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On the cover: Tattooing and cosmetic body piercing. See page 5.
Little did I think that after contributing to the autumn edition of the Journal last year as the Institute’s President that I would be doing so again this year. As most of you know, our President, Alistair Thomson suffered serious illness earlier in the year and has been unable to fulfil his role as President. I was elected by the Council to undertake the duties of President in an acting capacity until Alistair recovered sufficiently to resume his duties. As a long-standing colleague of Alistair, (we trained together in Glasgow back in the early seventies), I had no hesitation in accepting the Council’s invitation. Alistair’s progress has been slow but steady and I am happy to report that he has left hospital and continues his recovery at home with the support of his family. Hopefully Alistair will be reading this latest issue of our Journal so Alistair, on behalf of the membership, the Council and the Institute’s staff best wishes, get well soon and see you back at future meetings.

In late March 2010 we moved to our new offices in Torphichen Street, Edinburgh and finally, on 24 June this year, the offices were officially opened by Stewart Maxwell MSP and an Honorary Vice-President of REHIS. Stewart and I were joined by invited guests representing our partners and stakeholders and by members of the Council. It was an enjoyable occasion and the proceedings are covered on pages 20 and 21 of this Journal.

The Council values the relationship it has with our sister organisations both in the UK and in the wider family of Environmental Health worldwide and I am pleased to advise that we recently agreed to financially support the development of a Scheme of Continuing Professional Development by the Malawi Environmental Health Association (MEHA). Our colleagues in Malawi operate in conditions that we would find hard to imagine, even in these times of austerity in Scotland, but they continue to develop the Environmental Health Profession through professionalism, dedication and enthusiasm which can only be of benefit to the wider population in this developing country. In response to our offer of support MEHA has agreed to provide a report on the outcomes from this initiative and this will be published in a future edition of the Journal.

Food safety is again high on the agenda of both the UK and Scottish Governments. Earlier this year we had the announcement from the Food Standards Agency that it intended to review the current arrangements for food safety enforcement across the UK and in June the Scottish Government announced that it would also establish an independent expert panel to consider the future delivery of the food safety and standards regime in Scotland. This latest announcement follows the UK Government’s decision last year to absorb some of the policy areas overseen in England by the Food Standards Agency back into Whitehall departments. Chaired by the UK’s former Chief Veterinary Surgeon, Jim Scudamore, the expert panel will consider the feasibility of establishing a dedicated Scottish Food Standards Agency, and also the merits of establishing a stand-alone meat inspection delivery service in Scotland. While the Institute has some concern over the composition of the expert panel it welcomes the announcement and looks forward to contributing to both reviews. We will respond positively to any invitation to submit evidence on the existing arrangements in Scotland and how these are designed to protect public health.
REGULATORY COMPLIANCE IN SCOTLAND’S TATTOOING AND COSMETIC BODY PIERCING INDUSTRY: QUALITATIVE FINDINGS FROM A MIXED METHODS STUDY

by Dr Claire Chalmers, Senior Lecturer, University of the West of Scotland and Professor Morag Gray, Director, Gray Academic

Introduction
The resurgence in popularity of tattooing and cosmetic body piercing in recent decades has transported these previously fringe activities into mainstream western society (Denton, 2001), intensifying long-standing apprehensions of their threat to public health and heightening calls for tighter controls over the practices of these industries (Anderson, 2006; Noah, 2006).

In the first few years of the 21st century, Scotland’s approach to controlling the activities of the tattooing and cosmetic body piercing industry continued to rely predominantly on general health and safety related legislation. By 2006, the Scottish Government had responded to appeals for more stringent measures to govern tattooing and cosmetic body piercing practices, initiating mandatory licensing through implementation of the Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006 (see figure 1). The decision to introduce such state-controlled regulation is an approach replicated by much of the global community, founded predominantly upon a perceived association between tattooing and cosmetic body piercing activities and the risk of infection (Chalmers, 2010).

Given that the objective of any regulation is to realise the goals that justified intervention, the effectiveness of this Order relies upon securing a reduction in risk to health. The World Health Organisation (2008) suggests one possible means of demonstrating effectiveness and ascertaining risk reduction is to determine the extent of regulatory compliance.

Regulatory compliance
Generally speaking, compliance is about doing what is asked, and is associated with law conformity (Fairman & Yapp, 2004). What constitutes compliance is however less clear. There are, for example, ongoing debates as to whether compliance is a process or an event, prescribed or negotiated (Lange, 1999; Edelman, Petteron, Chambliss & Erlanger, 1991; Baldwin, Hutter & Rothstein, no date). Somewhat more fundamental to understanding what constitutes compliance is the notion that the term ‘regulatory compliance’ itself lacks clarity. Used by some to refer to compliance with regulatory standards, while by others to refer to compliance with collective regulatory goals, this has provided opportunity for ‘creative compliance’ - the achievement of compliance with the rules while simultaneously undermining the spirit and purpose.
of those rules (Yeung, 2004). From this perspective, compliance can be achieved without reduction in underlying risk. Furthermore, a range of criteria have been utilised to judge compliance, such as attitude, past record, ability, as well as organisational commitment and approach to management (Baldwin, Hutter & Rothstein, no date).

On reflection, these debates and discussions emphasise the complex nature of compliance. In turn, such complexity alludes to the potential difficulties for those faced with the responsibility of responding to regulation and endeavouring to achieve and secure regulatory compliance.

**Study aim and objectives**

The aim of this study was to determine the extent of regulatory compliance with the Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006.

To facilitate the achievement of this aim, the study objectives were:

1. to explore users’ experience of regulatory implementation
2. to explain users’ experiences of regulatory implementation
3. to determine the extent of regulatory compliance arising from the understanding of users’ response to regulatory implementation.

To avoid misunderstanding and ensure clarity of compliance definition, the work of Yeung (2004) was utilised to define compliance and its relationship with regulatory implementation (see figures 2 and 3).

<table>
<thead>
<tr>
<th>ACTION</th>
<th>DEFINITION</th>
<th>OUTCOME</th>
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<tbody>
<tr>
<td>Regulatory implementation</td>
<td>Action taken with the aim of securing compliance with the collective goal(s) of a regulatory scheme</td>
<td>Substantive compliance</td>
</tr>
<tr>
<td>Regulatory enforcement</td>
<td>Action taken with the aim of securing compliance with the regulatory standards embodied within a regulatory scheme</td>
<td>Rule compliance</td>
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</table>

**Study design**

The study was designed as a concurrent mixed methods study, facilitating the collection, analysis, integration and interpretation of different but complementary data on the same topic to answer the research questions (see figure 4). Collecting both quantitative and qualitative data, this study design intended to bring together the strengths of both forms of research to more fully understand the extent of regulatory compliance in Scotland’s tattooing and cosmetic body piercing industry than could have been achieved through a single approach.

Edinburgh Napier University Ethics Committee granted ethical approval for the study, in which all 220 practitioners and 78 enforcers engaging with this regulation across Scotland were invited to participate. Data collection involved the use of semi-structured questionnaires, qualitative focused interviews and non-participant observations (see figure 5).

Utilising a thematic network technique (Attride-Stirling, 2001), the text from each focused interview (n=35) and non-participant observation (n=8) was broken down into coded segments of text, from which basic, organising and global themes were extracted, and thematic networks constructed. In addition, SPSS was utilised to support descriptive and inferential analysis, where the findings were presented as figures, graphs, tables and explanatory text.

This paper will report on the findings from the qualitative focused interviews.

**Analysis and discussion of findings from the qualitative focused interviews**

Three global themes emerged from analysis of the qualitative practitioner interview data, and a further three global themes emerged from analysis of the qualitative enforcer interview data.
Figure 4. Study design framework.

Figure 5. Study participants, by data collection approach.
Practitioner Theme 1: There has been support for regulation (see figure 6)

Industry practitioners were very conscious of their historical background, and the reputation this had created. Rather than dismiss or deny this, regulation addressed either by the industry practitioners realising their need to act, or via the licensing process per se. In turn, came expectation of public attitude/approach to tattooing and cosmetic body piercing being influenced with the introduction of regulation:

![Thematic network - ‘There has been support for regulation’.](image)

Practitioners’ support for regulation was co-dependent upon the attainment of their expectations. Firstly, was an expectation poor practice would be (Practitioner 2): “...They used to have a kind o’ block of almost like Vaseline.... Coming forward maybe ten years it was using like sealed and sterilised packets.... So it's kind of moved forward to all these things being individual for each person, and I mean, it has come on a long way”

(Practitioner 3): “…it was underworld, you know all underground. It was about body shock. Now it’s more about aesthetics .... They are not looking for what it used to be...the old cannula in the back of a tattoo shop by the hairy biker...at the end of the day it is an invasive procedure, every time you break someone’s skin you’re running the risk of causing them a problem of some description...just by the nature of this”

Furthermore, support for regulation was very much driven by the underlying perceptions that existing competence would ensure ability to comply: (Practitioner 3): “…up until the guidelines coming in, I was pretty much almost there, you know”

(Practitioner 4): “…there’s been no changes in, in the way we operate, we’ve operated the way we’ve operated for well almost a decade and a half now...”

While it could be argued this evidence of practitioner support for regulation was likely to have enhanced the prospect and extent of regulatory compliance, previous research has shown how support for regulation can quickly diminish if impacting upon factors such as business profit (Zheng, Fu & Li, 2009). Equally a study by IpsosMORI (2007)
identified that support for regulation does not always translate into regulatory compliance.

Practitioners’ awareness of their historical evolution and inherent risk associated with their practices may also be construed as a positively influencing compliance factor. As members of a negatively stereotyped identity group however (Denton, 2001; Mason, 2004), the threat of identity devaluation may continue to impact on practitioners’ abilities to create a positive professional image. Such negative attributions are recognised as undermining perceptions of group competence, character, or commitment (Morgan Roberts, 2005), and in turn, this may negatively influence the extent of regulatory compliance in this population.

Practitioner Theme 2: Compliance decision-making was underpinned by business preservation (see figure 7)

In terms of experience, practitioners recognised themselves as historically inactive, slow to make necessary changes to practice. Regulation had served as a catalyst for change. Interestingly, practitioners’ experience of the decision-making process towards compliance had not been influenced/informed by the issue of ‘risk to health’ but instead was purely business-related. Practitioners simply believed they had no choice but to comply if they wanted to continue practising/operating their business:

(Practitioner 7): “You can’t work unless you do it...that’s pretty much it, that’s pretty much it”

(Practitioner 2): “You’d just lose your livelihood, don’t you? If we don’t have a licence then all they’ll do is come down and shut the doors”

Although lack of choice was a dominant feature in practitioners’ decision-making, this was coupled with an awareness of the potential positive benefit to the industry from regulation. Focusing on the guarantee that regulation would create a consistent and level standard which everyone would work to, regulation was viewed as a positive benefit to industry progression:

(Practitioner 8): “…it’s down in black and white and we’re all singing from the same hymn sheet”

(Practitioner 5): “…if it brings us all up to the same bar, great…they’re definitely going in the right direction….”

Since implementation however, this positive perception of ‘a level playing field’ had been tinged by a growing awareness of the persisting presence of unlicensed/illegal/underground activity:

(Practitioner 1): “…we know a lot of people that do it from home, know of them. The illegal underground scene in Scotland is huge, it’s a lot bigger than what’s going on legally, a lot bigger”

Despite such awareness of unlicensed/concerning practices, practitioners felt it was the customer’s responsibility and not theirs to act on such intelligence. Where practitioners had taken on such responsibility,
the outcome was perceived as ineffective in addressing the issue:

(Practitioner 4): “We’re no’ here to police the industry”

(Practitioner 7): “the only way to catch these people is for, is for their customer to know it’s illegal and for their customers to want to prosecute them”

(Practitioner 6): “...you can complain and drop hints and send e-mails but can’t really impact on it (underground piercing) and I understand where the Environmental Health Officer is coming from...they need hard facts...generally they need complaints before they can act”

(Practitioner 1): “...we’ve actually given their name to environmental health three times and still nothing has been done about it...and still they’re tattooing...you kind of give up after a while...because the council just say that there’s nothing they can do about it”

These findings demonstrate the rationality of practitioners’ behaviour, with decisions emerging from very logical cost-benefit assessment (Conner & Norman, 005). Complying with regulation, opting out, or operating underground were identified as three available choices for practitioners. Perceived persistence of unmanaged underground activity could alter perceptions of cost-benefit in those originally opting to comply, and in turn, negatively impact on behavioural intention (Conner & Sparks, 005).

**Practitioner Theme 3: There are challenges to sustaining and enhancing compliance (see fig. 8)**

Lack of sharing of ideas and experiences coupled with an inward focus provided evidence of the challenges faced by the industry in sustaining and enhancing compliance:

(Practitioner 1): “The tattoo world is quite arrogant...it’s like...people don’t like other tattooists”

(Practitioner 5): “It’s very dog eat dog, very closeted...you know, everyone wants to stay a step ahead”

A new communication stream was, however, flourishing as a direct result of regulatory implementation, as practitioners sought to learn about the regulatory process and its requirements from other practitioners. Through this sharing and learning from others’ experiences of regulation, an awareness of ‘inconsistent implementation’ had emerged, causing frustration and threatening the willingness of practitioners to maintain standards of compliance. Furthermore, some practitioners reported experiencing the need to make changes without adequate explanation:

(Practitioner 5): “It’s different in every council...two completely different sets of rules for these shops. Why’s it different? That frustrates me...”

(Practitioner 7): “...there was differences between

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**Figure 8. Thematic network for ‘Practitioner challenges to sustaining/enhancing compliance’.”**

Note: The diagram shown in the text is not rendered in this response.
the different environmental health authorities like down in (place name) compared to up here as to the stuff that they have...how they have interpreted the legislation”

(Practitioner 6): “...the floor to ceiling divide thing...I spoke to environmental health in (place name) and I spoke to environmental health up here, just asking why - not because I didn’t want to do it...it’s like fine, it’s in the rules, I’ll do it no problem...no-one would give me an answer, it was just ‘it’s in the legislation that’s why you’ve got to do it’....”

This lack of explanation led practitioners to challenge the competence of the enforcer, questioning their knowledge and understanding of the industry. Enforcer engagement with the industry for training purposes augmented this notion of incompetence:

(Practitioner 5): “the lassie we’ve got ...she’s asking us more questions cos’ she’s no’ too sure herself...they’ve no’ got anybody that’s trained in it. It sounds a bit big headed, but they always come to us for help. If anybody’s got any questions or anything, they always phone us and say ‘right I’ve been faced with blah, blah, blah’, what would happen if that happened and I’m telling and that’d be it’....”

(Practitioner 4): “What they need to do is, if they’re serious about it at all, is to start to listen to the people in the industry because (pause) quite frankly ...they know nothing about this industry”

(Practitioner 2): “...we have Environmental Health coming in here...anybody that’s never had a studio to deal with, they send them down here to us so they can have a walk round, we talk them through everything, ask loads of questions about the way we do things...”

The competence of practitioners was also affected by the implementation of regulation, with loss of opportunities to learn and develop their knowledge, understanding and skill:

(Practitioner 1): “Tattoo conventions....do they want one licence to cover the whole building...or have all these artists got to pay for a licence just f or the weekend. So that’s the fear that we’ve got, that it’s gonna become impossible”

(Practitioner 2): “You’re trying to take it to an art level...like you would do such as exhibitions...but you’re getting held back a bit”

(Practitioner 7): “Those amateur tattooers usually either...either they carry on doing it...or they go professional you know...more often they open their own shop. I think the legislation is stopping those people from opening a shop”

Issues associated with competence altered the level of contact between practitioners and enforcers, impacting on relationships between them. More generally, the overall level of contact has influenced practitioner perception of the need to maintain standards of compliance:

(Practitioner 2): “We’ve been kind of put down as the standard for best practice in this area. So we’ve had about (number) Environmental Health Officers through here in the past three years”

(Practitioner 6): “We’ve had a licence visit and I don’t think we’ve had another visit since, so we could be doing anything here...”

These findings concur with those of Armstrong (2005) who identified this as an industry steeped in poor communication and engagement. Highlighting how regulation may not in fact be as ‘black and white’ in nature as professed in the literature (Baldwin & Cave, 1999), perceived inconsistency in application is threatening practitioners’ understanding of regulatory requirements. While forging working relationships is considered key to effective regulation, these findings have also highlighted how current approaches have the potential to incur loss of credibility and risk of impartiality (Walshe, 00).

In contrast, the willingness of both enforcers and practitioners to engage in such relationships highlights an element of trust, concurring with the previous work of Pautz (2009a; 2009b).

Enforcer Theme 1: Greater control through regulation to promote compliance (see figure 9)

Similar to the views of the practitioners, enforcers expected regulation to offer greater control through use of the same standards and same interpretation of the regulatory requirements. While in some cases the benefit appeared to favour the enforcer, others suggested the benefit was to the practitioner:

(Enforcer 9): “…exercising proper controls in a
consistent uniform way... licensing is one of the most attractive options in order to do that ...if you brought in a voluntary code of practice for example, we’ve found over the years that it just doesn’t work. You need that legislative lever.”

(Enforcer 3): “I think regulation has been good about making it black and white in terms of your structure...I think the legislation makes it black and white. You must have this, you must have this.”

(Enforcer 4): “I used to have businesses say to me ‘what are the piercing regulations? What are the tattooing regulations?’ They almost expected that there would be regulation...they would say ‘what exactly do you want me to do?’ They wanted specific direction and I think they thought regulation would give them that. And a more level playing field among the businesses.... They have this perception of regulation offering a level playing field, and amongst health and safety practitioners, we also have this perception that regulation confers better control. Licensing in particular confers better control.”

Unlike the practitioners, enforcers reported consistent experiences of regulatory implementation, holding a strong view that regulation had been applied consistently across the country. Reflecting the views of the practitioners, there was also a distinct feeling that neither the practitioners nor enforcers would have applied the level of control within the legislation without licensing:

(Enforcer 6): “Nationally...generally, my impression across the country is we probably do things fairly similarly”

(Enforcer 9): “I haven’t seen any evidence to the contrary. Nobody has said in (council area) that they don’t do that in (council area) or (council area) - I haven’t heard any problems like that...”

(Enforcer 5): “…with the guidance produced, everyone is working to that. There might be some interpretational leeway but in essence it should be minor...and everyone is working with the same format so that makes it more consistent across the board!”

(Enforcer 1): “we wouldn’t have done it if it wasn’t mandatory”

(Enforcer 3): “I don’t think they would have done it on their own”

There was evidence of a range of approaches to the development and maintenance of working relationships, each contributing to the securing and enhancing of control. Firstly, a supportive approach to the relationship appeared to operate:

(Enforcer 7): “So we’ve tried to work with them...to see a gradual improvement...get them on your side...explain to them why you want things done...try and bring them up to a minimum... to start with and then we can work with them after that”

(Enforcer 1): “I think the fact we were able to put in the effort to work with them to ensure they were compliant before the licensing came in...so they didn’t need to do anything...they were made aware quite quickly...”
Some relationships also involved an element of power:

(Enforcer 3): “when I first went they kept asking what happens if we don’t get a licence. When I tried to explain - well you will be reported to the procurator fiscal - end up in court”

Often, both approaches were encompassed within the working relationship:

(Enforcer 4): “I don’t go in as the font of all knowledge. I probably know more than they think I might know...I ask things like ‘what do you cut your black ink with to make a grey wash?’ and they think ‘I think he might know something about this’...I caw-cannied...and say something that made him realise that I did know a wee bit without being pretentious or condescending about it...but I let them know if they are not doing something right...”

(Enforcer 9): “It wasn’t too heavy handed but it was made clear that if you don’t do that work then you won’t get your licence. As far as were concerned, we will object to the licensing committee and they will accept that”

These findings reflect the range of paradigms from which enforcers are known to work within to secure compliance, including the deterrence paradigm, the compliance paradigm and a combination of both (Walshe, 2002; Fairman & Yapp, 2004). From these findings, the clear account of regulatory requirements was capable of promoting rule compliance. This was however the absolute focus, with no evidence found of efforts to fulfil the collective goals that justified regulatory implementation. As such, it must be contested that achievement of substantive compliance was compromised at this juncture (Yeung, 2004).

**Enforcer Theme 2: The industry presented no imminent risk to health (see figure 10)**

Again, like the practitioners, enforcers were aware of the inherent risk from tattooing and cosmetic body piercing activities, but were unable to cite evidence of actual risk. Enforcers did however articulate from their experiences of dealing with complaints prior to regulation and assessing practices as part of health and safety legislation, that no imminent risk to health existed from practitioners’ pre-regulation practices:

(Enforcer 8): “…if you’re cutting someone’s skin, you’re open to infection”

(Enforcer 4): “…without there being any real documented evidence, it’s hard to say...whether the risk was real is hard to say…”

(Enforcer 9): “I would say I’ve been round a few of them myself and I’ve been pleasantly impressed by the standards I’ve seen...”

(Enforcer 6): “Put it this way, since licensing, I don’t think that a huge lot has changed...I don’t think we had any great concerns...they themselves are very often tattooed and pierced so they are very aware from their own point of view that they’re not wanting AIDS or hepatitis from somebody else”

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**Figure 10. Thematic network for ‘No imminent risk’**.
Having assessed practitioners’ knowledge and understanding, enforcers had confidence in the competence of practitioners, further reducing enforcers’ concern of risk to health as a result of practices:

(Enforcer 1): “...everyone doing ear piercing has been trained by the manufacturer of the guns...they seemed to know what they were doing”

(Enforcer 3): “They do follow procedures that need to be followed…”

While these findings indicated confidence in infection control practices within the industry, the lack of evidence of actual risk to health prior to implementation calls into question the essential purpose of this regulation as well as the basis from which to promote and achieve substantive compliance. The findings also serve as evidence of good industry practice, reporting minimal change to practice with/since regulatory implementation. While change is suggestive of rule compliance (Yeung, 2004), these changes were not necessarily related to the implementation of regulation. This recognises that while differences in practice may be detected following an intervention, it cannot always be concluded that the intervention caused the difference (Donaldson & Donaldson, 2003; Pallant, 2007).

Enforcer Theme 3: Sustaining/enhancing compliance remains a challenge (see figure 11)

Awareness of lack of enforcement presented a challenge to the sustainability/enhancement of current compliance:

(Enforcer 6): “We have no-one in our licensing section who is prepared to go and enforce that...it makes a laughing stock of the licensing system if the licensing rules are not getting enforced by anybody else...so what’s the point of the licence in the first place?”

(Enforcer 4): “The council is not actively enforcing....The enforcement is a bit that has still not been dealt with properly”

Equally, enforcers were aware of how unlicensed activity could impact on regulatory compliance, and the overall success of licensing as a mechanism to improve practice. Their response to suspected unlicensed activity reflected the views of the practitioners:

(Enforcer 9): “Every now and again you hear on the grapevine somebody’s doing some ear piercing somewhere...you never take that much....unless you get a proper allegation there is not much you can do”

(Enforcer 3): “There are a couple of people whom I strongly suspect are tattooing from home but it's quite difficult to get to”

(Enforcer 5): “…our great concern was the people we didn’t know about who were doing it in houses and that’s still exactly the same issue to be honest”

![Figure 11. Thematic network for ‘Enforcer challenges to sustaining/enhancing compliance’.](image-url)
Despite reporting consistent application of the regulation, the issue of interpretation presented. Coupled with the low priority given to implementation and enforcement, this raises concern over the sustainability and enhancement of compliance. Again, this reflects the findings from the practitioner interviews:

(Enforcer 2): “...I’m unclear as to what we should be looking for when we ask for instruction or training before they start”

(Enforcer 9): “It does appear to have fallen a little bit flat I must say. I don’t think we’re proactive enough about chasing up licences that have expired...”

(Enforcer 2): “I think in terms of health and safety, because after the initial licensing, providing there are no major problems, these aren’t going to be heavily regulated”

Again, relationships were identified as a potentially inhibiting factor in sustainability and enhancement of compliance, where enforcers and practitioners appeared, at times, to be at odds with each other, and where enforcers were aware of the tenuous relationships within the industry and between practitioners:

(Enforcer 3): “They still have a really ‘them and us’ attitude. You know, they say ‘you don’t know how to do a tattoo so why are you in here telling us what to do’. I explained I don’t know how to change a tyre but I can inspect KwikFit. That’s the way it is. We’re regulators...”

(Enforcer 1): “There was an element of ‘why is this happening to us anyway?’ because if they were already probably doing the best they could because they are professional...I think, again a lot of legislation is brought in to regulate the rogue element and it penalises to a degree the ones who have always done it OK”

(Enforcer 9): “They complain about one another...at one stage they did talk about forming a piercing and tattooing association in (place name)...but no, there were too many people who didn’t get on with each other for that to happen I think...”

Finally, competence re-emerged as a factor that could challenge the sustainability and enhancement of regulatory compliance:

(Enforcer 3): “Even in subsequent visits trying to get the message home to them about the difference between a disinfectant and a detergent was quite a hard message...trying to get them to think more clinically about what they were doing...it’s really difficult...”

(Enforcer 1): “...the lack of training was an issue for us...and we did have to go and search for help. We were quite lucky, we could pick up the phone and say ‘we don’t understand what happens with...tattooing...can you explain it to us?’ ...

**Conclusion**

Collectively, the findings from the practitioner and enforcer interviews have identified aspects of regulatory implementation with potential to impact - positively and/or negatively - on regulatory compliance. This reflects the current awareness of the multiple factors influencing motivation/inclination to comply with regulation (Hawkins, 1984; Hutter, 1997; Baldwin & Cave, 1999), and raises concern over the regulation’s ability to fulfil the requirements of ‘good regulation’, particularly in terms of transparency, accountability, and consistency (Better Regulation Task Force, 2000).

Specifically, analysis and interpretation of the findings from both practitioner and enforcer qualitative focused interviews have made evident the significant sharing of views within and across these two groups, particularly in terms of support for regulation, lack of evidence of risk to health from practices and confidence in industry practices. From such a similar viewpoint, opportunity arises to promote joint working towards the achievement of regulatory compliance. In contrast, views differed on how consistent the regulation had been applied and how illegal/unlicensed activity could be managed. To fully understand this disparity, further integrative analysis and interpretation of all the study data is required.

The output from this additional analysis and interpretation will be reported in a subsequent edition of this Journal.

**References**

References are available on request.
FOOD MATTERS

by Colin Wallace, Member of the REHIS Council with responsibility for food safety and food standards matters

REHIS/FSAS annual liaison meeting

This meeting took place in mid-August at the REHIS offices. Update matters from REHIS related to the launch of two recent important documents, the first being the Environmental Health Manifesto for Scotland which stressed the Institute’s concern about workforce capacity and the need for the local delivery of the Environmental Health Service.

Professor Charles Milne, Director of FSAS, advised that following an internal restructuring within FSA Scotland, Elspeth Macdonald has been appointed Head of Policy and Operations. He further advised that the results of the Scottish Government’s spending review for the next three years would be announced in September and that this may affect the delivery of the Agency’s service in Scotland.

Not unexpectedly, there was considerable discussion on the FSA Review of Official Controls and also the Scottish Government Review of Official Controls. It was acknowledged that this was a useful opportunity to participate in a process which could help shape the future provision of the Environmental Health Service. Members will be aware that in preparation for a comprehensive response, REHIS has already started work with partners and has issued a Joint Statement. In view of the importance of this matter the statement is reproduced below.

Joint Statement by REHIS/SFELC/SoCOEHS/CoSLA

Following a report by Food Standards Agency Chief Executive, Tim Smith, the FSA Board announced the Agency’s intention to review the food safety official controls delivery within the UK.

Although the strategic aims and objectives of the review are still unclear, a coalition of collaborating professional organisations within Scotland has been formed to gather evidence for submission to the review and to make the evidential suite available to the wider profession in Scotland to assist in any submission those individuals or bodies wished to make.

The organisations involved in the Group are The Royal Environmental Health Institute of Scotland (REHIS), the Scottish Food Enforcement Liaison Committee (SFELC), the Society of Chief Officers of Environmental Health in Scotland (SoCOEHS) and the Convention of Scottish Local Authorities (CoSLA).

Tim Smith’s report to the FSA Board seemed to favour a move towards a more centralist approach to food safety official controls delivery within the UK, but the discussion at the FSA Board recognised that there are a number of strong links between enforcement officers delivering food controls and other environmental health workstreams. The decision taken was to consider all aspects of food safety delivery with no pre-determined outcomes.

The Group met for the first time on 29 March 2011 to determine a strategy for responding to the review. From the outset, the Group made it clear that the member organisations did not object to the Agency carrying out a review and welcomed the opportunity to highlight the successful collaborative working within Scotland as well as, perhaps, determining areas for improvement.

The Group also recognised the different enforcement landscape in Scotland with the 32 unitary local authorities and the existing collaborative approach to public health protection. The Group is currently gathering useful documentation which will eventually be accessible to all environmental health professionals.

Since the formation of this Group, the Scottish Government has announced its own review of the Food Standards Agency within Scotland. Again the full details of this review have not been released but a report is expected by the end of the year which may overtake the FSA UK review.

The Group is of the opinion that the evidence being gathered will be beneficial in any response to both reviews.

The Joint Statement document can be downloaded from the Institute’s website: www.rehis.com/documents/publications.

Audit Advisory Committee

The Committee has resumed business under the stewardship of Dr Jim Wildgoose of the Scottish Food Advisory Committee (SFAC) and met on 12 August 2011. It comprises representatives from REHIS, the Society of Chief Officers of Environmental Health in Scotland (SoCOEHS), the Society of Chief Officers of Trading Standards in Scotland (SCOTSS), the Scottish Food Enforcement
Liaison Committee (SFELC) and the Food Standards Agency through their Head of Policy and Operations and Head of Audit.

**General update**

**Focused audit of local authority assessment of Regulation (EC) No. 852/2004 on the Hygiene of Foodstuffs in Food Business Establishments**
- Twelve audits have now been completed, with ten reports finalised (eight of which have been published on the Agency’s website). Five audit files have been closed. Four further audits are planned before March 2012.

**Second focused audit of establishments subject to approval under Regulation (EC) No. 853/2004**
- Following the 2009 focused audit of establishments subject to approval under Regulation (EC) No 853/2004, the Agency is now conducting a second focused audit on this subject area, which will each include two reality checks at establishments. Three local authorities have been selected, and the audits will take place during August and September 2011.

**Focused audit on controls on imported feed products not of animal origin (FNAO) from third countries**
- The audit reports from the three Scottish local authorities audited as part of this GB audit have now been published on the Agency’s website.

**Feed audits**
- Two feed audits are being scheduled for January/February 2012.

**Post-audit customer satisfaction questionnaires**
- The Committee considered a draft survey in electronic format as a means to encourage more responses, and agreed this may be the preferred way forward.

**FVO Feed Mission**
- The Committee was advised that the FVO (Food and Veterinary Office) Mission to audit feed hygiene controls will take place in November 2011.

**FDA visit to fishery establishments**
- The Committee was advised that the FDA (Food and Drug Administration) from USA will be visiting selected establishments throughout the UK during September 2011.

**Audit Advisory Committee workplan**
- The Committee agreed to a minimum three meetings per year, with the option of additional meetings as/when required. The Chairman advised the Committee of his intention to have a regular agenda item on audit at SFAC meetings.

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**FOOD STANDARDS AGENCY SCOTLAND NEWS**

**Deaf Connections produce BSL version of ‘Kitchen confidential’**

Deaf Connections, a Glasgow-based charity which enables deaf and hard of hearing people achieve a high quality of life in the community, helped the Food Standards Agency (FSA) get their food hygiene messages out to people in the deaf community by producing an accessible BSL (British Sign Language) version of the ‘Kitchen confidential’ DVD.

Food Safety Week was held from 6 to 12 June 2011. The theme explored what goes on behind closed doors - to see what people really do in their own homes when preparing and cooking food and debunked some common food hygiene myths, explaining, for example, why you really shouldn’t wash poultry and why you shouldn’t eat food past its ‘use by’ date. The FSA developed a cost-effective package of resources to help local authorities and our other delivery partners get people talking about their own food hygiene habits. These resources included the ‘Kitchen confidential’ video diaries available at http://www.youtube.com/user/FoodStandardsAgency which have been developed by pupils from schools around the UK, to highlight what you should and shouldn’t do to avoid food poisoning when preparing food at home.

Deaf Connections will be showing the ‘Kitchen confidential’ DVD at a number of health information and healthy eating events and quiz nights for deaf people in the Glasgow Deaf Centre. The BSL version will also be uploaded onto their website for wider circulation. They are also in the process of
refurbishing their community kitchen in order to deliver cookery, healthy eating and food hygiene courses for people in the deaf community and, through Food Safety Week funding from the Food Standards Agency Scotland, staff and volunteers are now able to access food hygiene training in advance of the community café opening. The funding also allowed them to purchase a hand hygiene training kit which will be used for food preparation demonstration events and healthy eating cookery classes. Fridge thermometers will also be distributed by Deaf Connections home care service to service users who will be given advice on their use and will give staff an opportunity to Advise on the 4Cs food hygiene messages (cleaning, cooking, chilling and avoiding cross-contamination).

The BSL version of ‘Kitchen confidential’ can be found at http://www.deafconnections.co.uk/Latest/fsa-kitchen-confidential.html.

New rules for claims about gluten levels in food
Gluten is a protein found in cereals such as wheat, rye, barley and can contaminate some oat products. Around 1% of people in the UK are intolerant to gluten (i.e., have been diagnosed with coeliac disease) and need to avoid foods containing gluten to prevent potentially serious health effects. This makes labelling claims about gluten in foods an important issue. Whilst most people with coeliac disease can tolerate small amounts of gluten in their diet, the sensitivity varies between individuals. Therefore, it is important to enable consumers to differentiate between the various types of products aimed at people with coeliac disease so that they can make informed choices and manage their condition effectively.

The Foodstuffs Suitable for People Intolerant to Gluten (Scotland) Regulations 2010 (SSI 2010 No. 355) will come into force on 1 January 2012. These Regulations enforce the rules set out in Commission Regulation (EC) No 41/2009 regarding the use of the claims ‘gluten-free’ and ‘very low gluten’. The key change for food businesses is that from 1 January the claim ‘gluten-free’ can only be used on foods that contain less than 20 parts per million (ppm) of gluten. The claim ‘very low gluten’ can only be used on foods which contain no more than 100 ppm of gluten and contain an ingredient that has been specifically processed to reduce its gluten content. They may also contain substitute ingredients.

Until this EU Regulation was adopted, there were no specific European Community rules on the use of claims to indicate the absence, or the reduced level, of gluten in foods and national rules in EU Member States varied widely. This created uncertainty and potential confusion which could have health implications for consumers intolerant to gluten. The levels of gluten in some gluten-free foods were based on the 1981 Codex Standard set at 200 ppm of gluten. Codex Standards are based on scientifically informed advice from technical experts and it was recognised that this level was still too high for some individuals with coeliac disease. As such the Standard was changed in July 2008 to a dual Standard, which the European Commission used as a basis for the new harmonised Community law.

To help industry and enforcement authorities understand the new rules and encourage the provision of information for people with coeliac disease, the Food Standards Agency (FSA) has developed Guidance on the Composition and Labelling of Foodstuffs Suitable for People Intolerant to Gluten. This can be accessed on the FSA website at: http://food.gov.uk/multimedia/pdfs/publication/guidancelabellinggluten2010.pdf.

In collaboration with Coeliac UK (the leading charity working for people with coeliac disease) and other stakeholders, the FSA has also produced a factsheet for caterers entitled Claims about gluten in food: a guide for caterers on how to provide information to customers under the new rules. The aim is to assist caterers and those in the hospitality industry to train their staff to understand what the new descriptions mean and when it is appropriate to use them. This will ensure that customers who need to avoid gluten are provided with information on what foods contain and how they are made. Provision of this information will help consumers to make safe and informed choices of which foods to eat. The factsheet can be found on the FSA website at: www.food.gov.uk/news/newsarchive/2011/may/glutenfree.

Where caterers are unable to justify ‘gluten-free’ or ‘very low gluten’ claims, it may be possible to use the factual statement ‘no gluten-containing ingredients’. This would only be permitted if steps have been taken to avoid cross-contamination with gluten-containing foods. This would allow people with coeliac disease to make choices based on their individual levels of sensitivity.

The FSA is currently developing another factsheet for consumers with coeliac disease to let them know what they should look for on food labels and caterers documents (menus, etc). This will help raise awareness ahead of the rules coming into force in January 2012 and will be published on www.food.gov.uk when completed.
ENVIRONMENTAL HEALTH IN THE GAEIC COMMUNITY

by Alasdair MacEachen, Head of Devolved Services (Uist and Barra), Comhairle nan Eilean Siar

I am sure that all Journal readers can come up with a clear definition of Environmental Health but that perhaps a bit more thought would need to be given to defining the Gaelic community. Is it in the Gaelic strongholds of those faraway Western Isles or is it on a more national or even international scale? For my part, I prefer to look at the wider picture as I am aware that the bigger community is made up of many smaller ones far beyond the islands in the west, to the central belt of Scotland, and as far as America and Australia, where the Scottish diaspora treasure the heritage and culture of the old country.

However, moving away from the history lesson, I referred, at this year’s Conference in Renfrew, to Gaelic being very much a working language in the day-to-day work of Gaelic speaking Environmental Health Officers in the islands. If one is bilingual and Gaelic is one’s first language, then one feels very strange conversing in English with a fellow Gaelic speaker, albeit that the language and vocabulary can be a bit difficult to match with the more technical aspects of the job.

Inclusion of Gaelic in the Institute portfolio and that a Gaelic Policy is now in place, backed up by additional Gaelic information on the REHIS website. Further to that of course, it was agreed to proceed with the translation of the food hygiene booklet into Gaelic, and this has been very well received by various interest groups and schools where pupils are taught through the medium of Gaelic.

All of this is perhaps well timed on the part of the Institute, as the Scottish Government reviews the current National Plan for Gaelic, originally drawn up on the back of the Gaelic Language (Scotland) Act 2005, to outline the strategic approach to the development of Gaelic in Scotland for 2007-2012.

The review is backed up by research carried out using the Scottish Opinion Survey and the main findings of that review are indeed encouraging in terms of knowledge of, and support for, the Gaelic language. The full report Attitudes Towards the Gaelic Language can be found on the Scottish Government website.

Nevertheless it can be done, and I am of the firm opinion that our customers - the general public and businesses who communicate in Gaelic on a day-to-day basis at home and in the workplace, are not only more comfortable conducting their business in their native language, but also more receptive to the information and instruction we may give them in our role as enforcement officers.

This leads me to the important field of education and not least the growth of Gaelic Medium Education, well beyond those parts of our country regarded as the traditional Gaelic speaking areas.

I am delighted that the REHIS Management Committee keenly welcomed and approved the inclusion of Gaelic in the Institute portfolio and that a Gaelic Policy is now in place, backed up by additional Gaelic information on the REHIS website. Further to that of course, it was agreed to proceed with the translation of the food hygiene booklet into Gaelic, and this has been very well received by various interest groups and schools where pupils are taught through the medium of Gaelic.

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Our own (Western Isles) MSP, Dr Alasdair Allan, holds the position of Minister for Learning and Skills, with responsibility for Gaelic in the new Scottish Parliament and, in his comments on the new research, he states that the Scottish Government has long believed in the importance of Gaelic in our heritage, culture, tourism and economy, and that the outcome of the research is very encouraging and just reward for those who work hard to ensure that the language remains a part of modern Scotland.

Tha mi an dòchas gun gabh sibh a h-uile cothrom taic a thoirt do chànan ar dùthcha.

I hope you will take every opportunity to support our native language.
THE OFFICIAL OPENING OF THE REHIS OFFICE - 24 JUNE 2011

The Institute’s offices at 19 Torphichen Street, Edinburgh were officially opened by Stewart Maxwell MSP, one of the Institute’s Honorary Vice-Presidents, on Friday 24 June 2011. Rod House, Acting President, opened the proceedings and welcomed his honoured guests Stewart Maxwell MSP, Jayne Sprenger (Customer Services Director, Highfield.co.uk Ltd), Mary Morgan (Director, Health Protection Scotland), Bernard Forteath (Past President, International Federation of Environmental Health), Jennifer Shorten (Honorary Secretary, Environmental Health Officers’ Association, Ireland), Deirdre Fitzsimons (Office Manager, Environmental Health Officers’ Association, Ireland), Dr Peter West OBE (Honorary Consul of the Republic of Malawi), Peter Midgley (Food Standards Agency Scotland), John Sleith (Society of Chief Officers of Environmental Health in Scotland), Tom McFarlane (the Institute’s Solicitor) and Andi Tooth (Proprietor, Tooth Design). Rod House advised that all five of the Institute’s Honorary Vice-Presidents had been invited to officiate at the official opening but because of illness and holiday commitments only Stewart Maxwell had been able to accept the invitation. Rod House went on to invite Stewart Maxwell to cut the ribbon and to declare the Institute’s offices officially open.
THE OFFICIAL OPENING OF THE REHIS OFFICE - 24 JUNE 2011

Deirdre Fitzsimons and Stewart Maxwell MSP.

Tom Bell and Jennifer Shorten.

Peter Midgley and Colin Wallace.

Informal discussions in the reception area.

Graham Walker, Andi Tooth and Jayne Sprenger.

Bernard Forteath, Rod House, Dr Peter West OBE, Tom Bell, Stewart Maxwell MSP and Paul Bradley.
RISKS ARISING FROM LOW LEVEL EXPOSURES TO ASBESTOS

by Robin Howie, Robin Howie Associates

Introduction
Many post-war schools, local authority houses, offices, factories and warehouses were constructed using asbestos containing materials (ACM). For example, HSE (2004) notes that of the approximately 20,400 primary schools and 3,400 secondary schools in the UK, some 13,000 were built between 1945 and 1974, when the use of ACM in building was at its peak, and that many other school premises would have been refurbished during or since that period, so providing the potential for the introduction of asbestos and that: ‘This suggests that a high proportion of our present schools contain asbestos and represent the potential to release deadly fibres’. In addition, some types of local authority houses, particularly high-rise flats, contained ACM to provide fire protection between flats on the same storey and between different storeys, eg, see Edinburgh Council (1986, 1984), Mair et al (1967).

Some ACM in residential premises was readily accessible: some was hidden. Figure 1 shows a bath panel formed from an asbestos cement sheet containing crocidolite rather than the much more common chrysotile. As the back surface of this panel was not sealed it would have shed fibres as it flexed. Other ACM were well hidden. Figure 2 shows a bathroom wall in high-rise flat. (The sampling pump and tape on the wall were for an experimental study.) In this type of block a kitchen wall backed onto the bathroom wall shown. Between these two walls there was a void which formed a service duct, sealed at floor and ceiling, and a cupboard which contained the hot water tank. The ventilator seen in figure 2 opened into the hot water tank cupboard, which was accessed from the kitchen.

The common kitchen and bathroom walls were formed from asbestos insulating board (AIB). AIB generally contained about 25% by weight of amosite. Figures 3 and 4 shows the duct and hot water tank cupboard once the bathroom wall had been removed under controlled conditions. As can be seen in figure 3 the AIB panel that formed the kitchen wall was unsealed on the duct side. The AIB panel that had formed the bathroom wall had also been unsealed on the duct side. The duct contained a heavy asbestos cement pipe with an unsealed surface. Pipes in similar ducts contained crocidolite. Figure 4 shows the hot water tank cupboard from the normally covered bathroom side. The sides of the cupboard were also formed from unsealed AIB. A chrysotile asbestos panel on the back of the door into the
kitchen was also unsealed. Although the duct should have been thoroughly sealed, the gap in the two pieces of AIB visible behind the pipes to the left of the tank led into the duct. In addition, the waste pipe from the bath had been fed into the duct through an oversized hole in the AIB bathroom wall. The bottom of the duct was found to contain a substantial amount of AIB debris. The stripper seen in figure 3 is cleaning out this debris.

That is, the unlined surfaces in the duct and in the hot water tank cupboard were open to both the kitchen and the bathroom and fibres from these surfaces could have entered the air in the flat as wind blowing over the multi-storey building generated air flows between the kitchen and the bathroom.

Figures 5-7 were taken in a system built school in which some of the ceiling tiles were formed from AIB. Figure 5, taken in a staff room, shows gaps in the ceiling tiles. Note also that one of the ceiling tiles has been removed and has had a hole cut in it for a cable. Figure 6, taken in a technical subjects classroom, shows both a missing ceiling tile and other ceiling tiles that were in poor condition. Figure 7, taken in another technical subjects classroom, shows that children had thrown objects at the ceiling to cause damage to the tiles.

Such damaged or missing ceiling tiles would have allowed dust from any asbestos-containing debris in the ceiling void to be carried into the occupied areas of the school.

Without in any way ignoring the potential exposures of adults in schools or the home the critical concern regarding exposures to asbestos in such locations is that if asbestos releases occur children are likely to be exposed to airborne asbestos.

Children are more vulnerable to exposures to asbestos than equally exposed adults as the children’s longer life expectancy means that they are more likely to live long enough to develop long latent period cancers, such as mesothelioma, eg, Peto (1989), Peto et al (2006). It has also been postulated that developing bodies may be more susceptible to exposures to some carcinogens than the bodies of adults. A further concern about exposures in the home is that weekly exposure durations could approach 168 hours: so that for a given airborne fibre concentration, the cumulative exposure in the home could be up to four times greater than an occupational exposure to the same airborne concentration in a place of work. (Cumulative exposures are indicators of the total number of fibres inhaled and are given by the product of the average airborne fibre concentrations and durations of exposure to such concentration. For example, exposure to an average concentration of 0.6 fibres/ml for 10 hours would give a cumulative exposure of: 0.6 fibres/ml x 10 hours = 6 fibres/ml.hours or, as a nominal working year consists of 1,920 working hours, 6 fibres/ml.hours/1,920 = ~0.003 fibres/ml.years.)

The widespread presence of ACM in schools and homes raises fundamental questions: “Can ‘low level’ exposures to asbestos generate risks to health for children and/or adults?”; “If ACM in schools or homes are disturbed, what likely levels of risk can be generated?”; and; “If such risks are likely to be unacceptable, what actions should be taken?”.

For low level exposures the health effect of concern is mesothelioma. From papers, such as IPCS (1998), there is no known safe threshold below which there are no risks of developing mesothelioma.
Mesothelioma risk

Past exposures to asbestos are currently the major cause of occupational disease in Great Britain. Asbestos-induced deaths in 2008, the latest year for which data are available, included 2,249 mesothelioma deaths and 360 further deaths which included the term ‘asbestosis’ on the death certificate, HSE (2011a, b). Although it is not possible to positively determine what proportion of lung cancer deaths have been caused by exposure to asbestos, it is generally assumed that there is about one excess lung cancer per mesothelioma, eg, HSE (2010), ie, there would have been about 2,000 asbestos-induced lung cancer deaths in 2008. In total there would therefore have been about 4,600 asbestos-induced deaths in that year. In addition to such deaths new benefits were awarded to 795 patients with asbestosis and to 460 patients with pleural thickening, HSE (2011b). As asbestosis and pleural thickening are considered to result from ‘heavy’ exposures to asbestos, whereas mesothelioma can result from very much lower exposures than are required to cause asbestosis or pleural thickening, these benefit cases may be indicators of substantially numbers of future mesothelioma deaths.

Tan and Warren (2009) concluded from examination of mesothelioma mortality over the period 1968-2006 that by about 2050 there will have been about 91,000 male mesothelioma deaths, with around 61,000 of these deaths occurring from 2007 onwards, that male mesothelioma deaths will peak at about 2,040 in 2016 and will decline rapidly thereafter. A large proportion of the above asbestos-induced deaths are presumed to have been caused by exposures to asbestos prior to about 2000 and that exposures after about 2000 would have been ‘low’.

This author, like many others in the field, considers that significant current exposures are still being experienced by many children and adults in schools, their homes and their workplaces.

<table>
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<th>Age at first exposure</th>
<th>0</th>
<th>5</th>
<th>10</th>
<th>15</th>
<th>20</th>
<th>25</th>
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<td>2.1</td>
<td>1.5</td>
<td>1</td>
<td>0.6</td>
<td>0.4</td>
</tr>
</tbody>
</table>

The major concerns with predictions such as Tan and Warren (2009) are that they appear not to have taken account of current asbestosis deaths, current asbestosis and pleural thickening benefit cases or the relative size of the occupational groups who worked with asbestos containing materials (ACM) and the groups who were, or may have been, exposed to the environmental asbestos fibre concentrations in and around the structures containing the ACM installed by these occupational groups.

To put the above into context, consider a hypothetical situation where about 100 men were directly exposed to some level of asbestos for about one year during the construction of a primary school intended for 500 pupils. If the average child attended that school for five years, the pupils’ total exposure over a 40 year period would have been: 500 pupils x 5 years x 8 pupil generations = 20,000 pupil.years. That is, 100 construction man.years of occupational exposure could potentially have caused 20,000 pupil.years of environmental exposure.

Given the very much larger populations likely to be exposed to environmental asbestos fibre concentrations than the historical occupational populations who worked directly with ACM, it is considered likely that a significant number of persons in the environmental group could develop mesothelioma.

In assessing the relative risk between those with occupational and environmental exposures it is necessary to estimate the consequences of exposures to asbestos at different ages.

The Hodgson and Darnton (2000) model assessed mesothelioma and excess lung cancer risks for persons first exposed to asbestos at age 30 for a period of five years and provided adjustment factors to take account of ages at first exposure between 20 and 40. If the Hodgson and Darnton (2000) model is extended to include ages at first exposure from birth onwards, the adjustment factors at each starting age would be as per the table below.

From the table it will be appreciated that young children are substantially more likely to develop mesothelioma than equally exposed adults, eg, for children exposed from age five are equally exposed

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From the table it will be appreciated that young children are substantially more likely to develop mesothelioma than equally exposed adults, eg, for children exposed from age five are equally exposed as adults from age 30, the mesothelioma risk for the children would be 5.3 times higher than for the adults.

References
References are available on request.
The Working Group continues to meet quarterly under the chairmanship of Pat Hoey, West Dunbartonshire Council and enjoys a good attendance from local authorities across the country. The last meeting in June considered and discussed the following substantive topics:

**Sewerage systems**
The Working Group received a presentation from Scottish Water on the problems and costs associated with sewer blockages.

The presentation emphasised the need for correct disposal of fat, oil and grease and the options available. Food macerators are not encouraged as they add to the solids load on the sewer. It was outlined how Scottish Water respond to such incidents, including the potential to prosecute under S46 of the Sewerage (Scotland) Act 1968, although this has never to date been utilised. It was suggested that Environmental Health Officers can assist by:

- developing a good local planning policy and requiring that Building Regulations S3.7(a) be met as a planning condition
- consider the use of Statutory Nuisance powers when problems persist or recur
- encouraging the proprietor to dispose of fat, oil, grease and food waste properly; and encourage installation and maintenance of grease traps
- the availability of drainage maps from Scottish Water was also discussed however maps don’t show individual connections
- Scottish Water confirmed that they assist in the control of rodents in the network by giving local authorities access to sewers to bait.

**Code of Practice on Sewerage Nuisance - Odour Improvement Plans (OIP): monitoring and assessment**
The Code of Practice on Sewerage Nuisance requires an Odour Improvement Plan (OIP) to be produced where baseline measures are met, but odour nuisance still exists. This can be phased and is done on a cost/benefit basis. For example, at Seafield, Edinburgh, £24m was required for remedial and improvement work. The matter went to court and an OIP was subsequently produced by Scottish Water and submitted to the City of Edinburgh Council for approval. Local authorities have a duty to assess and approve any OIP presented to them and local authorities have a duty to monitor if Scottish Water meets the baseline measures. There will be different expectations as to what constitutes ‘success’ but in general an OIP should result in 96% odour removed and 69% of properties removed from the problem.

**Animal Boarding Standards Sub-Group update**
It was noted that the Home Boarding Conditions Document is now complete and is awaiting final ratification by REHIS. The final document is comprehensive and has been subdivided for ease of reference.

Key issues are:

- no Dangerous Dogs Act dogs to be taken in for boarding
- no dogs < 6 months old to be accepted
- numbers permitted - this will be site specific with advice from the council’s vet advisor and the size of open areas to be taken into consideration
- no sharing of enclosures by dogs from different households unless separate feeding of dogs and supervised familiarisation
- no external runs or cages outside
- isolation facilities need to be provided but not specially constructed, eg, a cage in a warm garage will be acceptable
- register must be kept and supervision required by a person with relevant experience at all times
- history of operator to be checked.

Now that home boarding has been completed the Sub-Group will now consider commercial day boarding.

**Electrical awareness training for EHOs**
After requests from group members, a course has been designed by NICEIC for EHOs who are required to assess the safety of electrical installations for Tolerable Standard compliance in terms of the Housing (Scotland) Act 2006. This course will also be beneficial for officers involved in HMO inspection. The first two courses were fully subscribed and were hosted by North Lanarkshire Council in August and September 2011. There has been sufficient interest in the course that it is likely to be taken to other parts of the country if other authorities wish to host it.
PROFESSIONAL DEVELOPMENT

by Robert Howe, Director of Professional Development

At the time of writing the Institute, in partnership with ASH Scotland, has opened applications for the 2011 Crofton Award. It is the only award that recognises the achievements of young people in reducing tobacco and smoking-related harm in Scotland. In its third year this unique award contributes towards the development of new ideas and innovation by and for young people themselves. Since the initial launch of the awards a total of £3,000 has been shared by four excellent youth groups. The prize money has helped the groups develop their projects and through winning the Crofton Award the young people have gained self-esteem and confidence. Working on tobacco projects increases the understanding of young people on a variety of tobacco issues including farming, marketing, addiction, the role of the media and the negative health impacts of tobacco. The range of innovative ideas to reduce tobacco and smoking-related harm in Scotland by these young people demonstrates the willingness of future generations to tackle this particular health issue.

In terms of EU Directive 2005/36/EC on the Recognition of Professional Qualifications within Member States and under the European Communities (Recognition of Professional Qualifications) Regulations 2007 the Institute is a UK Competent Authority for the profession Environmental Health Officer. In essence, if you hold the REHIS Diploma in Environmental Health you will be recognised in terms of the Directive and Regulations. The European Commission, as part of the Single Market Act 2010, is presently reviewing the Professional Qualifications Directive. The thrust of the proposals are aimed at reducing unjustified barriers to movement of professionals within Member States, create growth in the economy and enhance consumer confidence. The UK response is being co-ordinated by the Department for Business Innovation and Skills and the Institute has contributed to this process. The Institute broadly supports the view that there should be no unjustified barriers to movement of professionals within Member States. It is, however, important that professional qualifications are not compromised and where it is currently the responsibility of the receiving Competent Authority to assess qualifications the Institute believes that greater responsibility should be on the Competent Authority in the professional’s home Member State to provide the evidence required to carry out an assessment. This would assist the Commission’s aim to facilitate speedy recognition procedures. It is anticipated that the current Green Paper will lead to legislative proposals by the end of 2011. The professional qualifications consultation is very specific, however, exercises such as the Health Protection Stocktake by the Scottish Government and both the FSA Review of Official UK Food Controls and the Scottish Government’s review of the future delivery of the food standards regime in Scotland will result in implications for the Environmental Health Profession.

The challenges must be viewed and tackled in a positive manner and ensure that the contribution the Environmental Health Profession makes to improve and protect public health is fully appreciated and understood by those who will be making decisions. It is imperative that Environmental Health Officers continue to be viewed as part of the wider public health workforce who are qualified, trained and competent to tackle modern public health issues and not merely as part of a regulatory landscape.

Members should be well on their way to completing their Continuing Professional Development (CPD) for 2011. It is important that all submissions are received by 31 January 2012 especially for Chartered members who are registered with the Occupational Safety and Health Consultants’ Register (OSHCR). For members registered with OSHCR it is imperative that at least 50% of the minimum CPD core requirement of ten hours relates specifically to occupational health and safety. In effect, to maintain your OSHCR registration you will require to have completed no fewer than five hours of occupational health and safety core activities during 2011.

I look forward to receiving all your submissions by the end of January 2012.

REHIS Environmental Health Update Course and Annual General Meeting

Friday 18 November 2011
The Apex International Hotel, Edinburgh
IFEH NEWS
by Bernard Forteath, Past President, International Federation of Environmental Health

The next Council meeting and the Annual General Meeting of the International Federation of Environmental Health (IFEH) will take place in Indonesia from 4 to 6 September. The three day meeting will be held at the same time as the first National Congress and International Summit of Environmental Health Students organised by the Environmental Health Student Association (Envihsa) of Universitas Indonesia, under the auspices of the Environmental Health Specialist Association, Indonesia (EHSA).

The International Summit is an international forum of Environmental Health students meeting to exchange and share trans-boundary issues which require global partnership and collaboration. Participants of the International Summit were nominated by IFEH member organisations. International students are encouraged to discuss current and future issues regarding global partnership for the development and promotion of environmental health worldwide. The ultimate goal of the summit is the establishment of international federation of student associations or, at least, to lay the foundation for such an organisation to be set up.

On Monday 6 September the first World Environmental Health Day will be celebrated. Already within the World Health Organisation calendar there are 23 annual events concentrating on particular health issues such as Malaria, Aids, Rabies, the use of tobacco, etc. The Council of the Federation agreed that an annual event to mark a particular environmental health problem or issue should be established. Whilst it would be useful, on this occasion, to choose a topic to promote something that is common to us all, unfortunately, given the diversity of field operations, priorities and core interests from country to country this would be difficult to achieve. So to celebrate the day each member organisation is encouraged to select a topic of particular environmental health importance in their country and to highlight the profession’s contribution to improvement in that field. Many events organised by colleagues worldwide will be on sustainability and climate change, a problem affecting us all, but particularly poorer countries. At the time of writing the Horn of Africa is facing its worst drought in over 50 years and malnutrition rates are more than double or triple the 15% emergency threshold. As a result of the drought, displacements are increasingly putting pressure on neighbouring countries who themselves are also suffering from the lack of clean, safe drinking water. Clearly the effects of climate change are being felt worldwide either, as in parts of Africa, due to a lack of water, or in areas in the Northern Hemisphere where flooding is now commonplace.

The Federation Council meets on Sunday 25 September when another attempt will be made to reach an agreement over an International Curriculum for Environmental Health put forward by the IFEH International Faculty Forum, a group of academics mainly from universities around the world where an environmental health programme is taught. A number of member organisations, REHIS included, were unhappy that the original proposals presented were too prescriptive, held little chance of being accepted worldwide, and were in effect unworkable. The training of Environmental Health students in some member countries would not be accepted in this country, let alone within Europe. What is now being prepared, as an alternative, is a profile of what an Environmental Health professional should cover under the heading of typical competencies, knowledge and experience.

At a recent Board meeting held in London the current Honorary Secretary, Ray Ellard, from the Environmental Health Officers’ Association of Ireland indicated that it is his intention not to seek re-election at the Annual General Meeting on Monday 6 September. Ray took over from Mike Halls in June 2006, in itself, not an easy task, and has managed to combine an extremely heavy workload with the Food Safety Authority of Ireland and his many other commitments around the world where his expertise, knowledge, and experience on food safety is in demand. Arrangements are in place to appoint a successor at the AGM.

Lastly the IFEH website hosts a different ‘Spotlight’ article featuring one of the member organisations every three months. I am happy to report that Young Samanyika, President of the Malawi Environmental Health Association stepped in at very short notice to provide an article at the end of June. This article, and others about the Federation, can be found on www.ifeh.org.
IS YOUR NOISE RISK ASSESSMENT UP TO SCRATCH?

by Gordon Brown, MIOA, McIEH

It’s probably fair to say that noise risks are not well understood by many industries and most lack the in-house expertise to carry out a good risk assessment without the aid of outside help, but how do you know that you’re getting good value? How can you improve the in-house expertise so that you can at least keep the risk assessment up-to-date? Do you have the ability to manage the issue on a day-to-day basis?

Because noise risks are often regarded as difficult to deal with and the measurement equipment is relatively complex to use, most companies tend to turn to an outside agency to construct a risk assessment for them. Nothing wrong with that, but the quality of the final product varies enormously to the extent that some do not even satisfy the minimum standard required by the Control of Noise at Work Regulations 2005. So where’s the evidence for this? In 2005 I was involved in a research project funded by the HSE, entitled ‘Epidemiological evidence for the effectiveness of the noise at work regulations’ (HSE research report RR669) and my task was to visit a number of large manufacturing companies covering a wide range of sectors, to see how they complied with the Regulations. My background is in both consulting and enforcement, so I have a good idea of what to look for.

Bearing in mind that these companies were probably performing better than average in terms of noise risks, as they had volunteered to join the study, I was very surprised at the quality of the noise risk assessments they had in their possession. I visited 12 companies, and most failed to meet all of the requirements of the Regulations; two had no noise risk assessment at all and of the rest only two had risk assessments that I would regard as being satisfactory in all respects. Although the range of deficiencies was wide the most common included the lack of an action plan, actual noise exposures not being calculated, noise exposures not being related to workers, no health surveillance, and no advice on noise risk training of workers.

Frankly, I found this somewhat shocking, as did the participant companies because they had, in good faith, assumed that by employing outside expertise they were at the very least protected from further enforcement action or claims for noise induced hearing loss. So, how can you avoid falling into the same trap? The following is largely reproduced from the HSE Engineering Industry Noise Task Group guidance on the subject and I make no apologies for this, it contains good advice that is difficult to improve upon.

High noise exposure will eventually cause deafness, tinnitus and possibly other types of damage. Your basic duty under the Control of Noise at Work Regulations 2005 is to prevent or reduce risks to health and safety from exposure to noise at work. To do this you need to know who is at risk, and what the level of that risk is. In order to make a plan to tackle noise problems, you must know what is causing the risk (what processes, machines, etc) and the priorities for action.

The key to obtaining this information is the noise risk assessment, which must be at least adequate, but how do you, as an employer, know what an adequate assessment consists of? It is up to the employer to take reasonable steps to satisfy himself or herself that the assessment meets the requirements of the Regulations, even if the assessment is carried out by someone outside the company such as a consultant.

The checklist on page 29 will help; it shows you what you should or could expect to see in three different standards of noise assessment, starting with the minimum legal requirement.

In brief, a noise assessment should:

- state whether you have a noise problem
- tell you which employees are at risk, and why
- give you enough information to let you prioritise and plan the work needed to control the risks
- let you know what to do about the immediate risk (hearing protection, warning signs)
- help you to instruct, inform and train your employees about these issues.

There are some tell-tale signs that a noise assessment is not adequate, such as:

- noise measurements don’t relate to the jobs or tasks people carry out - they are simply spot readings taken around the workplace. This is a depressingly common problem!
- noise exposures (LEP,d) are not quoted. These must relate to individual workers or groups of workers
• no reference to legal duties (Control of Noise at Work Regulations 2005) or action values
• no action plan
• no advice on suitable hearing protection for individuals or groups.

Some noise assessments provide lots of information and whilst there is nothing wrong with providing extra detail, you should make sure that the assessment actually gives you at least the minimum legal information you need to carry out your duties. Extra information is worth having only if it further helps you to control and reduce the risks.

Checking the report to ensure it meets the minimum legal requirements is all well and good but we’d all agree that prevention is better than cure, so why not ensure you address this issue at the quotation stage?

Any reputable consultant should be able to supply you with either a comprehensive schedule that clearly states what their report will provide or specimen reports, sanitised to remove the identity of the company to which it relates. If they can’t or won’t, move on to someone who will!

All of the above will help you to ensure you have an adequate noise risk assessment but don’t forget that it should be reviewed if there is reason to believe that it is no longer valid (eg, new machinery installed; change in working practices; layout of the workplace changed). Good practice would be to carry out an informal review every two years, to decide whether a full review is necessary. Even better, the review should be ongoing with changes to machinery and working practices being evaluated for noise implications at the planning stage.
Many businesses could make significant long-term savings in this respect if they carried out the process in-house, but this requires a level of expertise that is not necessarily widespread. However, the Institute of Acoustics, one of the UK’s professional bodies for those working in acoustics, noise and vibration, offers an accredited training course specifically designed to bring candidates up to a competent standard, which will enable them to carry out basic noise risk assessments and keep existing ones up-to-date.

The Certificate of Competence in Workplace Noise Risk Assessment is offered at ten centres in the UK, and the course aims to provide a recognised course of education and training to enable persons to carry out workplace noise assessments in a competent manner, as required by the Control of Noise at Work Regulations 2005. Since the course was first run in 1989, more than 2,000 people have gained the Certificate. With the introduction of the new Regulations in 2005, demand for competent noise exposure assessments is increasing and this course provides those attending with the latest information and training to meet the demands of the legislation. It is designed to provide a background of basic acoustics combined with ‘hands on’ practical experience of industrial noise measurements and associated assessment of workplace noise exposure.

Students take the Certificate at an Accredited Centre. Attendance at the Centre is usually for four days, plus the examination day, which includes a practical test. Examinations are currently held at the Centres twice per year, in spring and autumn. Most Centres run the course for the four days preceding the examination date. Further information regarding the course content and details of the training centres is available from the Institute of Acoustics website www.ioa.org.uk or by phone: 0177 848195.

Finally, it’s important to recognise that the noise assessment is just the start of the process, not the end. Don’t just file your assessment away. Use it to carry out your duties to reduce the risk of hearing loss and control noise exposure.

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MANAGEMENT COMMITTEE

by Paul Bradley, Chairman

The Management Committee met in the Institute’s offices on 22 June. As usual a variety of matters important to the day-to-day operation of the Institute were discussed. This report highlights a number of the more important issues dealt with by the committee at, and since, the meeting.

The committee is mindful of the need to monitor the Institute’s finances and was pleased to note that the number of Elementary Food Hygiene Certificates issued was slightly up on the same period for 2010. The number of certificates is used as an indicator of income.

It was agreed that Colin Wallace and Martin Keeley will represent the Institute at this year’s Scottish Public Health Conference which is to be held in Aviemore on 10 and 11 November. This is an ideal opportunity for us to promote REHIS and the Profession at the same time as networking with colleagues in the wider public health community. Similarly, it was agreed that Rod House would accept an invitation from the organisers to represent the Institute at the World Congress on Epidemiology which will be held in Edinburgh.

It had previously been agreed to renew the Institute’s contract with Wave PR and that it would run from 1 July 2011 to 31 March 2013. Recent feedback from Wave PR indicates that the current arrangements are working well. The Chief Executive circulated a folder containing recent press releases issued on the Institute’s behalf along with press cuttings with REHIS-related content which had been collected since the last meeting of the committee.

A proposal to extend affiliate membership to non-local authority organisations, remitted from the Membership, Education and Training Committee, was discussed. In order that a fully-informed decision on this matter can be made it was agreed that a paper would be prepared for the September committee meeting, with a view to the question being fully discussed at the December Council meeting.

The post of part-time Professional Development Officer/Policy Development Officer has been advertised.
Arrangements are well underway for the Annual Presentation of Awards, the Members’ Training Event and AGM on 17 and 18 November at the Apex International Hotel in Edinburgh.

A proposal that Professor Jim McEwen be the committee’s nomination for the Meritorious Endeavours in Environmental Health Award to the September meeting of the Council was unanimously agreed.

The Institute continues to work with our new web designer to update and improve the Institute’s website.

The committee discussed the 2011 conference and after balancing the positive outcomes with the financial costs it was agreed that a conference would be presented on 18/19 April next year at an east central Scotland venue to be identified by the Senior Vice-President and the Chief Executive. Finally, it was agreed that a Conference 2012 Working Group would be convened without delay.

The Malawi Environmental Health Association’s (MEHA) request for £3,000 financial assistance to promote its Scheme for Continuing Professional Development to the Association’s membership in an effort to promote high standards of professional practice and maintenance of competence in Malawi was agreed subject to the following conditions - the project must be completed by the end of 2011, a comprehensive outcomes-based report must be provided for inclusion in the Winter 2011 edition of Environmental Health Scotland, more regular news items must be uploaded to the MEHA website and a comprehensive report on how the funding was spent (including receipts) must be submitted to the Chief Executive on completion of the project.

It was agreed to recommend to the September meeting of the Council that current Honorary Vice-Presidents George Georgallas, Ken Macintosh MSP, Stewart Maxwell MSP and Ann Marie Part be invited to accept three year extensions to their appointments and that Dr Jim Smith from Environmental Health Australia be invited to accept an appointment as an Honorary Vice-President. The committee is to give consideration to MSPs from the Scottish Conservative and Liberal Democrat parties being invited to accept appointments as Honorary Vice-Presidents.

The Green Organisation’s (formerly the International Green Apple Awards organisation) invitation to the Institute to discuss a renewed and stronger working relationship was agreed in principle.

The Chief Executive reported that he represents the Institute on the Specialists in Land Condition (SiLC) Board. His recommendation that Nicola Paton be appointed as an Alternate Director with voting rights was agreed.

Since the meeting the committee has considered a recommendation from the Examinations and Professional Standards Working Group, recommending that Professor George Morris be engaged to prepare a report on the education and training of Student/Graduate Trainee Environmental Health Officers.

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ENVIRONMENTAL HEALTH PROMOTION COMMITTEE

by Martin Keeley, Chairman

This report, written in August 2011, precedes the Environmental Health Promotion Committee (EHPC) meeting in September and as such, is written in anticipation of what is to be achieved and in reflection of the work done across the majority of the current year. The EHPC is a committee of the Institute made up of public health professionals giving their personal time on a volunteer basis to one of the main committees of REHIS with a notably wide public health remit. That broad public health remit designated as, and encompassed by, ‘the delegated responsibility in the areas of (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’. With these five areas of responsibility in mind, we move on, touching on the works of the committee, the people who help it run smoothly and the contributions made by working groups and others to the life and movement of public health across the public sector bodies whose workstreams cross collaboratively to improve the health and wellbeing of Scotland’s people.

In the area of Environmental Health technical matters, the EHPC benefits from the driven workings
and expertise of its technical working groups. Following on from a series of support and linkage meetings with the office-bearers of the Public Health and Housing Working Group (PHHWG), the Health and Safety Co-ordinating Group (HASCOCG) and the Scottish Pollution Control Co-ordinating Committee (SPCCC), I am pleased to report that the groups are effectively managing a significant body of work within their remits and the groups will be putting forward their collective outputs for noting at the next meeting of the EHPC which is being held on 21 September 2011 in Perth. In the last EHPC report for the Council I gave an update on the fact that the SPCCC had put in place a new Chairman following the retirement of long-standing Chairman David Paris. I can report that the SPCCC is about to experience another change, that of the position of SPCCC Secretary currently occupied by REHIS and public health stalwart John Stirling. John, a past President of REHIS and public health professional of long-standing, is vacating the position to allow fresh ears to hear and minute the proceedings, hopefully matching the enthusiasm and gusto John has shown over many years. I will of course provide an update on the position as it develops. Developments in the other technical working groups will be reported on in another edition of the Journal.

Suffice to say that whilst much of the work done by the volunteers who give their time and effort goes unsung some of the time, their hard work and dedication are deeply appreciated by the EHPC and of course by their knowing public health colleagues in the wider public health community.

It might be remiss not to mention the other contributors to the considerations of the EHPC, those external groups whose contributions to the process of informing and influencing public health change should not be hidden. The EHPC readily takes in, considers and incorporates the outputs of a range of external sources. Previous contributions have included works of the External Committee Cross Party Group on Tobacco Control, the Scottish Food Enforcement Liaison Committee and the late LGR Health and Safety Policy Forum to name a few, with feedback given to the latter at its final meeting noting that Chartered EHO members of REHIS are qualified for registration on the Occupational Safety and Health Consultants’ Register (OSHCR).

Consultation response is a difficult area to manage with a great many consultations crowding the working life of the EHO. In this area, the EHPC is ably assisted by the staff at the REHIS office who do an excellent job in co-ordinating the work and efforts of contributing professionals to ensure the Profession is adequately represented in important areas of impending change. Consultation response as a responsibility of the EHPC is reported on and reviewed for developments and improvement opportunities. Previous consultations on tobacco control and changes to public health regulation inter alia have all been considered and reported on and changes to RIDDOR consulted on will be reported later. Ongoing consultation on the review of food safety enforcement delivery is one which will stick in the minds of many, potentially affecting as it does the whole public health delivery model in Scotland and prompting informed response by REHIS, SoCOEHS and SFELC putting forward the Scottish evidenced system. Readers will note that the FSA announced review was then followed by the announcement by the Scottish Government of a review of the delivery of official food controls in Scotland and these will overlap in the periods of review. The outcomes of these reviews have the potential to affect us all and have wide public health impacts on delivery and protection of health in this country. I would urge everyone to make their views known and at the very least, to read the response provided in the document Food Law Enforcement in Scotland which is available on the REHIS website.

In the last edition of the Journal I touched upon the Annual Environmental Health Review 2010 and this was launched ahead of the REHIS Annual Conference held in May 2011. This is another excellent work drawn together by REHIS HQ and is to be commended to all. A copy can be obtained from REHIS via the website. A 2011 review is an EHPC item for consideration and will be reported on at the right juncture.

In closing out this report and in anticipation of the next EHPC meeting in September and the opportunity it creates to progress more work for the Institute, I acknowledge, highlight and commend the commitment, enthusiasm and professional standards of the committee members and Institute’s staff whose collective and collaborative works make it possible. The Chairman has been ably assisted this year, as I have been in previous years, by Vice-Chairman Drew Hall and Chief Executive Tom Bell. As always, the committee is open to suggestions for bodies of work to be undertaken and encourages all members to become involved where and when they can.
In 2009, the Scottish Government published its report *Recipe for Success* which set out a framework of action and opportunity as the next steps of its National Food and Drink Policy.

One such step was the creation of the Grow Your Own Working Group by the Minister for the Environment, Roseanna Cunningham MSP, with the remit of taking forward that part of the Scottish Government’s Food and Drink Policy relating to growing your own food. Growing of vegetables and fruit in allotments, community gardens and orchards on public or private land are all included in ‘Grow Your Own’. Two key objectives for the Working Group were to ensure allotments and ‘Grow Your Own’ projects could be strategically supported, and that practical advice and best practice would be made available to help develop local initiatives. Established in November 2009, its membership was open to any organisation interested in grow your own. Eighteen organisations took part in the Working Group, with Greenbelt being a member because the company has ownership of areas of land throughout Scotland that could be used for ‘Grow Your Own’ projects, and prepared to offer some of this land at no cost to local groups willing to establish a ‘Grow Your Own’ facility.

Meetings took place throughout 2010, including a Ministerial Summit on ‘Grow Your Own’ in May that year. The final report was published in February 2011. It contains almost 30 recommendations which the Scottish Government is now considering.

Allotments, community growing, and orchards are emotive subjects. The passion, commitment and expertise demonstrated throughout the life of the Working Group was considerable - as was the determination to improve Scotland’s ability to ‘Grow Your Own’. In fact, this has been the case for 119 ears since the introduction of the Allotments (Scotland) Act 1892 and subsequent legislation. This gave powers to local authorities to provide and regulate allotments in their area - but this is now part of the problem as not all councils have allotment policies or strategies, and there is no consistency between the councils that do have.

Local authorities no longer have the money to invest in what is, literally, a ‘growing’ demand for such space. Council rules can make the provision of allotments prohibitively expensive, or cause planning applications to be refused. For example, permission for huts and polytunnels, requiring provision of access for the less-abled, car parking, mains services, size, and smell mitigation measures (well, great use is made of manure and compost!). While the use of brownfield sites is being championed, there could be issues regarding contaminated land.

The Working Group also recognised the need for a skills base and training facility as many of the requests coming to the volunteer organisations for help are from people who have no previous experience of allotments.

One of the major recommendations was for the establishment of a landbank service to facilitate access to land for ‘Grow Your Own’ initiatives. Coupled with another recommendation aimed at public bodies (such as local authorities, the NHS, and the Forestry Commission) to examine their land assets for surplus land for ‘Grow Your Own’ projects, the Working Group was convinced that this could help meet the demand for land.

The Working Group produced guidance on the basic culture of allotment gardening and allotment law, but also prepared a list of topics on which guidance is needed. It set up a website to provide help and information to anyone seeking advice on ‘Grow Your Own’.

The Minister has formally thanked the Working Group for its report, and the Group has agreed to continue to meet, but on a voluntary basis. It will continue to share information, work on some of its recommendations, and lobby the government on the recommendations relating to planning and legal change.

References

References are available on request.
Environmental Health degree courses
When I took over as Chairman in December 2010 the committee had concerns over the provision of the BSc (Hons) Environmental Health degree course at the University of Strathclyde and, following due consideration, the Director of Professional Development wrote to the university intimating that accreditation of the course was suspended with immediate effect until such time as the curricular problems were resolved to the satisfaction of REHIS. This action was approved at the Council meeting in December. As a result of this concern a working group was formed to consider all aspects of our academic education in order to expedite matters.
On 5 May the Director of Professional Development and I met with representatives of the university to review the arrangements. The meeting was very positive and matters were resolved to our satisfaction. Consequently the suspension of accreditation was removed immediately for both the BSc (Hons) and the MSc degree courses. At this time we believed that we had made significant progress and I agreed to have six monthly review meetings with the university to ensure that progress was maintained.
In August the Chief Executive received a letter from the university informing him that from the 2012/13 intake the course would be suspended. As a result of this news the Director of Professional Development is preparing an options paper for the working group to consider and the group and the committee will be working hard to ensure we have a sustainable option available for future students wishing to gain entry to the Profession.
In addition to the above we have also been in discussion with the University of the West of Scotland which is interested in developing a BSc (Hons) Environmental Health degree course and we have had several meetings with university staff to set out our criteria. Unfortunately, despite a full submission for accreditation, the university has not yet demonstrated that it will deliver the required content and standard of course to allow the Institute to award accreditation. We will support the university in revising its submission but will not offer accreditation until we are fully satisfied that we have a course of the required content and at the required standard.

Future practical training of Student/Graduate Trainee Environmental Health Officers
In addition to the academic training framework, the working group and the committee have also been considering our current Scheme of Practical Training. The committee is conscious of the challenges our local authority partners are facing at this time and this is reflected in the fewer number of councils training Student/Graduate Trainee Environmental Health Officers. In addition we must ensure the Scheme’s continuing relevance to the modern environmental health and public health agenda.
The Management Committee approved funding to commission an investigation, report and recommendations for a way forward in developing a competence based approach to practical training. This work is being undertaken by Professor George Morris, a Fellow of the Institute who has a proven track record in the area of education and training of public health professionals. Professor Morris will consider existing competence based approaches to professional development within the public health professions and those which already are operated by local government professions within the UK. Ultimately it is hoped that this work will develop a suite of Environmental Health Officer competencies which will serve the Profession now and in the foreseeable future. This work is progressing to the agreed timescale and will be considered by the working group and the committee early in 2012.

Practical training - current position
The Institute has made substantial financial contributions in recent years to assist with the provision of additional places for practical training for Student/Graduate Trainee Environmental Health Officers. In addition, recognition is also due to the Food Standards Agency Scotland for the significant support given by them and the Society of Chief Officers of Environmental Health in Scotland. The Institute will continue to explore innovative ways to support practical training placements. It is encouraging to note that the number of Environmental Health Officers working towards Chartered status continues to rise.
We both started working in the Local Authority Unit (LAU) in Spring 2009 as part of a reorganisation of the unit and transfer of HSE’s HQ functions to a single site in Bootle, Merseyside, building up and developing the small team of operational and policy staff that provide central support to the local authority/HSE partnership. It is perhaps no surprise that our jobs have changed in the last year with numerous political and other developments impacting on health and safety regulation and how we work in partnership with our local authority colleagues.

One of those developments was the reorganisation of the Local Government Group resulting in the loss of Local Government Regulation earlier this summer. We were very sad to lose the contact with Local Government Regulation partners who had both been supportive allies and critical friends over the years.

However, the good news is that HSE (alongside other interested parties) has agreed to contribute funding to a new unit within the Local Government Group. This new Regulatory Support Unit (RSU) is now live and picking up some of the functions previously undertaken by Local Government Regulation. Key health and safety work we’ve commissioned to support partnership working includes RSU support to the HELA forum and the Local Authority Health and Safety Policy Forum (we received a lot of feedback from local authority colleagues across the nations indicating strong support for a local authority national practitioner forum), as well as providing a local authority perspective and input into policy and guidance. We’ve developed a rolling programme of priority work for the unit to do over the next year.

The recent changes provided opportunity for HELA to look afresh at its governance arrangements including its interaction with the Health and Safety Policy Forum. At its meeting in July, HELA discussed both its role and how local authorities can be encouraged to play a greater proactive part and how to streamline interaction with the Policy Forum. REHIS representatives make a strong contribution to both forums so the Scottish voice will be heard. Future HELA and Policy Forums will run back-to-back starting in January 2012.

Many of you may have attended the REHIS Annual Conference in May and heard Elaine Harbour (Head of LAU) talk about the change in the health and safety regulatory agenda. The Government reforms were announced in spring this year and shift the focus of local authority and HSE enforcement activity away from businesses that do the right thing, to concentrate on higher risk activities and dealing with serious health and safety breaches.

HSE and the Local Government Group published joint guidance for reduced proactive inspections to assist local authorities in meeting the health and safety reforms. We’ve placed this on our website at http://www.hse.gov.uk/lau/hottopics.htm. This was the first step in providing tailored support for local authorities and at its July meeting HELA we heard that local authorities are already responding to the reforms and planning work differently with an enhanced focus on reactive work.

To take this forward HELA agreed to the development of priority planning material to underpin the joint guidance and to help local authority teams plan work for 2012/13. The material will comprise issues identified through the emerging sector strategies, issues of national concern and targeting of poor performers. Over the summer LAU started work on revising the priority planning circular (LAC 67/2). We asked local authorities to comment on the first draft to inform the discussions at the Health and Safety Policy Forum in September. Thank you to all who responded to this exercise. We aim to have the planning material available for use late October to time with your planning cycles.

We’ll also be collating local authority progress on implementing the reforms. We have asked for volunteer local authorities to provide information on their current visit/inspection activity by taking part in data sampling exercises at both mid year and end of year. Scottish local authorities were the first to volunteer to take part in at least one of the exercises. We would like to encourage more. Details can be found on the HELA extranet site (HELex).

During the summer HSE opened the consultation on Extending Cost Recovery for health and safety failings. Soundings were taken from Local Government Regulation, the Society of Chief Officers of Environmental Health in Scotland and others to develop the consultation document and there are questions specific to local authorities. There will be an update on this at the next Health and Safety Policy Forum. In the meantime to find out more, view the consultation document and have your say, visit the HSE website.

As we write this article work was well underway to introduce the new arrangements for RIDDOR reporting and the move to a predominantly online system which will be live from 12 September. You will have access to the old RIDDOR system until the end of September 2011. Information about the new...
arrangements can be found on HELex, including how to access the system.
The above developments are a selection of those in progress. The agenda is busy and the importance obvious for us all to keep in touch with latest developments and contribute views to shape our future ways of working. We’ve set up a dedicated page on HELex signposting the various aspects of the government health and safety reform agenda that are likely to be relevant to you, including the wider reform agenda and consultation exercises being run by other Government departments.
We said at the beginning that over the two years we have been working in LAU we have seen so much change. One thing we know hasn’t, though, is HSE’s commitment to partnership working with our local authority regulator colleagues - this remains strong.

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COMMUNITY TRAINING

by Graham Walker, Director of Training

Edinburgh Cyrenians and REHIS - Good Food Good Health joint award

Edinburgh Cyrenians is an independent charity that has operated with continuous steady growth and success since 1968. They provide solutions to poverty and homelessness and work towards a Scotland that makes room for all. Their passion is to help people who have had severe problems, to help themselves improve their lives. They offer the kind of opportunities and support that enable people to turn their lives around.

The Edinburgh Cyrenians Good Food Programme has been operating for ten years. The aim of the Good Food Programme is to deliver four distinct food and health services each offering an approach to tackling ill-health, poor nutrition, increasing skills and confidence building, improving social networks and providing opportunities for work experience and further training through their social enterprises. The Programme works in partnership with organisations delivering services to some of the most marginalised members of our communities and in addition delivers in-house client-based services for individuals with complex needs.

The Good Food Good Health joint award

The Good Food Good Health joint award is tailored for the priority groups, is delivered over two days to be achievable to organisational needs.

The course aims to enable participants to gain the skills, knowledge and confidence to deliver practical in-house cooking classes and be able to promote and encourage healthier eating, cooking and food budgeting options to their client group to ensure consistent messages about food and health to those they work with. The two days include key messages on basic nutrition and practical food activities based on the now widely recognised Food Standards Agency ‘Eatwell’ plate. Content also includes small group learning around the factors that affect our food choice, ways to help overcome the barriers to healthy eating, food budgeting and menu planning, understanding food labelling systems as well as the requirements for facilitating a group cooking session. As well as the two days training, an important element of the Good Food Good Health joint award is that it also offers eight weeks of cooking classes to the participant organisation’s service users allowing hands-on experience for the trainee. This will enable them to be fully equipped to carry out cooking classes themselves within their own organisation.

The Edinburgh Cyrenians have found that working with specific groups makes a measurable improvement to individuals’ cooking skills and their focus on more healthy eating, supporting those individuals on their journey to recovery where food and health is a key element to their future wellbeing.

Graham Walker, Director of Training would like to thank the staff at Edinburgh Cyrenians for all their hard work and support, in particular Chris Stevenson, Cyrenians Food and Health Development Co-ordinator, during the development of this joint award.

The delivery of this training programme including ‘on the job’ experience adds value to the work already being delivered across the sector, by increasing the skills set of support staff in extending knowledge, confidence and understanding of issues around food, health and social inclusion.
**Operational support**

‘Garra Rufa fish pedicure’ premises

Health Protection Scotland (HPS) continues to work closely with the Health Protection Agency and other partner organisations to produce guidance in relation to ‘Garra Rufa fish pedicure’ premises. The guidance is to be available by the end of September, and will assist enforcers when carrying out their inspections to ensure there are adequate control measures in place to address any potential health-related issues.

HPS also provided a weblink for REHIS that enables EHOs to quickly access an HPS webpage where various farm-related guidance documents are presented and includes the revised HSE guidance on visitor farms (AIS23) which has implications for EHOs working with animal attractions, such as avoiding animal faeces contaminating play areas (http://www.hse.gov.uk/agriculture/articles/health-alert-ecoli.htm).

In 2011, HPS has also liaised closely with the Food Standards Agency Scotland (FSAS) to promote professional and public awareness of food safety requirements in relation to ready-to-eat salad items such as sprouting seeds (eg, preventing cross-contamination via thorough cleaning of cooking utensils) following a major outbreak of *E.coli* O104 in Europe (see http://www.hps.scot.nhs.uk/news/spdetail.aspx?id=416).

HPS promotes environmental health representation in other recent VTEC-related initiatives which includes the Scottish Government VTEC Action Group and the VTEC Guidance Development Group (see http://www.hps.scot.nhs.uk/giz/guidedetail.aspx?id= 96).

EHOs continue to make a valuable contribution to HPS VTEC enhanced surveillance activities by using information from interviews with VTEC cases to identify where further action is required, such as the prevention of cases due to secondary spread (see http://www.cdc.gov/eid/content/17/3/524.htm).

**Verotoxigenic Escherichia coli (VTEC) in Scotland**

A number of events in 2010-2011 have emphasised the important role of Environmental Health Officers (EHOs) in preventing infection with Verotoxigenic Escherichia coli (VTEC), particularly *E.coli* O157, the commonest serotype identified in Scotland.

In June 2010, the report of the independent investigation of the large outbreak of *E.coli* O157 at Godstone Farm in England was released. HPS liaised with REHIS to ensure the report was made widely available to EHOs as it stresses the role of local authorities in assessing risk and advising proprietors at open farms (http://www.rehis.org/story/2010/06/hps-weekly-report-e-colio157-%E2%80%93-godstone-farm-outbreak-report-published). Environmental health issues particularly highlighted by the Godstone report include the need for appropriate handwashing facilities and for preventing any build up of animal faeces in public access areas.

**Surveillance**

**Lyme borreliosis (Lyme disease) in Scotland**

Lyme borreliosis is an infection caused by the bacteria Borrelia burgdorferi and is transmitted to humans through the bite of an infected tick. Surveillance of Lyme borreliosis in Scotland is based on laboratory confirmed reports to Health Protection Scotland. Since the implementation of the Public Health etc Scotland Act 2008, in January 2010, Lyme disease, as a clinically diagnosed condition, is no longer notifiable. However, laboratory identification of the organism Borrelia burgdorferi is notifiable.
There has been a substantial increase in the number of laboratory identifications of the organism Borrelia burgdorferi reported to HPS in recent years. Much of this has been due to a number of factors including improvements in laboratory detection and reporting mechanisms. Accompanied with this there is anecdotally at least, reports of increased tick numbers and activity and, with the combined effects of climate change, increased access to the countryside (eg, under the ‘right to roam’ legislation), together with health promotion campaigns it is plausible that there could be increased likelihood of contact between people and ticks. This has been accompanied by growing political, public and lay media interest, awareness and anxiety about Lyme disease. However it must be recognised that not all ticks are infected with B. burgdorferi and not all tick bites result in infection.

The disease is most certainly under-reported as case ascertainment is based on voluntary reports by laboratories. In addition symptoms may be mild in people, which may either result in them not attending a GP, or the GP not submitting a sample for diagnosis. Recent advice from the British Infection Society states that a patient presenting with a history of a tick bite and a typical erythema migrans rash does not require laboratory testing. In such cases antibiotic treatment is recommended. This will also result in under-reporting of the disease.

Taking appropriate preventative actions is the best way of preventing any risk of coming into contact with ticks. EHOs may find the information leaflet available for download from the HPS website a useful resource for offering advice to members of the public.

Further information is available at:

**Stakeholder engagement**

**HPS Stakeholder Group update**

HPS Environment and Health Stakeholder Group continues to provide a useful forum for discussing environment and health issues with key stakeholders. The most recent meeting of the Group was held in August and a number of presentations were provided in relation to emergency response activities.

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**THE ‘MUSTER’ MODEL - A NOVEL APPROACH TO ENVIRONMENTAL INVESTIGATIONS**

NHS Fife and the University of St Andrews are currently developing a new framework for environmental investigations which integrates the scientific, psychological and social issues arising from environmental hazards such as air pollution, contaminated land, noise and radiation.

This process involves Meeting and interviewing individual complainants, Understanding individual and local concerns, reviewing Surveillance and Toxicological data, Evaluating findings, and Reporting on findings - the ‘MUSTER’ model.

The MUSTER model is currently the subject of a two year research programme by NHS Fife and the University of St Andrews. This will include liaising with Fife Council environmental health staff as part of the model development process. The potential benefits of the MUSTER model are already being explored within the context of the Fife Council Air Quality Action Plan produced for the Bonnygate Air Quality Management Area (AQMA) in Cupar.

On completion of this research, it is anticipated that the MUSTER model will provide a robust method of environmental investigation which can satisfy complainants, enhance staff knowledge base and improve communication.

For further information on the MUSTER model, please contact Dr Jackie Hyland, Department of Public Health, Cameron House, Cameron Bridge, Leven, Fife, KY8 5RG, jackie.hyland@nhs.net.

**Reference**

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®.

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