



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



HSE Public Health Medicine Environment and Health Group (PHMEHG)

Annual Report for 2016

Members of the Public Health Medicine Environment and Health Group in 2016 were:

Dr. Anthony Breslin, Consultant in Public Health Medicine, HSE North West

Dr. Melissa Canny, Consultant in Public Health Medicine, HSE West

Dr. John Cuddihy, Director of Public Health, HSE South East

Dr. Una Fallon, Consultant in Public Health Medicine, HSE Midlands

Dr. Tessa Grealley, Consultant in Public Health Medicine, HSE MidWest

Dr. Kevin Kelleher, Assistant National Director Health and Wellbeing – Health Protection

Dr. Ina Kelly, Consultant in Public Health Medicine, HSE Midlands (Chair)

Dr. Regina Kiernan, Consultant in Public Health Medicine, HSE West

**Dr. Ruth McDermott, Specialist Registrar in Public Health Medicine, HSE Midlands
(Secretary)**

Dr. Patricia McDonald, Consultant in Public Health Medicine, HSE East

Dr. Helena Murray, Consultant in Public Health Medicine, HSE East

Dr. Mary O'Mahony, Director of Public Health, HSE South

Dr. Emer O'Connell, Consultant in Public Health Medicine, HSE West

Dr. Anne Sheahan, Consultant in Public Health Medicine, HSE South

Summary of Annual Report for 2016

The PHMEHG worked as per its terms of reference (TORs) and is making ongoing progress in many areas. Individual members carried out regional and national roles, public health risk assessments were carried out, queries were addressed, public health medical advice was given at local, regional and national level.

On-going Issues

- On-going work required to address role gaps and overlaps with environmental stakeholders
- MOH communication – Updates and improvements to Environment and Health WebPages are continuing
- Ongoing need for development of the national environment and health function
- Minimal research capacity
- Minimal training resources– need for a resourced training programme

Recommendations for 2017

- Continue developing role clarity and communicating this particularly to those with responsibility for the role, by documenting role in guidance, training and so on
- A brief MOH communications strategy should be developed
- Development of the national environment and health function – continue making business case, including the need for research and the obligation to provide training

About the Public Health Medicine Environment and Health Group (PHMEHG)

Governance

The Public Health Medicine Environment and Health Group is a group of Specialists in Public Health Medicine who represent all those who implement [the Medical Officer of Health \(MOH\) functions](#) in the Environment and Health area of Health Protection. The group reports to the Directors of Public Health and all Departments of Public Health are represented, so the coverage of the group is national.

Legislation

The Health (Duties of Officers) Order, 1949 (S.I. No. 128 of 1949)¹ states that Medical Officer of Health (MOH)² **shall** carry out the following roles:

Duty (1): *Advise the county council –*

- *generally in relation to the health of the people and the provision of health services, sanitary services and housing accommodation,*
- *on any questions relating to health matters or sanitary matters in the making and subsequent operation of such bye-laws as the council have power to make and operate,*
- *on the desirability of adopting any of the provisions of any enactment which it may be optional for the county council to bring into operation in or make to apply to the functional area or part of the functional area of the county council,*
- *in connection with the taking of legal proceedings where health or sanitary matters are involved*

Duty 1 is the advisory mandate. While the law expects the MOH to advise the county council (as would have been appropriate at the time of enactment) in practice, Consultants in Public Health Medicine (CPHMs) advise the relevant authorities including the county council.

Duty (2): *Inform himself - as respects all influences affecting or threatening to affect injuriously the public health in the county and as respects the causes, origin and distribution of diseases in the county.*

Duty 2 provides a mandate for public health investigations and risk assessment and for descriptive and analytical epidemiology. Other MOH duties include provision of an Annual Report, Section 10, and Assessment of health status and need as required; Section (12). This is an incomplete list highlighting those duties of obvious importance for the PHMEHG.

In addition, where there is an environmental source of an infectious disease, Infectious Diseases Regulations, 1981 (S.I. No. 390 of 1981) also apply. The role on notification of a notifiable disease or outbreak is - the MOH “**shall make such enquiries and take such steps as are necessary or desirable for *investigating* the nature and *source* of such infection, for preventing the spread of such infection and for *removing conditions* favourable to such infection”**. Click [here](#) for list of ID legislation.

¹ Health (Duties of Officers) Order, 1949 Available at:
<http://www.irishstatutebook.ie/eli/1949/si/128/made/en/print>

² The Medical Officer of Health role refers to roles variously described in legislation as: county medical officers; city medical officers; medical officer of health etc

There is also environmental legislation with the HSE as a prescribed body. This legislation may not mention the MOH, but the purpose is generally to protect the health of the public and therefore CPHMs are informed. The specific MOH legislation above then provides for the assessment and advisory roles of the MOH when informed.

Organisation of Medical Officer of Health Function in Relation to the Environment

At national level, the [Medical Officer of Health function](#) is assigned to the HSE Assistant National Director of Public Health/ Child Health who assigns this function to the Directors of Public Health(DPH) at regional level . In turn, the DPH assigns this function to Consultants in Public Health Medicine (CPHMs). MOHs provide a 24/7 service at national and regional level both during normal working hours and through the Public Health out-of-hours roster. The regions are those of the Departments of Public Health – East, West, South, Mid West, South East, North West, North East and the Midlands.

Roles and Responsibilities of the PHMEHG

The overarching roles and responsibilities of the PHMEHG are to assist in the implementation of the Medical Officer of Health function at regional and national level by:

1. Providing a forum for sharing of clinical and Public Health Medical expertise on environmental public health hazards and risks in Ireland between Specialists in Public Health Medicine across the country in Departments of Public Health
2. Supporting the development and provision of consistent evidence-based advice from CPHMs to national bodies and agencies as required

For more information please see Terms of Reference in Appendix 1 of HSE PHMEHG Annual report 2015.

This annual report presents the actions carried out in 2016 to implement the Terms of Reference of the PHMEHG.

Report on actions in 2016

Action 1 - *To standardise approaches to risk assessment, risk communication, risk management of environmental hazards and concerns and surveillance of incidents requiring public health risk assessment*

To develop standard approaches the following actions were taken:

MOH Legislation

Summary document “Summary MOH Legislation Relevant to Environment” circulated to PHMEHG. HSE legal advisors have stated that Duties of Officers Act still stands. Legislation group of PHMCDG established to provide guidance.

Legislation

- The need for updated Birth Notification Legislation, which dates from 1915, was discussed. A request for this was previously submitted to the DOH, PHMEHG may need to revisit
- Advice regarding the impact of the HIPS Bill on the Public Health function was drafted and circulated with follow-up meeting in Department of Health

HSE EPA Memorandum of Understanding (MOU)

This is on-going work.

Public Health Medicine On-Call Pack

Review of this guidance continued in 2016.

National Poisons Information Centre (NPIC)

The NPIC protocol on Public Health incidents now includes a description of the role of CPHMs. Collaboration with NPIC continued throughout 2016.

A joint meeting between PHMEHG and the NPIC took place on 6th October 2016. Issues discussed at this meeting included:

- Role of PHMEHG/ DPH/ MOH etc
- Areas of joint interest, such as acute PH incidents caused by toxins-how the NPIC protocol works
- Use of PHE/ CRCE services
- CBRN including deliberate/ terrorism
- Joint work and plans for the future (It was agreed that quarterly reports regarding public exposures would be forwarded to the PHMEHG by the NPIC. Further liaison was planned regarding CBRN)
- Site visit to NPIC was undertaken after the meeting

Major Emergency Management (MEM)

MEM documents were reviewed and it was identified that the role of the CPHM in major emergencies and significant environmental incidents was not documented in national MEM documents. This may explain the delay observed in requests for Public Health Risk Assessment (PHRA) of emergencies and incidents to CPHMs. This may be due to the fact that there is a lack of clarity regarding the *need* for PHRA in MEM. It was also identified that some environmental agencies wished for generic pre-

prepared public health advice for incidents without understanding that this medical advice depends on the context, and results from PHRA. The need for PHRA prior to giving advice was communicated to stakeholders. Dr. Ina Kelly, CPHM HSE Midlands, drafted wording on the role of PH for inclusion in emergency management documents.

The EPA conducted an audit of the Ballymount fire, attended by representatives of PHMEHG. Issues of concern included the fact that CPHM on call was not contacted. PH was asked for advice retrospectively without being provided with relevant information. The need for earlier involvement of PH, and the inclusion of information relating to the management of such an incident in the on-call pack, was acknowledged.

Similar issues noted during flooding in 2016. CPHM on-call was not initially consulted-an offer of a PHRA was made proactively. The need for a protocol for requesting PH input into management of regional emergencies was noted.

Reactivation of Emergency Planning Group, chaired by Dr. Anthony Breslin, CPHM HSE North West. Dr. Ina Kelly was nominated to represent PHMEHG on Emergency Planning Group.

Key Performance Indicators

Meeting held regarding PH KPIs, proposed KPIs in relation to timeliness of responses to environmental incidents; the number of risk assessments, and the number for which the response occurred on the same day, could be reported. Highlights need for surveillance system for environmental incidents; may involve surveillance scientist in Midlands requesting data monthly from each department. Surveillance system has not been adopted as yet.

WebPages

The PHMEHG continued to contribute to the Environment and Health WebPages on the Departments of Public Health site at:

<http://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/env/envhealth.html>

Action 2 - <i>To co-ordinate work/projects requiring a national response.</i>
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Areas of Expertise

Areas of expertise were revised for members of the PHMEHG.

Drinking Water, Including Lead (Pb)

Members of the PHMEHG provided MOH advice on Lead (Pb) in water to the Department of the Environment, Department of Health, EPA and Irish Water towards a national co-ordinated response to Lead in water. FAQs based on this advice were published in May 2015 and are available at:

https://www.hse.ie/eng/health/hl/water/drinkingwater/lead/HSE_Lead_in_Drinking_Water_FAQs.pdf

Sub-Group of HSEDWG Established to Review TORs

This subgroup was chaired by member of PHMEHG and produced report in Q2 2016 which was submitted to ANDs Public Health and Environmental Health –this led to discussions in Q3 - Q4 on establishing a dedicated resource to support Drinking Water and Health advice at national level.

Bathing Water

The Bathing Water Group produced an annual report in relation to bathing water. A bathing water subgroup produced a document entitled “Surveillance Of Gastrointestinal Illness Associated With Exposure To Contaminated Bathing Waters” to inform this work. Initial recommendations made in this document included a proposal that CIDR variables for the surveillance of sporadic cases of cryptosporidiosis should be amended and extended to other organisms of interest, particularly VTEC.

Air Quality, Outdoor

Continued participation of PHMEHG members in EPA Inter-Agency Air Quality Health Information Group (AQHIG).

Submission made on behalf of PHMEHG on EPA National Ambient Air Quality Monitoring Programme Consultation Paper November 2016 covering the following headings:

- Supporting proposed expansion the National Air Quality Monitoring Programme from a 31 station network to 66 stations, with more real time data
- Flagging consequent need for review of AQIH & Health messages and need for proposed change to be scientifically verified by an appropriate expert body
- Supporting central need for modelling and forecasting to maximize the health benefits to vulnerable groups of taking action to avoid air pollution exposure
- Welcoming the proposed establishment of an Investigative Unit for source apportionment and investigative work
- Recommending that in certain areas where there is a perceived ongoing higher risk of air pollution because of previous incidents affecting the public, consideration is given to the siting of indicative monitors
- Welcoming :
 - A) The clarification that the EPA has responsibility for the provision of air monitoring and point source modelling in relation to ambient air quality incidents emergency response to emissions to air and
 - B) Recommending that to optimise value of this response the following should be resourced and implemented:
 1. A shorter response time for the mobile monitoring unit
 2. Protocol development for activating this response, **whether or not** a major emergency has been declared, as a serious emission to air incident of public health concern may not be declared a major emergency
 3. Review of the national emergency plans to include this role of the EPA in a major emergency

4. Emergency capability for plume modelling and gas dispersion modelling analogous to ChemMet in the UK as specified in the proposal prepared by the Inter-Agency AGHIG in 2014. This information is an essential part of an assessment of the risk to the public and the actions needed to protect the public
5. Development of protocols and procedures for the exchange of information, the multi-agency risk assessment, and actions in a serious emission to air incident

PHMEHG will continue to advocate in relation to these and other air quality issues.

Carbon Monoxide

Members of the PHMEHG provided support to An Bórd Gáis in its September Carbon Monoxide awareness campaign.

Radon

PHMEHG continued to support ongoing implementation of the National Radon Control Strategy (NRCS).

Chemicals / MEM, Including Seveso

No new developments.

CBRN

Chemical Biological Radiological and Nuclear (CBRN) hazards, including deliberate/terrorism discussed at joint meeting between PHMEHG and NPIC in October 2016.

Radiation, Including EMF

Governance issues in relation to radiation monitoring discussed.

Wind Turbines

Position paper drafted and circulated.

Fracking

No new developments.

Renewable Energy

Submission on Draft Renewable Electricity Policy and Development Framework submitted.

<http://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/env/PHMEHG-Submissions.html>

Climate Change Adaptation

The Climate Action and Low Carbon Development Act 2015 makes adaptation planning a statutory requirement. Planning necessitates baseline data regarding potential health impact. Therefore climate epidemiology must be developed, including attribution of source. This requires advocacy from the PHMEHG, which is an ongoing process.

In 2016 the PHMEHG contributed to ongoing development of the health sector’s plan for climate change adaptation.

The PHMEHG contributed to the Faculty of Public Health Medicine Climate Change Adaptation Position Paper.

Severe Weather

Members of the PHMEHG have contributed to the HSE Severe Weather Plan, which is relevant to health sector climate change resilience.

Land Contamination

PH risk assessment was required in relation to asbestos.

Action 3 - *To provide collegiate support to each other.*

Meetings

The PHMEHG meets by teleconference or face-to-face meeting every six weeks and includes supporting each other in this work. One of the ways to support each other is to identify where the expertise lies and the group has identified “areas of expertise”. See Action 2 for reports on each of these areas. Regional incidents are discussed as reported under Action 4.

Action 4 - *To provide a forum for the review of difficult incident management issues and identify lessons learned and to suggest potential interventions or need for guidance.*

Role Clarity

Incident management is complicated by lack of role clarity. The PHMEHG has been working to clarify the role of the MOH in environmental incidents in order that the CPHM understands what is and isn’t their role in different scenarios. (See Appendices 2 & 3 for more information on MOH role.)

It can be seen from Duties 1 and 2 of the Health (Duties of Officers) Order, 1949, that the main roles for CPHMs in relation to incident management are:

- **Public health risk assessment**
“a systematic process for gathering, assessing and documenting information to assign a level of risk. It provides the basis for taking action to manage and reduce the negative consequences of acute public health risks”³.
- **Public health medical advice**
Public health risk assessment is a necessary precursor to providing safe advice, guidance and support. To ensure that the advice is appropriate it should be context-specific and informed by the risk assessment. The assessment might include active surveillance for health effects of concern, consideration of especially vulnerable groups, and anticipation of other health risks and so on.

³ Rapid risk assessment of acute public health events. World Health Organization.
http://apps.who.int/iris/bitstream/10665/70810/1/WHO_HSE_GAR_ARO_2012.1_eng.pdf

Incidents that were dealt with by CPHMs during 2016 include:

Environmental Concern	Incident	PH Response
Water	Countrywide arsenic issues-mainly in drinking water	PHE/ CRCE issued advice re. same
	Lead (Pb)	Irish Water commenced pilot of orthophosphate dosing in Limerick on 30/11/2016, which required presentation to local committees of councilors on health issues by local public health staff at request of Irish Water. Advice re. orthophosphate requested from CRCE through HSEDWG.
	Arsenic: 6 incidents with drinking water in Wicklow area, including campsites	-
	Alleged sabotage of private drinking water supply, Midlands	-
	Illness at swimming pool, NEHB	-
Air Quality	-	-
Odour	Odour at a plant	PH input requested by EPA
Historic Minesites	-	-
Flooding	-	-
Noise	-	-
Suspected Clusters	Mobile phone mast, west Clare, neurological complaints reported but no pattern observed among patients	Advice given regarding baseline monitoring information. Apparent gap in monitoring cover.
Land Contamination	Asbestos issue in East	-
Other	EPA licensed cement factory in MW with past history of "blowouts" applying to use alternative fuels-this is being opposed by community members due to concerns regarding dioxins and furans	In absence of Irish guidance on topic , advice requested from CRCE PHE by local Public Health Department and submitted to LA planning process

Action 5 - To develop shared guidance as indicated.

The **Public Health Medicine On-Call Pack** provides guidance on both acute and on-going environmental incidents. This document was further reviewed and revised in 2016.

Action 6 - To maintain and enhance close inter-professional work with relevant colleagues within the HSE.

Members of the PHMEHG carry out considerable inter-professional work with colleagues within the HSE, locally and nationally. Greater role clarity, as is being developed in relation to environment and health work, will contribute to enhancing inter-professional work within the HSE.

Action 7 - To develop, maintain and enhance inter-professional communication and work with other agencies including Local Authorities, Government Departments, the Environmental Protection Agency (EPA), and CRCE/Public Health England, Health and Safety Authority, NPIC, Food Safety Authority, CER, Irish Coastguard etc

Members of the PHMEHG work with other agencies in many areas.

Action 8 - To raise environment and health issues of shared concern nationally with: DoH and other relevant government departments; HSE; other appropriate agencies.

As per MOH obligations, CPHMs provide advice to the relevant Departments and agencies as issues arise, or when consulted for advice. In 2016 this included:

- Advice to authorities in relation to drinking and bathing water issues
- Advice regarding planning issues as required

Action 9 - To advocate on shared issues as required.

The health of the public is an important but often non-prioritised issue for environmental stakeholders. CPHMs remind, advise and advocate in an on-going manner for safer environmental policy, strategy and implementation. The following submissions were made:

- Submission on Draft Renewable Electricity Policy and Development Framework

Action 10 - To facilitate CPD and Audit.

Learning from the 2015 audit of training needs has informed the training planning and delivery in 2016.

Action 11 - *To facilitate training of: current PHMEHG representatives from each PH Dept; CPHMs who participate in Health Protection rosters; SpRs in PHM*

- Training Day for Specialist Registrars in Public Health Medicine was carried out on 7th of March 2016
- Series of lectures and workshops to Masters in Public Health (MPH) students in UCD on the Environment and Health module, Autumn 2016

Action 12 - *To support research as resources allow*

There are no specific resources for research and there was no formal research supported by the group in 2016.

Action 13 - *To communicate risk to the public to address shared concerns.*

The flooding WebPages at <http://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/flood/> are an example of risk communication and health protection advice provided in 2016.

Action 14 - *To pursue a national focal point for public health advice on environment and health.*

A business case for a National Environment and Health Unit was submitted in 2016. This was unsuccessful.

Additional Action 1 - *Monitor and review where necessary the contract for Chemical advisory support to Public Health Departments with Public Health England (PHE).*

The report from PHE-CRCE indicates that there were 25 contacts made requesting advice and or support in 2016. Of these contact, 14 related to water contamination, with other queries relating to health impact assessment/ assessment of industry, air quality, soil, odour and asbestos.

Additional Action 2 - *Identify capacity, infrastructure and succession planning needs to DsPH*

A workforce planning review was carried out in 2015 by members of the PHMEHG. No update in 2016.

Appendices:

See HSE PHMEHG Annual report 2015 for the following appendices:

- Appendix 1: Terms of Reference of PHMEHG
- Appendix 2: Terms of Reference of Legislation Subgroup of PHMCGD