



Environmental Health Services

Health Service Executive

Review 2013



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Introduction

The Environmental Health Service (EHS) is part of the HSE's Health and Wellbeing Division, and our role is to protect the health of the population by controlling and preventing factors in the environment which may cause ill health or reduced quality of life. Enforcement of legislation in relation to environmental and lifestyle determinants of health is a central part of our role.

This is the first annual review of the wide range of work completed by Environmental Health Service nationwide, which is organised around a national management team, four regional management teams, and 37 local geographical areas.

While promoting and protecting health is the role of everyone working in the HSE, much of the work of the Environmental Health Service is carried out by enforcing legislation and regulations in areas such as tobacco control, cosmetic products, drinking water, food safety, pre-school services and infectious diseases. In the coming months and year, the EHS will extend its work to meet new public health challenges such as enforcement of legislation to regulate and control use of sunbeds by minors, and planned public health legislation on alcohol.

In 2013 the EHS implemented a new National Information Technology system, known as the Environmental Health Information System. This was a very significant achievement for the Service in supporting evidence based decision making identifying key priorities, supporting consistency and is the single point for standardised data collection, recording, collation and reporting. This new system provided the impetus and much of the data behind the development of this review which will be published annually from now on.

I hope you find this Review both useful and informative and I would like to thank all members of the Environment Health Service for their commitment and contribution to the work of our teams.

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1. Glossary of Terms

HSE	Health Service Executive
EHS	Environmental Health Service
RCEHO	Regional Chief Environmental Health Officer
PEHO	Principal Environmental Health Officer
SEHO	Senior Environmental Health Officer
EHO	Environmental Health Officer
WHO	World Health Organisation
ESHI	Environmental Sustainability and Health Institute
FSAI	Food Safety Authority of Ireland
WTE	Whole Time Equivalent
Service Contract	Service Contract between the Health Service Executive and the Food Safety Authority of Ireland (January 2012)
GN 1 Rev 2	FSAI Guidance Note No. 1: Guidance for the Health Service Executive on the Inspection of Food Businesses (Revision 2)
DIT	Dublin Institute of Technology
EHAI	Environmental Health Association of Ireland – Professional Representative Body
DCC	Dublin City Council
UU	University of Ulster
HPRA	Health Products Regulatory Authority (Formerly Irish Medicines Board)
HIQA	Health Information and Quality Authority
EPA	Environmental Protection Agency
MOU	Memorandum of Understanding
FVO	EU Food and Veterinary Office
IPH	Institute of Public Health
PAL	Public Analysts Laboratory
HPSC	Health Protection Surveillance Centre
UCC	University College Cork
CWO	Community Welfare Officer
DAFM	Department of Agriculture Food and Marine



2. Executive Summary

The Environmental Health Service (EHS) of the Health Service Executive has a staff equivalent of more than 550 highly qualified and competent professionals whose primary role is to promote and protect public health through preventative activities.

These activities include surveillance, sampling, education, information, advocacy, research, inspection, monitoring and enforcement.

The Environmental Health Service is unique within the HSE as it is predominantly recognised as a regulatory inspectorate which protects public health.

As the largest service within the Health and Wellbeing Division, the EHS works in close co-operation with colleagues within the Division as well as other disciplines within the wider HSE.

The EHS also has formal links with other lead statutory agencies and government departments.

The following are the areas monitored by the Environmental Health Service.

Lifestyle and Health

- Cosmetics Products
- Tobacco
- Tattooing/Body Piercing
- Leisure Facilities
- Alcohol

Early Years Services

- Regulation and Inspection

Water

- Drinking Water
- Bathing Water
- Fluoridation of Water Supplies

Port Health Control

- International Health Regulations
- Food Imports

Food Control

- Food Safety Inspections/Audits
- Food Product Sampling and Surveillance
- Export Certification

Environment

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

Infectious Disease Control

- Infectious Disease Investigation



The activities undertaken by the EHS 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 and planned such as inspection, sampling, surveillance, monitoring and training activities. These activities are prioritised and programmed through the EHS annual operational 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 advice requests, queries, complaints, alerts, product recalls, incidences, emergencies, and outbreaks/cases of illness, applications for approvals / licences/permits/registration, enforcement actions as well as Parliamentary Questions, Freedom of Information and planning and development requests.



3. The HSE Environmental Health Service

The World Health Organisation and the European Union (EU) defined Environmental Health as follows;

*“**Environmental health** comprises those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social, and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling, and preventing those factors in the environment that can potentially affect adversely the health of present and future generations.”*

This accepted important connection between health determinants and the environment highlighted the need for connected Government policy in these areas. This need was addressed in the 2013 document ‘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’.¹

The HSE Health and Wellbeing Division was established in 2013 based on two fundamental policy shifts within the health service – *Future Health* which describes the new structures currently being established for the healthcare system, and *Healthy Ireland*, the aforementioned Government Framework to improve the health and wellbeing of our population.

The Division is focused on helping people to stay well, reducing health inequalities and protecting the population from threats to their health and wellbeing.

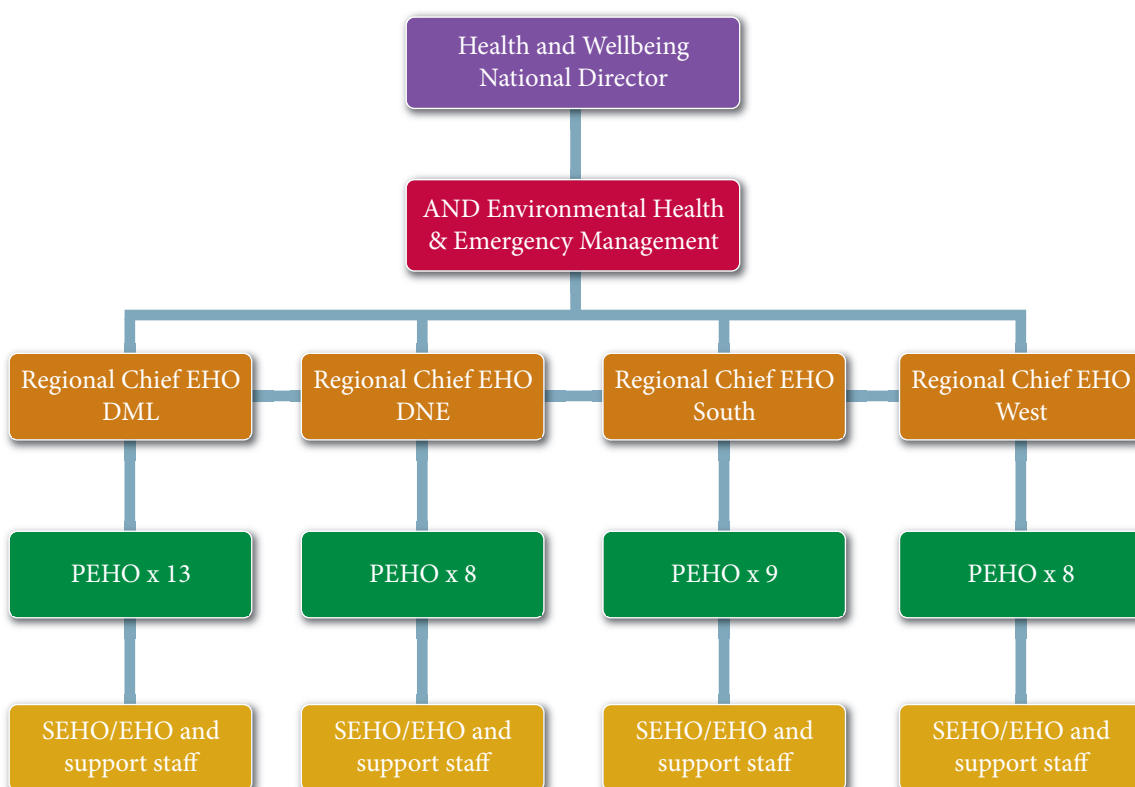
The EHS is part of the Health and Wellbeing Division and works alongside colleagues in Public Health, Health Protection, Child Health, Health Promotion and Improvement, Health Intelligence and Knowledge Management, Emergency Management and National Screening Services in the implementation of Healthy Ireland in the HSE.

The EHS underwent a complete organisational restructuring in 2008 and has operated as a national service since then.

¹ <http://www.dohc.ie/publications/pdf/HealthyIrelandBrochureWA2.pdf>



3.1 Organisational Structure of the HSE Environmental Health Service



All officers of the HSE Environmental Health Service from Environmental Health Officers to Regional Chief Environmental Health Officers are qualified Environmental Health professionals holding a minimum of a B.Sc Degree (Hons) in Environmental Health (or equivalent) with more than 25% of EHS staff also holding additional post-graduate qualifications.

The EHS at local level consist of a Principal EHO, Senior EHOs, EHOs and administrative staff. The staffing of individual local areas varies significantly and is influenced by considerations including range / scope of functions and demographic and historical factors.

EHOs can enforce multiple areas of legislation during a single inspection in a single business premises e.g. food safety, tobacco control, pest control and cosmetics regulations.

A multi regulatory approach is the most effective and efficient way to deliver this service and it supports the Government's objective to reduce the regulatory burden on business operators. This approach also provides flexibility to respond to crises such as outbreaks of infectious disease, food incidents/alerts and other emerging health risks requiring control e.g. sun bed legislation.



3.2 Benefits of a National Environmental Health Service Structure

This national structure allows the EHS 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 and Evaluation
- Programme Management

The national structure also allows the EHS to:

- Develop a clear national Environmental Health policy and strategy
- Align strategic and operational delivery at national regional and local level
- Develop a national approach to identified health needs and emerging health risks
- Develop a service responsive to both national priorities and local needs as required.
- Develop consistent standards and work methodology. The EHS has national standard operating procedures for all functions.
- Design and implement a national IT system to support national standard operating procedures and knowledge management.
- Develop a national coordinated annual programme of continuous professional development
- Utilise resources nationwide in accordance with nationally set priorities.
- Target areas of legislative requirements and areas of high risk to the public.
- Deliver services in an equitable and consistent basis country wide.
- Agree formal links, national Service Contracts and Memoranda of Understanding defining the EHS working relationship with all key external agencies- Food Safety Authority of Ireland, Health Products Regulatory Authority, Environmental Protection Agency, Health Information and Quality Authority, Tusla, the Child and Family Agency, Irish Water and Local Authorities.
- Implement a national agreement and provide support for academic development within the Environmental Sustainability and Health Institute



4. Environmental Health Service – Activities

The EHS as part of the HSE Health and Wellbeing Division not only promotes health and wellbeing but also protects it.

The EHS puts the prevention of ill health and protection of health at the core of its service by controlling the environmental factors which can cause ill health. This is a unique service within the HSE as many of the broad range of activities and functions it undertakes have a statutory basis i.e. they are required by law and in many cases undertaken in co-operation with other State agencies.

As part of the HSE National Service Plan and the Health and Wellbeing Divisional Plan the EHS is required to develop an annual Operational Plan.

The EHS Operational Plan sets out the work of the EHS on activities such as inspections, sampling, surveillance, monitoring and training. It also outlines preparations for demand led work such as dealing with queries and complaints, issuing alerts and product recalls, and dealing with incidents and emergencies. This work can also include dealing with outbreaks/cases of illness, applications for approvals / licences/permits/registration and enforcement actions. We also resource the handling of Parliamentary Questions, Freedom of Information requests and planning and development requests.

While EHS activities are predominately statutory the EHS also undertakes additional non-statutory activities and multi-disciplinary working aimed at advising, informing and educating others in relation to areas of health gain particularly with regard to emerging environmental health issues.

The EHS uses these advocacy opportunities and its formal interactions and activities to influence the Healthy Ireland programme agenda across other agencies and services.



4.1 Local Authority Agency Services

Since the establishment of the Health Boards under the Health Act 1970, the EHS has delivered a range of services on behalf of Local Authorities under agency arrangements. These arrangements vary 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
- Drinking water quality monitoring
- Environmental complaint investigation
- Assessment of the public health significance of planning applications to local authorities
- Waste management
- 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

4.2 Response to Incidences/Emergencies

The EHS is represented on HSE Regional Crises Management Teams and while much of the work of the EHS is not usually in the first response to emergencies there is a specific role for EHOs in the secondary stage.

In 2013 the Environmental Health Service was involved in crises and widespread incidents relating to severe weather issues including flooding, water and power supply disruption. The EHS issued advice to the public in relating 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 EHS also supported the food and hospitality industries in relation the safe operation of businesses during and following such unforeseen weather events and health advice to local authorities regarding water quality.



4.3 Continuous Professional Development

There is an ongoing continuous professional development programme undertaken by the EHS in order to advise EHOs on requirements of new/revised legislation, the application of new guidance notes/codes of practices and to implement and support standardised approaches to new activities. This coordination allows for greater value for money and shared learning which in turn supports national quality assurance by promoting standardisation and consistency throughout the service. The EHS also facilitates periods of professional placement for Student Environmental Health Officers in collaboration with the Dublin Institute of Technology and the Environmental Health Association of Ireland.

4.4 National Protocols and Quality Assurance

The EHS is constantly striving to improve the efficiency and effectiveness of the service. 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.

A suite of national protocols for all HSE functions and operations undertaken by the EHS has been in place nationally since 2012. These protocols are agreed, controlled and implemented throughout the service to ensure consistency and standardisation of approach. These national protocols are regularly reviewed and amended and are supported by ongoing continuous professional development and since 2013 by the implementation of the Environmental Health Information System.

The EHS is subject to internal audit by the HSE and external audit by the Food Safety Authority of Ireland and the FVO (EU Food and Veterinary Office). The EHS is currently developing an internal audit unit to provide further assurance as to the effectiveness of its work.



4.5 Research

The EHS is fostering partnerships and links with academic institutions and other Agencies/potential partners for conjoint research initiatives. It is a collaborator in the Environmental Sustainability and Health Institute (ESHI), which is an inter-disciplinary and cross-sectoral research institute dedicated to research focusing on the interface between the environment and health. EHSI 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 Biomonitoring, Energy, Food, Policy & Lifestyle (including Air Quality and Climate Change) and Water.

The EHS is developing its capacity to undertake research and is involved in a number of research and development initiatives including two with international partners namely the EU SHIPSAN ACT Joint Action and the DEMOCOPHES Project.

The **SHIPSAN ACT** is a European Joint Action funded by the EU under the Health Programme (2008-2013) in which 30 partners from 23 European countries participate. The Joint Action deals with the impact on maritime transport of health threats due to biological, chemical and radiological agents, including communicable diseases and supports the implementation of International Health Regulations 2005.

DEMOCOPHES is the acronym for the DEMOnstration of a study to COordinate and Perform Human biomonitoring on a European Scale.

The purpose of the DEMOCOPHES study is to demonstrate that human biomonitoring can be used at European level to determine levels of some key environmental pollutants in the Irish population and across Europe. The project is a pilot pan European initiative co-funded by the European Commission as well as by the partners in the 17 implementing countries.

The EHS in conjunction with colleagues in Public Health and the Public Analyst Laboratories of the HSE undertook an Irish study obtaining hair and urine samples so as to measure the uptake of cadmium, mercury, phthalates and cotinine.

The results of this study are very encouraging as none of the levels of biomarkers exceeded or came close to the health based guidance values above which adverse health effects are possible.

Ireland's participation in the study has aided the development of a coherent and harmonised approach to HBM across Europe. Nationally it has forged an effective partnership between multiple disciplines. The Irish study has provided basic data that may be compared with DEMOCOPHES partners to illustrate the potential power of HBM in connecting environmental and lifestyle related exposures to measured dose uptake in individuals and groups, for the betterment of population health policy making and intervention



5. Environmental Health Service – 2013 Key Developments

5.1 Environmental Health Information System – Implementation

The Environmental Health Information System (EHIS) is a national ICT system for all the HSE functions undertaken by the Environmental Health Service. The EHIS is a unique achievement in the HSE in recent years and for the first time allows for the collection, recording, collation, sharing, analysis and management of data centrally, regionally and locally within the EHS. This system went live across all HSE regions in 2013.

5.2 Emerging New Areas

5.2.1 Sunbeds – Legislation Implementation and Enforcement

The Public Health (Sunbeds) Bill 2013 and explanatory memorandum was published by the Department of Health in December 2013.

In announcing the publication of the Bill the Minister for Health stated that “action is required to protect the public, in particular children and young persons, from the risk of skin damage, and the increased risk of developing skin cancer. He said we need to promote a greater public awareness across all age groups of the dangers of developing skin cancer, premature ageing and eye damage from exposure to ultraviolet radiation”

The EHS will be responsible for the enforcement of this legislation which, amongst other provisions, specifically prohibits those under 18 years of age from using a sunbed on a commercial premises or purchasing or hiring a sunbed. The Bill also includes measures on the provision of information on the risks associated with sunbed use and warning signs, which will enable adults to make informed choices.

The EHS welcomes this proposed legislation and is engaged in ongoing work with the Department of Health in planning for its implementation and enforcement.



Background

A sunbed is any tanning unit used to tan the skin with UV radiation. The amount of UV radiation obtained by a person from a sunbed can be up to 15 times higher than the radiation received from the midday Mediterranean sun. Using a sunbed is not a safer way of obtaining a tan than exposure to the sun. Sunbeds expose skin to UVA and UVB rays which damage skin cells and this can lead to skin cancer.

The World Health Organisation’s International Agency for Research on Cancer (IARC) has reclassified sunbed use from a group 2A carcinogen (likely carcinogenic to humans) to a Group 1 carcinogen (carcinogenic to humans).

In Ireland there is a growing body of evidence that young children are regularly using sunbeds in the advance of special occasions such as First Holy Communion. The EHS has long been advocating for the regulation of this industry and welcomed the announcement in 2006 that such regulation was to be included in the Government’s National Cancer Strategy. The EHS has been working with relevant stakeholders towards the introduction of this legislation for a number of years.



5.2.2 Alcohol – Regulation and Control

The HSE is the lead agency responsible for the implementation of a number of recommendations in the Report of the National Substance Misuse Strategy Steering Group.

Announcing the proposed Public Health (Alcohol) Bill in October 2013, the Department of Health indicated that enforcement powers will be given to the EHS in relation to:

- Regulations relating to the sale, supply and consumption of alcohol products under section 16 (1) (b) and (c) of the Intoxicating Liquor Act 2008
- Structural separation of alcohol from other products under section 9 of the Intoxicating Liquor Act 2008 which may be commenced.
- Any provision(s) of the Public Health (Alcohol) Bill which require enforcement measures

It is expected that the Public Health (Alcohol) Bill will make provision for the following:

- Minimum Unit Pricing
- Ban/restrictions on Advertising & Marketing on Radio/TV/Cinema and Print Media
- Ban/restrictions on Sport Sponsorship
- Health Labelling



The EHS welcomes the implementation of the National Substance Misuse Strategy and the proposed introduction of greater regulation in relation to the marketing and sale of alcohol as a public health measure.

Background

The Programme for Government commits to a “National Addiction Strategy” dealing with both drugs and alcohol. The Government decided in 2009 to include alcohol in a National Substance Misuse Strategy. Arising from this decision, a Steering Group chaired by the Department of Health was established to advise Ministers on a new Strategy.

When establishing the Group, cross-departmental and cross-sectoral representation was required to effectively reflect a whole-population approach. The Steering Group comprised representatives from relevant Departments and agencies, medical professional bodies, the community and voluntary sectors and the alcohol industry,

The Report of the National Substance Misuse Strategy Steering Group comprises five pillars - Supply, Prevention, Treatment and Rehabilitation, Research and Information and Monitoring and Implementation.

The Steering Group has made recommendations under each of these pillars. In addition particular Government Departments or State Agencies have been suggested as appropriate to lead or jointly lead on individual recommendations.



6. Environmental Health Service – Functions

Lifestyle and Health

6.1 Cosmetic Products – Regulation and Control

The EHS works in conjunction with the Health Products Regulatory Authority (HPRA) to ensure that all cosmetic products meet the requirements of the legislation. This is to ensure that they do not compromise the health and safety of the consumer and any other person using or coming into contact with such products.

Some of the possible health risks associated with the use of non compliant cosmetics includes the contamination of such products with heavy metals, arsenic and mercury.

Surveillance work carried out by the EHS related to cosmetics products involves the following:

- Sampling and analytical testing of cosmetic products
- Review of cosmetic product labelling
- Investigation of safety concerns arising from cosmetic product use
- Inspection of distributors and retailers of cosmetic products
- Investigation of incoming RAPEX² alerts for cosmetic products
- Instigation of legal proceedings

The EHS has developed national protocols for the enforcement of cosmetics legislation.



The National Cosmetics Surveillance Forum is an interagency forum established to facilitate the monitoring of cosmetic product compliance by market surveillance in Ireland. The EHS is a member of the National Cosmetics Surveillance Forum in conjunction with representatives of the HPRA and the HSE Public Analyst Laboratories.

² RAPEX is established as the EU rapid alert system that facilitates the rapid exchange of information between Member States and the Commission on measures taken to prevent or restrict the marketing or use of products posing a serious risk to the health and safety of consumers with the exception of food, pharmaceutical and medical devices, which are covered by other mechanisms.



The functions of the National Cosmetics Surveillance Forum include the following:

- Preparation and agreement of the market surveillance programme
- Review the progress of the market surveillance programme
- Agree changes to market surveillance programme where required
- Review and agree template documents
- Development of HPRA/HSE protocols for monitoring of cosmetic products on the Irish Market.

2013 Cosmetic Products Control

Planned Inspections	4
Reactive Inspections	12
Samples Assessed	60
RAPEX received	40

6.2 Tobacco – Regulation and Control

Strong regulation of the tobacco industry and a proactive approach to law enforcement have been key pillars of government tobacco control policy since 2000. The publication of *‘Ireland a Smoke Free Zone - Towards a Tobacco Free Society’* by the Department of Health in 2000 heralded significant progress in tackling smoking related mortality and morbidity in Ireland.

In the decade between 2003 and 2013 smoking prevalence dropped from 28.25% to 21.5% in Ireland - a reduction in actual smokers of more than 100,000. However, the number of smokers is still more than 750,000 and tobacco use remains the leading cause of preventable death in Ireland with more than 5,000 smokers dying each year from tobacco related diseases.

The publication of the government’s updated tobacco policy ‘Tobacco Free Ireland’ in 2013 set a target of 2025 for a tobacco free Ireland. The regulation and control of tobacco products are again key pillars of the policy. In general compliance levels remain high and non-compliances are dealt with without recourse to legal action.



The HSE’s tobacco control programme has responsibility for discharging the statutory functions prescribed under the Public Health (Tobacco) Acts 2002-2012. The programme also supports and drives the delivery of the 61 actions in the Tobacco Control Framework 2010.

The EHS participated in the drawing up of the Tobacco Control Framework 2010 and currently participates in various policy review groups including Tobacco Free Ireland Implementation Group and the National Tobacco Control Framework Implementation group.



The EHS enforces the work place smoking ban, point of sale restrictions and carries out test purchases, to make sure retail outlets such as shops and pubs are not selling tobacco products to children. A national inspection programme is carried out to ensure compliance with all sections of the legislation.

Public Health Tobacco Acts	Total number of Inspections 2013	Compliance	Convictions
Section 46	11930	10834	2
Section 47	12446	12133	32
Section 43(4)a	2981	2319	1
Section 43(4)c	2836	2338	2
Section 33	7017	6218	2
Section 45	300	243	16

Active enforcement by EHS under the National Tobacco Control Inspection Programme plays a hugely important role in maintaining the success of the Tobacco legislation. Where evidence of a significant or sustained infringement of the legislation was found prosecutions were initiated.

2013	Cases	Convictions	Probation
Section 45	17	16	2
Section 47	23	32	13
Section 37(14)*	0	5	0

**Taken along with other legal actions.*

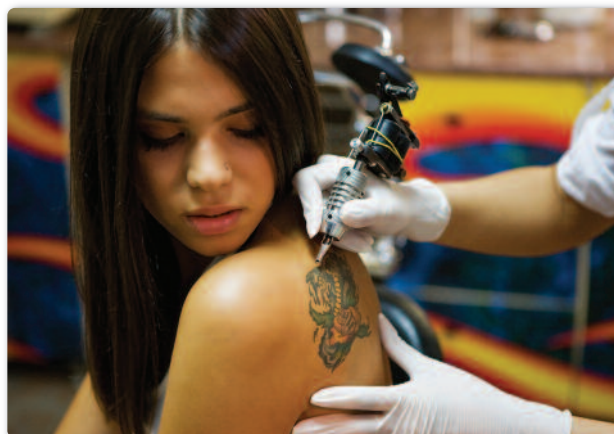
The EHS also has responsibility for the administration of the National Retail Tobacco Register.



6.3 Tattooing/Body Piercing – Complaint Investigation

The EHS strongly supports regulation in the Tattooing / Body Piercing sector and is aware that the Department of Health is working on guidelines for the industry.

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 EHOs when in fact these industries are unregulated. To date 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 EHOs to investigate. Some complaints are also relayed to the Department of Health for their information.

6.4 Leisure Facilities – Complaint Investigation

Leisure facilities, swimming pools and jacuzzi baths carry known health risks and if not properly maintained and cleaned 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 verucas.



Leisure/spa facilities are now very numerous in Ireland and there is a misconception that these businesses are routinely inspected by EHOs when in fact such locations are unregulated.

Where a case of a notifiable disease is linked to a leisure facility the Infectious Diseases Regulations 1981 can be used by EHOs to investigate. Some complaints are also relayed to the Department of Health for their information.



7. Environmental Health Service – Functions

Water

7.1 Drinking Water Quality – Health Risk Assessment

Safe, quality drinking water is a basic fundamental in the health of a population. Local Authorities and Irish Water are charged with the responsibility of water provision.

The EU (Drinking Water) Regulations 2014 sets out compliance parameters for drinking water and, where there are exceedances, non compliances or other incidents which may have a human health significance, the local authority must consult with the HSE.



As per agreed HSE procedure the Environmental Health Service is the first point of contact in such instances and in consultation with our HSE Public Health colleagues consider the appropriateness of the planned response by the local authority to ensure the risk to public health is adequately addressed.

2013 Drinking Water Assessment

Notifications of Exceedances to the EHS	759
Consultations referred to the EHS	396
EPA Direction Consultations	19

The EHS is represented on the HSE multidisciplinary National Drinking Water Group, where existing, new and emerging issues are discussed.

EHS 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 EHS would have knowledge of water treatment processes at water treatment plants and the general distribution network for supplies.

The EHS 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 EHS has proven to be an integral part of Incident Response Team (IRT).

In 2013 the EHS also issued advice to food business operators, early years service providers in relation to precautions to be used in the course of disruption to water supplies.

As part of scheduled food control activities EHOs verify the potability³ of water supplies as an integral part of the food business operator's food safety management system.

In 2013 the Environmental Health Service took 4474 water samples in food businesses. Of these samples 85% was compliant.

7.2 Bathing Water Quality - Health Risk Assessment

Regulation 15(5) of the Bathing Water Quality Regulations, 2008 (S.I. No. 79 of 2008) and the EPA "Guidance on Implementation of the Bathing Water Quality Regulations, 2008" requires a Local Authority to promptly notify the EPA and the HSE of any situation that has, or could reasonably be expected to have, an adverse impact on bathing water quality and on the health of bathers.

For Local Authorities the EHS is the first point of contact in this regard.

The EHS has produced a document entitled 'Bathing Water and Health. A guide for Environmental Health in responding to incidents of microbiological pollution and/or other adverse circumstances in relation to both saline and freshwater bathing'.

This guidance document is used by the EHS to provide a standardised basis for responses to any incidents of microbiological pollution and/or other adverse circumstances that may be received from Local Authorities.



³ Potability refers to whether or not water is fit for human consumption



7.3 Fluoridation of Drinking Water – Monitoring and Control

Water Fluoridation is part of public health policy in Ireland for the prevention and management of tooth decay.

Fluoridation began in Ireland in 1964 as a result of the Health (Fluoridation of Water Supplies) Act 1960 and regulations made there under.

Under this Act fluoridation of public drinking water supplies is carried out, by local authorities, as agents of the HSE.

The EHS participates (along with HSE Dental Service and Local Authority Personnel) in local fluoridation monitoring committees. Such committees meet to review sampling results and trends and make recommendations on expenditure, including in relation to capital works such as installation of fluoridation equipment for new schemes.

The HSE funds the Local Authorities for expenditure incurred in relation to fluoridation of drinking water.

The EHS carries out monthly sampling under regulation 9 of the Fluoridation of Water Supplies regulations 2007 to ensure compliance with the statutory range of concentration of fluoride of 0.6 – 0.8 mg/l in fluoridated public drinking water supplies.

Follow up on any non-compliant sample results is carried out in accordance with the National Code of Practice on the Fluoridation of Water Supplies 2007 (currently under revision). This may include liaison with HSE Dental Service and Local Authorities.



Currently, approximately 68.5% of the population receives fluoridated public water supplies.

In 2013 the Environmental Health Service took 2238 samples of drinking water for fluoridation analysis.



8. Environmental Health Service – Functions

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 EHS to ensure 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 EHS is concerned that the food supplied to consumers is fit to eat.

Since 1998 this official food control work has been undertaken by the EHS under a Service Contract between the HSE and the FSAI. Some 96% of food businesses in Ireland are supervised by the HSE 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.

In addition to these statutory functions the EHS also provides a wide range of technical and regulatory advice, education and information both to food business operators and consumers.

41,601 food businesses in Ireland came under the supervision of the HSE Environmental Health Service in 2013

8.1 Inspections

Schedule 1 of the FSAI/HSE Service Contract sets out the scope of the official food controls required of the EHS.

The EHS routinely and regularly inspects places where food is handled including food imports at the ports and airports. Sale and service of food in markets, shops, wholesalers, food stalls, food vehicles, restaurants, public houses, early years services, nursing homes, hospitals and hotels are all supervised by the EHS.

The EHS carries out hygiene and food contamination checks.



By law those operating food business have the primary responsibility to ensure that they comply with food law maintaining minimum food safety standards at all times.

The EHS has the authority to enter any non domestic premises in order to carry out inspections. In general inspections are carried out without advance warning being given. All food businesses are inspected including those operating only at night, at weekends or at events.



The EHS carries out these controls on a risk category basis and this work is programmed as part of the EHS Annual Operational Plan.

Food businesses are risk categorised from 1 to 6 according to FSAI Guidance Note 2 (Rev 2) and are constantly reviewed to determine the frequency of inspection.

As such the food businesses categorised with the highest risk are prioritised for more frequent inspections by the EHS and not all food businesses are required to be inspected every year.

The EHS holds a Priority Action List to ensure that businesses that potentially pose a more immediate risk to public health receive ongoing attention. This is a list of those food businesses that have been identified in the course of EHS activities as posing a significant or serious risk due to the increased likelihood of a breakdown in food safety controls. These businesses are targeted for closer monitoring by the EHS.

Inspections of all food businesses are carried out in accordance with National Protocols, relevant FSAI Guidance Notes and legislative requirements.

2013 Inspections

Number of Food Businesses Inspected	30,612
Number of Planned Inspections Undertaken	22,354
Number of Planned Surveillance Inspections Undertaken	11,446
Number of Inspections of Food Stalls and at Outdoor Events	1047
Other Inspections	6383
Total Inspections	41,230

The EHS is itself open to external third party audit and the FSAI and the FVO regularly carry out audits of EHS official food control activities.

2013 External Audits of the Environmental Health Service

Food Safety Authority of Ireland	9
EU Food and Veterinary Audit Office	1



In addition to audits the EHS reports routinely to the FSAI on the Service Contract and a report is submitted to the FSAI annually in accordance with Section 48 (8) of the FSAI Act 1998.

8.2 Food Product Safety Surveillance and Sampling

The EHS plays a key role in a food sampling programme which aims to protect the public, assist food business operators to meet their obligations with regards to food safety standards and enforce relevant food legislation.

These programmes are risk based and concentrate on foods produced and/or sold within Ireland. This covers a wide range of products sampled throughout the food industry from food manufacturers, importers, hotels, restaurants, licensed premises, shops, stalls and takeaways.

A sampling programme is developed each year by the EHS and the HSE Official Food Control and Public Analyst Laboratory Services with input from the FSAI. This annual programme guides EHS sampling activities on a national and local basis. Samples are taken for microbiological and chemical analysis to determine safety and compliance with food law requirements and multi parameter tests are carried out on most of the samples.

Matters considered in the formulation of the programme include:

- EU and national legal requirements
- EU, national and local food safety matters
- Food safety matters of interest
- Food safety research in the area
- Emerging food safety trends and pathogens
- Food alerts and outbreaks
- Previous unsatisfactory/non compliant results



2013 Food Sampling

		% Compliant
Number of Food Samples for Microbiological Analysis	6441	92.5%
Food Samples for Chemical Analysis	3113	92.7%



labelling claims, nutritional statements and specific controls on food labels. In addition to this laboratory analysis, large quantities of visual labelling checks are undertaken by the EHS.

The EHS is responsible for the enforcement of a large array of food labelling legislation from manufacturing level to retail.

A targeted approach to verifying compliance with labelling legislation is carried out, targeting manufacturers/distributors to ensure that anything on sale in Ireland receives a labelling check. The EHS also ensures a focused approach by involvement in cross agency labelling surveys. These have included checks on various types of foodstuffs to target specific pieces of labelling legislation for example fish labelling, allergen labelling and nutritional labelling.

The EHS collaborates with the FSAI and the Food Laboratory Service developing guidance and protocols, implementing local, regional and national surveys as well as dealing with any queries or emerging issues.

In 2013 the Environmental Health Service undertook 28,473 food labelling checks of these 87% were compliant.

8.3 Complaints

There are three different types of complaints which are regularly received by the EHS in the course of food control work:

- **Food Business Complaints**

When a consumer complains about the standards of food safety and hygiene observed in a particular food business.

- **Food Product Complaints**

When a consumer complains about a particular food product or item they have either purchased or received and feel is substandard or unsafe.

- **Poisoning Complaints**

When a consumer suspects that they have contracted a food-borne illness as a result of eating in a particular food business or a particular food product.

The EHS receives complaints from a number of different sources i.e. by direct contact from the consumer, via referrals from the FSAI or other food control agencies or in the case of illness or outbreaks from public health colleagues or indeed from food business operators themselves.

The EHS encourages the public to report food safety complaints so that they can be investigated and the EHS has published leaflets to inform the public in this regard.



If a number of separate complaints about illness or problems associated with similar products or premises are received by the EHS this could help identify a potential food poisoning outbreak or breakdown in food safety systems.

For this reason investigation of complaints is an important and unique part of the overall food control activities of the EHS and can inform the EHS on future targeting of resources and/or priorities.

All such complaints are dealt with in accordance with national protocols which provide for logging of complaints, immediate risk assessment, prioritisation of investigation actions, notification of and co- operation with other agencies/organisations and appropriate follow up action.

2013 Complaints

Food Product Complaints Received by EHS	580
Food Business Complaints Received by EHS	1521
Food Poisoning Complaints Received by EHS	443

8.4 Alerts

Foods Alerts relate to foodstuffs which have been placed on the market and pose a risk to consumer health.

The majority of alerts are responded to as a result of referral from the European Commissions Rapid Alert System for Food and Feed (RASFF).

The alerts are risk assessed in the first instance by the FSAI and, upon circulation, action required by the EHS is generally specified. Once received by the EHS each alert is assessed and appropriate follow up action is taken in accordance with standard operating procedures.

This may require any or all of the following - investigation, inspection, seizure, removal, detention or destruction of foodstuffs. Where further action is required or additional information is obtained this is referred back to the FSAI.

Food alerts may be generated as a result of other food control activities undertaken by the service, particularly sampling. Where a non compliant food sample is reported, the EHS will follow up with the food business operator and assess any risks to consumers. Where the risk is found to be unacceptable the matter is referred to the FSAI who may issue a food alert and/or inform RASFF.

In 2013 the Environmental Health Service received 23 Food Alerts.



8.5 Enforcements

The EHS is constantly working with the food industry to build compliance with food safety legislation and uses routine inspections and regular contact with food business operators to advise, inform and educate them in relation to changes to legislation, operational best practice and technical advancements.

The EHS ensures that the owner/operators of food businesses are aware of their legal obligations and the possible consequences if they do not comply.

In cases where there are breaches of the law the EHS has a range of sanctions available ranging from a verbal warning to the immediate closing of a business.

Where non-compliances have been noted in the course of an inspection food businesses will receive a written report outlining improvements that need to be made and the timeline within these need to be carried out. In serious cases an Improvement Notice is served. If the Notice is not complied with by the specified date. The EHS can seek an Improvement Order in the District Court. This can be costly for the food business owner.

The EHS can also issue a Closure Order if, in the opinion of the inspecting EHO, there is continuous persistent history of non-compliance with food legislation.

A Closure Order may also arise if an Improvement Order has not been complied with or where the food business is, in the opinion of the EHO 'likely to pose a grave and immediate danger to public health'

Closures Orders can refer to the immediate closure of all or part of the food premises, or all or some of its activities. Closure Orders are issued by the EHS followed consultation between the inspecting EHO and a Designated Officer. The Orders are only lifted when the premises has improved to the satisfaction of the EHS. Other enforcement actions open to the EHS include Prohibition Orders and Prosecutions.

Once an Improvement Order, Closure Order or Prohibition Order has been served on a food business it is posted on the FSAI website. The Order remains listed for three months from the date that it is lifted.



2013 Food Safety Enforcement Actions

Prosecutions	11
Court Appearances	27
Improvement Notices	311
Improvement Orders	5
Prohibition Orders	20
Closure Orders	118
Incidents of Seizure/Removal/Detention of Foodstuffs	27
Incidents of Destruction of Foodstuffs	40

8.6 Export Certification

For some foodstuffs being exported from Ireland to countries outside the EU, importing countries may require an Export Certificate. This is also known as a Certificate of Health, Certificate of Manufacture & Free Sale, Certificate of Export, Certificate of Fitness for Human Consumption or Sanitary Certificate, depending on the foodstuff being imported, and the local controls in the importing country. When such Export Certificates are required for products of non-animal origin manufactured in food businesses supervised by the HSE it is the Environmental Health Service that undertakes the necessary assessment and controls before issuing the Certificate.

2013 Export Certification

Number of Food Businesses that Applied	137
Number of Export Certificates Issued	8225



9. Environmental Health Service – Functions

Early Years Services

9.1 Regulation and Inspection

In the 1990s the pre-school sector was fast becoming an established industry in Ireland and HSE Environmental Health Officers soon recognised that given the vulnerable sector of society being catered for, this was an emerging industry requiring regulation. EHOs set about establishing an industry agreed guidance document for pre-school premises and advocated for the Child Care (Pre-School Services) Regulations 1996 which was enacted that year.

In recent years Government policy in the area has been consolidated by the establishment of the Department of Children and Youth Affairs in 2011 and Tusla, the Child and Family Agency, in 2013. The HSE is supporting the harmonisation of government policy through a Memorandum of Understanding (MOU) between the Agencies.

The EHS undertakes Early Years Services Inspection with Tusla. The EHS focuses on health and safety, physical environment and infection control requirements in early years services.

Environmental Health Officers are authorised under the Child Care Act 1991 Act, as amended by the Child and Family Agency Act 2013 to carry out inspections of pre-school services such as sessional services, part- time day care, full day-care, childminding, drop-in centres, temporary drop-in centres and overnight pre-school services.

As part of a multidisciplinary team the EHS works with the Early Years Inspectorate to ensure that the requirements outlined in the Child Care (Pre-School Services) (No 2) Regulations 2006 as amended, are achieved and maintained.



These requirements strive to underpin the development of pre-school children and to ensure their health, safety and welfare while attending an early years service. Where there is failure to meet legal requirements, the early years inspection team may consider taking legal action against an early years service provider.



The EHS liaises with Tusla on service developments such as standard operating procedures (SOPs), and is represented on national and regional editorial boards for publication of inspection reports.

In 2013 Inspection Reports for Early Years Services were published for the first time.

2013 Inspections of Early Years Services

508 annual inspections of full day care and sessional services were completed

104 advisory inspections were carried out.

10. Environmental Health Service – Functions

Port Health Control

The EHS provides a presence at Ireland's main seaports and airports to enforce the International Health Regulations (IHR) and food import control legislation.

Environmental Health hazards do not observe borders or boundaries and the core function provided by the EHS at the port is the prevention of the importation of threats to public health. Potential hazards may be vectors of disease (animals/insects) on board a ship or an airplane, passengers suffering from infectious disease or contamination in the many consignments of foodstuffs imported into Ireland each year.

The EHS co-operates in this cross functional, multi-disciplinary work with the Revenue Commissioners, Department of Agriculture, Food and the Marine, Port State Control and the Port Authorities.

Ship and Aircraft Inspection

A programme of ship inspections is carried out in each of the larger ports. This includes inspections of cruise liners, ferries and cargo vessels. Ports across Ireland coordinate with the aim of ensuring that all cruise ships visiting Ireland are inspected once a season. The interaction of Ports on an international level facilitates the provision of information on arriving ships and aircraft of interest to the EHS.

The Maritime Declaration of Health is a document that provides information on the health status of the passengers and crew on board a ship. This information is required by the EHS when there is illness on board. The EHS proactively request these declarations from vessels travelling from specific areas and from cruise ships due to large passenger numbers. The information is used to assess infection control risks, the requirement for inspection or notification of issues to other agencies such as Public Health, Port State Control, and Port Authorities.

A national strategy to standardise ship inspection is being implemented using a common inspection tool issued by the W.H.O., titled *"Handbook for inspection of ships and issuance of Ship Sanitation Certificates"*. ISBN: 9789241548199



10.1 International Health Regulations Enforcement

The International Health Regulations are referred to under Irish law in the Infectious Diseases (Shipping) Regulations 2008 and Infectious Diseases (Aircraft) Regulations 2009.

Under the *International Health Regulations*, all vessels sailing in international waters must have a valid ship sanitation certificate which must be renewed every six months. There are 21 ports authorised by the WHO for the issuing of Ship Sanitation Certificates in Ireland.

The EHS is responsible for issuing these certificates and Compliance is assessed under several topics including:-

- Food Control
- All vectors of communicable diseases.
- Cargo must now be examined not just for vectors but for evidence of spoilage or contamination.
- Inspection of Medical Locker and Medical Logs
- Certification of potable water
- Examination of waste disposal including sewage, refuse and medical waste.
- Examination of Ballast Tanks.



Infectious Diseases Surveillance

Activities involved include the following:-

- In the case of an outbreak of infectious disease the EHS acts as a liaison and information point for Airport and Port Authorities.
- Water sampling on board vessels and at quayside.
- Audits of designated ports and airports are carried out to determine the sanitary condition of facilities and to ensure they are free of infection including vectors and contaminants.

2013 Port Health

Number of water samples taken	40
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10.2 Food Import Control

The EHS is responsible for import control on food products of non-animal origin imported from outside the EU. Analysis of manifests of imported cargo from airline and shipping companies, allows the EHS to carry out evidence based risk analysis on food consignments and develop sampling plans. As a result of this official controls including document checks, physical examinations and sampling of foodstuffs are carried out on selected consignments.

Working under a range of EU legislation, the EHS import controls forms part of a European wide EU Border control force.

In addition the EU has identified emerging food risks and placed increased official controls on these products. Under this legislation the EU release a quarterly updated Annex of "additionally controlled" foodstuffs.

These foodstuffs have been identified worldwide as possibly posing new or emerging threats to public health. Entry at any point into the EU of these additionally controlled foodstuffs is only permitted at EU approved facilities in controlled areas known as "Designated Points of Entry." All such products must be notified to EHS before import and increased level of control is carried out. Non conforming consignments are rejected and destroyed or re-exported.



Interaction with and training with many European Environmental Health Services and Port Health Authorities within Europe has been crucial to providing the HSE EHS with the tools needed to develop more streamlined methods of managing the new and emerging threats from imported foodstuffs.

2013 Food Import Control

Port/Airport Controls - Imported foods of non animal origin	Routine Official controls	Additional official controls
Number of inquiries	4220	228
Number of document checks	252	428
Number of ID/Compliance checks	84	58
Number of physical checks/full exams	262	58
Number of consignments destroyed	22	20
Number of consignments sampled	76	44
Number of consignments detained	16	44



11. Environmental Health Service – Functions

Infectious Disease Control

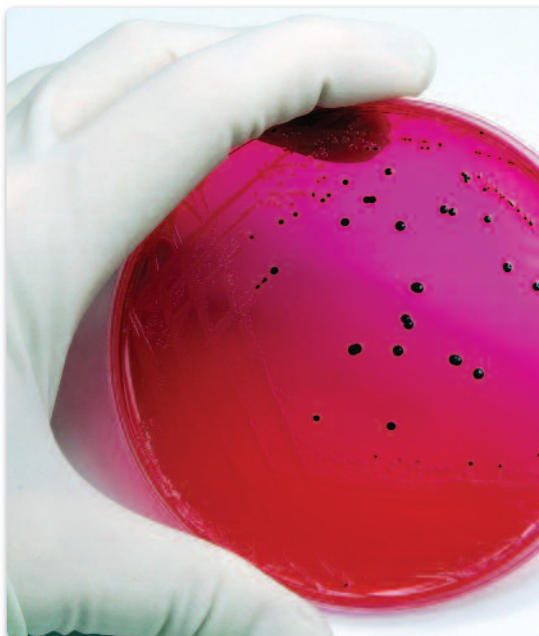
11.1 Infectious Disease Investigation

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 person with a notifiable infectious disease to a Medical Officer of Health.

The EHS 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 EHS include the following:



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

EHS investigations can be of single (sporadic) cases of illness in an individual or outbreaks where there are a number of cases. The EHS 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 EHS follows up with patients who are ill to identify their history of exposure to risk factors and common food/water sources. The EHS 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.

In 2013 under the chairmanship of the FSAI the EHS along with colleagues from HSE Public Health and the HSE Laboratory Services developed a new inter-agency document on the 'The Management of Outbreaks of Food-borne Illness'. This document 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. The EHS continue to facilitate training of personnel in the operation and implementation of this document.

<i>2013 Foodborne Illness</i>	<i>Number of Incidents Investigated</i>	<i>Number of Persons Affected</i>
Sporadic Cases (Confirmed)	710	731
Outbreaks	195	567



12. Environmental Health Service – Functions Environment

12.1 Vector Control –Monitoring and Enforcement

The EHS enforces the provision of the *Rats and Mice Destruction Act 1919*.

The legislation also requires that 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.

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

In 2013 the Environmental Health Service received 5945 pest control complaints.

This work can bring the EHS 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 EHS provides a rat control service in Dublin, Cork and Sligo to the public and to the HSE.

No. of rodent treatments carried out	15,609
No. of pest control inspections carried out by EHOs and operatives/technicians	10,577

The EHS also enforces some of the provisions of Part IV of the Health Act 1947 dealing with disinfestations of verminous articles and buildings.

An emerging environmental health concern is that invasive species of mosquito may now survive further north in the hemisphere due to global warming.

In 2013 the EHS implemented mosquito surveillance at certain port and airport sites in Ireland following consultation with the HPSC and UCC.



12.2 Poisons – Licensing and Control

The Poisons Act 1961 and the Poisons Regulations 2008 are statutes controlling the sale of certain poisons in Ireland. Under Article 10 of the Regulations the HSE may “grant licences to persons proposing to engage in the selling of poisons as set out Schedule 1 part 2 of the Regulations.”

The EHS receives applications for poisons licences as per Schedule 6 of the Regulations. The HSE may grant or refuse such an application, or cancel/suspend an existing licence. Licences are valid for a two year period. On receipt of an application the EHS undertakes an inspection of the premises meets with the persons nominated as sales persons in the application form and reviews the products on sale to determine compliance with the legislation.



The EHS undertook a review of poisons regulation in Ireland in 2012 and reported its findings to the Department of Health in July 2013

12.3 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 EHS assesses possible health impacts in the construction phase and during the life of the development. The EHS 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 EHS, when requested, also consults with the forward planning departments of the local authorities on Local Area Plans and County Development Plans.



12.4 Environmental Impact Assessments – Consultations

Proposed developments or licensing of emissions into the environment that have the potential for a significant impact on the environment must be accompanied by an Environmental Impact Assessment (EIA).

The HSE is a Statutory Consultee under planning and Environmental Protection Agency licensing legislation. The HSE must therefore be consulted on the content and adequacy of any EIA accompanying major development proposals or licensing of industrial or waste facilities.

The Environmental Health Service (EHS) makes submissions to the planning and licensing authorities to inform them in the area of health and environment prior to any consent being given for development.

The EHS is involved during the planning and licensing process up to, and including, public hearings.

The EHS also leads and co-ordinates HSE submissions in this area and this activity is co-ordinated by a steering group and a national lead. Environmental Health Officers involved in this area undergo continuing professional development to ensure that submissions to the relevant authorities add value to their decision making process and address issues around environment and health.

In 2013 The Environmental Health Service was in receipt of consultations on

- 121 Environmental Impact Assessments/Environmental Impact Statements
- 84 Integrated Pollution Prevention and Control Licences
- 22 Water Licences

Each of these consultations received assessment and response.



Appendix 1 – Contact Details for National Environmental Health Service

National Environmental Health Office,

HSE, 2nd Floor, Oak House, Limetree Ave, Millennium Park, Naas, Co Kildare

Tel: (045) 988203

<i>County</i>	<i>Telephone</i>	<i>Address</i>
C		
Cavan	049 437 3418	HSE, Environmental Health Services, 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 Department, Floor 3, 26 South Mall,Cork
Cork City South Lee	021 492 7703	HSE, Father Matthew Quay, Cork
North Cork	022 44920	HSE, North Cork Community Care, St. Joseph 's Road, Mallow
West Cork	028 51456 Fx: 028 22658	Environmental Health Department, HSE – South, Elmwood House, Lurriga, Skibbereen, Co. Cork
Clare	065 686 8000	HSE, Sandfield Centre, Sandfield, Ennis
	065 7071143	HSE, Health Centre, Ennistimon
	065 9054200	HSE, Health Centre, Kilrush
	061 718400	HSE, Health Centre, Shannon
D		
Donegal	074 913 1391	HSE, Donegal Community Care Offices, Ballybofey
	074 974 0682	HSE, District Hospital, Donegal Town
	074 936 3755	HSE, Health Centre, Buncrana
	074 952 1160	HSE, Community Care, Health Centre, 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, 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
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 548352	
	091 548355	HSE, Community Care Services, West City Centre, Seamus Quirke Road, Galway
	091 847 820	HSE, Health Centre, Loughrea
	093 24492	HSE, Health Centre, Vicar Street, Tuam
	091 737388	Environmental Health Dept. HSE West, Dangan IDA Business Pk, Dangan, Galway.



K

Kerry	066 7184981/ 7184992.	Environmental Health Department, HSE South, Edward Court – Block C, Edward Street, Tralee
	064 6670760	HSE, Block 1, Columbanus Hospital, Killarney, Co Kilkenny
Kildare	045 873208/267	HSE, The Crossings, Naas
Kilkenny	056-7784016	HSE, Conference Room St. Canice's Hospital, Kilkenny

L

Laois	057 8692675	HSE, Health Centre, Dublin Road , Portlaoise
Leitrim	071 965 0362	HSE, Community Care Offices, Leitrim Road , Carrick-on-Shannon
Limerick	061 461502	HSE, 2 nd Floor, Ashbourne Business Park,Dock Road, Limerick
	063 98192	HSE, Health Centre, Kilmallock
	069 62155	HSE, Health Centre, NewcastleWest
Limerick East	061 464088	HSE, West, Holland Road, Plassey,Limerick
Longford	043 3350182	HSE, Health Centre, Longford
Louth	042 938 9170	HSE, Community Care, The Ramparts, Dundalk
	041 980 1082	HSE, 1 st Floor, Old St. Mary's Hospital, Dublin Road, Drogheda

M

Mayo	094 9042105	HSE, Environmental Health Department, Community Services, Top Floor, St. Mary's, 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 8258380/1	HSE, 1 st Floor Forge, Dunshaughlin
	046 9481122	HSE, St. Joseph 's Hospital, Trim
Monaghan	047-30906	18 The Grange, Plantation Walk, Monaghan
O		
Offaly	057 9359550	HSE, Health Centre, Arden Road , Tullamore
R		
Roscommon	090 66 37880	Environmental Health Service, HSE, Government Offices,Convent Road, Roscommon.
	071 966 2868	HSE, Health Centre, Boyle
S		
Sligo	071 914 5132	HSE, Community Care Offices, Ardaghown, The Mall,Sligo
	071 918 5478	HSE, Teach Laighne, Hummbert St., Tubbercurry
T		
Tipperary North	067 46601	HSE, Civic Offices, Limerick Road, Nenagh
	0504 23211	HSE, Health Centre, Parnell St, Thurles
	0505 21498	HSE, Health Centre, Traynor Court. Chapel Lane, Limerick St, Roscrea
Tipperary South	052 77263	HSE, Community Care Centre, Western Road, Clonmel
W		
Waterford	051 842800	HSE, Community Care Centre, Cork Road, Waterford
	058 20900	HSE, St. Joseph 's Hospital, Dungarvan



Westmeath	044 9384890	HSE, Unit 7C, Lough Sheever Corporate Park, Robinstown, Mullingar
	090 6483195	HSE, Health Centre, Athlone
Wexford	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
	051 421445	HSE, Wexford Local Health Office, Environmental Health Service, Health Centre, New Ross
Wicklow	0404 68400	HSE, Health Centre, Glenside Road, Wicklow
	0402 39624 or	HSE, Castle Pk, Arklow
	or	or
	0402 91925	Health Centre Executive, Unit 7, Inbhear Mor Square, Templaraine, Arklow
	01 2744100	HSE, Health Centre, Killarney Rd, Bray



