

# Health Service Executive Environmental Health Service Review 2016



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# Environmental Health Service stakeholders and partners



During 2016, the Environmental Health Service continued on an extensive programme of work to deliver on its objective to protect public health from threats to health and wellbeing.

It is with pleasure that I present our Annual Review which details the scope of this activity, underpinned by our regulatory remit and our commitment to the goals of Healthy Ireland.

Through the Health Service Executive (HSE), Health and Wellbeing Division service planning process the Environmental Health Service continued to place significant emphasis on ensuring the implementation and enforcement of numerous laws to safeguard consumer health including those relating to food, tobacco, cosmetics, sunbeds, water quality and infectious disease.

The Environmental Health Service is primarily a regulatory inspectorate and exercises this role in collaboration with internal HSE disciplines such as Public Health, Food Safety Laboratory Services and Health and Wellbeing Priority Programme groups. Through Agency Arrangements, Service Contracts and Memoranda of Understanding the Environmental Health Services engages extensively with external agencies such as the Food Safety Authority of Ireland (FSAI), Health Products Regulatory Authority, Environmental Protection Agency, Irish Water and Local Authorities.

The regulatory remit of the Environmental Health Service is continually evolving and while 2016 saw the HSE/Environmental Health Service designated as the Competent Authority in respect of the new EU Tobacco Products Directive and the implementation of a new three year HSE/FSAI Service Contract that for the first time includes a specific provision in respect of food fraud; it also saw the end of our direct involvement in the enforcement of Pre-School Regulations.

2016 also brought the culmination of a number of year's work on the reconfiguration of the Environmental Health Service with significant progress made in addressing historic resource inequity across the country along with the establishment of National Steering Committees and Operational Units for a range of identified functions and activities.

This review is intended to formally acknowledge the broad range of activities undertaken by the Environmental Health Service in 2016, many of which are not reported on through the formal accountability frameworks such as the Divisional Operational Plans and KPIs, whilst also providing an insight for external stakeholders on the breadth of the role of the HSE Environmental Health Service.

I hope you find this Review both useful and informative. I would like to thank all the staff of the Environmental Health Service for their continuing commitment and contribution to the work of the service and to the protection of public health and I also wish to acknowledge the significant cooperation and support of the Department of Health, Food Safety Authority of Ireland, Environmental Protection Agency, Health Product Regulatory Authority and Irish Water in delivering on our shared agendas.

**Dave Molloy**

*Assistant National Director,  
Environmental Health  
Health & Wellbeing  
Health Service Executive*



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# **SECTION 1**

## **Executive Summary**

## 1.1 Executive Summary

The Environmental Health Service of the Health Service Executive (HSE) is a national service within the Health and Wellbeing Division. As a service within the Health and Wellbeing Division and as a national HSE service the Environmental Health Service collaborates internally with the Health and Wellbeing Priority Programmes, Public Health, Health Promotion and Improvement, Public Analyst Laboratories, Public Health Laboratories along with colleagues in the CHO Areas, Hospital Groups and Emergency Management. External partners include the Food Safety Authority of Ireland, Health Protection Regulatory Authority, Safer Food, Environmental Protection Agency, Irish Water, Local Authorities, centres of research and academia and Government Departments and in particular the Department of Health.

This on-going collaboration and cooperation with internal and external partners, stakeholders and service users has been augmented by the establishment in 2016 of a framework of Environmental Health Service national steering committees and operational units with developed technical expertise in specific areas. The development of these national Environmental Health Service steering committees and operational groups and the establishment of the first national Environmental Health Service Internal Audit Unit further demonstrate the active commitment of the Environmental Health Service to continual service improvement.

The Environmental Health Service has a staff equivalent of more than 550 professionals whose primary role is to protect the public from threats to its health by preventing and controlling environmental factors which may cause ill health or reduced quality of life. The importance of the day to day work of the Environmental Health Service is underpinned by the Healthy Ireland Policy which has 'protecting the public from threats to its health and wellbeing' as one of its four goals.

While promoting and protecting health is the role of everyone working in the Health Service Executive the organisation itself is the designated statutory enforcement authority in respect of a broad range of health legislation. These specific laws were introduced to promote general health and well-being; prevent and control environmental and health factors that can give rise to disease; and to protect the population from threats to their health. Since the 1950s the HSE and its predecessors has assigned responsibility for most of this work to the Environmental Health Service which makes the Environmental Health Service unique within the HSE as it is predominantly recognised as a regulatory inspectorate which protects the health of the public.

The Environmental Health Service is now responsible for the enforcement of legislation in the areas tabled below.

### Lifestyle

- Cosmetics
- Tobacco
- Body Piercing and Tattooing
- Leisure Facilities
- Alcohol
- Sunbeds
- Obesity

### Infectious Disease Control

- Infectious Disease Investigation

### Water

- Drinking Water
- Bathing Water
- Fluoridation of Water Supplies

### Port Health Control

- International Health Regulations
- Food Imports and Exports

### Food Control

- Food Safety Inspections/Audits
- Food Complaints
- Food Alerts
- Food Enforcements
- Food Product Sampling and Surveillance
- Food Fraud Investigations

### Environment

- Poisons Licensing and Control
- Vector/Pest Control and Monitoring
- Assessment of Planning and Development Proposals
- Environmental Impact Assessments consultations

In protecting the public from threats to Health and Wellbeing the primary role of the Environmental Health Service is as a regulatory inspectorate responsible for a broad range of statutory functions enacted to protect and promote the health of the population, i.e. food safety, tobacco control, cosmetic product safety, sunbed regulation, fluoridation of public water supplies, drinking and bathing water quality investigation, international health regulation, infectious diseases investigations, pest control, planning and environment. These functions include activities such as surveillance, complaint investigation, inspection, audit, sampling, enforcement, education, research and advocacy.

While the HSE/Environmental Health Service has a statutory role in these areas it exercises many of these functions in collaboration with other state agencies, some of which have specific lead roles. Consequently, most of the Environmental Health Service functions are carried out in accordance with Service Contracts, Agency Agreements or in collaboration with external agencies.

The multi regulatory approach facilitates the enforcement of multiple areas of legislation during a single inspection in a single business premises, e.g. food safety, tobacco control, pest control and cosmetics regulations. This approach is widely acknowledged as being effective and efficient and is consistent with the Government's objective to reduce the regulatory burden on business operators. This approach also provides the flexibility to temporarily reallocate resources in response to crises such as outbreaks of infectious disease, food incidents/alerts and other emerging health risks requiring control, e.g. avian flu, sunbed legislation.

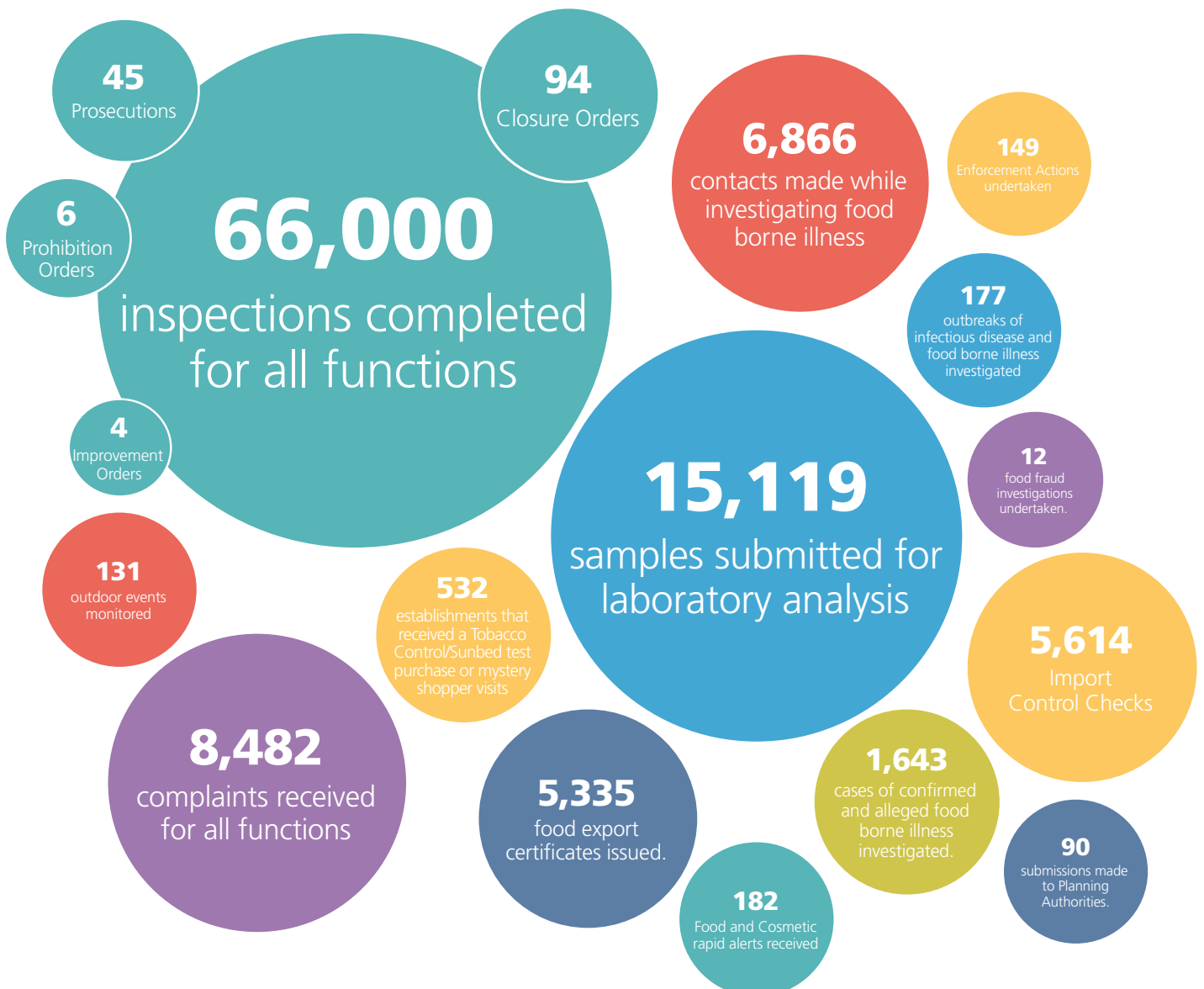
The activities undertaken by the Environmental Health Service in all of these functions vary but in the main they are divided into two categories, planned work and demand led work.

Planned work comprises those activities which can be scheduled such as inspection, sampling, surveillance, monitoring and training activities. These activities are prioritised and programmed through the Environmental Health Service annual Business Plan and are reported upon periodically via internal and external performance measurement processes.

Demand led work comprises those activities driven by external demand which cannot be planned or scheduled. This work includes complaints, alerts, product recalls, incidences, emergencies, outbreaks/cases of illness, applications for approvals/licences/permits/registration, enforcement actions as well as parliamentary questions, freedom of Information requests, and planning and development requests.

While now responsible for legislation outlined, over the last six decades the Environmental Health Service has continually adapted to meet emerging public health threats and the legislative requirements of Government policy. The activities and functions of the Environmental Health Service continues to evolve with moves away from previous roles in the inspectorates of nursing homes and early year services, where the Environmental Health Service played a significant role, to embracing areas such as electronic nicotine delivery systems (e-cigarettes), sunbeds, alcohol and obesity where regulatory frameworks and enforcement are playing an increasingly important role in creating supportive environments for behavioural change. The year 2016 saw the Environmental Health Service working closely with the Department of Health in drafting and preparing for the proposed Public Health Alcohol Bill, the posting of Calories on Menus Bill as well as an industry guide on infection control in body piercing and tattooing.

### Summary – Environmental Health Service Activities 2016





# **SECTION 2**

**Healthy Ireland –  
The Environmental  
Health Service  
Contribution**

## 2.1 Healthy Ireland – The Environmental Health Service Contribution

The World Health Organisation defines Environmental Health as follows:

*“Environmental Health addresses all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. This definition excludes behaviour not related to environment, as well as behaviour related to the social and cultural environment, as well as genetics.”*

This important connection between health determinants and the environment highlights the need for connected Government policy in these areas. This need is addressed via ‘Healthy Ireland – A Framework for Improved Health and Wellbeing’ (HI)

The Healthy Ireland Policy states that: *“Health is a personal, social and economic good, and the health and wellbeing of individuals, and of the population as a whole, is Ireland’s, most valuable resource. A healthy population is essential to allow people to live their lives to their full potential, to create the right environment to sustain jobs, to help restore the economy and to look after the most vulnerable people in society. A healthy population is a major asset for society, and improving the health and wellbeing of the nation is a priority for the Government and the whole of society. This means that all sectors of society and the whole of Government need to be proactively involved in improving the health and wellbeing of the population”.*

The four goals of the Healthy Ireland Framework are set out below



In 2013, the Irish Government launched ‘Healthy Ireland’ as a key step in bringing about the changes and actions required for improving the health and wellbeing of the nation. This plan, which has universal government departmental endorsement and obligations, identifies and involves every part of Irish society. The vision for Healthy Ireland is where everyone can enjoy physical and mental health and wellbeing to their full potential; where wellbeing is valued and supported at every level of society and is everyone’s responsibility. Two key goals of Healthy Ireland are protecting the public from threats to health and wellbeing and reducing health inequalities. The Environmental Health Service implements these key goals through its day to day activities and through the HSE Healthy Ireland Implementation Plan.

In 2016, the Environmental Health Service in addition to protecting public against health threats in their role as a regulatory inspectorate also participated as a member of a multi-disciplinary group working to develop health and wellbeing content for inclusion in Local Economic and Community Plans. This group supports HSE representatives on the Local Community Development Committees in bringing the *Healthy Ireland* agenda into local development.

The Environmental Health Service is well placed to drive the on-going implementation of the *Healthy Ireland* framework and the achievement of the HI Goals. As a service within the Health and Wellbeing Division the Environmental Health Service brings the HI agenda to its routine cooperation and joint working with colleagues in the Division, the wider HSE and with the many other external stakeholders and partners in statutory agencies, Government Departments, professional bodies and centres of academia.

## 2.2 Environmental Health Service Partners and Stakeholders

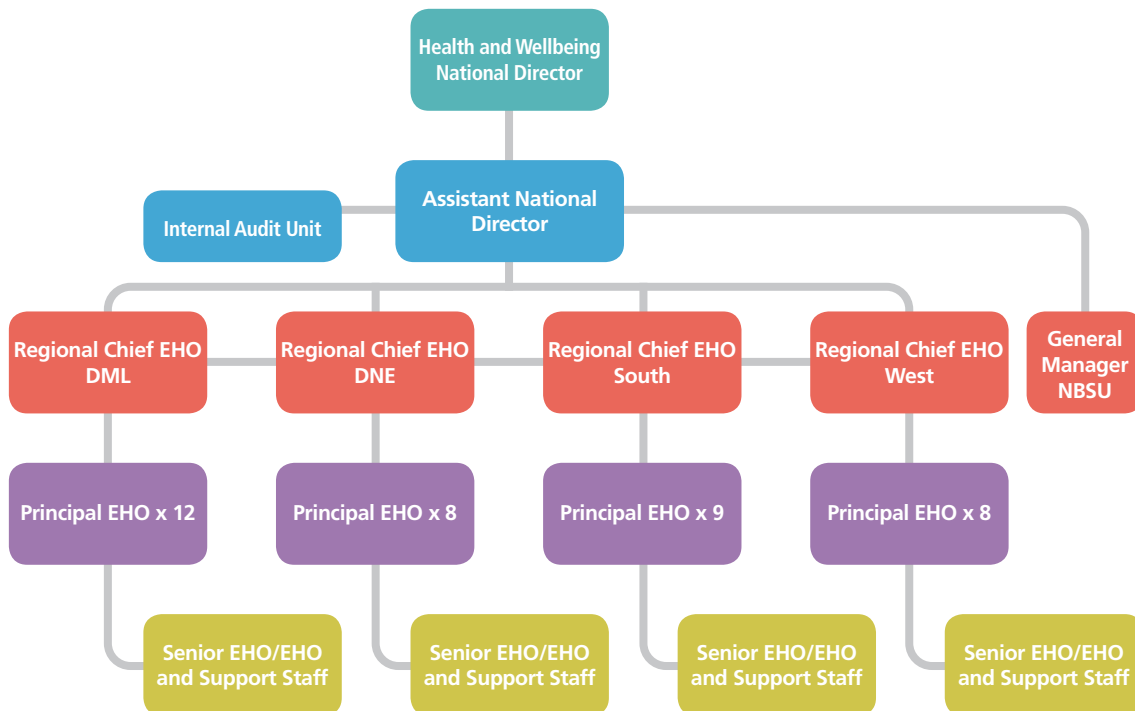




# **SECTION 3**

**HSE Environmental  
Health Service**

### 3.1 Organisational Structure of the HSE Environmental Health Service



The Environmental Health Service operates as a national service and is supported by a dedicated National Business Services Unit (NBSU). The Environmental Health Service is staffed by dedicated professionals whose primary role is to promote and protect the health of the public. All Environmental Health Officers are professionally qualified, holding as a minimum a BSc Degree (Hons) in Environmental Health (or equivalent) with many holding additional post graduate qualifications.

Managed nationally by the Assistant National Director and regionally by Regional Chief Environmental Health Officers (RCEHO), the Environmental Health Service at local level consists of a Principal Environmental Health Officer (PEHO), Senior Environmental Health Officers (SEHO), Environmental Health Officers (EHO), administrative and support staff. The staffing of individual local areas varies and is influenced by considerations including range/scope of functions, their associated workload, demographic and historical factors.

The Environmental Health Service has operated as a national service since 2008 and this has enabled it to fulfil the guiding principles of Healthy Ireland with regard to better: Governance and Leadership; Use of People and Resources; Partnerships; Use of Evidence; Management & Evaluation and Programme Management. Since 2008, the Environmental Health Service has

1. Developed a clear national Environmental Health strategy and business plan.
2. Aligned strategic and operational delivery at national regional and local level.
3. Developed a national approach to identified health needs and emerging health risks.
4. Developed a service responsive to both national priorities and local needs as required.
5. Developed consistent standards and work methodology. The Environmental Health Service has national standard operating procedures for all functions.

6. Designed and implemented a national IT system to support national standard operating procedures and knowledge management.
7. Developed a national coordinated annual programme of continuous professional development
8. Utilised resources nationwide in accordance with nationally set priorities.
9. Targeted areas of legislative requirements and areas of high risk to the public.
10. Delivered services in a more equitable and consistent basis country wide.
11. Agreed formal links, national Service Contracts and Memoranda of Understanding defining the Environmental Health Service working relationship with key external agencies, e.g. FSAI and the EPA
12. Developed strategic alliances both nationally and internationally within the research arena
13. Developed a framework of specialised technical lead groups to support local operations and links with internal and external stakeholders.
14. Developed an Internal Audit Unit.

### **3.2 Reconfiguration – Lead Steering Committees and Operational Units**

In addition to the line management organisational structure outlined above in 2016 the Environmental Health Service has also introduced a framework of Lead committees. These groups came about under a major national reconfiguration of the Environmental Health Service which was undertaken between 2014 and 2016. This reconfiguration was necessary to address legacy issues of resourcing where staffing levels in some local areas did not match the service need. In addition to the reallocation of staff nationally the Environmental Health Service identified the need for specialisation in some functions and the opportunity to improve the efficiency and effectiveness of the Environmental Health Service through the consolidation and centralisation of certain local activities into more streamlined national systems and processes.

This critical analysis resulted in the establishment of Lead Steering Committees and where appropriate Operational Units. The Operational Units have dedicated EHOs/SEHOs/Administrative Support personnel assigned to them. The Steering Committees currently in place are Tobacco Control, Cosmetic Control, Food Safety, Food Product Safety, Port Health, Water, Environment, Quality Assurance & Environmental Health Information System and CPD/Research. The Chair of each steering committee reports to a Lead RCEHO for that function. These structures in specific areas support the Environmental Health Service locally and nationally and in co-ordinating and managing these functions nationally the Environmental Health Service has established clear single points of contact where required for liaison with its many external partners.





# **SECTION 4**

## **Environmental Health Service – Framework**

## Environmental Health Service – Framework

The Environmental Health Service Business Plan is prepared in line with the priorities of the Health Service Executive National Service Plan (NSP) and the Health & Wellbeing Divisional Operational Plan (DOP). It also reflects the goals of the HSE Corporate Plan 2015-2017, the HSE National Implementation Plan 2015-2017 and the 'Healthy Ireland' & 'Tobacco Free Ireland' policies. This business plan also takes account of the Environmental Health Service obligations under the HSE/FSAI Service Contract 2016-2018.

It sets out the actions and level of activity to be carried out by the Environmental Health Service at national, regional and local level and builds on the priorities from the previous year, taking into account emerging issues, new legislation and available resources.

The 2016 Business Plan set out the work of the Environmental Health Service on activities such as inspections, sampling, surveillance, monitoring and training. It also outlined preparations for demand led work such as dealing with queries and complaints, issuing alerts and product recalls, and responding to incidents and emergencies. This work can also involve investigations of outbreaks/cases of illness, application processes for approvals/licences/permits/registration and enforcement actions.

While Environmental Health Service activities are predominately statutory the Environmental Health Service also undertakes multi-disciplinary working and initiatives aimed at advising, informing and educating others in relation to areas of health gain/health protection particularly with regard to emerging environmental health issues such as infection control in tattoo/body piercing salons.

### 4.1 National Protocols and Quality Assurance

The Environmental Health Service is constantly striving to improve the efficiency and effectiveness of the service and utilises the Plan Do Check Act cycle. This is achieved via a number of quality assurance initiatives such as the development of national protocols, continuous professional development, efficiency and value for money initiatives and on-going monitoring and assessment. The collection, analysis and reporting of data via the Environmental Health Information System is used for performance improvement.

A suite of national protocols for all HSE functions and operations undertaken by the Environmental Health Service has been in place nationally since 2012. These protocols are agreed, controlled and implemented throughout the Environmental Health Service to ensure consistency and standardisation of approach. These national protocols are supported by on-going continuous professional development and by the Environmental Health Information System.

The Environmental Health Service is subject to external audit by the Food Safety Authority of Ireland and the EU DG Health and Food Safety (formerly the FVO). Reports of these audits of the Environmental Health Service by the FSAI are available at [https://www.fsai.ie/enforcement\\_audit/audit/reports.html](https://www.fsai.ie/enforcement_audit/audit/reports.html) and by the EU at [http://ec.europa.eu/food/audits-analysis/audit\\_reports/index.cfm](http://ec.europa.eu/food/audits-analysis/audit_reports/index.cfm) in addition to audit a report is submitted annually to the FSAI in accordance with Section 48.8 of the FSAI Act 1998.

The Environmental Health Service is also open to audit by the HSE Internal Audit Unit and in 2015 the Environmental Health Service established its own internal audit unit to provide further assurance as to the effectiveness of its work. 2016 saw the completion of the first Environmental Health Service internal audit.

## 4.2 Environmental Health Information System (EHIS)

The EHIS is a web based application which facilitates recording of all data relating to Environmental Health Service activities.

The establishment of this national ICT system is a unique achievement in the HSE in recent years and allows for the collection, recording, collation, sharing, analysis and management of data within the Environmental Health Service. As a result the EHIS has the ability to provide data such as predetermined performance data and responses to queries such as FOI requests, etc. in a timely fashion. The system assists with data driven decision making for effective management of the service and monitoring adherence to work planning.

It assists in the effective targeting of resources within the service while also supporting a suite of national protocols and on-going quality improvement. This system went live across the national Environmental Health Service in 2013 and substantial enhancements have been made to the system in 2016. A public access system (web portal) for people applying for licences/notifying the Environmental Health Service is also currently under development. This will initially allow a streamlined service for people to apply for and renew sunbed notifications online though further developments will facilitate online access for other Environmental Health Service functions.

In 2016, the Environmental Health Service also continued working towards mobile access to the EHIS for EHOs while onsite undertaking inspections and this will continue to be a priority.

## 4.3 Continuous Professional Development

There is an on-going continuous professional development programme undertaken by the Environmental Health Service in order to inform staff on essential requirements of new/revised legislation, the application of new guidance notes/codes of practices and the development of new technologies in the industries they regulate. This programme of shared learning supports national quality assurance by promoting standardisation and consistency throughout the Environmental Health Service. Co-ordinated nationally by a steering committee and operational unit the CPD requirements of the Environmental Health Service are assessed annually and a training needs matrix is developed. Where possible these CPD requirements are fulfilled by expertise available within the specialist lead groups in the Environmental Health Service or in partner agencies such as the FSAI. This centralised approach to CPD provides a planned programme of training using the most efficient, effective and economical methods available making use where possible of webinars, training videos, online courses and cascade training as well as face to face seminars.

The Environmental Health Service also facilitates periods of professional placement for Student Environmental Health Officers in collaboration with the Dublin Institute of Technology (DIT) and the Environmental Health Association of Ireland.

## 4.4 Research

The Environmental Health Service began a revision of Environmental Health Research Strategy in 2016 having a major focus on enhanced knowledge management within the Environmental Health Service and the expansion of research collaborations both nationally and internationally.

The Environmental Health Service continued to develop its links with academic institutions and other agencies/potential partners for conjoint research initiatives. Most notably with the promotion of the HSE-EPA joint call on the theme of blue-green spaces and ecosystems benefits for health, which has been awarded to two academic institutions with oversight from the EPA and the Health and Wellbeing Division (including Environmental Health).

The Environmental Health Service has worked closely with the Environmental Health Sciences Institute renamed Environmental Sustainability and Health Institute (ESHI) at DIT and participated in a series of joint workshops on key thematic areas including environment and water.

ESHI is an inter-disciplinary and cross-sectoral research institute dedicated to research focusing on the interface between the environment and health. It is an all-island initiative based on collaboration between Dublin Institute of Technology, HSE and Dublin City Council with partners in the University of Ulster, Dublin City University and the Institute of Public Health. Specific areas of research focus are Bio monitoring, Energy, Food, Policy and Lifestyle (including Air Quality and Climate Change), and Water.

In 2016, the Environmental Health Service continued to develop its capacity to undertake research and became a partner in a 'HBM4EU', a European Human Bio monitoring Initiative with over 20 other Member States. The overarching goal of HBM4EU is to generate knowledge to inform the safe management of chemicals and so protect human health. It will use human bio monitoring to understand human exposure to chemicals and resulting health impacts and will communicate with policy makers to ensure that its results are exploited in the design of new chemicals policies and the evaluation of existing measures. The Environmental Health Service is the project manager for this initiative in Ireland and as part of this role will be establishing a national information hub.

The Environmental Health Service also became a participant in the Joint Action on Tobacco. This Joint Action seeks to assist the EU Member States in the implementation of the provisions of the Tobacco Products Directive (Directive 2014/40/EU), to facilitate cooperation between Member States and with the Commission in this area and to coordinate activities and tasks to be carried out at Member State level.

#### 4.5 Local Authority Agency Services

Since the establishment of the Health Boards under the Health Act 1970, the Environmental Health Service has delivered a range of services on behalf of Local Authorities under agency arrangements. The type and level of activities undertaken by the Environmental Health Service under these arrangements varies throughout the country depending on the needs of individual Local Authorities.

Activities under this arrangement include:

- air quality monitoring and assessment
- noise monitoring and control
- assessment of housing standards of rental accommodation in the private sector
- housing assessments and recommendations
- bathing water (including recreational water) quality sampling and assessment
- private well water supplies assessment and advice
- groundwater protection inspections and recommendations
- environmental complaint investigation and advice
- planning application assessment, forward planning advice
- waste management inspections and advice

## 4.6 Response to Incidences/Emergencies

The Environmental Health Service is represented on established HSE Crisis Management Teams and while the work of the Environmental Health Service is not in the first response to emergencies there is a specific role for Environmental Health Officers in the recovery stage.

Recent years has seen the Environmental Health Service involved in widespread incidents relating to severe weather issues including flooding, water and power supply disruption. The Environmental Health Service issued advice to the public in relation to health protection during flood water clean-up operations and in relation to safe food storage and preparation during power and water supply disruption.

In addition to advisory services to the public the Environmental Health Service also supported the food and hospitality industries in relation the safe operation of businesses during and following such unforeseen severe weather events and health advice to local authorities regarding water quality.



# **SECTION 5**

**Environmental Health  
Service Functions –  
Focus on 2016**

## 5.1 Alcohol – Public Health

The Public Health (Alcohol) Bill published in December 2015 indicates that enforcement powers will be given to the Environmental Health Service in relation to

- Minimum Unit Pricing
- Restrictions on Advertising
- Marketing
- Sponsorship
- Promotions
- Health Labelling
- Structural Separation.

The Environmental Health Service welcomes the proposed introduction of greater regulation in relation to alcohol as a public health measure and throughout 2016 worked closely with the Department of Health, the HSE Alcohol Priority Programme and other health stakeholders in preparation for implementation of this important legislation.

## 5.2 Body Piercing and Tattooing

Both body piercing and tattooing pose known health risks such as Hepatitis, HIV and localised infections. These practices have become very fashionable in Ireland in recent years and there is a misconception that such businesses are routinely inspected by the Environmental Health Service when in fact these industries are unregulated in Ireland. There is no legal minimum age for tattooing and body piercing, no licensing or registration system and no monitoring or inspection of hygiene standards.

Where a case of a notifiable disease is linked to a tattooing or body piercing premises the *Infectious Diseases Regulations 1981* can be used by the Environmental Health Service to investigate in conjunction with our Public Health colleagues. Some complaints are also relayed to the Department of Health for their information

The Environmental Health Service strongly supports regulation in the Body Piercing and Tattooing sector and in 2016 worked with the Department of Health in the development of an Infection Control Guidance Document for the Industry following a public consultation process in December 2015.

The Environmental Health Service is also actively working with the NSAI and other interested stakeholders in the development of EU standards in relation to Tattooing.

## 5.3 Cosmetic Products

The Environmental Health Service's role in cosmetics primarily involves the market surveillance of cosmetics at retail and distributor level and response to Rapex Alerts in cooperation with the Health Products Regulatory Authority and Public Analyst Laboratories in Dublin, Cork and in particular Galway which specialises in cosmetics.

Within the Environmental Health Service, there is an Environmental Health Cosmetics Steering Committee and Operational Unit which co-ordinates the function nationally. This includes making recommendations to the management team, reporting on the performance of the function, identifying annual priorities, managing protocols, managing notifications, reviewing compliance and effectiveness as well as service activities in delivering on strategic, operational and legislative objectives.

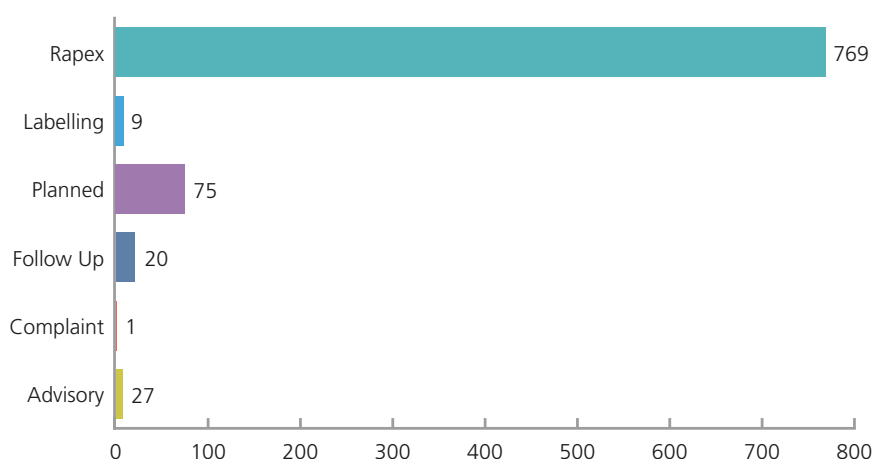


### Rapex alert Investigations

In 2016, the number of incoming Rapex alerts requiring investigation increased substantially. 2,018 checks were undertaken by Environmental Health Officers against Rapex alerts circulated for action. In 2015, 35 Rapex alerts were circulated for investigation compared to 89 in 2016. Action is prioritised having regard to the risk of the product and whether the products are suspected to be available on the Irish market. Follow-up actions may include voluntary surrender of non-compliant cosmetic products, voluntary withdrawal of cosmetic products from sale on the Irish market, seizure of non-compliant cosmetic products and, formal sampling of similar products.

Details of products found and actions taken on foot of Rapex alerts are referred to the Health Products Regulatory Authority who report reactions to the EU.

**Figure 1 Cosmetic Inspections for 2016**



The overall aim is to provide an adequate degree of consumer protection through activities such as inspection, enforcement and sampling at retail and distributor level.

### Sampling of Cosmetic Products

In 2016, a total of 435 cosmetic products were taken by the Environmental Health Service for testing at the Public Analyst Laboratories of these, 360 samples were proactively scheduled for microbiological and chemical analysis under the National Cosmetics Surveillance Programme 2016 with the remainder being samples taken as a result of Rapex alerts, identification of suspect products or repeat samples. Cosmetic Products are analysed to assess compliance with the Regulations checking for the absence of prohibited and restricted parameters and labelling requirements relating to precautions to be undertaken by the consumer as outlined in Annexes in Regulation (EC) No. 1223/2009.



Halloween Make Up Cream – Rapex alert A12/0181/16 initiated in Ireland

Of the 126 samples taken for microbiological analysis in 2016, 104 were compliant with the remaining 22 non-compliant. Microbiological non-compliances were identified in some Halloween make up creams that are widely used by children and adults. Follow up action resulted in the withdrawal of non-compliant products from the Irish market and the initiation of a Rapex alert in the EU to prevent the sale of non-compliant product across all EU countries.

Microbiological non-compliances were identified in a talcum powder which resulted in the Initiation of a Rapex alert in the EU for a specific batch. However, following the identification of further non-compliant products in the product range, all talcum powders in that product range were voluntarily withdrawn from the Irish Market.

309 samples of cosmetic products were taken in 2016 for chemical analysis. Cosmetic products when subject to chemical testing identified a total of 31 non-compliant samples in relation to Hydroquinone, Kojic acid, Hydrogen Peroxide, Parabens, p-Phenylene-diamine and phenol. One teeth whitening product was found to contain prohibited levels of hydrogen peroxide on analysis. The level of Hydrogen Peroxide in that product was >100 times the permitted level of 0.1% This product was allegedly sourced from a different member state and was referred to the HPRA for further investigation with relevant competent authority.



Talcum Powder – Rapex alert A12/0313 initiated in Ireland

## 5.4 Drinking Water

Safe, quality drinking water is a basic fundamental in the health of a population. The quality of drinking water is an important environmental determinant of health. Local Authorities and Irish Water are charged with the responsibility for the provision and management of safe and secure drinking water thus supporting public health and well-being. The Environmental Health Service assists in the protection of the health of the public by advocating safe drinking water, by sampling and investigating water issues and by engaging with external agencies to ensure compliance with drinking water legislation.

The [European Union \(Drinking Water\) Regulations 2014 \(S.I. No. 122 of 2014\)](#) prescribe the quality standards to be applied, and related supervision and enforcement procedures in relation to drinking water supplies, including requirements such as frequency of sampling and the provision of information to consumers. A wide range of standards and their parametric values are defined in the regulations, including micro-organisms, chemicals, metals, the way water looks and how it tastes.

The standards are set to be protective of public health and to ensure that water quality is acceptable to consumers. The standards are strict and include wide safety margins. Under the regulations, the HSE must be consulted whenever drinking water quality poses a potential danger to human health. The Water Services Authority is required to consult the HSE in the event of an exceedance of water parameters as described in the [European Union \(Drinking Water\) Regulations 2014 \(S.I. No. 122 of 2014\)](#). The Water Service Authority (Irish Water since 2014), or the Local Authority, who are responsible for the enforcement of these regulations must prepare remedial actions in consultation with and by the agreement of the HSE.

In this context the Environmental Health Service works closely with Public Health and Laboratory colleagues and is represented on the HSE multidisciplinary National Drinking Water Group (NDWG), where existing, new and emerging issues are discussed. The NDWG acts as a national resource for the HSE providing advice and guidance in respect of the Drinking Water Regulations: contributing to various papers/ research: providing membership for committees and engagement groups including those on well-protection and pesticides. The NDWG has also worked with the Environmental Protection Agency to develop joint position papers, guidance and information for members of the public on a wide range of water issues including Trihalomethanes (THMs) and Lead.

The Environmental Health Service along with other stakeholders are members of Local and Regional Drinking Water Liaison Groups where relevant water quality issues such as review of recent drinking water issues and events, effectiveness of monitoring programmes, updates on local developments in water supplies and information exchange are discussed and advised on. Locally the Environmental Health Service would have knowledge of water treatment processes at water treatment plants and the general distribution network for supplies.

The Environmental Health Service investigates cases of suspected water borne illnesses and sampling of supplies, especially private wells, is carried out by the service as part of such investigations. This unique combination of a health professional with technical expertise and local knowledge is invaluable in the event of an incident causing a major disruption to the public water supply and as such when the local authority activates the local Drinking Water Incident Response Plan (DWIRP) the Environmental Health Service has proven to be an integral part of Incident Response Team (IRT).

In 2016, training was delivered within the Environmental Health Service on the 'Management of Initial Notification of a Drinking Water Issue of Potential Danger to Public Health' which is a document designed to provide guidance to staff of the HSE who work with Irish Water and Local Authorities in relation to the initial notifications of drinking water issues. This training was developed and delivered by the Environmental Health Service Water Steering Committee.

### Lead and Drinking Water

While there are currently no known lead water mains in Ireland, (and the drinking water produced by Irish Water contains no lead) – internal plumbing, service connection pipes and shared service connections may contain lead pipework, especially in buildings constructed up to and including the 1980s. Lead from lead pipework can dissolve into drinking water but is dependent upon the chemical make-up of the water. Some types of water such as soft water and warm water can pick up lead more easily.

EU Drinking Water Regulations have gradually lowered the acceptable concentration of lead in drinking water from **50 micrograms per litre ( $\mu\text{g/l}$ )** pre 2003 to 25  $\mu\text{g/l}$  in 2003 to **10  $\mu\text{g/l}$  in 2013**. Exposure to lead is a known serious health risk particularly affecting young children, as lead affects the developing brain. Children and infants absorb more lead than adults.

To mitigate against health impacts from exposure to lead in drinking water, Irish Water developed a national programme to ensure that Ireland conforms to these new levels and that public health is protected. This includes determining the location of potential problems, grant aiding householders to replace lead piping and lining of lead pipes to prevent lead interacting with water.

### Lead Mitigation Plan-Environmental Health Service Role

In 2016, a Lead in Water Mitigation Plan was developed by Irish Water to address the need to reduce lead exposure drinking water caused in the main by private lead infrastructure, i.e. lead piping in private homes. As part of the HSE National Drinking Water Group the Environmental Health Service has engaged with Irish Water (and other stakeholders) as a national consultee. A suite of responses was formulated to address each potential circumstance. All consumers who have non-compliant water are notified in writing. All non-compliant results are circulated to the HSE for their consideration.

## 5.5 Environment

### Rodent Control–Monitoring and Enforcement

The Environmental Health Service enforces the provision of the *Rats and Mice Destruction Act 1919*. Under this legislation, the HSE may, by public notice, give instructions as to the most effective methods for the destruction of rodents. This is mainly achieved by the development of advisory leaflets for issue to households, residents associations and those engaged in building activity.

Environmental Health Service involvement with pest control can encompass dealing with complaints, supervising treatment of infestation, liaison with other agencies and appropriate referrals. Environmental Health Service may also comment on pest management issues when dealing with planning applications and environmental impact assessments on behalf of local authorities and the HSE.

This work can bring the Environmental Health Service into contact with challenging social issues regarding the living conditions of a number of elderly and vulnerable persons in the community. Interaction with social workers, public health nurses and community welfare officers may be required.

Additionally the Environmental Health Service provides a rat control service in Dublin, Cork, Donegal and Sligo to the public and to the HSE.

**4,189 Rodent Complaints were received by the Environmental Health Service Pest Control Units in 2016.**

### Planning and Development Proposals – Environmental Health Assessment

Built environment plays an important role in the health and wellbeing of local populations. As part of the planning process Local Authorities refer plans to the Environmental Health Service for consultation on the health impacts and environmental health standards required for proposed new developments in the community. The Environmental Health Service co-ordinates a HSE submission to Planning Authorities and the EPA which involves consultation with Public Health, HSE Estates, Emergency Planning and Community Health Services. The final submission informs the Planning Authorities and EPA or what the HSE considers may be potential significant health issues from a proposed development.

The Environmental Health Service assesses possible health impacts in the construction phase and during the life of the development. The Environmental Health Service also considers whether the environment needs to be restored for community use after the development ceases operating. Impacts considered include noise and vibration, dust, air pollutants, drinking water, wastewater, nuisance, pests, soil contaminants and food and healthcare requirements.

The Environmental Health Service when requested, also consults with the forward planning departments of the local authorities on Local Area Plans and County Development Plans.

### Environment-Planning and Development

Large scale development projects have the potential to adversely impact on the health of the public when they are being built, while they are operating and at the end of their life.

The Environmental Health Service works to identify and control aspects of development that might have a significant impact on health before they occur. It does this by making submissions as part of the consultation process to Planning Authorities and the Environmental Protection Agency during the planning and licensing process.

To strengthen and develop health considerations in planning and development, the Environmental Health Service makes submissions on:

- strategic planning, for example City and County Development Plans,
- strategic infrastructure developments
- plans where there may be a significant risk, to public health on which Planning Authorities consult with the HSE,
- reviews of National Guidance on planning and development.

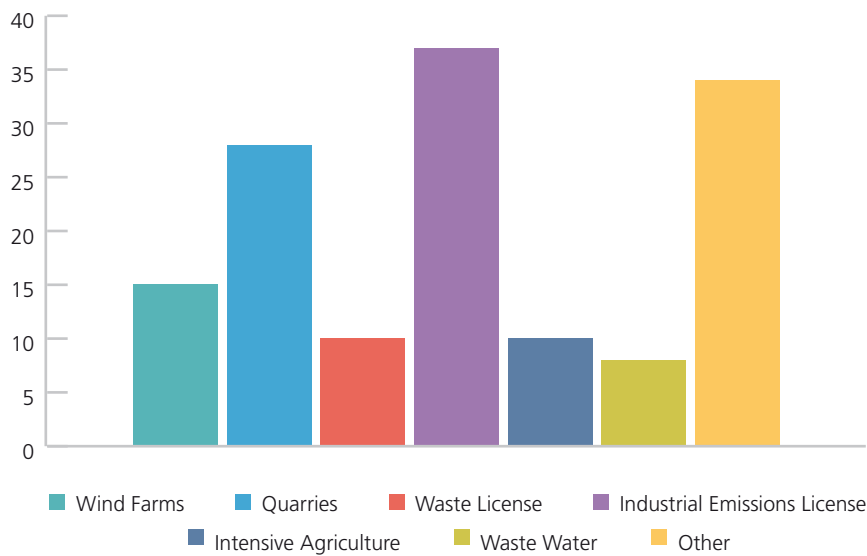
In 2016, the Environmental Health Service made 90 submissions to Planning Authorities on developments that required an Environmental Impact Statement

In 2016, the Environmental Health Service made 47 submissions to the EPA when they were reviewing licence applications.

When a Planning Application is accompanied by an Environmental Impact Statement, Planning Authorities must consult the HSE before any decision is made. In 2016, the Environmental Health Service made 90 submissions to Planning Authorities

In 2016 the Environmental Health Service made 15 submissions to the Planning Authorities regarding the development of wind farms

**Figure 2 Environmental Health Service submissions by project type in 2016.**



The Environmental Health Service also works with research institutions and environmental authorities to strengthen the link between health and development.

In 2016, the Environmental Health Service on behalf of the HSE was part of a joint research steering committee that oversaw a research programme into the potential human and environmental impacts of Unconventional Gas Exploration and Extraction (fracking) in Ireland. The full research outcomes can be seen at: <http://www.epa.ie/researchandeducation/research/researchpillars/water/ugee%20research/>

## 5.6 Food Control

It is taken for granted by the public that the food they buy and eat is safe and it is the role of the Environmental Health Service is to verify that food business operators comply with food law. This means that throughout the manufacturing, processing, distribution and preparation stages-until it is sold or served – the Environmental Health Service is involved in assessing whether the food supplied to consumers is fit to eat.

The principal responsibility for the production of safe food and consumer protection in the food industry lies with the food business operator and/or person responsible for “placing foodstuff on the market”. To ensure food business operators fulfil this responsibility the HSE Environmental Health Service, supervises over 45,000 food businesses involved in a wide range of activities including importing, manufacturing, packing, distribution, catering (service sector) and retailing. This accounts for approximately 96% of food businesses in Ireland with the remainder being supervised by Local Authority Veterinary Services, Department of Agriculture, Food and Marine and the Sea Fisheries Protection Authority.

Official food control activities include routine inspections/audits of food business and food product standards, food sampling and surveillance, import and export controls, investigations of complaints about food businesses and food products, investigation of suspected food borne illness cases and outbreaks, investigation of food fraud allegations, response to food incidences, alerts and recalls and the initiation of enforcement actions and legal cases where appropriate.

### FSAI/HSE Service Contract 2016-2018

The HSE Environmental Health Service undertakes all its official food control functions and activities under the HSE Service Contract with the Food Safety Authority of Ireland (FSAI). This contract also sets out the food safety remit of the HSE’s food safety laboratories and Public Health Service. In 2015 these parties negotiated and agreed a new 3 Year Service Contract to run from 2016-2018. This Contract covers agreed activities and targets for the HSE as an Official Food Control Agency and for the first time this Contract specifically included the investigation of food fraud which along with distance selling are regarded as emerging challenges for the regulatory authorities. Food fraud is a key element in EU discussions for a revised Official Control Regulation to replace the current version of Regulation 882/2004.

### What is Food Fraud?

‘Food fraud is committed when food is illegally placed on the market with the intention of deceiving the customer, usually for financial gain.’ Whilst there may be some difficulty in detecting food fraud, there are a number of circumstances where a consumer, food business or regulatory authority should be suspicious that food for sale may be fraudulent:

- Poorly counterfeited packaging and/or labelling
- Cost of food or ingredients is well below the usual retail price
- Labelling information is unclear or misleading
- Food fraud can occur at different stages in the food chain and examples include;

**Mislabelling of food** – whilst not necessarily unsafe it deceives the consumer as to the nature of the product, e.g. Products substituted with a cheaper alternative, e.g. tilapia fish sold as cod and virgin olive oil adulterated with cheaper grades.

**Making false statements about the source of ingredients** e.g. horse meat sold and used as beef.

**The sale of food which is unfit and potentially harmful**, e.g. misuse of ethanol in the illegal production of spirits.

A European system for the protection of the geographical names of certain foodstuffs (which have a tangible link to the geographical area after which they are named) was established to identify and protect the names of quality agricultural products and foods as:

**PDO (Protected Designation of Origin)** for products with a strong link to the defined geographical area where they are produced, e.g. Imokilly Regato.

**PGI (Protected Geographical Indication)** for agricultural products and foods linked to a geographical area where at least one production step has taken place, e.g. Waterford Blaa/Blaa

**Traditional Specialities Guaranteed (TSG)** emphasise traditional composition and mode of production of products (proven usage on the domestic market for at least 25 years).

In 2016, a number of contraventions of PDOs and PGIs were referred to the Environmental Health Service by the Italian authorities with responsibility for food fraud. The products in question were 'wine kits' on sale in Ireland. These were in contravention because the main ingredient of the kit is grape juice when the word 'wine' means 'the product obtained exclusively from the total or partial alcoholic fermentation of fresh grapes'. In addition the kits also illegally used Italian protected designations and some Italian grape variety names very often supported by the term "**Italian**" which is liable to mislead the consumer as to the true origin, nature and quality of these products. Similar referrals were received in relation to the sale of sparkling white wine being advertised as 'Prosecco' which is also a product registered as PDO. When followed up by the Environmental Health Service all of these products were either taken off the market or brought into compliance.

### Food Fraud Task Force

The Food Safety Authority of Ireland established a Food Fraud Task Force in 2012 to act as a communications, coordination and networking group where intelligence and research can be shared at national and international level. Members of the Food Fraud Task Force include:

- An Garda Síochána
- Customs and Excise Service/Revenue Commissioners
- Department of Agriculture, Food and the Marine
- Food Standards Agency, Northern Ireland
- Health Service Executive – Environmental Health Service
- Health Products Regulatory Authority
- The local authorities
- The Sea-Fisheries Protection Authority
- Public Analyst's Laboratory

As part of this Task Force the Environmental Health Service and FSAI have also been involved in road checkpoints, where commercial vehicles have been stopped and the contents inspected.

In January 2016, An Garda Síochána stopped a van that was transporting several boxes of preservatives including honey, jams, salads, breads, nuts and sauces. The van appeared to be a makeshift shop. The labels on the products were not in English and it was difficult to identify the manufacturer. Alcohol, including homemade wines and tobacco products was also recovered. Photographs of the products were circulated to the Environmental Health Service in the event they were identified during routine inspections of food markets or retail premises. An investigation by the task force identified the possible site where the foods were manufactured, this resulted in a court warrant being obtained so that an inspection of the private house could be undertaken and items of food were seized from the property.

Since its establishment in 2012, counterfeit alcohol has been identified by the Food Fraud Task Force as an on-going issue. From recent investigations by the Task Force, well known brands of vodka have been identified as one of the main items targeted by counterfeiters and for this reason this product was selected for sampling and analysis by the Environmental Health Service in an effort to protect consumers' health.

In 2016, a total of 17 samples of vodka were submitted to Cork Public Analyst lab and a total of 23 samples of vodka were submitted to Dublin Public Analyst lab. All samples were analysed for a number of parameters with particular emphasis on Alcohol (ethanol) analysis.

All samples were compliant with the labelling legislation Regulation (EU) No. 1169/2011.

	Food Type	Analysis	No. samples received	No. unsatisfactory
2016	Vodka	Alcohol Glycols Conductivity Sugars	40	0

### Food Product Safety Surveillance and Sampling

The vodka sampling referred to above is just one of the types of foods sampled by the Environmental Health Service in 2016. Every year the Environmental Health Service is involved in the sampling of foods from many different types of food businesses including hotels, hospitals, restaurants, pubs, food manufacturers and importers. An annual sampling programme is developed by the Environmental Health Service the HSE Official Food Microbiology Laboratories and the Public Analyst Laboratory Services with input from the FSAI.

The foods sampled are sent for microbiological and chemical analysis as legally foods must be safe to eat and comply with food safety legislation. When developing the national sampling programme consideration is given to legal requirements, emerging food safety issues, previous unsatisfactory results, food alerts, food poisoning outbreaks, on-going research/matters of interest and all stakeholders are requested to provide their input. Below gives an overview of the number of food samples taken by the Environmental Health Service in 2016.



### Allergen Information

Regulations in relation to the provision of Food Information to the consumer (FIC) were introduced in September 2014. Information for the consumer is particularly important when that person has an allergy to certain food ingredients. Food allergies can result in death within minutes if the appropriate treatment is not received as happened tragically in Dublin in recent years.

Since the introduction of this legislation there is now a legal requirement on food businesses to provide allergen information for foods sold pre-packed and foods that are prepared and sold loose to the consumer. There are 14 specific allergens listed in these regulations. If any of these are used in the preparation of food they must be declared. Food businesses may also provide additional voluntary information to their customers such as using the terms 'Gluten free' or 'Suitable for coeliacs' on their menu, blackboards and on the packaging. However there are legal limits that must be complied with, when making such a voluntary claim, all gluten free foods must contain no more than 20mg/kg of gluten and 'very low gluten' foods must contain no more than 100mg/kg of gluten.



In 2016, the Environmental Health Service took their first prosecutions under this legislation. Heard in September the court was told that a person with a nut allergy suffered a severe allergic reaction after eating a meal from a Chinese take-away in Galway. The person had specified to the takeaway on two occasions that the meal must be nut free. The convicted food business operator was fined €300 and €700 costs.

A second case was taken in relation to a person purchasing a packet of gluten free crisps for her young son who followed a strict gluten free diet. Following a reaction to the crisps a complaint was made to the Environmental Health Service and resulted in a successful prosecution of the company in Meath who produced the crisps, when it was established that the gluten free crisps had become contaminated with other products. The complaint sample and additional samples which were taken from the same batch were all found to contain levels of gluten that exceeded the legal limits as outlined above. This conviction resulted in a €2000 fine and costs of €2300.

Coeliac disease is an autoimmune disorder characterised by a permanent intolerance to ingested gluten. Gluten is a protein fraction of wheat, rye, oats and barley which are all allergens and gluten intolerance can cause poor health to those that are affected by it. It is of utmost importance that where such claims are made that food businesses are complying with the legislation and the public are being provided with the correct information. The national chemical sampling plan allows the Environmental Health Service to sample gluten free and peanut free foods throughout the year from a variety of food businesses. Samples are sent to Galway Public Analyst's Laboratory.

The table below the types of foods sampled and the number of unsatisfactory samples found.

	Food Types	Analysis	No. samples received	No. Unsatisfactory
Feb	Gluten Free Beers	Gluten	14	0
May	Locally manufactured Foods including bakery products	Allergen(s) in Manufactured Foods Gluten	26	0
May	Locally-manufactured Foods	Allergen(s) in Manufactured Foods Peanut	16	0
July	Foods Presented as Gluten Free including bakery products, prepared meals, cereals, sauces and snacks/Foods Presented as Peanut Free including bakery products, prepared meals and cereals	Gluten & Peanut Protein	46	4
August	Locally-manufactured Foods including bakery products, cereals, prepared meals, meat products and snacks	Allergen(s) in Manufactured Foods Gluten	34	0
September	New mainstream foods labelled as gluten free/very low gluten including bakery products, prepared meals, cereals, sauces, meat products, snacks and confectionary	Gluten	30	1
November	Locally-manufactured Foods including bakery products, prepared meals, meat products, snacks and confectionary	Allergen(s) in Manufactured Foods Gluten	42	3

In the case of unsatisfactory results the Environmental Health Service will contact the food business concerned either directly or through the FSAI cross country complaints section if the food is produced outside of Ireland. Depending on the outcome of a risk assessment formal action may be undertaken and in some cases result in the product being taken off the market.

#### Distance Selling:

Food business operators are responsible for the food information (including allergen information) provided to the consumer and this also includes the information provided for food sold or advertised for sale on a website, social media or any other means.

Common methods of selling food by means of distance communication include:

- Websites
- Social media pages
- Online market places
- Mail order
- Telephone
- Text message
- Catalogues
- Newspapers
- Magazines
- Leaflets

The main purpose of food law is to ensure that food available for consumers to buy is safe.

It also requires food businesses to provide consumers with the necessary information about food, so that they can make an informed choice at the time of purchase. This is particularly important in relation to allergen information on non pre-packed food for sale online.

When selling food online consumers shall be provided with certain information about the food **before the purchase is concluded**. This information should allow the consumer to make an informed choice about the food, before they complete the purchase online.

Examples include:

- Supermarket deli counters and bakeries
- Pizza shops
- Fish and chip shops
- Chinese or Indian restaurants
- Businesses that make food such as bread, cakes, chocolates, juices, jams and ethnic food at home and sell directly to the consumer online
- Butchers that supply 'meat boxes'
- Traders or growers that supply 'fruit and vegetable boxes'
- Menu planning/recipe box services

The only information that must be provided before the purchase is concluded is:

- **Information on ingredients that cause allergies or intolerances**
- This information must also be provided on delivery
- The information on allergens must be provided in writing at one of the two stages: before the purchase is concluded or on delivery.

Note: if the name of the food clearly refers to the allergen concerned, there is no obligation to separately provide information on that allergen.

With the increase in on-line sales more and more food is being advertised, ordered and bought through distance selling additional monitoring needs to be carried out to address such issues as allergens, traceability, health claims and food fraud etc.

This is an emerging challenge for the Environmental Health Service and the regulatory authorities and the is an Environmental Health Service active participant in an interagency working group established in 2016 to develop a Guidance Note for Industry and Regulators in this regard.

## 5.7 Infectious Disease Control

Infectious diseases are diseases caused by a microorganism or other agent, such as a bacterium, fungus, or virus that enters the body.

The Infectious Diseases Regulations 1981 and subsequent revisions established a list of notifiable diseases and introduced a requirement for laboratory directors and medical practitioners to report a case of notifiable infectious disease to a Medical Officer of Health.

The Environmental Health Service investigates confirmed cases of illness notified to them by colleagues in the Department of Public Health.

Notifiable diseases associated with food, water or environmental factors which may be investigated by the Environmental Health Service include the following:

Acute Infectious Gastroenteritis (AIG)	Listeria
Bascillus cereus	<i>Norovirus</i>
Campylobacter	<i>Rotovirus</i>
Clostridium	<i>Salmonella</i>
Cryptosporidium	<i>Shigella</i>
E coli	<i>Staphylococcus aureus</i>
Giardia	<i>Yershinia</i>
Legionellosis	<i>Leptospirosis</i>

Environmental Health Service investigations can be of single (sporadic) cases of illness in an individual or outbreaks<sup>2</sup> where there are a number of cases. The Environmental Health Service routinely investigates outbreaks of food borne illness or cases of gastroenteritis where there is a common food or water exposure within a geographical area.

Typically the Environmental Health Service follows up with patients who are ill to identify their history of exposure to risk factors and common food/water sources. The Environmental Health Service will also establish if the patients are in a risk group with regard to work or childcare. Advice is given to those suffering from illness in relation to hygiene precautions and exclusions from workplaces and child care if appropriate. Any relevant information on potential sources of disease is referred to other local Environmental Health areas for follow up investigations where relevant.

<sup>2</sup> An outbreak of infection or foodborne illness may be defined as two or more linked cases of the same illness or the situation where the observed number of cases exceeds the expected number, or a single case of disease caused by a significant pathogen. Outbreaks may be confined to some of the members of one family or may be more widespread and involve cases either locally, nationally or internationally.

A cross agency document Management of Outbreaks of Foodborne Illness was developed between the FSAI, HSE and other Official Food Agencies. This includes arrangements for activation of the management plan, establishment of a multidisciplinary team and, where appropriate, a multi-agency Outbreak Control Team, communication and information protocols and out of hours contacts/on call services.

**In 2016, the Environmental Health Service dealt with 177 outbreaks of foodborne illness and infectious disease and 1,103 sporadic cases of confirmed illness.**

## 5.8 Leisure Facilities

Leisure/spa facilities are now very numerous in Ireland and there is a misconception that these businesses are routinely inspected by the Environmental Health Service when in fact such locations are completely unregulated. There is no statutory licensing/registration, monitoring, sampling or inspection of hygiene standards in such premises.

The Environmental Health Service strongly supports regulation of recreational bathing water, leisure facilities, swimming pools and Jacuzzi baths. These facilities carry known health risks and if not designed, constructed, maintained, cleaned and operated properly are locations where serious water borne and airborne illnesses such as legionnaire's disease can be acquired. In addition they can also be the source of other infectious illness such as localised eye and ear infections and viruses.

Where such a case of a notifiable disease is linked to a leisure facility the *Infectious Diseases Regulations 1981* can be used by the Environmental Health Service to investigate. Some complaints are also relayed to the Department of Health for their information and the Environmental Health Service strongly advocates for formal regulation of this sector.

## 5.9 Obesity – Public Health

It is government policy to improve health through reduced obesity through supporting healthy eating choices, healthy eating guidelines, the supply of healthy food products in school vending machines, the detection and treatment of obesity and publishing calorie counts on menus in a variety of food businesses serving the public.

The Department of Health began work on the Health and Wellbeing (Healthy Workplaces and Calorie Posting) Bill in 2015. It is intended that Environmental Health Officers will be enforcing this proposed legislation and throughout 2016 the Environmental Health Service has been represented on the Department of Health technical group preparing for this legislation alongside, the FSAI, the HSE Healthy Eating Active Living Priority Programme and other health stakeholders.

## 5.10 Port Health Control/IHR

The Environmental Health Service maintains a presence at Ireland's main seaports and airports to enforce the International Health Regulations (IHR) and food import control legislation. Their role is part of an EU wide border control and the Environmental Health Service routinely co-operates in this cross functional, multi-disciplinary work with the Revenue Commissioners, Department of Agriculture, Food and the Marine, Port State Control, Port Authorities as well as Public Health, Emergency Management and Ambulance Service colleagues within the HSE as required.

Environmental health hazards do not observe borders or boundaries and the core function provided by the Environmental Health Service at the port is the prevention of the importation of threats to public health as provided for in Goal 3 of *Healthy Ireland*.

Port food safety activities include physical checks, examination and sampling of foodstuffs imported into the EU and where necessary their detention, destruction or re-exportation.

Environmental Health Service IHR activities include ship and aircraft inspection, assessment of Maritime Declarations of Health, issuing and assessment of Ship Sanitation Certificates, infectious disease surveillance, investigation and control of outbreaks of illness and monitoring of potential hazards.

Carriers of disease are known in public health terms as vectors of disease and in 2016 the Environmental Health Service undertook a specific monitoring programme in this regard. Ongoing climate change has created the potential for an increase in insect vector populations and the establishment of invasive mosquitoes in Ireland is potentially more likely.

Mosquito-borne diseases such as Zika virus, West Nile virus, Chikungunya virus, dengue, and malaria are spread by the bite of an infected mosquito. In 2016, the World Health Organisation (WHO) declared a “public health emergency of International concern” due to the clusters of microcephaly and other neurological abnormalities that may have been caused by the Zika virus (WHO, 2016). The Zika virus is mainly spread when an infected mosquito of the *Aedes aegypti* or possibly *albopictus* type bites a person (WHO, 2016). It must be noted that neither of these mosquito is native to Ireland and would be classed as invasive species should they be found here. In the 2016 WHO European region interim risk assessment on Zika Virus assessed Ireland as having a very low likelihood score of transmission of the Zika virus.

In 2009 the Environmental Health Service developed a surveillance programme that monitored mosquitoes in Ireland at selected Ports. The data from these studies which was undertaken under European Centre for Disease Prevention and Control guidance did not identify any invasive species.



*Gravid Trap*



*Larval Stage*



*Aedes Mosquit*

Despite the low risk associated to Ireland a further programme of monitoring was implemented in 2016 at Irish ports as a precautionary surveillance initiative. The *Aedes* mosquito which is associated with the spread of Zika virus was generally not thought to have been present in Ireland as the Irish climate temperature is not consistently high enough for it to breed. This is not to say that invasive species could not enter the country through vessels, aircraft, cargo or vehicles arriving into Irish ports. Ireland receives cargo vessels from areas where outbreaks of the Zika virus were recorded such as Brazil, Colombia, Costa Rica, Guyana, Mexico and Panama. The question then is are they able to survive and multiply in Ireland's climate and present any level of risk to the public health.

The rationale for the survey was to establish if there had been any change in the nil detection rates of relevant mosquito species since the last survey and furthermore identify any potential for breeding sites at ports that might so provide a potential risk for the spread of invasive species over time. The International Health Regulations 2005 sets out that States Parties shall establish programmes to control vectors that may transport an infectious agent that constitutes a public health risk. There is also a requirement for designated airports and ports to have a programme and trained personnel for the control of vectors and reservoirs in and near points of entry. In Ireland the designated points of entry are Shannon and Dublin Airports and the Seaports of Dublin, Cork, Waterford, Wexford and Limerick.

### Methodology

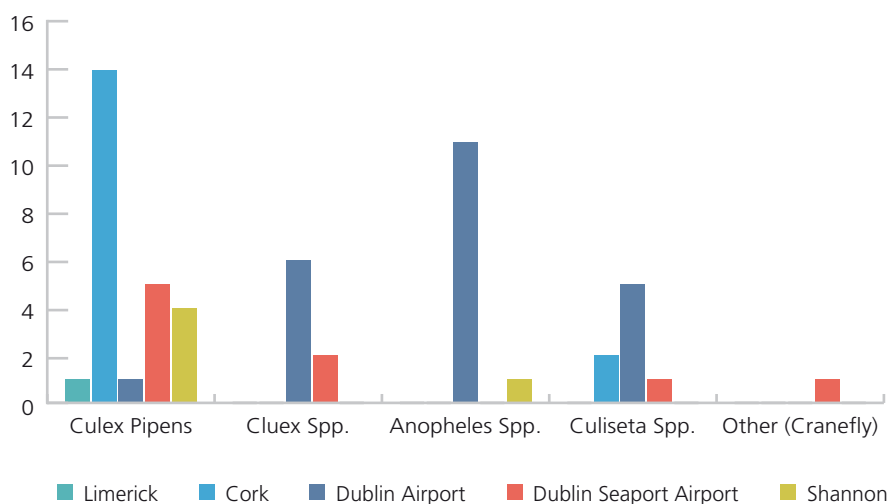
The sites chosen for the monitoring programme were Cork Seaport, Limerick/Foynes Port, Shannon Airport, Dublin Seaport and Dublin Airport. All mosquito species require a body of water for their development. The collection sites were chosen based on established research, habitat assessment. Traps were sited at pre-approved locations within the ports/airports. Traps were located in habitats known to attract mosquitoes including under bushes and near trees, away from heavily trafficked areas and in shaded places.

Generally, mosquito larvae develop once the water/ground temperatures are consistently above 10°C, and monitoring usually commences in early April and finishes by late October. Target and non-target species collected are segregated and field data forms are completed. Target species are then sent to the entomologists for analysis and identification.

### Results

A total of 53 identifiable mosquito species were found in the traps during the surveillance period (see Figure 1). Several more non-target species and target species that were damaged, and therefore unidentifiable, were also found. On several occasions no specimens were found in the traps, especially at the start and end of the season. The peak period for specimen collection was August and September. Species from three genera were recovered including *Culex*, *Anopheles* and *Culiseta*. Importantly, no invasive *Aedes* species (vector for Zika) were found from any of the sampling sites. The vast majority of mosquito species identified were *Culex pipiens* which is the most common Irish species and larvae can be found in almost all aquatic habitats both natural and artificial (Loxton, 2016).

**Figure 3 Total Numbers of Mosquitoes Identified by Location in the Monitoring Period 2016**



## 5.11 Sunbeds

Skin cancer is the most common type of cancer in Ireland and is a particular problem for Irish people generally because of their fair skin. For most people, the main source of exposure to ultraviolet radiation (UVR) is the sun. Nevertheless, some people are exposed to high doses of ultraviolet (UV) through artificial sources. Sunbeds and sunlamps used for tanning purposes are the main source of deliberate exposure to artificial UVR. All forms of UVR contribute to skin cancer. In July 2009, the WHO's International Agency for Research on Cancer (IARC) reclassified sunbed use from a group 2A carcinogen (probably carcinogenic to humans) to a Group 1 carcinogen, (definitely carcinogenic to humans). In 2014, the Sunbeds (Public Health) Act was introduced to regulate the use of sunbeds in Ireland and laid a particular focus on preventing the use of sunbeds by those aged under-18 years.

The Department of Health (DoH) is responsible for policy and the HSE is the statutory enforcement authority with the Environmental Health Service responsible for monitoring compliance and enforcement of this legislation. A joint group was set up between the DoH and the Environmental Health Service to ensure all aspects of inspection and enforcement were introduced and implemented by the HSE. The legislation introduced in 2014 was supplemented by additional regulations to address notification, health information, marketing, warning signage and fixed payment notices (fines).

### New Challenges

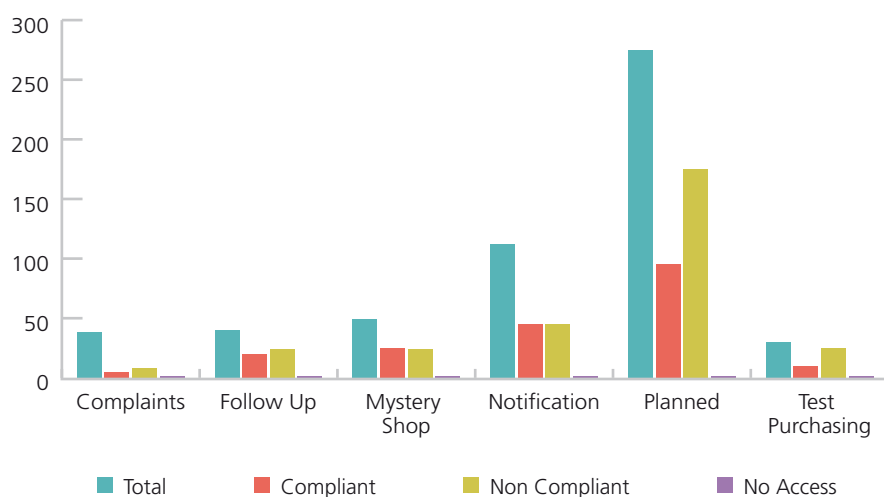
The Environmental Health Service has a wealth of experience in inspection and enforcement but were faced with some new challenges in this suite of legislation. Enforcement tools now include test purchasing, mystery shopping and fixed penalty notices for non-compliance. In addition, inspection techniques have moved into the 21<sup>st</sup> Century with the advent of social media. 'Evidence' of non-compliance is freely accessible through the use of illegal website advertising/marketing of sunbeds and on the social media pages of sunbed business operators. This has required the Environmental Health Service to develop new models of inspection, which can include collecting evidence without visiting the premises, and carrying out inspections 'incognito' (through mystery shopping). The Environmental Health Service completed 613 inspections in 2016 of which 42 were undertaken as mystery shopping visits. 70 complaints were received of which 68% related to marketing practices while 9% pertained to health claims.

Section 10 of the Sunbed (Public Health) Act 2014 requires that the general public only receives accurate and verified information about the risks involved in using sunbeds so informed choices can be made before using, hiring or buying a sunbed. In 2016, the Environmental Health Service however has found cases (particularly on line) of sunbed operators advertising their product incorrectly illegally as a treatment for certain health issues. A particular example of this is the advertisement of sunbed use as treatment for psoriasis and eczema. These conditions may respond to phototherapy however sunbeds are not phototherapy and should not be promoted or sold for this purpose.

### 2016 Sunbed Inspections by Type

Type of Inspection	Total	Compliant	Non Compliant	No access
Complaints	30	7	15	0
Follow Up	37	12	17	0
Mystery Shop	43	22	20	0
Notification	107	37	38	2
Planned	271	92	166	0
Test Purchasing	25	6	19	0

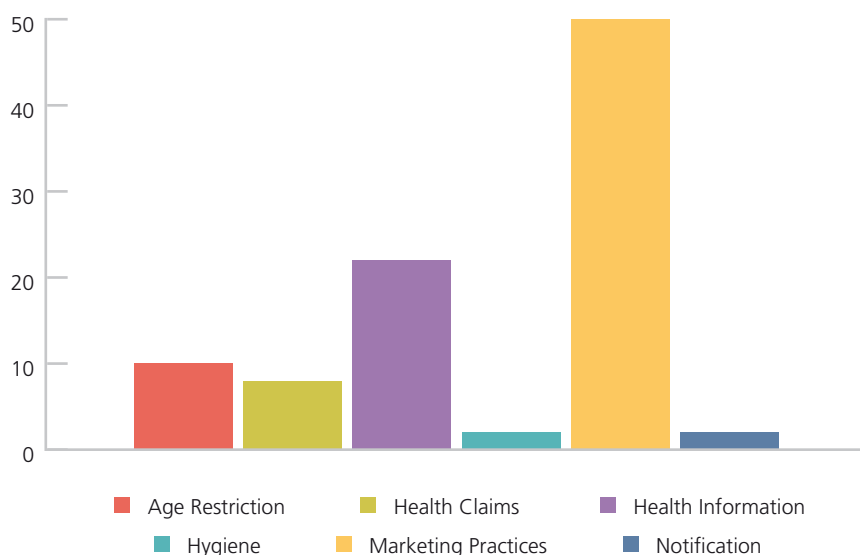
Figure 4 2016 Sunbed Inspections by Type



### 2016 Sunbed Complaints Investigated by type

Nature of Complaint	Number
Age Restriction	8
Health Claims	6
Health Information	21
Hygiene	2
Marketing Practices	48
Notification	2



**Figure 5 2016 Sunbed Complaints Investigated by Type**

## 5.12 Tobacco – Regulation & Control

Tobacco use is the leading cause of preventable death in Ireland. Ireland is a recognised leader in the field of tobacco control and has been to the forefront in introducing measures to protect the health of the population from smoking related diseases of our country from the lethal habit of smoking, where 1 out of 2 smokers will die of a smoking related illness/disease.

The Environmental Health Service enforces a range of legislative provisions and regulatory measures in the area of tobacco control, principally those provisions of the Public Health (Tobacco) Act and associated regulations, which govern smoking in the workplace, restrictions on the sale and marketing of tobacco products in the retail environment, plus sales of tobacco to minors. In relation to the latter, the Environmental Health Service undertakes compliance checks, also known as test purchases, in retail outlets to determine if retailers will sell tobacco products to volunteer minors.

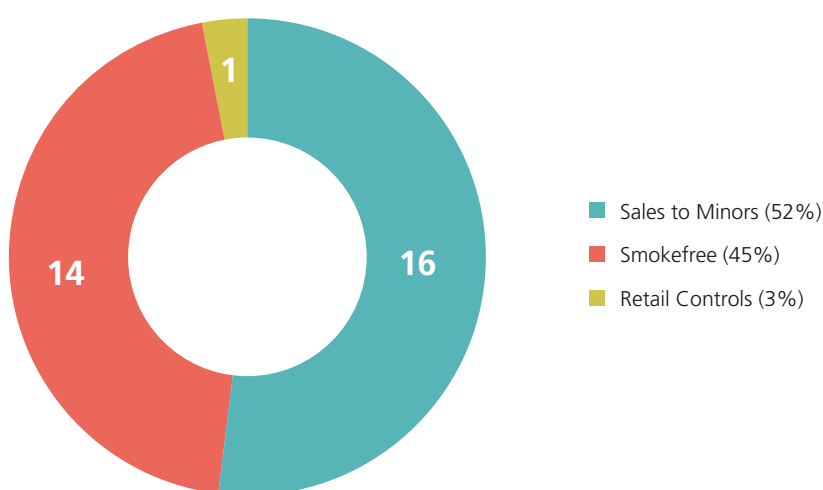
New regulatory controls were introduced in 2016 with the arrival of the Tobacco Products Directive and some of the implications of this new legislation are highlighted below. During 2016, the Environmental Health Service worked very closely with the Department of Health in preparing for the introduction of this legislation in Ireland. The Environmental Health Service also co-operates with and supports the on-going work of the Health and Wellbeing Priority Action Programme on Tobacco.

### Enforcement

In general, compliance with the Public Health (Tobacco) Act has been high since its introduction in 2004. Significant problems still remain in relation to smoking in the work place, particularly in relation to licensed premises and non-compliant smoking shelters, and also in relation to sales of tobacco products to persons under the age of 18.

Details of convictions and prosecutions under the Public Health (Tobacco) Act are published on the HSE Website at the following link: <http://www.hse.ie/eng/about/Who/TobaccoControl/Enforcement/> there were 31 successful convictions for tobacco related offences in 2016 broken down by type as follows:

**Figure 6 2016 Tobacco Convictions by Type**



Public and businesses are encouraged to report non-compliance to our Compliance Line, on Lo-Call 1890 333 100.

### The Tobacco Products Directive

The EU Tobacco Products Directive introduced a range of tobacco control measures and introduced specific controls on e-cigarettes for the first time. The new Tobacco Products Directive (TPD) was transposed into Irish law on the 20th May 2016, by the European Union (Manufacture, Presentation and Sale of Tobacco and Related products) Regulations 2016 and has added further to the legislative base.

These 2016 Regulations include provisions in relation to mandatory reporting of information in relation to tobacco products, electronic cigarettes/refill containers, novel and herbal products to the HSE. There is a requirement for the HSE to make publicly available some of this information whilst taking into account the need to protect trade secrets. In addition there are packaging and labelling rules plus safety and quality requirements for such products. Where economic operators consider or believe a product to be unsafe or not of good quality or otherwise non-conforming they must take immediate corrective action to bring the product into conformity or withdraw or recall it. They must also inform the HSE as the market surveillance authority.

**Packaging and labelling rules for e-cigarettes**

Health warnings for e-cigarettes are mandatory.

In addition, packaging must include:

- a list of all ingredients contained in the product,
- information on the product's nicotine content and
- a leaflet setting out instructions for use and information on adverse effects, risk groups and addictiveness and toxicity.

Promotional elements are not allowed on e-cigarette packaging and cross-border advertising and promotion of e-cigarettes is prohibited.

**Safety and quality requirements for e-cigarettes**

Safety and quality requirements have been introduced for e-cigarettes containing nicotine. The legislation sets maximum nicotine concentrations and maximum volumes for cartridges, tanks and nicotine liquid containers. E-cigarettes must be child-resistant and tamper proof and have a mechanism that ensures refilling without spillage to protect consumers. E-cigarette ingredients must be of high purity and must deliver the same amount of nicotine for puffs of the same strength and duration.

**Monitoring and reporting of developments related to e-cigarettes**

As e-cigarettes are a relatively new product for which evidence is only starting to emerge, the legislation lays down monitoring and reporting requirements for manufacturers and importers, Member States and the Commission.

**EU Rules on Tobacco Products**

**BEFORE** | **AFTER**

**CIGARETTES AND ROLL-YOUR-OWN TOBACCO (RYO)**

- BEFORE:** Flavours, 30-35% text warning, slim pack and small sizes.
- AFTER:** 65% picture and text warning, plain packaging (no brand names on packs), maximum volume and concentration of nicotine (max 10ml, max 20 mg/ml).

**ELECTRONIC CIGARETTES (CONTAINING NICOTINE)**

- BEFORE:** No information to consumers required, no maximum volume or concentration.
- AFTER:** 2 ml max volume, maximum volume and concentration of nicotine (max 10ml, max 20 mg/ml), information to consumers required.

**COMBATTING ILLICIT TRADE**

- Traceability:** Tracking and tracing system with unique identifier.
- Security features:** latent images, watermarks, security threads, holograms, colour changing inks.

**IMPLEMENTATION TIMELINE**

- 3 APRIL 2014: EU Directive adopted
- 20 MAY 2016: MS transpose Directive into NATIONAL LEGISLATION
- 20 MAY 2017: Exhaustion of stock DEADLINE
- 20 MAY 2019: Tracking and tracing for cigarettes and RYO
- 20 MAY 2020: Ban of menthol cigarettes

**IMPROVE HEALTH, REDUCE COSTS**

- 700 000 premature deaths in EU per year** (the equivalent of the whole population of Seville)
- Smokers in the EU (data from 2014):**
  - ≥ 29% (dark red)
  - 24%-28% (red)
  - ≤ 23% (light red)
- EU public healthcare costs:** 25 billion per year (current burden), 2% decrease = € 506 million per year expected in the EU.
- Productivity losses:** 8 billion per year (current burden), 2% decrease = € 165 million per year expected in the EU.

**2% = 2.4 million fewer smokers in the EU**

Issued in May 2016 | [http://ec.europa.eu/health/tobacco/products/index\\_en.htm](http://ec.europa.eu/health/tobacco/products/index_en.htm)

### **Cross-border distance sales of tobacco products and electronic cigarettes**

A registration system for retailers who wish to supply tobacco products and e-cigarettes directly to consumers in another EU member state has been introduced in Ireland. This is referred to as 'cross border distance sales' and generally involves internet sales. A retailer must register in the Member State in which they are based and in the country to which they wish to supply products. If they are based outside the EU, they must only register in the EU country to which they wish to supply products. The Tobacco Products Directive gave Member States the option of banning this activity and retailers cannot supply consumers in those countries that have banned cross border distance sales.

### **Mandatory reporting of ingredients and emissions**

The legislation requires manufacturers and importers of tobacco products, electronic cigarettes and refill containers to submit key information to the HSE to a database hosted by the Commission. Manufacturers and importers of novel and herbal products must also submit key information in electronic form to the HSE.

There is a requirement for some of this information to be published and this process is being developed at present.

### **Larger and mandatory pictorial health warnings**

Graphic health warnings with photos, text and cessation information will cover 65% of the front and the back of cigarette and roll-your-own tobacco (RYO) packs. The warnings are grouped in three sets, to be rotated every year, to ensure that they retain their impact for as long as possible. Health warnings must be in the English and Irish Languages.

### **Replacement of tar, nicotine and carbon monoxide labelling**

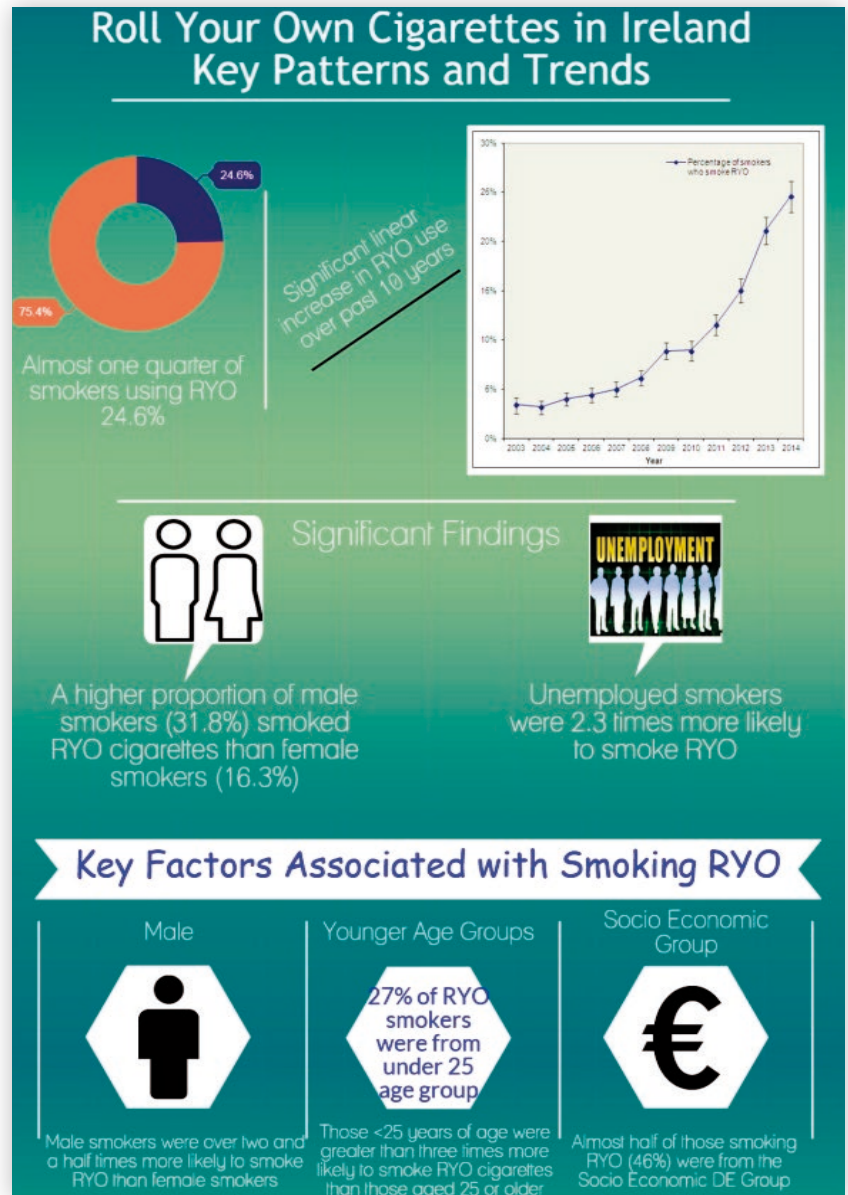
The tar, nicotine and carbon monoxide (TNCO) labelling on cigarettes and RYO tobacco will now be replaced with an information message that informs consumers that 'Tobacco smoke contains over 70 substances known to cause cancer'.

### **Regulation of ingredients and additives**

- Cigarettes and RYO tobacco products may no longer have characterising flavours such as menthol, vanilla or candy that mask the taste and smell of tobacco.
- In the case of products with more than a 3% market share (e.g. menthol), the ban will apply as of 2020.
- There will also be a ban on tobacco products containing certain additives such as caffeine and vitamins.
- There will be a ban on unit packs of RYO tobacco weighing less than 30g

Roll-your-own has increased significantly in popularity in recent years, as highlighted in research published by the Environmental Health Service, (summarised in the adjoining info graphic).

- A greater proportion of smokers under 25 years smoke RYO cigarettes (44.9%). This age group are over three times more likely to smoke RYO cigarettes
- Male smokers are almost two and a half times more likely to smoke RYO cigarettes compared to females
- Smoking prevalence is highest among lower socioeconomic groups. A significantly higher proportion of smokers who were unemployed smoked RYO cigarettes, with unemployed smokers 2.3 times more likely to smoke RYO.





# Appendices

## APPENDIX 1: Glossary of Terms

CHOs	Community Healthcare Organisations
CPD	Continuous Professional Development
DAFM	Department of Agriculture Food and Marine
DCC	Dublin City Council
DIT	Dublin Institute of Technology
EHAI	Environmental Health Association of Ireland – Professional Representative Body
EHIS	Environmental Health Information System
EHO	Environmental Health Officer
EPA	Environmental Protection Agency
ESHI	Environmental Sustainability and Health Institute
FOI	Freedom of Information
FSAI	Food Safety Authority of Ireland
FSPB	Food Safety Promotion Board (SafeFood)
FVO	EU Food and Veterinary Office (now called Sante F, DG Health and Food Safety since 2015)
HIQA	Health Information and Quality Authority
HPRA	Health Products Regulatory Authority (Formerly Irish Medicines Board)
HPSC	Health Protection Surveillance Centre
HSE	Health Service Executive
IW	Irish Water
LAs	Local Authorities
MHC	Mental Health Commission
MOU	Memorandum of Understanding
NUIG	National University of Ireland Galway
PAL	Public Analysts Laboratory
PEHO	Principal Environmental Health Officer
PQ	Parliamentary Question
SEHO	Senior Environmental Health Officer
SFPA	Sea Fisheries Protection Authority
Service Contract	Service Contract between the Health Service Executive and the Food Safety Authority of Ireland (January 2016)
TUSLA	Child and Family Agency
UCC	University College Cork
WHO	World Health Organisation
WTE	Whole Time Equivalent
WSA	Water Services Authority



## APPENDIX 2: Contact Details for the National Environmental Health Service

County	Telephone	Address
Environmental Health Service, National Office	045 880442	HSE, Oak House, Millennium Park, Naas, Co Kildare

### C

Cavan	049 437 3418	HSE, Environmental Health Service, The Arcade, Main Street, Cavan
Carlow	059 913 6574	HSE, St.Dympna's Hospital, Carlow
Cork City North Lee	021 492 1801	HSE, Environmental Health Service, Block 1, St Finbarre's Hospital
Cork City South Lee	021 492 7703	HSE, Father Matthew Quay, Cork
North Cork	022 58705	HSE, North Cork EH Service, Blackwater House, Mallow Business Park, Mallow, Co Cork
West Cork	028 51456 Fx: 028 22658	Environmental Health Service, HSE – South, Elmwood House, Lurriga, Skibbereen, Co. Cork
Clare	065 6706660	Unit 6, Quin Road Business Park, Ennis
	065 7071143	HSE, Health Centre, Ennistymon
	065 9054200	HSE, Health Centre, Kilkee Road, Kilrush
	061 718400	HSE, Shannon Health Centre, Co Clare.

### D

Donegal	074 974 0682	HSE, Donegal District Hospital, Donegal Town
	074 936 3755	HSE, Health Centre, Buncrana
	074 952 1160	HSE, Community Services, Dungloe Community Hospital, Dungloe.
	074 912 3759	HSE, County Clinic, Letterkenny
Dublin North City East	01 449 3255	HSE, Adelaide Chambers, Peter St, Dublin 8
Dublin North City West	01 860 5860	HSE, Unit 13F, Blanchardstown Corporate Park, Ballycoolin, Dublin 15
Dublin North Specialist Section	01 8976140	HSE, Specialist Section, First Floor, Unit 4 & 5, Nexus Building, Blanchardstown Corporate Park, Ballycoolin, Dublin 15
Dublin North County-Fingal	01 8976140	HSE Environmental Health Service, Nexus Building, Block 5, 1st Floor, Blanchardstown Corporate Park, Dublin 15.
Dublin South City East	01 449 3255	HSE, Food Control, South City East, Adelaide Chambers, Peter St, Dublin 8

County	Telephone	Address
Dublin South City West	01 468 6375	4th Floor Chamber House, Chamber Square, Tallaght, Dublin 24
Clondalkin	01 468 6375	4th Floor Chamber House, Chamber Square, Tallaght, Dublin 24
Tallaght	01 414 9000	HSE, South Dublin County Council, County Hall, Tallaght, Dublin 24
Dun Laoghaire	01 271 5000	HSE, Food Control, 12 Northumberland Avenue, Dun Laoghaire

## G

Galway	091 847 820	HSE, Primary Care Centre, St Brendan's Campus, Lake Road, Loughrea
	093 24492	HSE, Health Centre, Vicar Street, Tuam
	091 737388	Environmental Health Service. HSE West, Galway IDA Business Park, Dangan, Galway.

## K

Kerry	066 7184981	Environmental Health Service, HSE South, Edward Court – Block C, Edward Street, Tralee
	066 7184992.	
	064 6670760	HSE, Block 1, Killarney Community Hospital, St Margaret's Road, Killarney, Co Kerry
Kildare	045 873208 045 873267	HSE, The Crossings, Naas, Co Kildare.
Kilkenny	056-7784016	HSE, Conference Room St. Canice's Hospital, Kilkenny

## L

Laois	057 8692675	HSE, EHO Service, St Fintan's Campus, Dublin Road, Portlaoise
Leitrim	071 965 0362	HSE, Community Care Offices, Leitrim Road, Carrick-on-Shannon
Limerick	061 461502	HSE, 2nd Floor, Ashbourne Hall, Dock Road, Limerick
	063 98192	HSE, Health Centre, Kilmallock
	069 62155	HSE, Health Centre, Newcastle West, Limerick
Limerick East	061 464088	HSE, West, Holland Road, Plassey, Limerick
Longford	043 3350182	HSE, Health Centre, Dublin Road, Longford
Louth	042-9389615	HSE, Community Care, The Ramparts, Dundalk
	041 989 3200	HSE, 1st Floor, Old St. Mary's Hospital, Dublin Road, Drogheda

County	Telephone	Address
<b>M</b>		
Mayo	094 9042105	HSE, Environmental Health Service, Top Floor, St. Mary's HQ, Castlebar.
	094 954 2278	HSE, Health Centre, Ballinrobe
	096 21511	HSE, Health Centre, Ballina
	094 936 2569	HSE, Health Centre, Claremorris
Meath	046 902 1595	HSE, County Clinic , Navan
	01 8024117	HSE, Dunshauglin Health Care Unit, Dunshaughlin
	046 9481122	HSE, St. Joseph's Hospital, Trim
Monaghan	047 30906	18 The Grange, Plantation Walk, Monaghan
<b>O</b>		
Offaly	057 9359550	HSE, Health Centre, Arden Road, Tullamore
<b>R</b>		
Roscommon	090 66 37880	Environmental Health Service, HSE, Government Offices, Convent Road, Roscommon.
	071 966 2868	HSE, Health Centre, Boyle
<b>S</b>		
Sligo	071 914 5132	HSE, Community Care Offices, Ardaghown, The Mall, Sligo
	071 918 5478	HSE, Teach Laighne, Hummbert St, Tubbercurry
<b>T</b>		
Tipperary North	067 46601	HSE, Civic Offices, Limerick Road, Nenagh
	0504 23211	HSE, St Mary's Health Centre, Parnell St, Thurles
	0505 25180	HSE, Health Centre, Templemore Road, Roscrea.
	0505 25196	
Tipperary South	052 77263	HSE, Community Care Centre, Western Road, Clonmel
<b>W</b>		
Waterford	051 842800	HSE, Community Care Centre, Cork Road, Waterford
	058 20900	HSE, Dungarvan Community Hospital, Springmount, Dungarvan.
Westmeath	044 9384890	HSE, Unit 7C, Lough Sheever Corporate Park, Robinstown, Mullingar

County	Telephone	Address
Wexford	090 6483195	HSE, Health Centre, Athlone
	053 9123522	HSE, Wexford Local Health Office, Environmental Health Service, Whitemill Industrial Estate, Wexford
	053 9421374	HSE, Wexford Local Health Office, Environmental Health Service, Health Centre, Gorey
Wicklow	051 421445	HSE, Wexford Local Health Office, Environmental Health Service, Health Centre, New Ross
	0404 68400	HSE, Health Centre, Glenside Road, Wicklow
	0402 39624 0402 91925	HSE, Castle Pk, Arklow or Health Centre Executive, Unit 7, Inbhear Mor Square, Templarainey, Arklow
	01 2744100	HSE, Health Centre, Killarney Rd, Bray







**Environmental Health Service**

National Office  
Health Service Executive  
Oak House  
Millennium Park  
Naas  
Co Kildare.

**Telephone:** 045 880442

