with a patient focus), and a Project Officer. However, the team can be changed to suit any particular inspection and may be reduced for smaller hospitals or augmented by additional inspectors or technical experts if the circumstances demand. In addition, observers may join the inspection team for the purpose of consistency and quality improvement.

The inspection process is made up of the following key stages:

Self-assessment
Mandatory surveillance data collected by NHS boards will be used to risk assess and inform the inspection programme. This data, along with qualitative data and documentation required by the standards, is compiled through an electronic self-assessment tool which allows NHS boards to assess their own compliance against the standards.

The inspection team will examine the self-assessment and documentation provided and will validate this through the inspection process.

Inspection visits
The Inspectorate will undertake inspections which may be announced or unannounced and will usually last for around two days. All inspections carried out thus far have been undertaken in normal office hours; however there is scope in the methodology for inspections to take place in the evening or at weekends. The style of the inspection
will be familiar to many: an audit tool is used to guide the physical inspection of a ward or a department (which is available on the Inspectorate website) and this is supplemented by:

- viewing monitoring reports, policies and procedures within clinical areas
- interviewing staff at various levels and across all professional groups
- speaking to and seeking the views of patients
- taking photographs
- observing hand hygiene, cleaning and infection control practices in wards and departments.

At the end of the inspection visit, the inspection team will provide the NHS board and hospital staff with preliminary feedback, giving an indication of the findings and to allow the work to begin on an improvement plan.

**Reporting**

The NHS board’s Chief Executive will receive a draft report within four weeks of the inspection - this allows the NHS board to further develop work on an improvement action plan. The final report will be published six weeks after the inspection. The report details the findings of the inspection and details the requirements and recommendations made by the Inspectorate as a result of the inspection.

A requirement sets out what action is required from an NHS board to comply with the NHS QIS HAI standards. These are the standards which every patient in hospital has the right to expect. A requirement means the hospital has not met the NHS QIS HAI standards and the Inspectorate is concerned about the impact this has on patients using the hospital. We expect that all requirements are addressed and necessary improvements made.

A recommendation relates to national guidance and best practice which the Inspectorate considers a hospital should follow to improve standards of care.

Where appropriate, the report signposts the NHS board to organisations, usually within the NHS family, which can provide further support for improvement.

**Improvement action plans and follow-up activity**

After the inspection, NHS boards will develop an improvement action plan to address the requirements and recommendations in the inspection report. The drafting of an improvement action plan should begin as soon as the inspectors have given the initial feedback at the end of the inspection visit. However, the final full version of the improvement action plan will be developed once the NHS board and hospital has the inspection report.

The inspection team may review the content and timeframes of the improvement action plan and provide comments back to the NHS board and hospital suggesting amendments. The Inspectorate will follow up on the progress made by the NHS board in relation to the implementation of the improvement action plan, usually 16 weeks after the inspection. However, the exact timing will depend on the severity of the issues highlighted by the inspection and the impact on patient care. The nature of the follow up activity will again be determined by the nature of the risk presented and may involve one or more of the following elements:

- a full announced or unannounced inspection visit
- a targeted announced or unannounced inspection visit
- an on-site meeting
- a meeting by video conference
- a written submission by the NHS board on progress with supporting documented evidence, or
- another intervention deemed appropriate by the inspection team based on the findings of the initial inspection.

Depending on the nature and findings of the follow up activity a report may be produced.

**The future**

Looking forward, there is still a lot of work to do. The Inspectorate has now visited at least one hospital in most NHS board areas across Scotland. We are rapidly establishing a baseline for performance against the NHS QIS HAI Standards and as more inspections take place we will gather more data and be able to:

- see and measure improvements made by NHS boards
- focus inspections on areas or topics where there are common failings across Scotland
- further develop our risk-based and proportionate method for programming inspections.

You can find out more about HEI at our website www.nhshealthquality.org or you can email us at safeandclean.qis@nhs.net with ‘REHIS article’ in the subject line.
This is an appropriate time to take stock of the position of Sanitation in Scotland and to try to forecast the trends during the next decade.
Taking a look at the position of Sanitary Inspectors themselves and those just entering the profession one might be justified in declaring that they have never had it so good! The facilities and prospects have really improved beyond measure compared with those existing after the first world war.

There is a great demand for apprentices and qualified staff all over the country, the laws of supply and demand having played an important part in the improvement of conditions of service generally. This has been based, however, on the raising of standards of education and training.

I am quite confident that in the immediate future an increasing number of apprentices will be attracted to the profession. They are assured of a reasonable salary during training with, in the vast majority of cases, the opportunity of attending a day-release course of training during their apprenticeship. The early discontinuance of National Service will also have a marked effect on recruitment to the profession.

At the School of Building, Cambuslang, which caters for students in the West of Scotland, the syllabus has recently been revised and at this centre and also Dundee Technical College, qualified and experienced Sanitary Inspectors are engaged as full-time lecturers.
On obtaining the certificate in Sanitary Science of the Royal Sanitary Association of Scotland upon completion of their apprenticeship there will be plenty of openings for young qualified men at scales of salaries which only appeared in Sanitary Inspectors’ dreams a few years ago.

The young man should not be deluded, however, into thinking that having gained this certificate he knows all there is to know about sanitation. He will find in fact that he is really only beginning to learn. He would be well advised to study for the certificate in Meat Inspection apart from the obvious financial advantage which is attached to the possession of this certificate. He should then continue his studies in any particular branch of the profession which may appeal to him without making the mistake, in my opinion, so far as he is concerned personally, of over-specialisation.

Scotland has led the way in such questions as training and qualifications. The certificate of the Royal Sanitary Association of Scotland is now recognised under the Public Health Officers Regulation, 1959. For several years now the four years’ period of apprenticeship has been established. We consider that an additional period of two years practical study course with a separate examination in the Inspection of Meat is essential. Unlike England we do not propose to combine the two examinations but to avoid a certain amount of overlapping which occurs at present.

There have been vast changes in the work of Sanitary Inspectors during the last few decades and I believe there will be even greater changes in the decade we are just entering.
We are leaving the era of Inspectors of Nuisances far behind and entering a new era of Preventive Public Health. We must include in this term our first priority, problem number one: - housing - which I am afraid will still be with us to the end of the century despite the undue optimism of politicians - or am I being too pessimistic in this connection - I really do not think so!
But we have vast new fields to conquer in clean air and food hygiene – to which I might add the abolition of slum office accommodation?

To the names of the pioneers of Public Health, such as Edwin Chadwick and Southwood Smith we must surely add that of our own century - Sir Hugh Beaver¹.

The Report of the Committee on Air Pollution is a remarkable and historic document and points the way to further practical and preventive measures which are now being put into effect despite the many difficulties and obstacles to be overcome. Food Hygiene is another new field which offers great and satisfying scope for our activities and where the keynote is again prevention.

Whether we shall also be given powers to deal with conditions in offices is a matter which still rests with the Government but we can only hope that they will face up to this question and not leave white-collar workers to put up with conditions that would not be tolerated in any shop or factory.

We enter the sixties with confidence. There are great opportunities for the profession to make its mark.

The field of environmental hygiene is wider than ever – if not extending to outer space – it at least includes the atmosphere around us and also the hazards of radiation, the latest subject to which the younger men will require to devote their attention.

These younger men must be ready to avail themselves of the opportunities of the sixties and be armed with the knowledge that will be required to cope with the many new problems that will arise.

There will be plenty of vacancies for those with all-round experience and qualifications who are prepared to move around.

My advice to the inspector with ambition is to get the necessary knowledge and qualifications and then be prepared to move around adding to his experience all the time and keeping abreast of new developments.

Here’s to the glorious sixties and may they bring great satisfaction to all those engaged in trying to improve environmental hygiene in its widest sense.

¹. A British engineer and industrialist who was greatly involved in the rebuilding of Britain after the second world war. He was also the Chairman of the Committee on Air Pollution (1953-1954) which resulted in the Clean Air Act 1956.
Raymond Reid, 1952 – 2010
The Institute acknowledges with sadness the death of Raymond Reid. Raymond was President of the Institute from 1996 to 1997 and, until his death, was Head of Development Management and Building Standards with Aberdeenshire Council. An Environmental Health Officer, Raymond was a well-respected professional and was held in high esteem by the members of the Institute and by his colleagues at Aberdeenshire Council. Raymond is survived by his three grown-up children Clare, Philip and Suzanne.

Congratulations
Environmental Health Officer member Les Warnant has taken up the post of Principal Environmental Health Officer in the Environmental Protection Services Department of Palmerston North City Council in New Zealand. Until earlier this year Les was an Environmental Health Officer with South Ayrshire Council. Congratulations Les.

Malawi Update
The Malawi Environmental Health Association (MEHA) recently elected its office-bearers and committee members. The senior office-bearers are: Young Samanyika, President; Dr Steve Taulo, Vice President; Esther Kaunda, Secretary; and, Paul Chunga, Treasurer. MEHA has launched a new crest which will be used to promote its activities and increase its profile. The crest is based on the Association’s common seal and includes an image of the African continent and the location of Malawi within it. The Association is also planning the development of a website that will provide a focus and information for its members across Malawi and for the global environmental health community. MEHA has asked REHIS to assist it with the development of the website.

Annual Review 2009
The 2009 Annual Environmental Health Review of REHIS and its Scottish partners has just been published and is available on the Institute’s website www.rehis.com. The Review is published by REHIS and includes contributions from a wide range of governmental and non-governmental partners all dedicated to the improvement and protection of public health in Scotland.

John P Summers, OBE
John Summers, a Fellow and a past President of the Institute, will retire from the post of Chief Executive of Keep Scotland Beautiful (KSB) in December. John joined KSB as its Chief Executive in 1999 after 33 years in local government. John was honoured with an OBE in 2005. Over the years he has successfully raised the profile of KSB and has expanded its influence for the benefit of Scotland’s people and environment, and will leave a very positive legacy after his 11 years in post. Keep Scotland Beautiful, an environmental charity based in Stirling, is concerned with improving the quality of local environments, environmental education, litter control, waste awareness and sustainable development. The Institute wishes John and his wife, Alison, a long and healthy retirement together.
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 registered 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 nor 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®.

REHIS and the Crest device are registered trademarks of The Royal Environmental Health Institute of Scotland.
Scottish Certificate for Personal Licence Holders (SCPLH) Licensing Course Book

Subjects covered:
- Scottish Licensing Law
- Personal and premises licences
- Occasional licences
- Control of order and police powers
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Recommended use: This book has been written specifically to help its users to pass their SCPLH examination and is ideal to accompany the course.

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- Powers of enforcement
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Recommended use: For all staff who have to complete 2 hours of Scottish Licensing training. Ideal for trainers to sell to Personal Licence holders who will need to train their team when returning to site.

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