

STATES OF JERSEY

Environment Scrutiny Panel Radon Review

FRIDAY, 7th MARCH 2014

Panel:

Deputy J.H. Young of St. Brelade (Chairman)

Connétable P.J. Rondel of St. John

Deputy J.M. Le Bailly of St. Mary

Ms. J. Bradley (Adviser, PHE Centre for Radiation, Chemical and Environmental Hazards)

Witnesses:

Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services)

Connétable J.M. Refault of St. Peter (Assistant Minister for Health and Social Services)

Medical Officer of Health

Director of Health and Safety

Interim Head of Environmental Health

[14:02]

Deputy J.H. Young of St. Brelade (Chairman):

Good afternoon, everybody, and welcome to this afternoon public hearing of the Environment Scrutiny Panel continuing our review of the question of radon gas and our policy and practice regarding that risk. Just to introduce myself, Deputy John Young, Chairman of the Panel. Members, please.

Deputy J.H. Young:

With us is Jane Bradley. Jane, would you like to just say the organisation you are from?

Ms. J. Bradley:

Yes, I am from the Centre for Radiation, Chemical and Environmental Hazards part of Public Health England.

Deputy J.H. Young:

Thank you. Minister, would you introduce your team, please.

Deputy J.H. Young:

Thank you all for coming along and welcome to members of the public and representatives of the media. Just to say thank you for providing all the documentation that you have provided to us. Obviously, for the record, we have been given information of the work that has been done by the Minister for Health and Social Services and her predecessors over the years. All that information has been reviewed by our expert adviser and what we are seeking to do today is to pick up those points that have come out of those notes. I think what we have done is given you some guidance as to some of the questions that have come out of that. This morning we had a session with the Minister for Planning and Environment and the Director of Building Control and we spoke about his perspective of how he sees his role in relation to radon gas; what he has done, what he thinks should be done and also what his department - i.e. (*id est*) his Building Control team - currently do and what they think should be done. What we would like to now do is to focus on yourselves and if I may start with the overall policy issue, Minister. Please feel free to move the question around as you wish.

The Minister for Health and Social Services:

We will do.

Deputy J.H. Young:

Minister, if you can sum up what you see is your ministry's role in the question of radon and put it into context for us regarding the rest of the roles that you have and particularly other environment risks. Could you do that for us, please?

The Minister for Health and Social Services:

As part of environment, do you mean?

Deputy J.H. Young:

Yes, generally. Looking at the very big picture, radon is a potential health issue. How do you see the role of you and your department in what the States do to deal with radon?

The Minister for Health and Social Services:

As you know, Health and Social Services is joined. We are different from most parts of the U.K. (United Kingdom) where Health and Social Services are separate. Here, Health and Social Services is the public health bit. Dr. Susan Turnbull is the Medical Officer of Health and she will be able to go down what her department roles are. Regarding environmental health, we obviously take that very seriously. Putting that in context regarding this review, obviously we do take it seriously and especially the building side. We had a States debate on getting more information on radon back in 2010, I think, where the Public Health Department commissioned a survey linked with the Health Protection Agency. That was undertaken in 2011-2012 and I presume you have got the results of that. If you want more of a breakdown, I will let Dr. Turnbull break down what the roles of her department are.

Deputy J.H. Young:

Thank you for that, Minister. Maybe I can break the question down a little bit. Over the years, I think, if I am right, 27 years there have been a number of interventions that the Health Department and its predecessors have done. Perhaps you could share with us what you saw as the purpose and objectives of those and whether you felt those pieces of work, those sample checks, succeeded and what you learned from that.

Medical Officer of Health:

In terms of the actual specifics of the surveys, I think probably Stewart is a better expert to talk about the rationale and what they have told us each time we have received results.

Interim Head of Environmental Health:

Certainly. I think, if you look across the surveys, they have showed us more or less the same thing, that there is no predictability across Jersey as to which areas are specifically prone to radon penetration into houses. Particularly we had houses to the west, St. Ouen, which you associate with sand dunes, and they were affected. We have had ones that you would expect to be affected but were not. I think that has confirmed findings from the rest of the U.K. where it is not easily targetable which property will and which property will not be affected. One semi-detached may be and another would not be. I think what we have also demonstrated is that there are properties that are susceptible to radon and it would be sensible for people to have their properties tested and take whatever remedial action is necessary.

Deputy J.H. Young:

What is your view on what we now know about the overall prevalence of radon gas in Jersey? What is your conclusion? Are we a high risk area? Are we a normal risk? How would you sum that up?

Interim Head of Environmental Health:

High risk having read ...

Deputy J.H. Young:

Compared with other places elsewhere, are we low risk, for example, or is there a case for us having intervention?

Interim Head of Environmental Health:

There is clearly a risk. It has been demonstrated that some properties have found levels of radon above the action level, so clearly there is a risk because it has been found there. I am sorry; what was the second part of the question?

Deputy J.H. Young:

As I understand it, we have done three sampling phases. The last one was in 2012. I think you did 63 properties.

Interim Head of Environmental Health:

Indeed, yes.

Deputy J.H. Young:

One of the things we want to do is to ask you about that survey as to what conclusion you drew from that.

Interim Head of Environmental Health:

My conclusions would be that if I was to own a property here that had a basement or a ground floor I would want to have it sampled, for my own peace of mind.

Deputy J.H. Young:

Okay. So, generally, there is a conclusion that there is a case for greater public awareness. Is that what you are saying?

Interim Head of Environmental Health:

Indeed, yes.

Deputy J.H. Young:

Okay. What policy actions does that lead to that you think should be done in the future then, if that is the case? Do you think we have adequate awareness now?

Interim Head of Environmental Health:

I think it depends exactly what role you think the States should take in that. We give advice through the website. We signpost Public Health England, which is our expert body that we signpost everybody towards. Certainly in the U.K., where I have experience of working in radon areas, it was largely driven through local authority searches and that led to the additional sampling.

Deputy J.H. Young:

I see. We do not have that here, do we, the local authority searches?

Interim Head of Environmental Health:

People can apply to Environmental Health for a search, but it is not a question that is on their search: "Is this a radon area?" Now, that was the typical question, for instance, in North Yorkshire: "Does this property lie within a radon area?" If the answer was: "Yes", we gave an answer. The next question was always one we could never answer: "Has a radon test been carried out and what were the results?" because the results of radon tests are private to the home owner, who gets them directly from Public Health England. So we would not know those results, but what it did do then was it went on and triggered a question between prospective purchaser and vendor about the radon status of the property that was being sold.

Deputy J.H. Young:

Okay. Now that work you are describing in Yorkshire was done by who; by what body?

Interim Head of Environmental Health:

It was the local district council.

Deputy J.H. Young:

Right, from the local council. So we are not talking about the role of the health authorities there. We are talking about the role of the local authority in land searches.

Interim Head of Environmental Health:

Obviously it is a different set up. We are talking about the Environment Health Department, which falls under the district council.

Deputy J.H. Young:

I see.

The Minister for Health and Social Services:

Whereas here it falls under Health and Social Services.

Deputy J.H. Young:

Yes. So in the U.K., drawing a parallel, they did not know the results of those samples. They did not know what those were?

Interim Head of Environmental Health:

Indeed not.

Deputy J.H. Young:

They were just like an agency to facilitate the distribution of information to householders.

Interim Head of Environmental Health:

Similarly, in Jersey we do not know if people have been going direct, having been signposted by us to Public Health England, carrying out the survey and getting those results. They would not be shared with us because that is a private contract between the home owner and Public Health England.

Deputy J.H. Young:

Does Public Health England know the results of all the tests done in England?

Interim Head of Environmental Health:

I do not know.

Deputy J.H. Young:

You do not know, okay.

Ms. J. Bradley:

Shall I answer that for you?

Deputy J.H. Young:

Yes, please do.

Ms. J. Bradley:

The answer is only if the tests that are undertaken by the PHE-CRCE laboratory. There are other validated laboratories in the U.K. that undertake testing, which are not shared.

Medical Officer of Health:

Yes. Anybody who had the testing done in Jersey would have had it done through your ...

Ms. J. Bradley:

They could have chosen any one of the validated laboratories.

Medical Officer of Health:

Perhaps just to say a bit about awareness, et cetera. Obviously we have had these surveys over the years and each time there is a survey it is an opportunity for publicity. It is an opportunity for the properties that are found above the action level to receive specific advice, which they have done on each occasion, but it is also an opportunity and we did have, at the time of releasing the report, plenty of publicity through the local media to alert people about radon but also to put it into context because, in the scheme of things, radon is not, particularly to people who are not smokers, a very significant health risk. It is a risk, but it is a low risk. The development of lung cancer is the only health risk from radon and it is the most significant health risk from smoking. Smoking to develop lung cancer takes 20 to 30 years of exposure. It is similar when radon is a factor. If somebody is exposed to a significant level of radon for 20 to 30 years and is a smoker, their risk of developing lung cancer is 30 to 40 times higher than if they had not been exposed to radon as well. It is a multiplicity of risk.

Deputy J.H. Young:

So the highest risk is those that have smoked in their life and who are exposed to radon?

Medical Officer of Health:

The advice we have given to the public is that radon, active all by itself, causes about one in 200 of all lung cancers. In Jersey, where we have about 50 new diagnoses and about the same number of deaths every year, that would be about 3 to 4 years we would see a lung cancer that probably had radon as the cause behind it, alongside the other 199 which were predominantly caused by smoking.

[14:15]

So our focus has been to advise people that, if they are worried about radon, the first thing they should do if they happen to be a smoker is to have advice through our free Help to Quit service to stop smoking, as well as to do simple measures to ventilate their home. Radon acting on its own is not something that keeps me awake at night; whereas the extent of smoking that continues, whether people are exposed to radon or not, is a very, very significant factor on health in Jersey and we have got a very significantly high rate of lung cancer still. Even though it is beginning to

decline, with the decline in smoking, it is going to take about 20 to 30 years to really show a difference.

Deputy J.H. Young:

Thank you for that. It is very important and useful information. A bit of a side issue this, but what percentage of the population do we estimate smokes in Jersey?

Medical Officer of Health:

Sixteen per cent of people smoke every day, but 20 per cent of people smoke to some extent on a reasonably regular basis.

Deputy J.H. Young:

What about people who are exposed to secondary smoking and that?

Medical Officer of Health:

That would be higher. It depends on how much smoking but ...

The Minister for Health and Social Services:

We have just done the public consultation on second-hand smoke. We can give you that information, which we have I would have thought.

Deputy J.H. Young:

At least 20 per cent of the public, potentially, would have an enhanced risk if they were exposed to radon?

Medical Officer of Health:

The risk of second-hand smoke in terms of causing lung cancer is a substantial risk, but it is not as high as smoking itself. It will have a lesser additive effect with radon. We do have data from babies being discharged from the maternity unit suggesting that around 35 to 40 per cent of babies are discharged to homes where there is some smoke. So that may be indicative of the Island more generally, but obviously it is a younger population.

Ms. J. Bradley:

You said that you target smokers. What about ex-smokers, because they, too, have an enhanced risk with radon?

Medical Officer of Health:

That is a good point. It declines with time, does it not? I think it is 10 years that you restore to ...

Ms. J. Bradley:

My understanding is that the risk never restores back to the non-smoker rates, but obviously it does decline with time.

Medical Officer of Health:

Yes. No, we have not picked that up specifically. We have been targeting current smokers and offering them one of the free services. It is a good point.

Deputy J.H. Young:

In the documentation we have been given, which I am sure we will make available to you, we have been given what national statistics are available on that, but it does clearly show, as you clearly pointed out to us, the link between smoking and radon. Sticking with radon, does that mean that you believe that there is not a case for an enhanced level of intervention by Government in radon?

Medical Officer of Health:

We know that a proportion of homes through our surveys have shown that they are at a higher level. We have given people information about how they can have their homes tested. What we do not know is how many people have taken up that suggestion.

Deputy J.H. Young:

You did a sample survey and you concluded from that that there were people being exposed to radon in excess of the target levels?

Medical Officer of Health:

We identified, in the last survey, 11 homes where that was the case and they were sent specific letters.

Deputy J.H. Young:

I think that was 17 per cent or something like that.

The Minister for Health and Social Services:

That was another survey. It was 64 homes. There were 11 out of 64, whatever that percentage is.

Deputy J.H. Young:

Right. Can you just explain to us the action that was taken on those?

Medical Officer of Health:

They were sent a letter with advice about methods to reduce.

Interim Head of Environmental Health:

Indeed, the advice came from I think it was H.P.A. (Health Protection Agency) then, before the previous name change, direct to them about what sort of action they can take to alleviate. Of course, we have no powers in Jersey to bring about that remediation. In the U.K. there are powers under the Housing health and safety rating system which can allow for those works to be enforced, particularly on rented properties, but we do not have those powers here.

Deputy J.H. Young:

Were some of those samples rented properties, do you think, or were they all owner occupied?

Interim Head of Environmental Health:

I believe they were owner occupied. The tenure of people in rented properties is much shorter. The likely long-term exposure is probably a lot less in rented accommodation than people who are owner occupiers and are likely to stay there longer, but certainly within States housing or Andium, they have a policy to adopt the decent homes standard. The decent homes standard includes the Housing health and safety rating system. One of the risks that is taken into account there is radon. So that will be taken care of within that risk assessment.

Deputy J.H. Young:

Housing has said that they will take measures to do the radon in their properties, did they? I am calling them Housing rather than Andium.

Interim Head of Environmental Health:

We have had that discussion with them. They are aware of the risks and they will take account of that as part of their upgrade survey and also in terms of having a rolling programme. That is the discussion we had with them. We also offered to run a seminar for the other social housing providers and nobody accepted our invitation.

Deputy J.H. Young:

Do you know if they are planning any surveys?

Interim Head of Environmental Health:

I do not.

Deputy J.H. Young:

They will take it there is a risk, but they are not planning any survey work of States housing?

Interim Head of Environmental Health:

States housing they are planning to take some surveys, yes.

Deputy J.H. Young:

They are? We will have to follow that up with the Minister for Housing. Thank you for that information. Could I ask you about the criteria for selection of the last sample that was done, the 64 properties? On what basis was that sample selected?

Medical Officer of Health:

I think it was before you came, Stewart, was it not?

Interim Head of Environmental Health:

It was before my time. As I understand it, the Island was split into grids and we tried to get as many in each grid as possible to get a representative sample across the Island. Having done that, people then had to agree for it to happen and in some cases they were quite happy for our officers to do that. In others they suggested that we might like to go away fairly quickly and did not want to take part.

The Minister for Health and Social Services:

Yes, the Island was divided into one kilometre grids and there was a selection of properties within each square.

Deputy J.H. Young:

Are you aware whether there was any selection on the property type or the criteria of the type of property?

The Minister for Health and Social Services:

There were domestic and commercial chosen.

Medical Officer of Health:

I think it was aimed to be a mix, was it not?

Deputy J.H. Young:

One of the things we were told this morning was that all of the samples were in respect of pre-building by-laws buildings, that there were no checks done on those under the current by-laws.

Medical Officer of Health:

I wonder how anybody would know that.

Interim Head of Environmental Health:

I believe that to be the case. It is not always possible to ... I mean you could probably guess that they were pre-building by-laws, but I do not believe we tested any post-building ...

Deputy J.H. Young:

Okay, so there was not an intention. In answer to what we asked this morning about that, Building Control told us that they had received that information on the sample results and that the purpose was to establish what the relationship was with building by-laws, whether building by-laws were effective or not. That was not successful because the results were of properties concerning pre-by-laws where, as far as Building Control is concerned, they know that there were no prevention measures in place unless anybody posts retrofits there. That is what they were told.

Interim Head of Environmental Health:

As I understand the by-laws, they do not apply to extensions.

Deputy J.H. Young:

That is interesting. We were told this morning that if there is an extension on the building the measures apply to the extension, not to the original building. That is the question we ask. What is your view? Do you think they should apply to the whole building?

Assistant Minister for Health and Social Services:

Is that a question for us, Chairman?

Deputy J.H. Young:

Yes.

The Minister for Health and Social Services:

It is a difficult point to comment on.

Assistant Minister for Health and Social Services:

Certainly, from a public health point of view, the more we can do to limit people getting lung cancer then the answer has got to be yes.

Deputy J.H. Young:

Good. That is why we are asking. Certainly from a health view ...

Interim Head of Environmental Health:

There may be some technical difficulties in doing that, but I would certainly recommend that testing would be undertaken.

Deputy J.H. Young:

Right, so we should have that. I am going to hand over to my colleagues because I have covered rather a lot. John, do you want to come in?

The Deputy of St. Mary:

Yes, I will carry on with that. Should we make it a legal requirement for tenants to be provided with a radon report?

Medical Officer of Health:

I would just like to talk about a matter that became a bit contentious last year. We had a bit of a consultation about a proposed law to bring in the housing standards that would be able to be measured against decent homes, basically, and it became a little bit contentious. There were some problems about intrusion, which was certainly not any part of it, but that would introduce equivalent standards to the U.K. about expecting radon requirements as part of decent home standards.

The Deputy of St. Mary:

Failing for the landlord to provide such a report, should we give more help to the tenants to be able to access something like that?

Medical Officer of Health:

I think if it was a requirement on the landlord then the tenants would benefit from that.

The Minister for Health and Social Services:

On the testing, I would have thought testing first of all to see if there is a problem.

Medical Officer of Health:

But the commonsense point is that, quite often, people in tenanted properties are not there quite as long as people are in owner occupied properties, but that does not mean that it is not reasonable to put in a basic commonsense standard at the outset.

Interim Head of Environmental Health:

I think you might have difficulties in requiring it of a landlord who would then have to make sure that their tenant carried out the test properly, because requiring one person to do something that

needs a third party to behave in a certain way is not always easy. You would think it would be sensible for a tenant to leave the detectors in the right places, but our experience is that does not always happen. I think tenants should certainly be made aware if the test has happened and, if it has not, a tenant ought to be able to request that that happens because the tenant requesting it suggests that they are more likely to carry out the test properly.

Assistant Minister for Health and Social Services:

The Minister for Health and Social Services has just given me a figure to a question I just put to her. Any responsible landlord only has to pay £45 to find out if they have got a risk and once their property has been tested they will know whether they have got a radon risk or not. £45 seems cheap to me.

The Deputy of St. Mary:

But should we enforce that?

Assistant Minister for Health and Social Services:

Should we? Under decent homes standard the answer is: yes, we should. At the moment we cannot.

Deputy J.H. Young:

If that testing regime was more used, are there any legal obligations to require remediation measures if the results of those tests prove to be radon exposure levels that are greater than the target levels or the action level?

Medical Officer of Health:

Would it be an improvement notice situation?

Interim Head of Environmental Health:

If it could be demonstrated that it was prejudicial to health, we could certainly use the Statutory Nuisances (Jersey) Law 1999.

Deputy J.H. Young:

Sorry, what law was that?

Interim Head of Environmental Health:

Statutory Nuisances. However, if we bring forward the new law as proposed, that would give us stronger powers to do that under the proposed improvement notice, which would be more straightforward, and remedial work is not particularly expensive either, from my experience. I

mean it could be anything from - not Jersey prices here, we are talking Yorkshire - but a few hundred pounds. So that is probably a few thousand pounds in Jersey. Certainly it is not overly expensive when you compare it with the likely rental income or indeed the value of a home if you are talking owner occupation.

Medical Officer of Health:

It is quite easy to do.

Deputy J.H. Young:

Where do people go for advice in that situation? Let us say a landlord or a property owner has had that test. They get the answer back: "This is in excess of the threshold level." Where do they go for advice?

Interim Head of Environmental Health:

The first thing to say is that Public Health England gives them great advice and their website is superb, suggesting they need to take action. I do not know of anybody on the Island who is experienced in carrying out the remedial works but they are certainly experienced in putting sumps in for the new buildings anyway, and the work is not technically difficult. If they come to us we will signpost them again back to Public Health England in terms of the works that can be carried out and it is a stepped approach. Putting this in the most basic: "If that does not work, you may need to put a pump in." So you put it in and test it because, again, it is the length of exposure. It gives you time to make sure that what you have done is working. It is not: "Do it now or you are in trouble." We follow the U.K. example of signposting Public Health England.

Deputy J.H. Young:

Have you had people asking you for help about that?

Interim Head of Environmental Health:

No. During the time that we were doing the survey, one or 2 people said: "What is involved?" They would again be signposted to the advice, but I think, in general, most people were somewhat apathetic.

Deputy J.H. Young:

What about your own website? Do you know what the hits are on it?

Interim Head of Environmental Health:

I have not checked that, no.

The Deputy of St. Mary:

I will move on if you have closed that topic.

The Connétable of St. John:

Should we have in place a monitoring system for radon on any of the identified properties that have previously been surveyed? Should we have an ongoing system to monitor those properties rather than relying on the owner coming forward and giving that information?

[14:30]

Interim Head of Environmental Health:

I do not know how we would compel that to be undertaken and, again, lifestyle can change that. Depending on how you live in the property, how tightened down you have it in the winter, the type of heating or whether you are prone to sleeping with the windows wide open, it could change with different owner occupation, but I do not know how you would compel somebody, under current legislation, to continuously replace the monitors and have them sent off.

Medical Officer of Health:

I think we would have to be convinced that it was a very high level of health risk for radon alone to take such robust measures as that. The fact is that it is a significant health risk, but for smokers. It is a very, very small health risk for non-smokers. That is why we have targeted our efforts about making that known to people, so that they can take it into account.

Deputy J.H. Young:

Would I be right in that I think what you are saying is that your role in this is advisory and there is legislation there that is really last resort, if there is a serious health risk, whatever that is: advisory or facilitative?

Medical Officer of Health:

It is making sure people have got the knowledge that they need to take the right action, which is proportionate to the situation that they are in.

The Minister for Health and Social Services:

Also, raising the awareness with surveys as we do.

Assistant Minister for Health and Social Services:

Could I just come back on something that John brought up? It is very simple. It is almost analogous to asbestos. You have buildings with asbestos. As long as it is properly managed and

proper preventative measures are in there, that does not stop you using those buildings. If you look on page 3 of R.113 of 2012, in the fifth paragraph down at the bottom it says: "In most older homes, simple measures such as reasonable ventilation, are all that is needed to keep the levels low." So it can be quite simple for people, if they do know there is radon risk, just to have a marginal amount of ventilation to prevent the build-up.

Deputy J.H. Young:

Thank you for that. I would like to move the discussion on away from people's homes into non-residential properties, including the workplace. What are the processes in place to be able to identify if radon exposure in excess of the levels has been experienced by people in the non-residential properties? Is there any work in there; for example schools, care homes, prison, those places and the workplace, of course, which we will come to in a moment, I think, with Mr. Myers? Have you done any work on those?

Interim Head of Environmental Health:

Some work was done by education in schools but that did not involve us. Again, it was through Public Health England. I believe work is in progress to make sure that care homes, where people have long exposure, will be tested.

Deputy J.H. Young:

Can you tell us about that? Who is doing that?

Medical Officer of Health:

I do not know any of the detail on that.

Assistant Minister for Health and Social Services:

In regulation in the care homes, there are a number of provisions for care homes to come up to a certain standard but ...

Deputy J.H. Young:

There is a need there?

Assistant Minister for Health and Social Services:

I do not know that, John. If it was going to be anywhere it would be encompassed within that. That would be my interpretation, but I cannot say that it is.

The Connétable of St. John:

Could somebody tell us then if it is regulation in the workplace? We have places like fish farms, et cetera, which are in tunnels or in bunkers where it is known that there is radon within sea water and, given that they pump thousands of gallons of water through these fish farms per day and in a closed space, what testing is done within these bunkers or tunnels where these fish farms are held?

Director of Health and Safety:

I can assist with that. Firstly, the requirements for ensuring the workplace is safe, free from health risks, are placed on the employer being the person in control of the premises under the Health and Safety at Work Law. The Health and Safety at Work Law is meant to be self-regulating so that employers are required to identify the risks that the workplaces represent and take action against it. To back up that general duty of the law, there is the approved code of practice which sets out work requirements of radiation. I am not aware specifically of any testing carried out in the areas you have mentioned. However, there is a notification requirement under the approved code of practice for radon that fixes a certain measurement, 400 Bq m³. At that stage, that is where we would be looking to see what action would be taken. We would expect notification in accordance with the approved code of practice and which meets the legal requirements and then we would action to go and check that the measures that were put in place were appropriate.

The Connétable of St. John:

On top of that then let me move slightly away from the fish farms. We have quite a number of staff within Government who work underground, whether it be in a cavern, whether it be in sewers, et cetera. Sewers are known to be a place where you could have radon. What testing is done by our own departments, which would come through you indirectly, to make sure that our staff are protected when they are working down in the sewers or in sumps where radon could collect?

Director of Health and Safety:

Connétable, if I could correct you slightly, if you do not mind me doing so. It is important to understand that the Health and Safety Inspectorate is the regulatory body for health and safety. It is not part of the States' regime for monitoring and managing health and safety on a daily basis. Therefore, in terms of what specific action is taken to ensure that radon testing is done in workplaces where the States are involved would be a question for the States Employment Board and their officers. However, I can tell you that I do know that in several of the workplaces you have mentioned there is radon testing that goes on because we have had involvement within that, only from the point of view of checking and inspecting.

The Connétable of St. John:

I am pleased to hear that they do it for our own staff.

Director of Health and Safety:

I cannot say that for myself, but certainly inasmuch as the cavern I do know that it goes on.

The Connétable of St. John:

That is useful because on a daily basis we have staff obviously working in the grey water area of the Island and there would be times obviously when there is not heavy rainfall so that you would have a bigger build-up of ...

Director of Health and Safety:

What I would say is that I welcome the attention of the panel to this particular issue because, again, it raises awareness of those with responsibilities under the Health and Safety at Work Law and the approved code of practice for ionising radiation to identify precisely what measures they should be taking. Clearly, part of the approach is identifying what risks their employees might be exposed to in the workplace and that is set in legislation, with those significant risks set out in a policy document that they have to produce. I cannot tell you specifically how many workplaces because they only have to notify us if there was a level of radon in the workplace above 400 Bq m³.

The Connétable of St. John:

Right, okay. Let me move on slightly then to sea water. Sea water also carries radon and it is found in most things. Given that at certain times of the year, when we have drought, we desalinate water and in that desalination process we are turning it into drinking water, what measures are taken or are you aware of within health and/or in your area? Are you aware how it is dealt with? How is it removed when it goes through the desalination plant? We know we have reverse osmosis. Are you aware how the radon is removed from the sea water?

Medical Officer of Health:

I am not.

Interim Head of Environmental Health:

Not directly, but radon comes out of water particularly with aeration and there is certainly aeration involved within Jersey water and the mixing and blending. That is not always the case with boreholes, but certainly the aeration would remove a large amount of that and then it is blended with other waters as well, which is why we are desalinating. So that would dilute any possible concentration in there.

The Connétable of St. John:

Thank you. I was hoping that is what you would be saying.

Ms. J. Bradley:

Could I add to that? If the radon is removed, obviously if it is in an enclosed space then that could pose an issue for employees in that area. You have said that it does not involve you, but it might be something that the employer needs to be made aware of. In that, within a building where you have aeration you might then get another issue of radon in air.

Assistant Minister for Health and Social Services:

All the desalination water ends up in my parish of St. Peter in the centre of Val de la Mare Reservoir and that is where it gets blended. I will just remember not to go down to Val de la Mare too often. It is freely ventilated.

Deputy J.H. Young:

Do you receive reports from Jersey Water of the testing of drinking water including radon? Does that include radon?

Interim Head of Environmental Health:

I am not sure if that includes radon.

Deputy J.H. Young:

But you do receive regular reports?

Interim Head of Environmental Health:

We do, yes.

Deputy J.H. Young:

Do you have a law there that enables you to enforce actions if there are problems revealed in those samples or is it just a question of reporting ...

Interim Head of Environmental Health:

The Environment Department enforces the Jersey Water Law, but if there is any risk to health there are clauses in there which allow us to take action.

Deputy J.H. Young:

Right. So you have a backstop law, as it were?

Medical Officer of Health:

Yes, and we have to be consulted about anything that is untoward.

Interim Head of Environmental Health:

Anything that approaches or goes over international standards.

Deputy J.H. Young:

But the Minister for Planning and Environment is responsible for stating what materials should be sampled for and so on.

Interim Head of Environmental Health:

Yes.

Deputy J.H. Young:

Does he set the standards?

Interim Head of Environmental Health:

The standards are the international standards and they are within the law.

Deputy J.H. Young:

That includes radon presumably.

Interim Head of Environmental Health:

I presume so.

Deputy J.H. Young:

I am asking you this because we were not quite sure after our interview with the Minister for Planning and Environment what his responsibilities in this area were. So we thought we would ask you, but you have said that they are his responsibilities.

The Minister for Health and Social Services:

All water catchment areas have to go through a permit.

Deputy J.H. Young:

Could I also check with you, because again this was an area of ambiguity, where people have their own boreholes that the standard of the water quality in that is entirely a matter for the private land owner who extracts and consumes that water?

Interim Head of Environmental Health:

Almost.

Deputy J.H. Young:

Thank you. Can you explain?

Interim Head of Environmental Health:

If you are a landlord and supplying that water to a tenant, you are obliged to supply potable water. So standards would apply. Indeed, if you are a business runner and you are supplying water for cooking, catering or for people to drink in a bar situation or whatever, again it would have to meet standard potable water guidelines. We, as Environmental Health, would enforce that; although, in answer to your probable next question, no, we do not test for that. Again, there is a debate about testing of boreholes. Certainly we know what it costs. It is £180 for a single sample to be tested for radon. It comes down to around £125 if we do 4 at once. That is excluding the cost of taking the sample. That is to get it Glasgow, to Public Health England, and have the tests carried out. At present we do not test for radon and I cannot find any historical records of us having tested for radon within borehole supplies. Similarly, we do not test for microbiological quality in boreholes. There was some initial work carried out in the 1990s when the U.K. was going through the private water supply regulations, but the feeling at the moment is that it is your water supply. It is prudent to have your own maintenance contract and that maintenance contract should include testing for the parameters that you need to make sure are fine, partly to make sure that any machinery you had in there, filtering, osmosis or whatever, is working as part of that maintenance contract.

Deputy J.H. Young:

Thank you. Is the law on that a direct parallel on the law regarding tenancies? You said that there was a distinction between tenants and owner occupiers. Is the law in terms of providing potable water similar that you have got a backstop power and the Minister for Planning and Environment has got a tighter regulatory power? Is that the situation?

Interim Head of Environmental Health:

We want a landlord to provide potable water as part of his responsibility as a landlord, not as part of any water regulation. It would fall again under the nuisance premises prejudicial to health of other occupier. Again, potable water is something that would come in under the proposed new law because that is one of the main things that you would frankly demand and expect a landlord will provide to his tenant.

Deputy J.H. Young:

Can I ask how frequently you meet with the Minister for Planning and Environment and his team to discuss these sorts of crossover issues between the two ministries?

[14:45]

Interim Head of Environmental Health:

We have a regular quarterly meeting to discuss those and if anything crops up in between we have ad hoc meetings, but there is a regular officers meeting that is in the calendar each quarter.

Deputy J.H. Young:

There is an open exchange of information?

Interim Head of Environmental Health:

Open and frank, yes.

Deputy J.H. Young:

Good, okay.

The Connétable of St. John:

When you are dealing with boreholes, we were told this morning there is something like 3,000 licensed boreholes and I would say there are probably 2,000 which are unlicensed. Not everybody will have filled in the necessary documentation in 2010 for different reasons for boreholes or wells. What has come about in the last 5 to 10 years is, where historically you would have a header tank in a house where you would have settlement and any radon that would have come up from the borehole would have been allowed to vent itself out through the overflow, in more recent times they have gone to a pressurised system and that goes straight through and it comes out at your tap. Therefore, if you are in a basement, for instance, you are venting your water from the borehole straight into that particular basement. Are there any regulations or anything that you advise people to do to have a split tank so you can vent the water before it comes out of your tap?

Interim Head of Environmental Health:

If they come to officers in Environmental Health they would be advised to make sure there are suitable arrangements for venting but quite often, quite clearly, people have systems put in by whoever is fitting them on the Island. You would rather hope that they have a duty of care to make sure they were fitting systems that were safe in terms of radon as well as the other parameters, but they do not always come to us. Now, I do not know if there is anything within building regulations that would require that. That would seem to be where it ought to fit in terms of water supplies.

The Connétable of St. John:

Given the very low nature of radon, it is not a very high profile scenario. Would you expect the installers of this equipment, i.e. the plumbers or pumping agents to be aware, because many of these lads and ladies who fit this equipment, would be coming from off Island. Would you expect them to be *au fait* with the radon parameters of a duty of care, because many of them will not have probably come across it?

Interim Head of Environmental Health:

I would hope so. Clearly, to some extent it depends where they come from. If they are coming from Devon and Cornwall you would expect them to be fairly well *au fait*, and certainly North Yorkshire. But you would hope that if somebody was a professional that they would understand those regulations.

The Connétable of St. John:

So you have not got an educational programme that you work with in the building industry or Chamber of Commerce or whoever where you push this information round among others?

Interim Head of Environmental Health:

We do not, but I think that would be probably more to come from the Building Control side because they would regulate, as indeed they do, for other elements of a building.

The Connétable of St. John:

All right. Thank you.

Deputy J.H. Young:

Just to come in on that, this morning we got the impression that, yes, the Building Control team have the tools through the byelaws, but what comes across is that they need to be alerted to areas of risk where evidence has come to light that there does need to be changes. What I want to try to establish is whether there are those links in place to enable your team, as a Health team, to be able to identify problems and communicate those through to the Environment Building Control team to get them into regulation. Can you give the panel some assurances that that system is in place?

Interim Head of Environmental Health:

We do, again, have quarterly meetings with Mo Roscouet and his team to discuss such things. The latest thing we have been discussing with them is along noise insulation in order to try and tighten up there, because we have different pressures, if you like, between noise insulation and nuisance and those are the discussions. But that is the forum that we could raise those issues, although to date we have not discussed radon.

Deputy J.H. Young:

No, but I think what has come across here is that you have done some sampling programmes. To me, they look relatively modest, 130 homes over 27 years. You communicated with those householders and arranged testing and so on, but what I am wondering is what monitoring and checking is going on to know whether or not that is adequate, whether they need to do more and how we will identify problems if we do not do that. That is what I am trying to get a picture of. Do you want to comment on that?

Interim Head of Environmental Health:

We have not followed up. We do not know which of those properties that had it identified took any action because, again, they do not have to share that with us. We do not know if other people are sampling because, again, they would not share those results with us. In terms of the efficacy of the barriers and sumps that they are putting in, we have not done any sampling with the Building Control team. I am unaware that they have done any sampling. I am sure they would have shared it if they had, to see if you still need to do that. That would not necessarily come through us because, unless we are doing a specific sampling programme where we have got a special deal, we signpost householders or anybody else to Public Health England and that is a direct relationship then. It arrives by post; you send it back by post. Of course they can come back to us for advice but the advice they get from Public Health England is as good as they can get from us, apart from signposting a few local people.

Deputy J.H. Young:

From everything you said, do you think there is a case for doing more, to extending doing more samples and being more interventionist?

Medical Officer of Health:

In a proportional way. I think what we have been saying is that if there are housing standards, et cetera, and a duty for landlords to tenants, et cetera, then it ought to be on the same level as it is in other civilised countries, that that would be part of the testing. In terms of going out and looking for radon and putting a lot of resources into going and sampling, at the extreme sampling every household, it would not at all be proportional to the risk that we would be looking to reduce. Probably just to put it into context, we have got other things that we would put on.

Deputy J.H. Young:

That is useful. What do you spend on radon at the moment? In terms of radon measures, what do you spend, what is your budget?

Interim Head of Environmental Health:

In terms of sampling?

Deputy J.H. Young:

No, if you added it up. You said about that radon is only one of a whole lot of things you have to do and there is the issue of priorities and resource, I think. What is the current level of resource dedicated to dealing with the radon risk in Health?

Medical Officer of Health:

It is not split up by subject, obviously.

Deputy J.H. Young:

No, but in total how much?

Medical Officer of Health:

For instance, last year when we released the radon report, and we have had various things going through the States about it, it can take almost a whole week's work of a team of people. But it is not about what you spend on a particular subject. It depends what is the hottest topic of the moment that diverts our small resource into responding to it.

Deputy J.H. Young:

Your small resource is Stewart. **[Laughter]** I do apologise. What I meant was, would I take it that your team, Stewart, would be the key resource?

Medical Officer of Health:

Yes, the Environmental Health team would deal with it.

Interim Head of Environmental Health:

Yes. We handle the queries. Most of the work is directed to Public Health England because they are the expert people. We are happy to talk through why sampling is a good idea and what a bargain it is really compared to the price of buying a house or peace of mind. We do not yet have the powers to require anybody to carry out such work, even landlords. To some extent I believe if you are a homeowner you can make those decisions for yourself. You should be grown-up enough to be able to do that.

Deputy J.H. Young:

If you had to put a percentage of you and your team's work in a year of what goes on radon, what percentage would it be?

Interim Head of Environmental Health:

It would depend which year.

Deputy J.H. Young:

Maximum and minimum.

Interim Head of Environmental Health:

In 2012 quite a lot of it was people going out sampling. We were supervising it and producing reports and things. In 2013 it was very much less. We were reacting to some of the results. One or 2 people were still coming and saying: "Can we still get the special offer?" So far this year it is very, very little. We have had one or 2 phone calls with inquiries.

Ms. J. Bradley:

Could I just ask, would it be appropriate when people come to you for advice to ask them if they would be happy to share the result when they got it?

Interim Head of Environmental Health:

We do ask that question, yes, but apart from people where the deal was the States were subsidising it, we will share the results but we would anonymise them, apart from those examples we have not had anybody come and say: "Hey, we have just had these results and we are above the action level. Is it not wonderful?"

Ms. J. Bradley:

No, I was meaning when they ask you for advice on where to go for testing perhaps: "Would you mind sharing?"

Interim Head of Environmental Health:

We would always ask that because the more data we have the better picture we have.

Deputy J.H. Young:

I am puzzled. I thought the information we had is that you did 66 tests the last time and you have given us information on how many of those exceeded the threshold. Were those the tests that people agreed to disclose the results then?

Medical Officer of Health:

As part of the survey, it was done free, was it not, rather than people paying, or was it done subsidised?

Interim Head of Environmental Health:

It was subsidised.

Medical Officer of Health:

Yes, and part of the subsidy ...

Interim Head of Environmental Health:

As part of the deal for the subsidy for them to get it cheaper, we were allowed to have the results.

Deputy J.H. Young:

On the last tests we got all of the information but not for previous ones. Is that it?

Interim Head of Environmental Health:

I am unaware of the details of the previous ones.

Deputy J.H. Young:

That is fine, because it goes back a long way.

Interim Head of Environmental Health:

What we are saying now is that if other people go off and have them tested we would say: "Please will you share the results with us so we can put it into our dataset?" but we do not ...

The Minister for Health and Social Services:

But you cannot make people do that, unfortunately.

Deputy J.H. Young:

Have we got those results?

The Minister for Health and Social Services:

Which ones?

Deputy J.H. Young:

The most recent ones.

Interim Head of Environmental Health:

Yes.

The Minister for Health and Social Services:

Yes, you should do.

Medical Officer of Health:

They are in the report.

Ms. J. Bradley:

My other question was about you mentioned potable water for those people on private boreholes. Does that have to follow the same standard as set out in the Jersey Water Law or is it a different potability requirement?

Medical Officer of Health:

There is not, to my understanding, a requirement of anything about boreholes in private ownership, unlike in the U.K. where I know that there is.

Ms. J. Bradley:

I just wondered whether there was a guideline or something like that.

Interim Head of Environmental Health:

We would use the U.K. guidelines as best practice.

Medical Officer of Health:

Just speaking as a person who recently moved from a borehole to a private water supply, I would have my borehole water tested from time to time just because I thought it was the right thing to do but it was not because I was obliged to do so.

Ms. J. Bradley:

You obviously have it tested but how do you know what the level should be? For radon, it probably is not in there but maybe there are other things.

Medical Officer of Health:

When you have it tested as a private individual it comes with all the normal ranges, with the full flag saying ...

Ms. J. Bradley:

So it is the testing laboratory defines the normal range.

Interim Head of Environmental Health:

It is the U.K. standard, essentially, but it is not embodied in any legislation.

Ms. J. Bradley:

Thank you.

The Connétable of St. John:

Would I be right in saying that when you reply to the person who has had the water tested that you make certain recommendations, i.e. this should be boiled or should not ...

Interim Head of Environmental Health:

We do not do the test.

Medical Officer of Health:

We do not do it. It is the Official Analyst's Department.

The Connétable of St. John:

Sorry, the analyst. That does not come under you?

Medical Officer of Health:

No.

Interim Head of Environmental Health:

The analyst often will say: "If you need any advice, ask us." If people come through and ask about their results, we give them advice, certainly.

The Connétable of St. John:

Historically, I have seen quite a number of these reports. They have said: "Do not give this water to children under the age of 12" or "boil it before using it", et cetera, but you would not be involved. It would be the analysts themselves. Okay.

Medical Officer of Health:

No, unless they come to us asking for advice, which we would do our best to give.

Deputy J.H. Young:

I want to clear up a couple of points from our meeting this morning. We were equally ambiguous about the question of air quality. The Minister for Planning and Environment suggested to us, at least I think he did, that this question of radon gas within properties comes within the air quality strategy, which he indicated was done jointly with yourselves. Would you like to elaborate or

explain to us what your role is in that compared with the Minister for Planning and Environment's role in that piece of work? He was suggesting that this was the place where we would effectively regulate air quality within buildings.

Interim Head of Environmental Health:

The air quality strategy is a strategy that is joint between the 2 Ministers. It has largely, to date, been involved with external air quality, with people polluting the atmosphere. There is some work going on towards indoor air quality but it is not far advanced, particularly. I do not believe we have ever done any testing for radon.

Deputy J.H. Young:

The work going on around internal, are there any laws in place to deal with that or does it come under this residential law that you spoke of which affects tenancy properties particularly? Does it come under that?

Interim Head of Environmental Health:

Only in the most general in that they should be well ventilated and not harmful.

[15:00]

Under the new one, the radon is specifically one of the 29 hazards that is set out in the housing, health and safety rating system, so it will be specifically dealt with as radon and other radiation within that.

Deputy J.H. Young:

You have clearly drawn a very clear distinction, I think, between owner occupied and tenants here. The suggestion, I think, is that owner occupied property owners can control their immediate environment rather more than tenants. Would that be true?

Interim Head of Environmental Health:

Yes.

Medical Officer of Health:

It might be, and also they have responsibility for a whole lot of things about the fabric of their building and, even just going back to boreholes, about the quality of the water that they drink if they have a private supply.

Deputy J.H. Young:

Another point, I think earlier on it was said, you explained to us that in the U.K. a lot of the information that is available comes thorough the local authority search system where records are kept and so on, and owners are required to declare whether their property is in a radon area or not and so on. Have you had discussions locally with the Jersey Law Society or other bodies about that and, if not, can you tell us who is working on that at the moment?

Interim Head of Environmental Health:

We recommend that anybody who is thinking of purchasing a house should ask the question. That is as far as ...

Deputy J.H. Young:

Where do you recommend that? Where would one find that recommendation?

Interim Head of Environmental Health:

It is on the website. It is on our leaflet that signposts to them: "We would recommend anyone thinking of buying ..."

Deputy J.H. Young:

This is this leaflet? Sorry, I just want to make sure. That is the one, is it?

Interim Head of Environmental Health:

Yes. Number 7 "Advice for homebuyers".

Deputy J.H. Young:

Is this available in printed form or just on the website?

Interim Head of Environmental Health:

It is available in printed form if people ask for it as well, yes.

Deputy J.H. Young:

Where is it? Where do you find it? Is it all over, widely distributed?

Interim Head of Environmental Health:

It is not. It is available from us when people ask but we do tend to promote most people to it on the website for obvious reasons, rather than distributing them, in terms of costs.

Deputy J.H. Young:

You can get it from your office but people who do not have the Web would have to go to your office to get it?

Interim Head of Environmental Health:

At the moment, yes. To clarify what happens in the U.K. if you are purchasing a house, there are several searches that go on. One of them is a search of the local authority and that covers different aspects in different departments. Part of it is an environmental health search and it tends to be a standard form that is used. The questions in there are: "Are there any notices, closure orders? Have there been any noise nuisance notices served about the property?" so people trying to find out are they buying a pig in a poke, if you like: "Am I going to buy somewhere where there has been trouble with the neighbours?" One of the questions is: "Is this property in a radon area?" and the answer is either yes or no or possibly. Certainly the local authorities that have had a lot of work done because they have outcrops of granite have had lots of work done to try and identify which properties are. They would say yes. The next question is always: "Are you are aware of any testing going on?" and, again, generally not, unless there has been a specific programme carried out, possibly if it is an ex-local authority house that has had testing in the past. That would then drive the solicitor, or advocate over here, to ask that question of the vendor, as you might ask about what fixtures and fittings are being left: "Have you had a radon test carried out?" Certainly in the late 1990s there was something called a radon bond, which you will possibly remember, where if the radon test had not been carried out, the purchaser's solicitor would suggest that they would retain an amount of money which would then be used for any remediation, subject to any subsequent radon test that was carried out. So the vendor would still want you to go ahead with the house, because the possible remediation would be fairly small in terms of money and it was not a deal breaker because it is easily remedied, but he was not going to pay for it. So an amount of money was retained, the test was carried out through, in those days it was probably N.R.P.B. (National Radiological Protection Board) I suspect, but the same organisation. Those test results were then shared and the recommendations were carried out to remove that risk and that came out of what was known as a radon bond colloquially.

Ms. J. Bradley:

We call it a radon retention these days but it is the same process.

Deputy J.H. Young:

I think earlier on you spoke about these radon areas and I think we also spoke about areas where there are high levels where they are targeted, as it were. Could you explain that a bit more? Is that the local authority doing that that says: "There are lot of elevated levels in this area, therefore we make it ..."

Interim Head of Environmental Health:

Certainly where I was working the geology is not as straightforward as on Jersey. In Jersey I am quite happy to say that all of Jersey, for housing purposes, is a radon area and I would recommend anybody here to have a test, obviously if you have a basement or you have a ground floor. In North Yorkshire where I was working there were areas of large granite outcrops and areas where there were not any, so we undertook, with Leicester University, a geological survey that got down to quite small areas so we could better pinpoint those areas where it was considered it was a radon area and those areas where it was not a radon area.

Deputy J.H. Young:

The classification of an area, what does that effectively mean in the UK.? It means that people are alerted there is a risk and they have to test?

Interim Head of Environmental Health:

There is a possibility that their property might be subject to radon.

Deputy J.H. Young:

Do they have to test?

Interim Head of Environmental Health:

They do not have to test.

Deputy J.H. Young:

Not, but they are well advised to test and take remediation measures if it is too high?

Interim Head of Environmental Health:

If recommended, yes.

Deputy J.H. Young:

Is that the purpose of it?

Interim Head of Environmental Health:

Yes.

Deputy J.H. Young:

If we had such a scheme in Jersey, you would recommend that the area be the whole Island?

Interim Head of Environmental Health:

I would, yes, on the basis of the results so far.

Deputy J.H. Young:

Thank you. That is very clear.

The Connétable of St. John:

Just moving on slightly, the United Nations World Health Organisation in 2009 stated that radon is the second most important cause of lung cancer after smoking in many countries. The United States Environment Protection Agency stated that radon is the number one cause of lung cancer among non-smokers. That being the case, on a scale of say one to 20, where would radon fall against lung cancer and smoking?

Medical Officer of Health:

Just to go through the statistics a bit. We had a survey done last year by Public Health England and the Southwest Knowledge and Intelligence Team, looking at cancer in Jersey. It was prompted by States questions, but we felt it was timely to do it anyway so we had an external researcher to look at all of our data. He did a specific section on radon to put it into context. Putting it into context, if we had 100 cases of lung cancer, half to one of them would possibly be caused by radon alone, around 2 might be the effects of radon in conjunction with smoking, and the other 96 or 97 would be caused by smoking alone. So, yes, it is right to say it is the second most important cause of lung cancer, but in comparison with smoking it is relatively tiny. It is still a low risk but it is not incorrect to say that it is second to smoking.

The Connétable of St. John:

So it would be about 2 per cent?

Medical Officer of Health:

Half a per cent.

The Minister for Health and Social Services:

Approximately 50 people die ...

Medical Officer of Health:

One every 4 years in the Island would be radon alone.

The Connétable of St. John:

Just to get it into perspective, because it is important. Thank you.

The Minister for Health and Social Services:

It is very important to get it into perspective and also, if a radon level was found within your home, that remediation is quite simple.

Medical Officer of Health:

We have about 1,000 deaths in the Island a year, give or take, and one of those every 4 years is due to radon. That is one in 4,000.

The Connétable of St. John:

That is an important analysis.

The Minister for Health and Social Services:

Yes, certainly. You need to put the whole thing in perspective.

Deputy J.H. Young:

I think, if my colleagues agree, that might be a good place to close. Do you have any more questions?

Ms. J. Bradley:

I was just going to say, from radon alone, not radon and smoking?

Medical Officer of Health:

Yes, radon alone. Radon and smoking would be another 2 or 3 per 100.

The Minister for Health and Social Services:

I presume you have got the national survey. Have you seen that?

Medical Officer of Health:

Have you seen that one, Jane?

Ms. J. Bradley:

I have got it, yes.

Deputy J.H. Young:

Of the 100 lung cancer cases, how does that analysis know that there are no radon connections? Is that relying on national ratios?

Medical Officer of Health:

It is looking at international knowledge and evidence and playing it on to our figures. It does not feel implausible given the rates of smoking.

Deputy J.H. Young:

Any more questions? I think one of the things that we do need to deal with before we close is that some time ago we were given a copy of a document by Mrs. Cameron with a series of recommendations. I think we would just like to update ourselves with which of these have been implemented or are still currently on the table, as it were, to pick up. I do not know if that is a document you have got, have you?

The Minister for Health and Social Services:

I do not have that with me.

Medical Officer of Health:

Is it part of the radon report?

Deputy J.H. Young:

It was headed up *Radon and Public Health in Jersey*, dated 7th August 2012. That was a report we think was headed Health and Social Services Department.

Ms. J. Bradley:

It came from the website.

Deputy J.H. Young:

You do not have a copy? Have you got a spare one, Malcolm, and we can pass one down? I think if we just spend a few moments checking out where we are, if you would not mind. The first one is that she is recommending that testing continues. Do you have any current plans to continue testing or is it finished with the 2012 work?

Interim Head of Environmental Health:

That work is finished and at present I do not believe we have any ...

Deputy J.H. Young:

You do not have any plans at the moment?

Medical Officer of Health:

I think it will be a number of years before we are thinking of doing another.

Deputy J.H. Young:

I beg your pardon?

Medical Officer of Health:

I think it will probably be a few years before we are thinking of doing another similar survey.

Deputy J.H. Young:

Is that because of money or because you do not consider it is a priority?

Medical Officer of Health:

We have regarded it over all these years really as an opportunity to raise awareness as well as ... by identifying a few households above the action level, to take that as a means of alerting other people who may wish to get on with it and have a test to consider doing so.

Deputy J.H. Young:

Okay. We note that. The second point they are talking about doing more sophisticated mapping which is kilometre grid squares of the sampling work. That goes on, we are told, automatically in the U.K., that when people put in the samples this material is plotted. Is that correct, Jane?

Ms. J. Bradley:

We have the data from all of the testing so there are more results per kilometre square than you have in Jersey at present.

Deputy J.H. Young:

So I think maybe what she was suggesting is that we participate within that scheme. Do you have a view on that?

Interim Head of Environmental Health:

My view remains that we take all of Jersey as a radon area.

Deputy J.H. Young:

Thank you. I think we will pass on 3 because it involves a contractual situation. Number 4, advice to householders on the link between radon and smoking. Within the meetings we have had together, you have emphasised that strongly. I have heard the anti-smoking message come across very strongly, which I personally share, but I am not sure I have heard that prominently about the radon link.

Medical Officer of Health:

Certainly when the radon report was released and whenever it has been in the media that has been my strongest core message, that really, if you are worrying about radon at all and smoking is a feature in your home, then that is the first thing to tackle.

The Minister for Health and Social Services:

Smoking, as we know, kills the most people in Jersey, so if it is linked to radon or whatever, we still need to get that message across that smoking kills.

Deputy J.H. Young:

Absolutely, but of course it makes it worse, does it not? There is already a very high risk and this just makes it an even higher risk. I think you are clearly doing 5. This report from the E.U. (European Union), they are talking about a standard here of 100 Bq per litre for water. Jane, do you want to help us with this number 6? This is about the E.U. report. Is that suggesting a new standard?

Ms. J. Bradley:

There are 2 reports, I think, that this is referring to. One is a new standard, which is a proposal that came out in 2012 about radon in water. That is water intended for human consumption that does recommend a regulatory level of 100 Bq per litre and there are ways in which you do not have to monitor if surveillance suggests that the water is below that level in all your sources, and I think we mentioned that earlier. The other one is the new basic safety standard which has now come into European legislation back in January this year and that also talks about having a national action plan which covers lots of different aspects, including radon in the workplace, radon in the home, much more so than before, and proposes an action level of 300 Bq per m³ to cover both, it also includes building regulations. So I think that is what she was alluding to there.

[15:15]

Deputy J.H. Young:

If I can just follow that up.; we do need to know the status of these new reports as far as the Health Department is concerned. Can you confirm you are aware of these recent reports and recommendations? Are you going to adopt these 2 reports? Have they been adopted? Are you going to adopt them?

Director of Health and Safety:

Certainly we would be looking to any changes in the standards and introduce them within the appropriate codes of practice.

Deputy J.H. Young:

So Social Security will?

Director of Health and Safety:

Well, in terms of the appropriate codes of practice, it would be amended to reflect the new standards. But we will be looking firstly to the U.K. Health and Safety Executive and see their take on it.

Deputy J.H. Young:

That is obviously for the workplace. In terms of for the non-workplace, the question of adoption of this document, is that a question for the Minister for Environment or for the Minister for Health?

Interim Head of Environmental Health:

Water, I would say, would certainly be one for the Minister for Environment. The majority of water ...

Deputy J.H. Young:

So this is a question we should clear up with him?

Interim Head of Environmental Health:

Yes.

Deputy J.H. Young:

Certainly the building byelaws we should clear up with him, which we will do so. I suppose the last point is about meetings. You said to us, Stewart, you have these regular quarterly meetings.

Interim Head of Environmental Health:

With Environment and with also Planning and Building Control.

Deputy J.H. Young:

At an officer level?

Interim Head of Environmental Health:

At an officer level, yes.

Deputy J.H. Young:

Do any inter-ministry meetings take place at political level on Environment and Health interactions?

Medical Officer of Health:

On a number of different matters. Obviously the Air Quality Strategy was a joint effort.

Deputy J.H. Young:

How frequent are those meetings?

The Minister for Health and Social Services:

I cannot remember. We have not met recently on air quality because the officers are obviously setting down policy rather than implementation. We had one a little while ago, 2 or 3 months ago, regarding public disposal.

Deputy J.H. Young:

What comes out of those meetings? Are they ... I would not say public, but are they available and recorded in any way?

The Minister for Health and Social Services:

They are recorded, the minutes. The last one on public disposal, minutes were taken.

Deputy J.H. Young:

All right. So if people needed to look at them they could?

The Minister for Health and Social Services:

Yes.

Deputy J.H. Young:

Thank you.

The Connétable of St. John:

Have you covered 7, John, the tight house policy?

Deputy J.H. Young:

No. Would you like to pick that up?

The Connétable of St. John:

Yes, on 7, the Environment Scrutiny Panel when they looked at this originally there were concerns, obviously, because of the new energy requirements, et cetera, they have got a tight house policy, and, therefore, you could be encapsulating the radon within the building. I sincerely hope when

you do get around the table with the Minister that you raise that point with him and say: "Look, what are you doing about this?" because it is all well and good having a tight house policy but if you have got the new pressurised water systems in place you are just enclosing the radon and compounding the problem so, therefore, you need to work together on that.

The Minister for Health and Social Services:

I am quite happy to put that on the agenda when we meet next.

Deputy J.H. Young:

Yes. He indicated he thought there was a potential conflict between the way the energy conservation by-laws are going and the need for proper ventilation.

Interim Head of Environmental Health:

I think modern windows certainly have trickle vents and the modern tight house is not the same as somebody taking an old house and tightening it up without having planning for that. It should always have ventilation. Ventilation is one of the 29 things that we look for, either mechanical or natural ventilation. It is one of the hazards we would look for in a house and indeed in Jersey if we do not have ventilation we would have lots more green mouldy housing.

Deputy J.H. Young:

We were told that there should be further discussion because we were told that the bylaws clearly apply to new buildings but they do not apply currently to the rest of the existing buildings and, of course, where air vents get blocked up and so on, yes, you get damp but also you get radon and so it sounds to me that this is an area where ...and the Minister indicated he was keen to discuss some joined up thinking in terms of setting the regulations there.

The Minister for Health and Social Services:

No problem there.

Deputy J.H. Young:

Good. Right, well I think ...

Ms J. Bradley:

Just one thing, did you cover all buildings as far as protection?

Deputy J.H. Young:

I think where we were...

The Connétable of St. John:

It mentioned schools, did it not? We mentioned schools and the like and homes.

Ms J. Bradley:

Yes, I was thinking about in terms of construction. In the by-laws at the moment they only apply to dwellings.

Deputy J.H. Young:

Yes, I think all I can do is perhaps ask an opinion. We did ask the Minister for the Environment why the building bylaws for new buildings were only restricted to residential premises. The answer is that way back in the history of time a decision had been made that that was probably the right thing to do. When asked: "What was the case for not looking at other types of premises?" I think we did not really get an answer that gave us a proper reason. So have either of you ... whether you think there is a case for looking at the range of existing bylaws to extend the range of premises other than residential to extend their applicability to all types of premises? Incidentally we were told this morning, which I think was probably wrong, that our practice was in line with the U.K. but we have been advised that that is not so. So do you have a view on that?

Interim Head of Environmental Health:

My view is it should apply to all buildings. The minimal cost of putting in sumps and venting in the beginning far outweighs the possible problems further up.

Deputy J.H. Young:

I will ask Colin, have you a view on that?

Director of Health and Safety:

Yes, I agree. It is a situation where the person at work who has the responsibility for the workplace, if the issues are designed out by the building then that would make sense to me.

Deputy J.H. Young:

Thank you. Good. I think if everybody is agreed that is a good point to close the meeting and say thank you very much for all your answers and help for the panel.

[15:22]