



Sunbed regulation: a review of practice in the South West



Sunbed Regulation: A Review of Practice in the South West

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Executive Summary

Aims

The research was commissioned by Cancer Research UK to follow up on a national study of variation in sunbed outlets and to:

- provide a more detailed survey of sunbed locations in the South West region;
- investigate Local Authority policies towards the regulation of sunbed salons;
- investigate issues of compliance with current guidance and legislation across the sunbed industry;
- undertake a feasibility study for future national projects; and
- demonstrate the data that can practically be collected on sunbed salon distribution and local policies toward their regulation.

Methodology

The information for this study was gathered using a multi-method, three stage approach. This allowed an in-depth exploration of the complex issues involved in this subject. Fieldwork took place from March to May 2009 and involved:

Stage 1 — desktop research;

Stage 2 — a web-based survey; and

Stage 3 — qualitative in-depth telephone interviews.

Stage 1: Desktop research

Existing policy and guidance for the regulation of the sunbed industry was analysed. This included consideration of the following documentation:

- legislation and guidance on sunbeds (national and international);
- inspection protocols;
- sunbed audits;
- research on compliance with guidance on legislation of the sunbed industry.

Stage 2: Web survey

The web survey on compliance with guidance on legislation of the sunbed industry was designed by the South West Public Health Observatory (SWPHO) with assistance from the Chartered Institute of Environmental Health (CIEH). The questionnaire contained a range of topics covered in five main sections:

- Local Authority awareness of sunbed operators within their area;

- policies and procedures for inspections and other interventions;
- views on guidance and support for inspections of sunbed outlets;
- policies on skin cancer prevention;
- contact details and policy checklist.

The questionnaire was designed to capture data from Health and Safety and/or Environmental Health Departments located in Local Authorities across the South West region.

The questionnaire was kept as brief and simple as possible to maximise response rates. It took approximately 10 minutes to complete, and included mostly pre-coded questions.

SurveyMonkey, an online survey tool, was used both to design the questionnaire and collate the responses. The web questionnaire allowed for rapid and cost-effective collation of this data.

A number of approaches were used to maximise response rates. Firstly, a small news item was included in the Chartered Institute for Environmental Health newsletter one week prior to distribution. Secondly, the Chartered Institute for Environmental Health circulated the questionnaire, with two reminders sent prior to the deadline. Finally, a telephone 'mop-up' exercise was undertaken with Local Authorities who had not already completed the survey. A combination of all the methods discussed here ensured that 39 (86%) of the 45 Local Authorities in the South West responded.

Stage 3: Qualitative follow-up

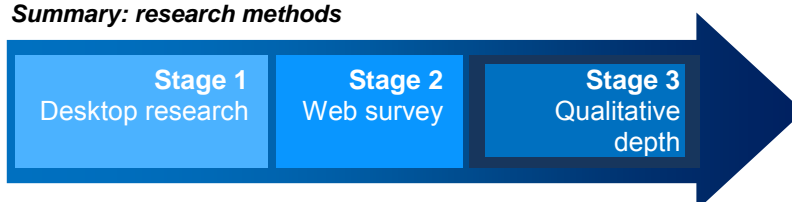
The aim of this stage was to undertake a rich and detailed exploration of some of the key findings emerging from Stages one and two. In-depth interviews were undertaken with representatives of Local Authorities and professional bodies.

The following issues were explored during these interviews:

- a local picture of current sunbed outlets;
- sunbed mapping and audit approaches;
- the inspection of sunbed outlets within the context of work prioritisation;
- complaints regarding sunbed outlets;
- broader policy and practice issues regarding sunbeds;
- the feasibility of establishing a national database;
- the need for future guidance.

A sampling frame was developed to ensure the appropriate mixture of the following characteristics: urban versus rural; high density sunbed areas versus low density sunbed areas; and high level sunbed activity in Local Authorities versus low level sunbed activity. A sample was selected after analysing data collated at Stage 2.

Summary: research methods



Number and types of sunbed outlets

- 378 sunbed outlets were recorded by 31 Local Authorities in the South West region.
- North Cornwall recorded the highest number of sunbed outlets (75). Four other Local Authorities had high numbers of sunbed outlets (30 or more) – Torbay, Taunton Deane, Mendip, and the City of Bristol.
- Local Authorities recorded sunbed outlets in a variety of settings: beauty salons (34, 89.5%); sunbed only outlets (27, 71.1%); hairdressers (24, 63.2%); leisure centres (20, 52.6%). (N=38 Local Authorities)
- A small number of Local Authorities reported having sunbed outlets in more unusual settings: carpet shops; travel agents; cosmetic piercing premises; amusement arcades; pubs; betting shops; and a lap-dancing bar.

Supervision and sunbed outlets

- 'Unsupervised' outlets and 'part-supervised outlets' are of most public health concern due to the low level of public health advice and supervision provided for customers. In the South West 31% of sunbed outlets were 'part-supervised' and 20% 'unsupervised' (N=34 Local Authorities).
- 'Unsupervised hot spots', i.e. where there were 10 or more 'unsupervised outlets', were identified in Bournemouth, Restormel, North Cornwall and Bristol. Areas with medium volume (4–9 outlets) were identified in South Gloucestershire, Salisbury and Mendip.
- 'Unsupervised' outlets presented numerous problems including: weaker monitoring procedures allowing customers unlimited access; lack of public health advice; easy use by under-18s; and unsatisfactory emergency procedures for customers in distress.
- 'Part-supervised' outlets (in particular sunbeds located in hairdressing outlets) are also of public health concern. A combination of inadequate staff training (in particular for hairdressers and others in more unusual sunbed outlet settings), patchy public health advice and a limited monitoring system raise concerns. Indeed, some Environmental Health Officers observed that practice within these outlets can at times be no different to that provided by 'unsupervised outlets'.

Local Authorities and sunbeds

- Although the numbers are declining, just under a quarter (9/37) of Local Authorities reported having at least one sunbed located on their premises. (N=37 Local Authorities).
- Half (10/20 sunbed outlets) of Local Authority sunbed outlets were fully supervised, 9 were 'part-supervised' and one Local Authority sunbed outlet was 'unsupervised'. (N=20 Local Authority sunbed outlets)

Inspections

- The Sunbed (Regulation) Act was passed in April 2010 and will come into force in April 2011. New inspection procedures will be outlined as part of this process. However, whilst this research was undertaken, England, Wales and Northern Ireland did not have specific national legislation aimed at controlling the cosmetic use of sunbeds. There was generic health and safety legislation and specific guidance that applied to sunbed outlets.
- Inspection rates of sunbed outlets by Local Authorities in the South West were low in 2008. Indeed, nearly half of those Local Authorities responding did not carry out any inspections during this time. (N=33 Local Authorities).
- Roughly one half of 33 Local Authorities (17) inspected private outlets every 13–36 months, and the other (16) every 3 years or more (N= 33 Local Authorities).
- Most Local Authorities who had not carried out inspections in 2008 reported that this was primarily due to the low priority setting of this work by Government guidance. Low staffing levels in some Local Authorities tended to compound this problem.
- Almost a quarter of Local Authorities (5/23) carrying out inspections in 2008 identified at least one outlet not meeting expected standards (N=23 Local Authorities).
- The most frequently mentioned concern identified by Local Authorities was the poor quality of public health advice provided to customers prior to using this equipment. Other concerns included: unsupervised equipment (13, 50%); inadequate customer advice (12); inadequate maintenance of equipment (8); and the inadequate use of consent forms (8). (N=26 Local Authorities).
- The majority of Local Authorities identified a clear need to update current guidance for the inspection of sunbed outlets. Environmental Health Officers' suggestions for change fell into three key areas of improvement: more up-to-date information on both public health and technical information for inspectors; more user-friendly inspection guidance; and more up-to-date skin cancer prevention materials (customer leaflets and posters and a pamphlet for sunbed operators).
- Just over one third of Local Authorities surveyed felt inspections should be given a higher work priority (N=34 Local Authorities).
- The majority (20/35) of Local Authorities would welcome the introduction of the mandatory licensing of sunbed outlets. (N=35 Local Authorities).

Complaints

- Approximately one fifth (6/34) of Local Authorities received at least one complaint regarding a sunbed outlet during 2008 (N=34 Local Authorities).
- The main complaints received by Local Authorities in the South West region were as follows: cleanliness and hygiene issues; burns; under-age use of sunbeds; and faulty equipment (N=20 Local Authorities).

- It was felt that complaints received by Local Authorities tend to be *'the tip of the iceberg'*. This under-reporting was thought to be linked to both a low public awareness of complaints procedures and the responsibilities of sunbed outlet owners.

Wider skin cancer prevention initiatives

- The Health Education Authority published guidance on producing skin cancer prevention policies for Local Authorities more than ten years ago (Health Education Authority, 1998).
- Just over one tenth (4/35) of Local Authorities surveyed have a skin cancer prevention policy and only one Local Authority was thinking of developing one (N=35 Local Authorities).
- No Local Authorities had carried out a risk awareness campaign with sunbed users.
- Local Authorities were asked what new materials and resources would help them in their skin cancer prevention work. Of the 23 Local Authorities that responded improvements mentioned were as follows: more detailed public health information (19); more up-to-date health and safety information on equipment (15); a training pack for sunbed operators (17); guidance on wider skin cancer prevention policies (9); and guidance on delivering skin cancer prevention campaigns (7) (N=23 Local Authorities).

Mapping sunbed outlets

- Very few Local Authorities have licensing in place across the UK. Indeed none of those Local Authorities who responded to our survey had developed licensing of sunbed outlets within their Local Authority. Where licensing does exist Local Authorities can create registers of the number and locations of commercial outlets in their area. Comprehensive information on sunbed outlets is not routinely collated across Local Authorities due to the absence of a national registration scheme.
- The quality of data held by Local Authorities on the sunbed outlets in their area is at best out of date and at worst an extremely poor indicator of the level of local sunbed provision. Just over one third (14/37) of Local Authorities in the South West had undertaken a mapping exercise (counting and describing their sunbed outlets).
- There is no guidance on sunbed mapping approaches, and methods adopted by Local Authorities vary widely.
- The way that data on sunbed outlets is held electronically varies between Local Authorities, with different data fields and different IT systems.

Summary of main findings

Inspections

- The inspection of sunbed outlets is not a high or even medium work priority for Local Authorities, who generally take their steer from Government guidance and targets. The frequency of inspections for sunbed outlets reflected this and was extremely infrequent.
- Where inspection activity occurs, a significant number of Environmental Health Officers have observed poor practices, but do not have legislative powers to effectively deal with these.
- Environmental Health Officers identified a need for additional information and guidance to improve the quality of inspections.

The audit and mapping of sunbed outlets

- This is a low work priority and the extremely low levels of audit and mapping work undertaken by Local Authorities reflected this.
- There is a wide variety of methods used by Local Authorities to collect information on sunbed outlets.
- Information is not routinely updated on computer systems.
- The information held is out of date and incomplete.
- Data is held locally but not nationally. Databases are not compatible and hold varied data fields.

Complaints

- Complaints could prove a good indicator of poor compliance across the sunbed industry, however there is a low level of recording of complaints at present.
- The general public is ill-informed of complaints procedures and recommended standards.
- There are limited if any sanctions available to officers to address complaints and non-compliance

Evidence of system failure and public health risk

- The worst examples of poor practice were observed in 'unsupervised' and 'part-supervised' outlets. These included poor public health information, customer monitoring, record keeping and usage by under-16s.
- 'Unsupervised' outlets would be unable to respond swiftly if an emergency arose.
- Equipment is not always maintained to a satisfactory level in all outlet types.
- Information on cases/incidents of poor practice is not routinely collated on a national level.

Wider skin cancer prevention campaigns

- Very few Local Authorities have a skin cancer prevention policy, and skin cancer prevention work is rarely undertaken by Local Authorities.
- There is a need for skin cancer awareness and prevention materials tailored to Local Authorities needs, coupled with guidance on running prevention campaigns.

Recommendations

Regulation

- All sunbed outlets should be registered and licensed. This would allow effective controls and regular checks on adherence to standards. It would also allow the monitoring of trends, distribution of commercial outlets and machine types.
- The inspection of sunbed outlets needs to move up the current health and safety, environmental health and public health agendas to assist in raising the profile of sunbed work within Local Authorities.
- Detailed information on the health risks associated with the use of sunbeds must be provided to users and should be clearly visible on machines. The use of sunbeds by at-risk groups should be discouraged.
- Regular inspection of sunbed outlets is vital to ensure compliance with legislation and guidance.
- Local Authorities should be provided with adequate sanctioning powers.
- A systematic review of all inspection tools and guidance currently being used by Environmental Health Officers needs to be carried out urgently. Building on current good practice, a new set of inspection tools and accompanying guidance should be drawn up by key stakeholders. This should ensure new standardised and efficient sunbed inspection practice across the UK.

The auditing and mapping of sunbed outlets

- The auditing of sunbed outlets needs to be given a higher priority by Local Authorities, and work should be undertaken more frequently to recognise the public health risks posed and the high rate of outlet turnover in this industry.
- Methods currently used by Local Authorities in their mapping and auditing work need to be standardised. Guidance or a toolkit should be produced documenting best practice in this field.
- The data collected by Environmental Health Officers on sunbed outlets needs to be standardised across all Local Authorities, kept up-to-date, collated and analysed nationally, and preferably held on one national database.

Licensing requirements

- 'Unsupervised' outlets should be banned. This report highlights evidence of poor public health advice, inefficient control systems to ensure customers' safe use of these devices and, importantly, evidence that establishments were being used by young people (under-18s).
- Training should be provided for all sunbed operators, starting with 'part-supervised' outlets where sunbeds are offered as a minor part of the overall business operation (for example, hairdressers). This should

focus on public health information; the operation and maintenance of equipment, monitoring and advising potential customers on sunbed use and maintaining customer records.

- Evidence of public health/health and safety system failures should be reported locally and made more widely available through a national surveillance system.
- A section addressing sunbed outlets operating on Local Authority premises should be included in any future legislation. A clear date should be set for the phasing out of all Local Authority sunbed outlets, with Local Authorities being highlighted as role models for good practice.

Complaints

- The general public should be given information on examples of poor sunbed practice. In addition, they should be well-informed of the complaints procedures so they can report these whenever they come across them.
- All complaints relating to sunbed outlets should be held at both local and national level, enabling the monitoring of trends, and ensuring a timely response to poor practice.
- Officers need more powers of enforcement coupled with improved resources, to ensure they are best able to respond to complaints.

Future intelligence: data collection and a national database

- Developing a national database on sunbed outlets would have to take into account the following issues: data entry procedures; processes used to collect data; a standard set of data fields; a review of IT across Local Authorities; funding; and where and how the database would be hosted and managed.

Wider sunbed and skin cancer prevention campaigns

- Local Authorities would welcome guidance on developing and delivering a local skin cancer prevention policy.
- New skin cancer prevention materials (including those for sunbeds) should be developed and tailored to the needs of Local Authorities.
- Skin cancer prevention campaigns should be given a higher priority and appropriate funding structures established to support these campaigns. In addition, these campaigns should be placed within the public health priority framework.

1 Introduction

1.1 Background

The origins of non-ionising ultraviolet (UV) radiation exposure are from the sun, but exposure can also occur from artificial sources. UV radiation is of considerable public health concern because scientific evidence shows that overexposure can cause damage to the skin, including skin cancer, sunburn, premature aging and eye damage (e.g. cataracts). The immune system can also be suppressed.

Skin cancer, is the most common form of cancer in the UK, accounting for one third of all new cancers (Cancer Research UK, 2008). There are two main types: malignant melanoma and non-melanoma skin cancer. There were over 76,000 cases of skin cancer in the UK in 2005 (Cancer Research UK, 2008). However non-melanoma skin cancer is under-reported and the figure for the incidence of non-melanoma skin cancer is likely to be much higher at nearly double the estimate (*Environmental Health Journal*, 2005). Although non-melanoma skin cancer is rarely fatal, it can metastasise, and failure to diagnose early and/or inadequate treatment can result in tumours destroying anatomical structures (such as the nose, eye, ear and lip). These tumours are challenging to treat. Indeed in England the number of in-patient bed days devoted to managing Basal Cell Carcinomas (BCCs) is comparable to those devoted to in-patient management of malignant melanoma. In addition, recent research has shown high rates of complex repair operations compared with melanomas (NICE, May 2010).

Malignant melanomas are less common (over 9,500 cases in 2005) but can frequently be fatal. In 2006 over 1,800 deaths were attributed to melanoma (Cancer Research UK, 2008). The incidence of malignant melanoma has increased more than any other form of cancer in the UK over the last decade, more than doubling in the last 20 years. The Government's intention to halt the year-on-year increase in the incidence of skin cancer by 2005 was expressed in the Department of Health's policy document, *The Health of the Nation*, but this has not been achieved (*Environmental Health Journal*, 2005).

The evidence on the potentially harmful effects of UV radiation has been reviewed by a number of scientific expert groups, including the International Agency for Research on Cancer (IARC, 1992), the World Health Organization (WHO, 1994; WHO, 2003); the International Commission on Non-Ionizing Radiation Protection (ICNIRP, 2003) and the European Society for Skin Cancer Prevention (EUROSKIN, 2005). In the UK, the Independent Advisory Group on Non-ionising Radiation has also produced reports outlining scientific evidence and potential guidelines (NRPB, 1995; NRPB, 2002).

The British Medical Association (BMA) estimates that the risk of skin cancer may rise by up to 20% for each decade of sunbed use before the age of 56 years (BMA, 2003). There is a general consensus among experts that sunbeds are likely to increase the risk of skin cancer and should not be used for cosmetic purposes. Until this position can be achieved, sunbed use should be closely monitored.

The IARC reported evidence suggesting an increase in melanoma risk in later life associated with use of sunbeds by young adults in their teens and twenties (IARC Working Group, 2005). The data showed a prominent and consistent increase in risk for melanoma in people who initially used sunbeds in their first three decades, with a 75% increase calculated for such users of artificial tanning appliances. In addition, there is an increase in risk of squamous cell cancer of the skin associated with sunbed use in teens. There is also information suggesting detrimental effects

from use of sunbeds on the immune response system, which may have repercussions on the aggressiveness of squamous cell cancer (NRPB, 2002).

Despite the growing evidence of risk associated with sunbed use and increasing public health information in the media, the demand for sunbed use is still high. Cancer Research UK recently carried out a survey on sunbed use which found that nearly one quarter of adults had used a sunbed. This increased to nearly one third amongst women. (Cancer Research UK, 2008). Of most concern is the 6% of 11-17 year olds using a sunbed (Thompson CS and Twelves C, 2009).

In light of this growing concern, The Committee on the Medical Aspects of Radiation in the Environment (COMARE) set up a working group to provide advice to the government on the needs for additional controls. They published their report on health effects and risks of artificial tanning devices in June 2009 which concludes that there is evidence to suggest an increased risk of skin cancer among those who use sunbeds before the age of 35 (COMARE, 2009). More recently, the International Agency for Research on Cancer classified sunbeds as carcinogenic to humans (Ei Ghissassi, 2009). However, the level of control still varies between countries: for some, such devices have justified strict regulatory control (e.g. France), while others rely upon voluntary codes of practice to achieve specific standards.

Scotland was the first country in the UK to introduce specific national legislation aimed at controlling the cosmetic use of sunbeds (Public Health Act etc (Scotland), 2008). This Act prohibits the use of sunbeds by under-18s and bans 'unsupervised' outlets. More recently, similar legislation was passed in parliament (Sunbed (Regulation) Act, 2010). This will introduce a new framework for the regulation of sunbed outlets across England, Wales, and Northern Ireland in April 2011. However, whilst this is being developed, and indeed during the fieldwork, there was no specific national legislation aimed at controlling the cosmetic use of sunbeds. Generic health and safety legislation and specific guidance as outlined below formed the regulatory framework for sunbed outlets.

The Health and Safety at Work Act (1974) and the Management of Health and Safety at Work Regulations (1999) are generic pieces of health and safety legislation that require businesses and individuals to:

- assess the health and safety risks created by their work activities, including the risk to employees and customers;
- take measures to control those risks as far as is reasonably practicable.

In the UK, guidance is provided by the HSE in their publication, Reducing Health Risks From The Use Of Ultraviolet (UV) Tanning Equipment (HSE, 2009). This guidance contains general information for people who are responsible for operating sunbeds.

Some Local Authorities can adopt specific legislation that allows the introduction of licensing regimes for certain cosmetic treatments, including the use of sunbeds. However, this legislation is restricted in its geographical application and mainly applies in metropolitan areas.

A small number of studies have looked at levels of compliance across the sunbed industry. A survey undertaken by the Chartered Institute of Environmental Health in Wales revealed that more than half of the tanning salons surveyed allowed children under the age of 16 to use a sunbed and 88% of premises would allow customers to have a tanning session every day, despite a known risk of skin cancer. The survey also found that officials charged with regulating the use of sunbeds were concerned about the limited sanctions available to require improvement in

standards. While the generic health and safety legislation would appear to create sanctions, these were primarily intended to ensure the health, safety and welfare of employees rather than customers. As such it suggests that the failure to observe voluntary standards for use of sunbeds needs to be addressed as a matter of public health, rather than health and safety. This would require new legislation to fill the apparent sanction gap (Chartered Institute of Environmental Health in Wales, 2008).

A survey undertaken in Scotland in 2006 also provided evidence of a lack of compliance with legislation and guidance. It found that there were limited controls on the age of sunbed users, and there were problems in the provision of advice about skin type and suitability for tanning. It also highlighted the failure to offer or ensure the use of eye protection (Royal Environmental Health Institute of Scotland, 2006).

In light of the limited information on the number of sunbeds in the UK and the need for a review of the effectiveness of existing controls, it was felt timely to take a closer look at this industry and this research was commissioned by Cancer Research UK.

1.2 The geography of the South West region

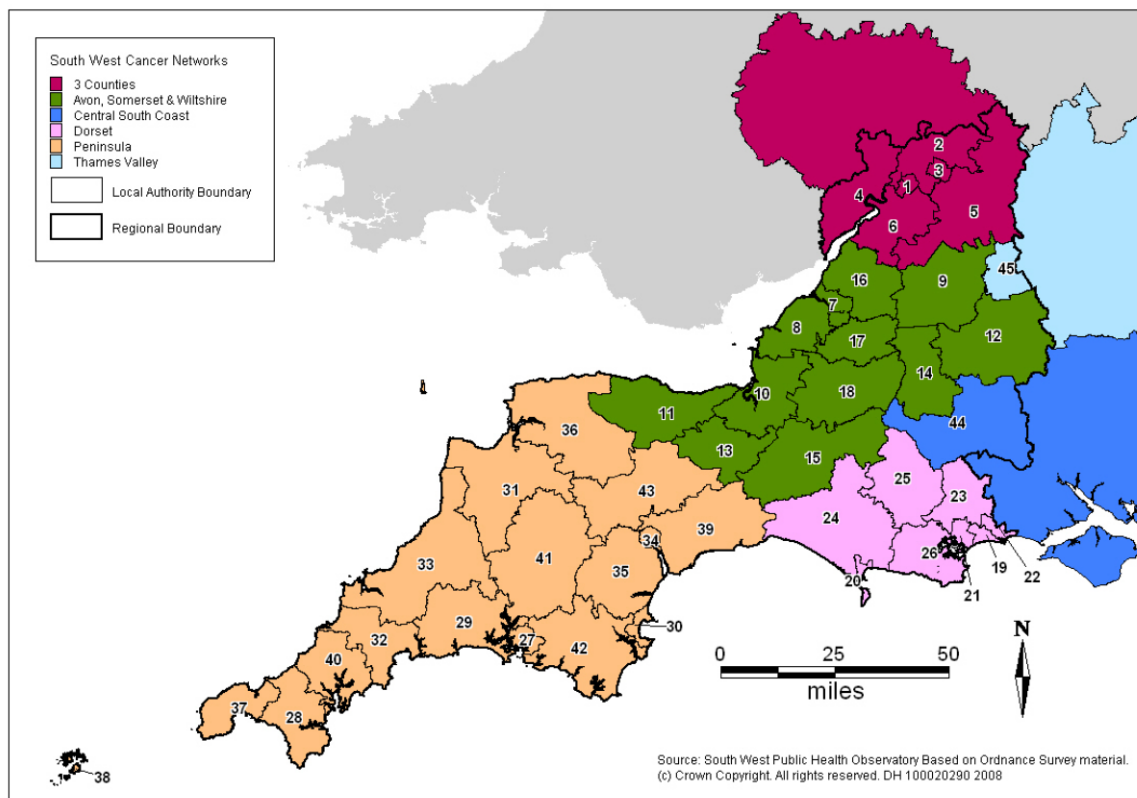
The geographical area covered by the South West Public Health Observatory (SWPHO) includes Bristol, Cornwall, Devon, Somerset, Gloucestershire, Dorset, Wiltshire and the Isles of Scilly, and has a population of around 5.2 million.

Until March 2009 the South West Government Office Region covered 45 Local Authorities. Nine of these were unitary authorities and 36 were non-metropolitan districts with boundaries as defined by the Ordnance Survey Boundary Line product released in May 2007. In April 2009 six non-metropolitan districts merged to form the Wiltshire Unitary Authority. However, following a widespread consultation process in July 2008 the Office for National Statistics recommended that data should continue to be released at the pre-April 2009 Local Authority boundaries, to allow finer analytic discrimination within the newly created Unitary Authorities. Geographic analysis in this report therefore follows the Local Authority District boundaries in effect prior to April 2009. In this report these geographical areas will be referred to as Local Authorities. Table 1.1 shows the Local Authorities within the South West (as of March 2009).

Table 1.1: Local Authorities as defined by the Office for National Statistics prior to April 2009 in the South West

Number	Local Authority
1	Gloucester
2	Tewkesbury
3	Cheltenham
4	Forest of Dean
5	Cotswold
6	Stroud
7	City of Bristol
8	North Somerset
9	North Wiltshire
10	Sedgemoor
11	West Somerset
12	Kennet
13	Taunton Deane
14	West Wiltshire
15	South Somerset
16	South Gloucestershire
17	Bath and North East Somerset
18	Mendip
19	Bournemouth
20	Weymouth and Portland
21	Poole
22	Christchurch
23	East Dorset
24	West Dorset
25	North Dorset
26	Purbeck
27	Plymouth
28	Kerrier
29	Caradon
30	Torbay
31	Torridge
32	Restormel
33	North Cornwall
34	Exeter
35	Teignbridge
36	North Devon
37	Penwith
38	Iles of Scilly
39	East Devon
40	Carrick
41	West Devon
42	South Hams
43	Mid Devon
44	Salisbury
45	Swindon

Source: Office for National Statistics

Figure 1.1: Local Authorities in the South West region, by Cancer Network

Source: Office for National Statistics

1.3 Aims

The research was commissioned by Cancer Research UK to:

- provide a more detailed survey of sunbed locations in the South West region;
- investigate the variation of Local Authority policy towards the regulation of sunbed salons;
- investigate issues of compliance within the sunbed industry;
- undertake a feasibility study for any future national projects;
- and demonstrate the data that can practically be collected on sunbed salon distribution and local policy toward their operation.

1.4 Methodology

The information for this study was gathered using a multi-method, three-stage approach. This allowed an in-depth exploration of the complex issues involved in this study. Fieldwork took place from March to May 2009 and involved:

Stage 1 — desktop research;

Stage 2 — a web-based survey; and

Stage 3 — qualitative in-depth telephone interviews.

1.4.1 Stage 1: Desktop research

Existing policy and guidance on the regulation of the sunbed industry was analysed. This included consideration of the following documentation:

- legislation and guidance on sunbeds (national and international);
- inspection protocols;
- sunbed audits;
- sunbed compliance research.

1.4.2 Stage 2: Web survey

The web survey on Local Authority regulation of sunbed outlets was designed by the South West Public Health Observatory with assistance from the Chartered Institute of Environmental Health (CIEH). The questionnaire contained a range of topics covered in five main sections:

- awareness of local sunbed operators;
- policies and procedures for inspections and other interventions;
- views on guidance and support for inspections of sunbed outlets;
- policies in skin cancer prevention;
- contact details and policy checklist.

The questionnaire was designed to capture data from Health and Safety and/or Environmental Health Departments located in Local Authorities across the South West (see Appendix 1).

The questionnaire was kept as brief and simple as possible to maximise response rates. It took approximately 10 minutes to complete, and included mostly pre-coded questions.

SurveyMonkey, an online survey tool, was used both to design the questionnaire and collate the responses. This web questionnaire allowed for rapid and cost-effective collation of this data.

A number of approaches were used to maximise response rates. Firstly, a small news item was included in the CIEH newsletter one week prior to distribution. Secondly, the CIEH circulated the questionnaire, with two reminders sent prior to the deadline. Finally, a telephone 'mop-up' exercise was undertaken with Local Authorities who had not already completed the survey. A combination of all the methods discussed here ensured 39 (86%) of the 45 Local Authorities in the South West responded. Although it should be noted that a number of Local Authorities did not complete all the questions in this questionnaire, as is commonly observed in survey completion rates.

1.4.3 Stage 3: Qualitative follow-up

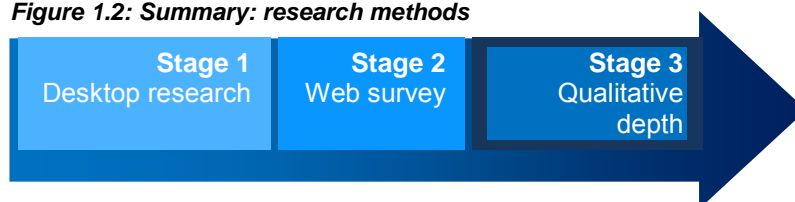
The aim of this stage was to undertake a rich and complex exploration of some of the key findings emerging from stages one and two. In-depth interviews were undertaken with Local Authorities and professional bodies.

The following issues were explored during these interviews:

- a picture of Local Authority knowledge of current sunbed outlets;
- sunbed mapping and audit approaches by the Local Authority;
- the inspection of sunbed outlets within the context of work prioritisation;
- complaints regarding sunbed outlets;
- broader policy and practice issues regarding sunbeds;
- the feasibility of establishing a national database;
- the need for future guidance.

A sampling frame was developed to ensure the appropriate mixture of the following characteristics: urban versus rural; high density sunbed areas versus low density sunbed areas; and high level sunbed activity in Local Authorities versus low level sunbed activity. A sample was selected after analysing data collated at Stage 2.

Figure 1.2: Summary: research methods



1.5 Structure of the report

Part 2 of this report looks at the number and types of sunbed outlets in the South West region, continuing with an exploration of the level of supervision provided by outlets and the policy and practice of sunbeds located on Local Authority premises.

Part 3 provides an overview of the legislative framework and the guidance available for regulating the sunbed industry, exploring current inspection practice in the South West region and the main problems identified through inspections of sunbed outlets. This section also deals with the future of inspections and looks at the need for additional guidance for inspectors.

Part 4 focuses on wider skin cancer prevention initiatives and discusses issues such as sunbed mapping, licensing of sunbeds, and wider educational and preventive initiatives.

Finally, Part 5 provides an overview of the feasibility of conducting a national survey on regulation and hosting a national database of outlets.

The questionnaire and topic guide are included in Appendix 1 and Appendix 2.

2 Number and types of sunbed outlets

2.1 Introduction

There is little existing large scale research scoping the magnitude and nature of the sunbed industry in the UK. However, the evidence that does exist suggests the number of commercial sunbed outlets is increasing (Oliver et al, 2007; Redcar and Cleveland Borough Council, 2002). Of particular concern is the growth in unstaffed commercial outlets, with coin-operated sunbeds being described as ‘the high street equivalent of the laundrette’ (Scott, 2003). There is concern that these outlets are particularly popular in low income areas (*Environmental Health Journal*, 2005).

In the absence of a national registration scheme, there is currently no comprehensive central database of sunbed outlets across the UK. Similarly, no comprehensive routine information is collated by Environmental Health Departments. Therefore, further understanding the distribution and number of outlets is crucial for the development and implementation of effective policy and practice.

The first extensive research looking at the location of sunbed outlets across the United Kingdom was undertaken by the South West Public Health Observatory. This research identified 4,492 across England. It also identified approximately double the number of commercial outlets in deprived areas compared with most affluent. Local Authorities with high concentrations of sunbed outlets were found in urban areas particularly in the North West and North East of England. The rates in the South West were relatively low except in a small number of coastal areas such as Bournemouth and Cornwall (Walsh, 2009). This section provides a snapshot of sunbed outlet location and distribution across the South West.

2.2 Number of outlets

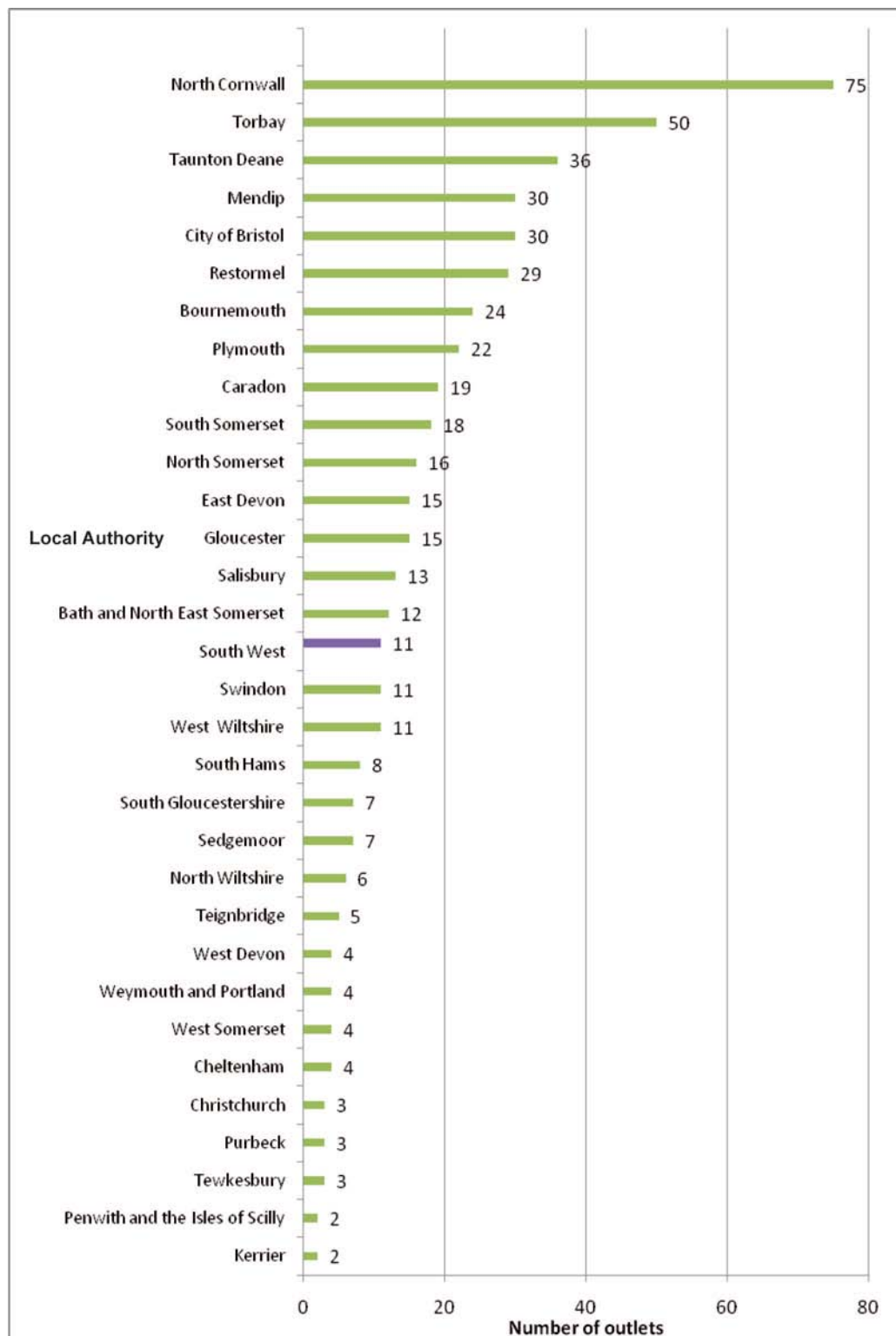
The average number of sunbeds per Local Authority was 11 but varied from 2–75. North Cornwall recorded the highest number of outlets at 75, with Torbay second at 50.

All Local Authorities in the South West were asked to supply their latest figures for the number of sunbed outlets located within their catchment area. Thirty one Local Authorities supplied this information, and the results are displayed in Figure 2.1.

At the time of the survey a total of 378 sunbed outlets were identified across the 31 Local Authorities supplying this data. The average number of sunbed outlets reported by Local Authority was 11. However, as expected, large variations were observed across Local Authorities (ranging from 2 to 75 sunbed outlets).

North Cornwall recorded the highest number of outlets (75). Four Local Authorities had high sunbed outlet volumes (30 or more): Torbay, Taunton Deane, Mendip, and City of Bristol.

Fourteen Local Authorities reported smaller numbers, with fewer than 10 sunbed outlets identified. Extremely small numbers were reported by Christchurch, Purbeck, Tewkesbury, Penwith, Isles of Scilly and Kerrier.

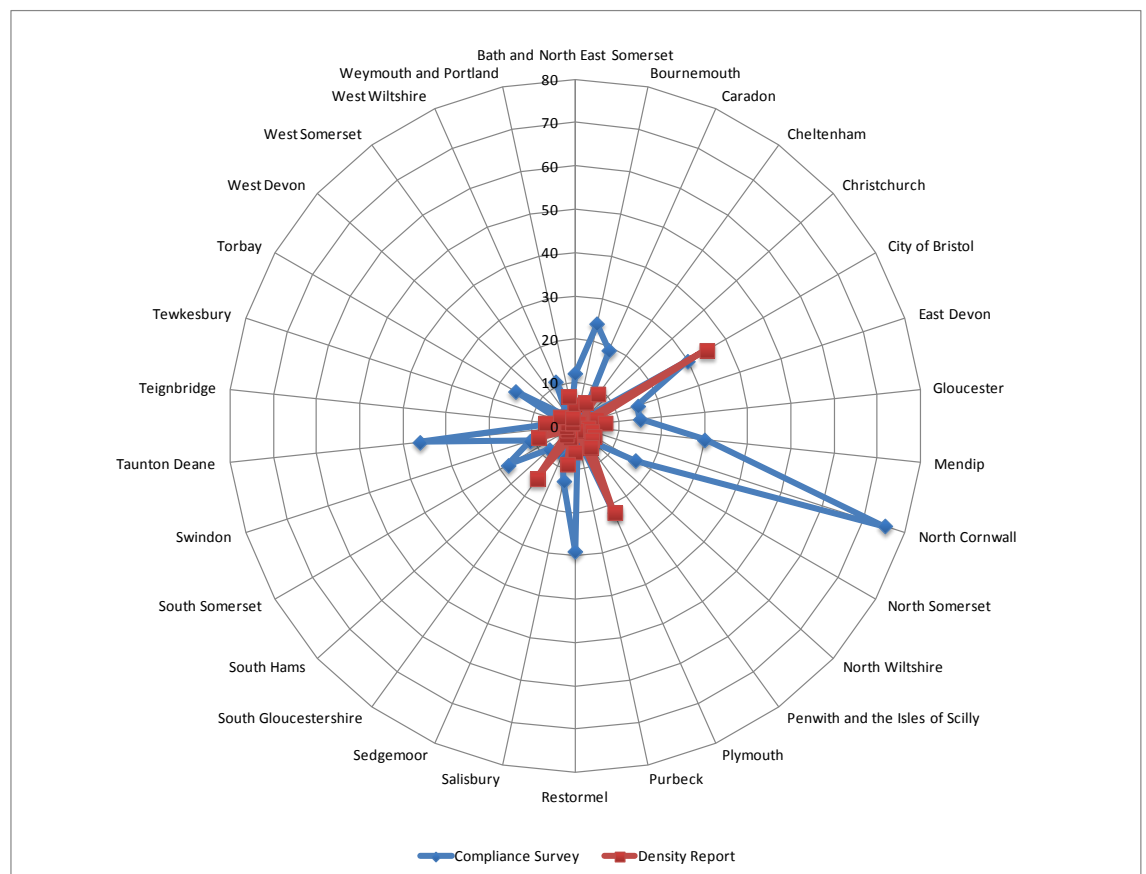
Figure 2.1 Number of sunbed outlets by Local Authority in the South West, 2009

Source: South West Public Health Observatory Sunbed Compliance Survey

2.3 Comparing Local Authority estimates of sunbed outlets with the South West Public Health Observatory's database of sunbed outlets

The overwhelming majority (22/29; 75.9%) of Environmental Health Departments identified more sunbed outlets within their Local Authority than had been identified by the SWPHO sunbed outlet database (Walsh, 2009). Indeed the average number of outlets per Local Authority for the SWPHO sunbed outlet database was 6.4 compared to 15.06 identified by Local Authority Environmental Health Departments for this study. The number of outlets across the region identified by Local Authorities for the survey was 452. This was markedly higher than the 187 identified by the internet search for the SWPHO database. This highlights the importance of using multiple methods to build up a register of sunbed outlets. Further information on this can be found later in this report in sections 4.4 to 4.5.

Figure 2.2: Comparing numbers of sunbed outlets recorded via environmental health intelligence (2009) and an internet only search, by Local Authority in the South West, (2006)



Source: South West Public Health Observatory Sunbed Compliance Survey (2009) and South West Public Health Observatory internet search (2006)

2.4 Types of sunbed outlets

Sunbed outlets were cited in a variety of settings: beauty salons (89.5%); sunbed only outlets (71.1%); hairdressers (61.8%); leisure centres (50%); and hotels (13.2%).

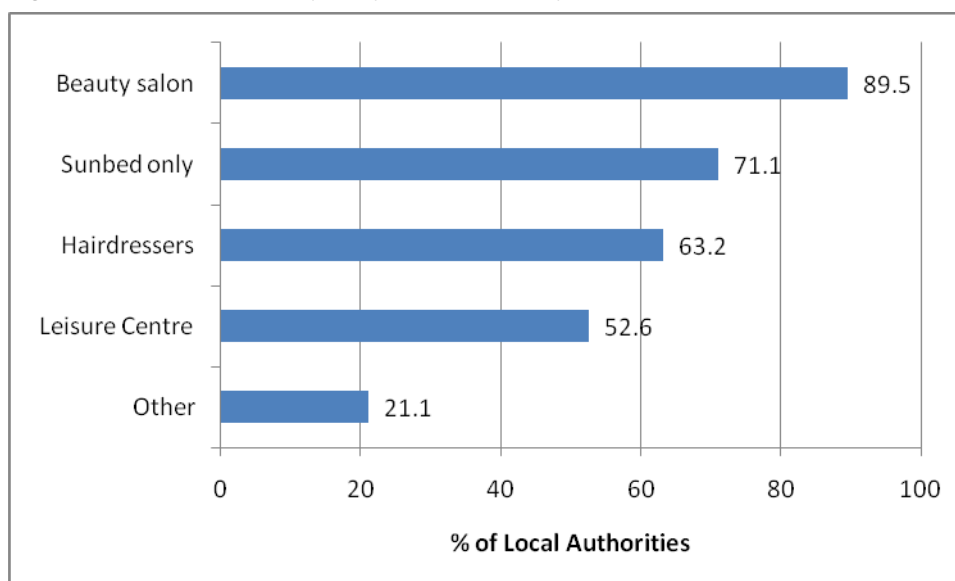
Sunbed outlets are commonly found in a variety of settings including: beauty salons; hairdressers; hotels; and leisure centres. Most Local Authorities in the South West region have at least one of these types of outlet. The most common type in the region was the beauty salon with 89.5% of Local Authorities having at least one. See Figure 2.3 for a full breakdown of results.

Sunbed only outlets are a relatively new phenomenon in the UK, having only been introduced in the 1990s. In more recent years, this type of business has increased across the country: in 2006 there were 50 of the main company's outlets increasing to 89 in 2009.

The South West region is no different, and now just under three-quarters (71.1%) of Local Authorities in this region report at least one sunbed only outlet. Section 2.5 looks more closely at sunbed only outlets which are typically unsupervised, coin-operated premises.

More unusual settings for outlets in the South West region include carpet shops, travel agents, cosmetic piercing premises, amusement arcades, pubs, betting shops and a lap dancing club. Vertical sunbeds which can fit into small spaces have clearly made the setting of sunbeds in these unusual places possible. Indeed, this type of outlet is perhaps the most difficult to both trace and monitor, and many probably slip under the radar of Local Authorities across the country.

Figure 2.3: Sunbed outlet type by Local Authority (n=38), in the South West, 2009



Source: South West Public Health Observatory Sunbed Compliance Survey

Further analysis looking at the differences in the distribution of sunbed outlets across rural and urban Local Authorities found the following:

- Beauty salons are the most popular type of outlets across all Local Authorities in the South West, and are fairly evenly distributed across rural and urban areas, although more commonly situated in rural areas.

- Sunbed only outlets and sunbeds based in leisure centres have become part of the fabric of urban society. Most urban centres now have at least one of these outlets. These tend to be less commonly located across rural Local Authorities.
- In urban Local Authorities, sunbeds in hairdressing outlets are less popular than beauty salons, sunbed only outlets and leisure centre outlets.
- Sunbeds in hotel outlets tended to be reported in rural/coastal areas rather than in urban Local Authorities.

Table 2.2 shows the variety of sunbed outlet types reported by Local Authorities. Most Local Authorities (42.4%) had three types of outlet. It was quite rare to have all five types of outlets reported within one Local Authority (6.1%), or only one type (9.1%). The two Local Authorities with all five types were major coastal resorts – Torbay and Bournemouth. Those Local Authorities reporting only one type of outlet were West Devon, East Devon and Cheltenham.

Table 2.2: The distribution of different types of sunbed outlets across Local Authorities in the South West, 2009

	Sunbed only outlet	Beauty salons	Leisure centre	Hairdressers	Hotels
Kerrier					
Penwith and the Isles of Scilly					
Tewkesbury					
Purbeck					
Christchurch					
Cheltenham					
West Somerset					
Weymouth and Portland					
West Devon					
Teignbridge					
North Wiltshire					
Sedgemoor					
South Gloucestershire					
South Hams					
West Wiltshire					
Swindon					
Bath and North East Somerset					
Salisbury					
East Devon					
North Somerset					
South Somerset					
Caradon					
Plymouth					
Bournemouth					
Restormel					
City of Bristol					
Mendip					
Taunton Deane					
Torbay					
North Cornwall					
Exeter					
Gloucester					
West Dorset					

Source: South West Public Health Observatory Sunbed Compliance Survey

2.5 Level of supervision provided in sunbed outlets

The Health and Safety Executive (HSE) guidance issued in 2009 recommends a number of actions to be taken by owners and employees working in sunbed outlets. These are as follows:

- It is good practice to have trained staff present while customers are using your UV tanning equipment.
- You should provide ongoing health and safety training for your staff to make sure they can correctly run the equipment, provide customers with information about the risks and assist if required.
- It is good practice that you have effective procedures in place to provide immediate assistance to customers using UV tanning equipment.
- Make sure that children (under 18 years of age) accompanying adults, who are using UV equipment, are not exposed to UV radiation
- When carrying out your risk assessment, you are advised to consider the advice of the World Health Organisation and EU Scientific Committee on Consumer Products who have recommended that under-18s should never use UV tanning equipment.

The quality of service and safety of operations in sunbed outlets will be affected by three key factors:

- management and staff knowledge and skills;
- effective procedures and the operational implementation of these procedures;
- level of staffing/supervision provided at sunbed outlets.

In order that all practitioners can understand the level of potential public health risk, it is vital that the current levels of unsafe practice in sunbed outlets are quantified. Therefore, a definition was developed to capture the extent of unsafe practice.

Just under half (49%) of outlets were 'fully supervised', with the other half being either 'part-supervised' (31%) or 'unsupervised' (20%).

Three categories of supervision were used: 'supervised', 'part-supervised' and 'unsupervised'. These categories helped to quantify the level of staffing, training and procedures provided by sunbed outlets across the South West. Figure 2.4 provides a summary of the level of supervision definitions.

Supervised outlets tend to have at least one member of staff on the premises who can assist clients using their sunbeds. Members of staff have usually received some training in sunbed policy and practice, and deliver better public health face-to-face advice. Importantly, members of staff are readily available in an emergency.

Part-supervised outlets are only manned on a part-time basis. This is usually because members of staff have other primary work responsibilities. In addition, members of staff have received limited to no training, and face-to-face public health advice therefore tends to be poor. The ability to give advice or prevent use by under-18s is limited.

Unsupervised outlets as the term suggests, are not manned. These tend to be self-service, coin-operated outlets. Public health advice is only provided in leaflet and poster format displayed in the premises, the quality of which varies. Importantly, members of staff are not readily available in an emergency or to prevent under-18s using a sunbed.

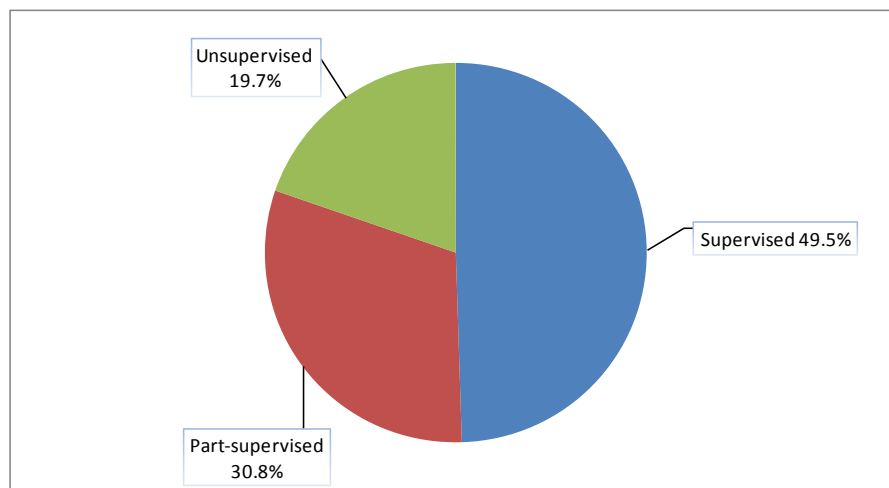
Figure 2.4: Definitions for level of supervision provided in sunbed outlets

Supervised	Part-supervised	Unsupervised
Manned all the time	Manned most of the time	Unstaffed premises
Higher levels of staff training	Staff usually have other primary responsibilities in the setting	Self-service, coin-operated outlets
Staff deliver better public health advice face-to-face	Staff training levels low	Public health advice provided in leaflet and poster format
Staff easily available in an emergency	Face-to-face public health advice poor	Staff not readily available in an emergency

Source: South West Public Health Observatory Sunbed Compliance Survey

Using the definitions described above in the web-based survey, just under half (49%) of outlets were found to be 'supervised', with the other half being either 'part-supervised' (31%) or 'unsupervised' (20%). See Figure 2.5.

Figure 2.5: Level of supervision (%) provided by sunbed outlets in the South West (n=34), 2009



Source: South West Public Health Observatory Sunbed Compliance Survey

Of most public health concern are the 'part-supervised' and 'unsupervised' outlets. 234 sunbed outlets were identified as falling into these two categories. The average number of 'part-supervised' sunbed outlets per Local Authority was 5.6, while a slightly lower rate was reported for 'unsupervised'

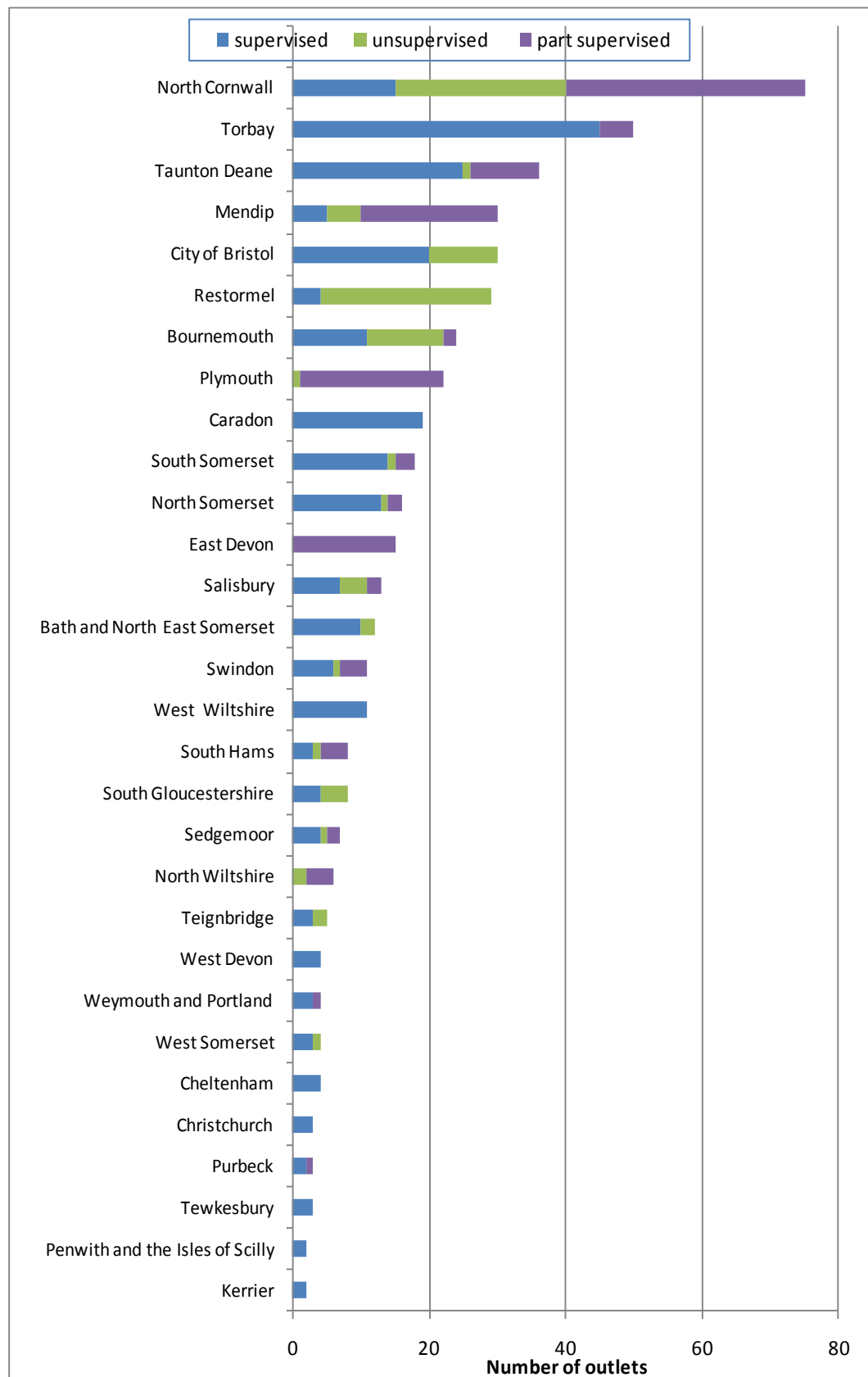
Of most public health concern are the 'part-supervised' and 'unsupervised' outlets, with 234 sunbed outlets identified as falling into these two categories. The average number of 'part supervised' sunbed outlets per Local Authority was 5.6, while a slightly lower rate was reported for unsupervised outlets (3.8 outlets).

When attempting to effectively target prevention services it is of course important to get a clear picture of the pattern and distribution of sunbed outlets across the South West region.

Figure 2.5 displays the number of 'supervised', part-supervised' and 'unsupervised' sunbed outlets per Local Authority in the South West region.

- Those Local Authorities reporting the fewest number of outlets tend to be exclusively 'supervised' only outlets.
- Higher volume Local Authorities tend to have a mixture of all types of outlets.

Figure 2.6: Level of supervision in sunbed outlets by Local Authority in the South West, 2009



Source: South West Public Health Observatory Sunbed Compliance Survey

Table 2.3 uses a colour code to identify Local Authorities with high, medium and low volumes of high risk sunbed outlets:

Red = high volume of 'hot spots' (10 or more outlets)

Amber = medium volume (4–9 outlets)

Green = low volume (3 or less outlets)

This table clearly displays the varied picture that is emerging across the South West region. Unsupervised 'hot spots' were identified in Bournemouth, Restormel, North Cornwall and Bristol. East Devon, Plymouth, Mendip, North Cornwall and Taunton Deane were 'part-supervised hot spots'. Areas with medium volume are also of concern. Unsupervised sunbed outlets were seen in South Gloucestershire, Salisbury and Mendip, and part-supervised outlets in North Wiltshire, Swindon and Torbay.

Table 2.3: Summary of outlet volumes by level of supervision for each Local Authority in the South West, 2009

	Supervised	Part-supervised	Unsupervised
Kerrier	Green	Green	Green
Penwith and the Isles of Scilly	Green	Green	Green
Tewkesbury	Green	Green	Green
Purbeck	Green	Green	Green
Christchurch	Green	Green	Green
Cheltenham	Green	Green	Green
West Somerset	Green	Green	Green
Weymouth and Portland	Green	Green	Green
West Devon	Green	Green	Green
Teignbridge	Green	Green	Green
North Wiltshire	Green	Amber	Green
Sedgemoor	Green	Green	Green
South Gloucestershire	Green	Green	Amber
South Hams	Green	Green	Green
West Wiltshire	Amber	Green	Green
Swindon	Green	Amber	Green
Bath and North East Somerset	Amber	Green	Green
Salisbury	Green	Green	Amber
East Devon	Green	Red	Green
North Somerset	Amber	Green	Green
South Somerset	Amber	Green	Green
Caradon	Red	Green	Green
Plymouth	Green	Red	Green
Bournemouth	Amber	Green	Red
Restormel	Green	Green	Red
City of Bristol	Red	Green	Red
Mendip	Green	Red	Amber
Taunton Deane	Red	Red	Green
Torbay	Red	Amber	Green
North Cornwall	Amber	Red	Red

Source: South West Public Health Observatory Sunbed Compliance Survey

2.6 The importance of staff supervision and sunbed outlets

'Unsupervised' outlets presented numerous public health risks including: weaker monitoring procedures allowing unlimited access to customers; limited public health advice; easy use by under-18s; and unsatisfactory emergency procedures for customers in distress.

'Unsupervised' and 'part-supervised' sunbed outlets are fairly widespread across the South West region. The main areas of concern Environmental Health Officers had identified through their current work activities include: conveying public health messages responsibly; monitoring the 'persistent tanner', dealing with emergencies and the use of sunbeds by under-18 year olds.

2.6.1 Conveying health messages responsibly

Since the 1990s the Health and Safety Executive (HSE) has issued guidance to sunbed outlets regarding their responsibility to ensure their clients are fully informed of the health risks associated with their activity. Current guidance recommends that sunbeds should not be used by the following types of people:

- under-18 years of age;
- those with fair, sensitive skin that burns easily or tans slowly or poorly;
- have a history of sunburn, particularly in childhood;
- have a large number of freckles and/or red hair;
- have a large number of moles;
- are taking medicines or using creams that sensitise the skin to sunlight;
- have a medical condition that is worsened by sunlight;
- a family history of skin cancer;
- have extensive skin damage due to sunlight.

A number of Environmental Health Officers felt the above health messages were not clearly conveyed to sunbed users. Indeed, the practice of providing clear public health information to all potential or actual sunbed users is at best patchy leading many individuals to use sunbeds without making informed choices regarding the associated risks. The qualitative interviews with Environmental Health Officers highlighted this point:

'Operators may know information on skin type and other issues but do not take responsibility for providing this information. The information may be displayed, but they actively don't promote it. It's very hit and miss if they provide that information. I feel they just pay lip service to it.'

2.6.2 *How easy is it for the persistent sunbed user to get a sunbed tan in the South West?*

A common theme presented by a number of Environmental Health Officers is the sheer determination and lengths a significant number of sunbed users will go to ensure they get their desired tan.

Of great importance are the procedures used for monitoring the frequency of use of sunbeds in 'unsupervised' outlets. These procedures are often less robust, customers records are not held and customers can have unlimited access to sunbeds, as illustrated in comments from the follow-up interviews with Environmental Health Officers:

'Their procedures seem quite good but they can be overridden by members of the public if they wanted to abuse the system.'

'If you are a responsible adult and check your skin then you won't come to any harm. However, there is nothing to stop customers having several sessions in a day.'

If monitoring is slightly more rigorous, these can still be overridden by the determined user. Examples given include clients changing their names:

'They can change their names between sessions and nobody would know.'

and moving from one sunbed outlet to another in areas where there are a large number of sunbed outlets:

'People were abusing sunbeds going to one sunbed location then going to another around the corner.'

This is a particular problem in urban, high sunbed density areas, and some coastal resorts.

Some Environmental Health Officers felt these problems were not unique to 'unsupervised' outlets, and stressed that many 'part-supervised' outlets (in particular hairdressing outlets) and to a lesser extent 'supervised' outlets are providing at best poor and at worst non-existent public health advice and guidance whilst dealing with their customers:

'Many just take the person's money; show them how it [the sunbed] works. Supervision does not necessarily mean that the public benefit from an improved public health service and the risk could be equal to non-supervised, coin-operated premises.'

'Not being informed enough about potential risks. I don't think people [the general public] know their skin type. Operators [of sunbed outlets] know information on skin type but do not take responsibility for providing this information to the public. They don't actively promote it. It's hit and miss if they provide it. They just pay lip service to it.'

Particular concern was expressed about hairdressing outlets. Unlike beauty therapists, hairdressers do not routinely have adequate training on the safe operation of sunbeds and the key public health issues associated with their use.

2.6.3 Emergency responses in 'unsupervised' outlets: policy and practice

There are a number of reasons why someone may need to raise the alarm in a sunbed outlet. These include: falling ill unexpectedly; equipment failure; and accidents. In 'supervised' and 'part-supervised' outlets staff could respond to this incident relatively quickly if the alarm was raised. Indeed, the HSE guidance states that:

'Part-supervised' outlets and in particular hairdressing outlets are also a public health concern. A combination of inadequate staff training; patchy public health advice, and inadequate client monitoring cause concern. Indeed some Environmental Health Officers observed practice within these outlets can at times be no different to that provided by 'unsupervised' outlets.

'It is good practice that you have effective procedures in place to provide immediate assistance to customers using UV tanning equipment.'

However, in an 'unsupervised' outlet this could take a significant length of time to respond, and indeed has probably not been tested in most cases:

'I feel that the unmanned are a problem, but there is no legislation to enforce. We've carried out a risk assessment on them, and there is an alarm system in the cubicle, they said that someone will arrive, but we've not tested that.' Follow-up interviews

Such a delay could have major implications for the individual involved. Furthermore, and more worrying, is the possibility that a customer could collapse and be unable to raise the alarm in an unmanned salon. If they were the only customer using the outlet, there would be a significant risk that they could lie unnoticed for a significant length of time.

2.6.4 Do we need to worry about the use of sunbeds by the under-16s?

There has been longstanding advice recommending that young people should not use sunbeds (Cancer Research UK, 2004; Diffey et al, 1990; HSE, 1998, 2009). However, research has shown that sunbeds are still being used by children. A recent survey was undertaken by Cancer Research UK in 2008 which found that around 6% of young people aged 11–17 years had used a sunbed and that the proportion increased for those aged 15–17 years (11.2%) (Thomson and Twelves, 2009). In addition, girls were more likely to use sunbeds than boys (Mackay et al, 2007; Suchak et al, 2008). Professionals have been aware of this issue and in light of growing evidence of harm, have focussed on raising the dangers of using sunbeds, especially by the under 35s (Cancer Research UK, 2008).

Despite these interventions, all the evidence points towards the continued use of sunbeds by young people. Recent media coverage has identified a number of cases where under-18s have managed to use unmanned, coin-operated outlets and suffered harm. For example, in February 2009, the BBC reported a case where a 14 year-old girl suffered burns over 70% of her body after using a sunbed in an unstaffed outlet in Barry, Vale of Glamorgan.

Environmental Health Officers felt the under-age use of sunbeds was not exclusively in the domain of unmanned salons. Here, one officer highlights the less than rigorous interpretation of guidance observed amongst some supervised outlets:

'My impression is that the current practice for under-16s is very poor. They [under-16s] are giving false details and they [sunbed outlets] are not vigorously checking details. This poor practice is also seen in manned premises.'

2.7 Sunbed outlets operating on Local Authority premises

Cancer Research UK makes reference to the location of sunbed outlets in their Policy Statement on Sunbeds (Cancer Research UK, October 2009).

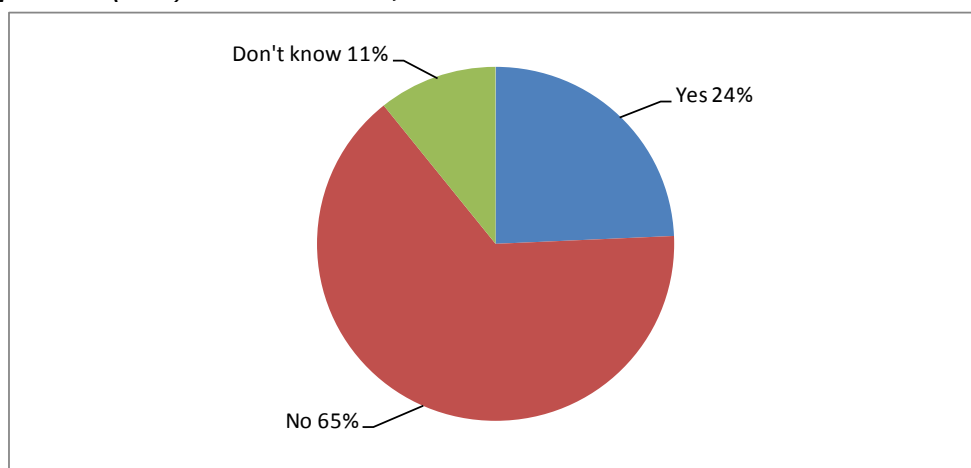
'Cancer Research UK supports the continued phasing-out of tanning facilities in Local Authority premises. Local Authorities are committed to promoting health and well-being in their communities and the location of sunbeds in some Local Authority-owned facilities sends a mixed message to the public.'

This position is supported by many other organisations including CIEH:

'As a lead player in the delivery of public health, Local Authorities need to add sun awareness campaigns to the public health role, including informing youngsters about the dangers of the sun and banning sunbeds from all Local Authority run sites.....For a Local Authority to provide sunbeds is akin to a hospital providing cigarettes and not having a prevention policy pays scant regard to our duty to protect and improve public health.' (CIEH, 2006).

This commitment has made a real change over the years and certainly the number of outlets located on Local Authority premises has gone down. CIEH carried out a survey of all Local Authorities in the UK in 1998 and then repeated this again in 2004. In 1998, 74% of those Local Authorities surveyed reported having sunbeds located on their premises; this had reduced to 59% in the 2004 survey. This report shows a continuation in this trend, with around one quarter (24%) of all Local Authorities responding having at least one sunbed located on their premises. In addition, a further 11% were unsure whether they still had sunbeds on local authority premises (see Figure 2.7).

Figure 2.7: Percentage of Local Authorities with sunbeds located on Local Authority premises (n=37) in the South West, 2009



Source: South West Public Health Observatory Sunbed Compliance Survey

Although the numbers are declining, just under a quarter (24%) of Local Authorities still had at least one sunbed located on their premises.

The number of Local Authority premises hosting sunbeds in the South West region was 9. The average number per Local Authority hosting sunbeds was 2.34 (ranging from 1–5). Premises in Local Authorities were typically leisure and sports centres.

Half (10/20 sunbed outlets) of the sunbed outlets identified by Local Authorities in the survey were 'fully supervised', 9 were 'part-supervised' and one Local Authority sunbed outlet was 'unsupervised'.

All Local Authorities who still have sunbeds located on their premises were asked for the main reasons why these sunbeds were still there in light of current guidance. Approximately half said their Local Authority had not yet considered this issue. Two Local Authorities felt this was not their issue because although they owned the buildings, they were currently on lease to private contractors. One Local Authority who also had a contractual agreement with its sunbed operator had explored the issue further, but found the compensation required to break their contract with the sunbed operator too high.

3 Inspections and complaints

3.1 Regulatory control and Europe

The approaches to the control of sunbeds vary from country to country. Some have adopted strict regulatory codes of practice, whilst other countries have adopted voluntary codes of practice in attempts to achieve specific standards.

- Seven European countries currently have specific legislation controlling the use of sunbeds:
 - Belgium (SERVICE PUBLIC FEDERAL ECONOMIE Royal Decree, 2007)
 - Finland Ministry of Health and Social Affairs in Finland (2002)
 - France (Legifrance, 1997)
 - Norway (Norwegian Radiation Protection Authority, 2003)
 - Portugal (Piazena 2007)
 - Spain (Ministry of the Presidency, 2002)
 - Sweden (Swedish Radiation Protection Institute, 1998).

The content of this legislation was reviewed in 2007 by Herbert Piazena. He found that it varied from country to country. However, most countries included a number of core measures in their legislation:

- technical requirements for appliances;
- limits on spectral distribution and irradiance;
- limits on dose and frequency of exposure;
- operational requirements;
- information and advice for consumers;
- staff training;
- equipment maintenance;
- supervision, inspections and sanctions.

In addition, there are generic standards that seek to ensure harmonisation across the European Union for electrical equipment. This includes the Low Voltage Directive (European Commission, 2007) which sets health and safety standards for construction, installation, maintenance and use that would apply to sunbeds and replaced the original directive from 1973.

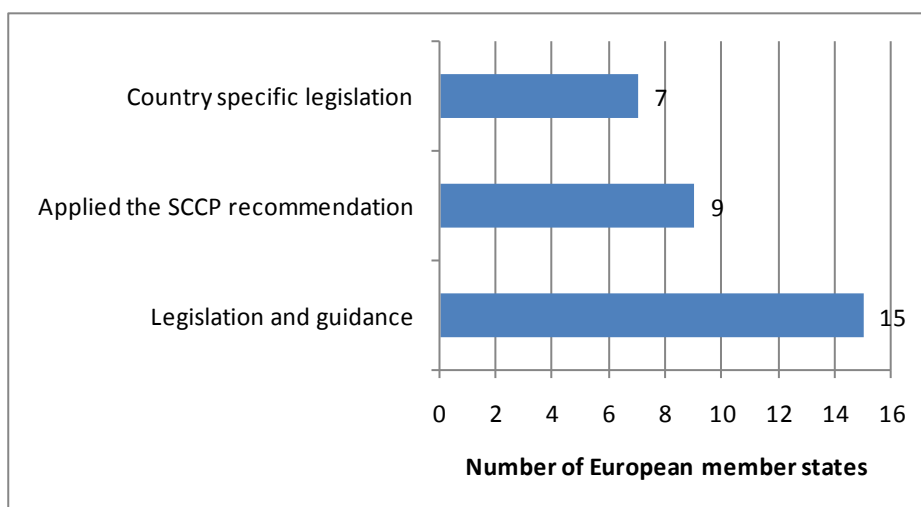
The European Scientific Committee on Consumer Products (SCCP) was asked to provide an opinion on the 'Biological effects of ultraviolet radiation relevant to health with particular reference to sunbeds for cosmetic purposes' (European Commission SCCP, 2005). The recommendations include:

- The maximum erythemally weighted irradiance should not exceed 11 standard erythema doses per hour (or 0.3 W/m²), the equivalent of 'tropical sun'.

- People with known risk factors for skin cancer should be advised not to use UVR tanning devices. This would include Fitzpatrick skin types I and II, and the presence of freckles; a typical and/or multiple moles and a family history of melanoma.
- UVR tanning devices should not be used by under-18s.
- Eye protection should be worn if sunbeds are used.

Figure 3.1 shows the adoption of guidance and/or legislation across the European Union Member states. Just over half have some measures in place, either guidance or legislation to control the use of UV irradiation for cosmetic purposes. One third has adopted the SCCP legislation. Finally, approximately one quarter of member states have adopted specific legislation controlling the use of sunbeds.

Figure 3.1: Number of European Union Member states adopting legislation or guidance on sunbeds, 2009



3.2 Regulatory control and the United Kingdom

During the fieldwork for this project, the UK did not have comprehensive national legislation aimed at controlling the cosmetic use of sunbeds. However, it did have more general legislative provision and specific guidance. A summary of this regulatory legislation and guidance can be found in Figure 3.2.

Figure 3.2: Regulatory legislation and guidance for sunbed outlets in the UK (2009)

Specific legislation	General health and safety legislation	UK guidance
<ul style="list-style-type: none"> Public Health etc (Scotland) Act (2008). 	<ul style="list-style-type: none"> The Health and Safety at Work etc Act (1974) The Management of Health and Safety at Work Regulations (1999) 	<ul style="list-style-type: none"> Reducing health risks from the use of ultraviolet (UV) tanning equipment(HSE, 2009) The Sunbed Association Code of Practice (2008)

Source:South West Public Health Observatory Sunbed Compliance desk research

The general legislation is provided by the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999. These require businesses and individuals to:

- assess the health and safety risks created by their work activities, including the risks to employees and members of the public;
- take measures to control those risks as far as is reasonably practicable.

Scotland was the first country in the UK to introduce specific legislation in 2008. This was closely followed by the introduction of similar legislation in England and Wales in 2010.

In addition to the general legislative framework, the Health and Safety Executive (HSE) issued voluntary guidance in 1998, which was updated in April 2009.

Separately a number of Local Authorities have 'adopted' specific legislation that permits the introduction of licensing regimes for certain cosmetic treatments that can include the use of sunbeds. However, the legislation that allows the licensing of sunbeds is restricted in its geographical application.

Legislation on the regulation of sunbed outlets has been introduced in Scotland (Scottish Parliament, 2008). This legislation was implemented in December 2009, making it the first UK country to regulate sunbed use. This Act regulates the provision of sunbeds through:

- prohibition on allowing use of sunbeds by persons under 18;
- prohibition on the sale or hire of sunbeds to persons under 18;
- prohibition on allowing unsupervised use of sunbeds;
- a duty on operators to provide information to sunbed users;
- a duty on operators to display an information notice.

In May 2010 legislation was passed in Parliament introducing a new framework for the regulation of sunbed outlets in England and Wales. This will be introduced in April 2011 and should regulate the provision of sunbeds under a similar framework to the legislation introduced in Scotland.

3.3 Compliance

Compliance with voluntary codes of practice has been shown to be poor. A recent survey carried out by the Royal Environmental Health Institute of Scotland (REHIS, 2006) found there were limited controls on the age of sunbed users, problems in the provision of advice about skin type and suitability for tanning. This survey also highlighted failures to offer or ensure the use of eye protection.

More recently a survey was commissioned by the Chartered Institute of Environmental Health Wales (2008). They found more than half of the sunbed outlets surveyed (manned and unmanned) allow children under the age of 16 years to use a sunbed and 88% of premises would allow a customer to have a tanning session every day despite the risk of skin cancer. Surveys of officials charged with controlling the use of sunbeds also revealed the difficulties created by the lack of specific legislation, mainly that the existing provisions that are primarily focused on the health, safety and welfare of employers rather than the customers. As such, it has been suggested that failure to observe voluntary standards for use of sunbeds is a matter of public health, rather than health and safety.

The British Association of Dermatologists (BAD) firmly believes that a voluntary code of practice is largely ineffective (BAD, 2009) and urged that formal regulation be introduced, including:

- a ban on sunbed use for under-18s;
- a ban on coin-operated, unmanned sunbeds. At unmanned facilities anyone, including children, may use the tanning devices. There is no limit imposed on the dose per session or the number of sessions allowed;
- a requirement on operators to provide information to clients on the health risks of sunbed use, to allow people to make a more informed decision. Many salons do not provide adequate information on the health risks, but instead advertise spurious health 'benefits';
- the removal of sunbeds from all Local Authority health facilities such as gyms and sports centres, as providing sunbeds at such venues sends conflicting messages and can lead to the perception that tanning facilities are 'healthy';
- inspection of premises operating sunbeds commercially, and the power of those inspecting to enforce regulations through fines/license revocation.

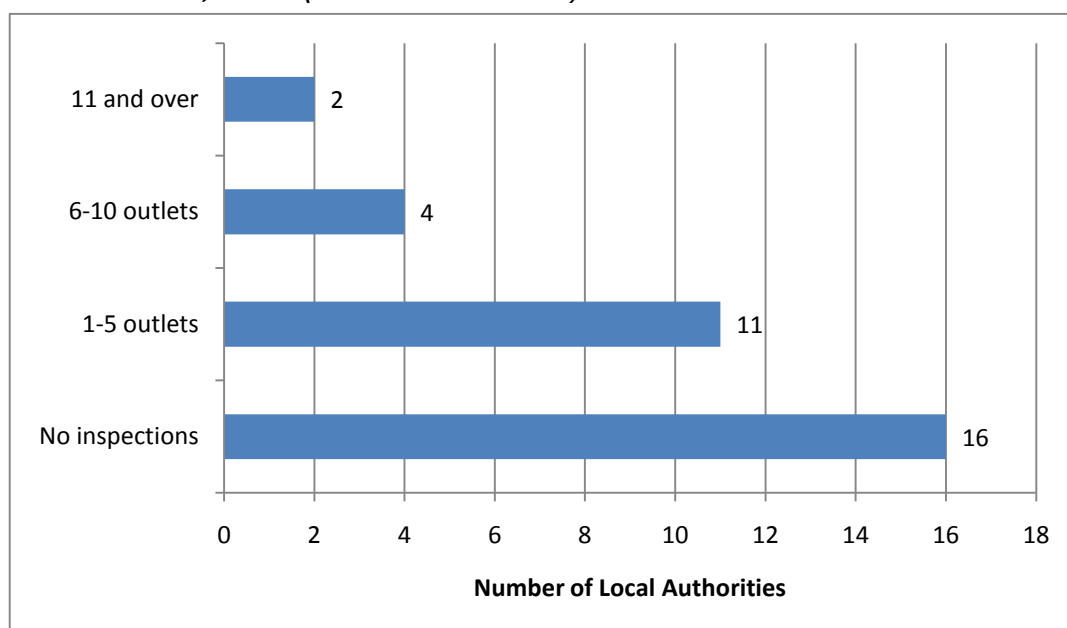
3.4 Inspections rates of sunbed outlets

Sunbed outlets were inspected infrequently. Indeed, nearly half of those Local Authorities responding did not carry out any inspections during 2008.

The responsibility for the inspection of sunbed outlets lies with Local Authorities, and more specifically Environmental Health Departments. The current legislation and guidance on sunbeds is directing this work. The low frequency of inspections currently undertaken by these departments is a clear indicator of the low level of regulation of this industry at present.

The survey carried out for this report found that sunbed outlets were inspected infrequently in 2008. Indeed, nearly half (16/33) of those Local Authorities responding in the South West did not carry out any inspections during this period. Only a relatively small proportion, just under one fifth (6/33), undertook a more comprehensive review of their sunbed outlets, inspecting six or more outlets. Figure 3.3 shows reported inspection rates for sunbed outlets across Local Authorities in the South West region.

Figure 3.3: Number of inspections of sunbed outlets carried out by Local Authorities in the South West, in 2008 (n=33 Local Authorities)



Source: South West Public Health Observatory Sunbed Compliance Survey

All Local Authorities were asked to provide some indication of the frequency of inspections carried out for sunbed outlets operating on either Local Authority or commercial premises. The analysis of this data clearly showed differences in inspection rates between these two sectors. The small numbers of sunbed outlets still located on Local Authority premises were inspected by Environmental Health Officers more frequently than commercial premises. One third (3/9) of Local Authority premises were inspected every 12 months or more frequently, whereas no private sector outlets were inspected as often. The private sector outlets were inspected either every 13–36 months (17/33), or over 3 years (16/33). Worryingly, over two-fifths of Local Authorities reported inspecting sunbed outlets located on Local Authority premises over 3-yearly intervals.

3.5 Why infrequent inspection activity?

The overwhelming majority (13/18) of those Local Authorities who had not carried out inspections during 2008 reported that this was primarily due to the low work priority setting of this work by Government guidance. Low staffing levels in some Local Authorities compounded this problem.

The overwhelming majority (13/18) of those Local Authorities who had not undertaken inspections of sunbed outlets during 2008 did not do so because this area of work had not been identified as a priority by Government guidance.

In addition approximately one fifth (4/18) had not carried out inspections because this was not scheduled under their routine inspection timetable. Finally, one Local Authority would have liked to undertake inspections of sunbed outlets, but were unable to do so because of low staffing levels within their department.

The work focus of Local Authorities will be influenced by national as well as local and regional priorities. The Health and Safety Executive (HSE) in partnership with Local Authorities will agree national priority areas for action. This will direct health and safety work but will only be one part of the regulatory activities that Local Authorities are required to deliver. Competition is fierce for often scarce regulatory resources (enforcement officers) which limits opportunity to address areas that have not been identified for priority action.

Figure 3.5: Government departments influencing work programmes in Environmental Health Departments within Local Authorities, in England

Health and Safety Executive
Food Standards Agency
Health Protection Agency
Trading Standards Association
Chartered Institute of Environmental Health
Public Health
Institution of Occupational Safety and Health

Source: South West Public Health Observatory Sunbed Compliance desk research

Most cited the Fit3 guidance issued by the HSE as being the source used by their department when setting their annual work programme for health and safety related inspections.

The Fit3 strategic programmes are designed by the HSE, Local Authorities Coordinators of Regulatory services (LACORS) and Local Authorities to deliver the Health and Safety Commission's Public Service Agreement (PSA) target on reducing work-related ill health, injury and days lost. The Health and Safety Commission (HSC) funding is dependent on delivery.

To meet the PSA targets the Fit3 strategic programme is comprised of a number of component programmes. The contributions of these are aligned with the three elements of the target:

- **Injury reduction:** slips and trips, workplace transport, falls from height, construction;
- **Ill health reduction:** stress, musculoskeletal disorders (MSDs), occupational health support, disease reduction, noise and hand arm vibration (HAV);
- **Days lost reduction:** public services, return to work and managing sickness absence.

They then go on to look at the organising of delivery through a managed programme, which will identify targeted areas.

It is quite clear from the research behind this report that one of the major factors influencing current work programme setting, and in turn the low inspection rates for sunbed outlets, has been the introduction of the Fit3 work programme.

'Sunbeds and inspection of sunbed outlets are not a high rated priority. High rated priorities are those on the HSE work streams. Sunbeds are not a hot topic.'

'We are required to prioritise through Fit3 topics and see how our business fits into these Fit3 areas.'

'Sunbeds are not on their [HSE] work programme. If it's not on Fit3 it does not make it on the work programme.'

Indeed as one Environmental Health Officer states, it is very unlikely it will be prioritised unless it makes it onto a work programme like Fit3:

'The HSE is the biggest driver for our workload... They [sunbeds] don't fit in anywhere. Because we're working closely with the HSE and they've produced Fit3. If sunbeds were on this list it would make a difference as officers tend to look at these issues.'

It is felt that sunbeds will not become part of the routine work programmes adopted by Environmental Health Departments unless Government departments identify this sector as a high priority area. In turn there also needs to be clear guidance for Local Authorities on how sunbed compliance work will fit into priority setting for work programmes.

'We need to raise the awareness and profile of sunbed outlets across Local Authorities. Raising its profile will legitimise it.'

Compounding these problems and perhaps helping to explain the extremely low inspection rates observed in this research was the low staffing levels in some Environmental Health Departments. This has been an issue for a number of years and will probably take a number of years to reverse:

'It's hard to recruit. There's a significant shortage of Environmental Health staff. As a profession we've lagged behind other professions in the public sector.'

A combination of resources and staffing levels are impacting on the breadth and depth of work programmes across the country:

'We should have twelve staff and currently have two. This has impacted on our ability to carry out a wider [work] programme.'

'Staffing is an issue. We have one vacancy at the moment. You can only do so much with resources available and something has to give.'

One Local Authority stated it had been understaffed for a number of years now. An audit of sunbeds has been proposed to go onto the work programme for three years but has not yet made it.

3.6 Guidance used for the inspection of sunbed outlets

All Local Authorities were asked to supply information on the legislation and guidance followed by officers whilst inspecting sunbed outlets. All respondents said they used the HSE guidance on controlling the health risks from the use of UV tanning equipment. In addition, two other Local Authorities followed their own Local Authorities guidance issued on this work. No other legislation or guidance is currently being followed in the South West region.

3.7 Failure rates of inspections

Just under a quarter of Local Authorities carrying out inspections of sunbed outlets during 2008 identified at least one outlet not meeting expected standards.

All those Local Authorities who had carried out inspections of sunbed outlets during 2008 were asked to provide details of any outlets that had failed their inspection. Of the 17 Local Authorities who had undertaken an inspection, four had identified at least one outlet which had not met the criteria as outlined by the guidance.

The details provided on outlets failing these inspections include:

- an electrical fault on a sunbed;
- not recording information on clients' skin types;
- cleanliness issue where a provider was cleaning equipment once every two days;
- general failure of risk assessment (unspecified).

This research has highlighted the difficulties created by a lack of any specific legislation. The Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations have created general provisions primarily focused on the health, safety and welfare of employees rather than customers. A general view is held amongst Environmental Health Officers that there are considerable difficulties in taking formal action where customers have voluntarily chosen treatments. To date formal action is extremely rare, despite considerable concerns and specific cases of harm being caused (primarily burns due to inappropriate exposure). Perhaps the only successful case was taken to court in Wales in December 2009, where the owner of a tanning salon where a schoolgirl was badly burned on a sunbed had to pay £6,000 costs and was given a community order for 90 hours of unpaid work for health and safety breaches.

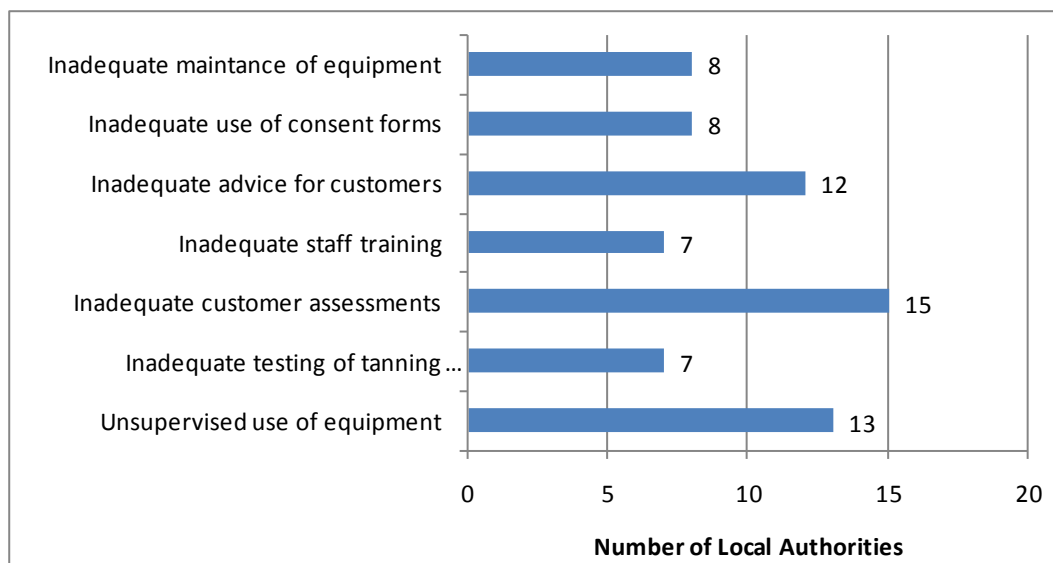
Environmental Health Officers tend to view the threat of legal action as sufficient in most cases to ensure outlets improve their practice:

'The threat of enforcement is usually enough to ensure outlets change practice. This is the approach we like to follow.'

3.8 Main issues identified through inspections carried out during 2008

Most Local Authorities who had undertaken inspections of sunbed outlets identified a number of key public health policy and health and safety issues. By far the most frequently mentioned concern was the quality of public health advice provided to customers prior to using sunbed equipment. Nearly three fifths (15/26) of those Local Authorities responding cited this problem. Other concerns raised during inspections included: unsupervised equipment (13/26); inadequate customer advice (12/26); inadequate maintenance of equipment (8/26); inadequate use of consent forms (8/26); and inadequate testing of tanning equipment (7/26). A full list of reported concerns arising from inspections is shown in Figure 3.6.

Figure 3.6: Main concerns identified by Local Authorities during inspections of sunbed outlets undertaken in the South West during 2008 (n=26 Local Authorities)



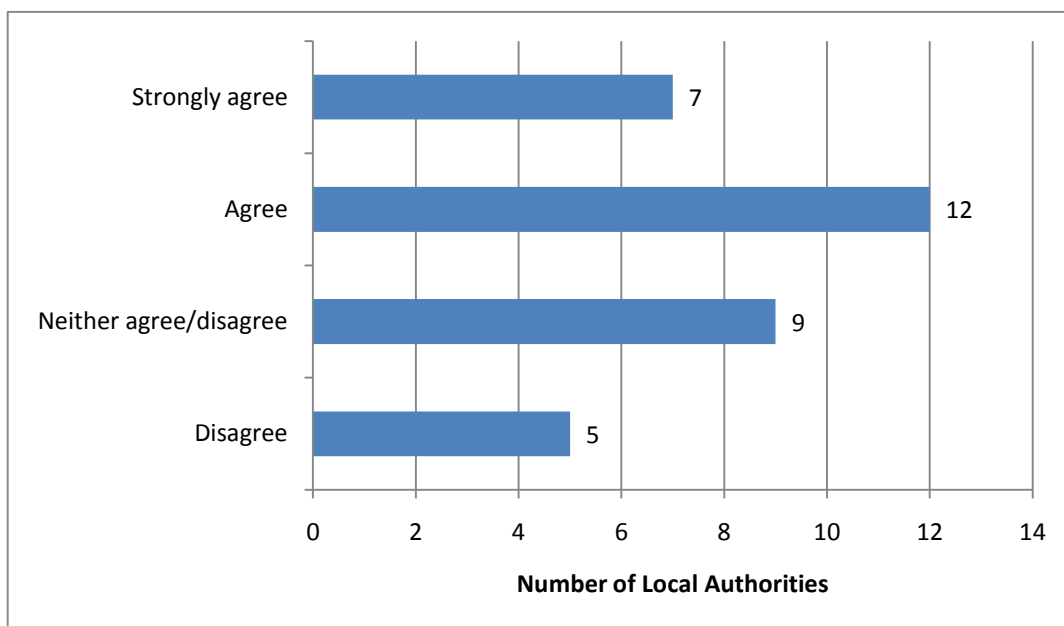
Source: South West Public Health Observatory Sunbed Compliance Survey

3.9 The need for additional guidance for inspections

As discussed in section 3.2, there was no specific legislation in place to regulate the sunbed industry when the fieldwork was undertaken for this project, and Environmental Health Officers have to refer to the more general legislative provisions outlined in the Health and Safety at Work etc Act (1974) and the Management of Health and Safety at Work Regulations (1999). More specific guidance was issued by the Health and Safety Executive (HSE) in the 1990s. However, in the decade that followed there were considerable technological changes and expansion in the use of sunbeds. It is this documentation that Environmental Health Officers had to work with at the time of this research. However, since completing the fieldwork the HSE published revised guidance (HSE, 2009) so it is important to look at Environmental Health Officers views in the context of this new guidance.

The new guidance was indeed timely, as nearly three fifths (19/33) of Local Authorities in the South West felt there was a need to update current guidance for the inspections of sunbed outlets. Approximately one quarter (9/33) were unsure and just over one tenth (5/33) didn't feel a need for additional guidance (see Figure 3.7).

Figure 3.7: Local Authorities' views on the need for additional guidance for the inspection of sunbed outlets (n=33 Local Authorities), South West, 2009



Source: South West Public Health Observatory Sunbed Compliance Survey

The majority of Local Authorities identified a clear need to update current guidance for the inspection of sunbed outlets.

Environmental Health Officers' suggestions for change fell into three key areas of improvement; more up-to-date information; more user friendly inspection guidance; more up-to-date sunbed prevention materials.

This finding was supported by the qualitative research where a general consensus emerged that guidance on sunbed outlets needed to be reviewed and updated.

'All guidance needs to be kept up-to-date. A lot of the key public health and technical information needs to be updated. We also need a more high profile approach.'

Three key areas for improvement emerged from the qualitative interviews. Firstly, the need for more up-to-date information on both public health and technical information was identified as an important area where guidance could be improved. Public health information needs to be brought up-to-date with a strong and clearly explained evidence base, and information materials updated for the industry, Environmental Health Officers and the public. In addition, all new technical information and guidance requires updating for outlet providers and Environmental Health Officers. Since this research was

undertaken HSE have published a new poster for operators, however the information provided within this document is fairly limited.

Secondly, it was felt that this information should be incorporated into and used to help develop 'user-friendly inspection guidance' in the form of a manual. In addition, it was felt new inspection techniques should be introduced, for example mystery shopping to test public health advice given in sunbed outlets. Officers felt that additional guidance was also required to improve the inspection of unsupervised coin-operated premises where a number of unique issues and problems have been identified.

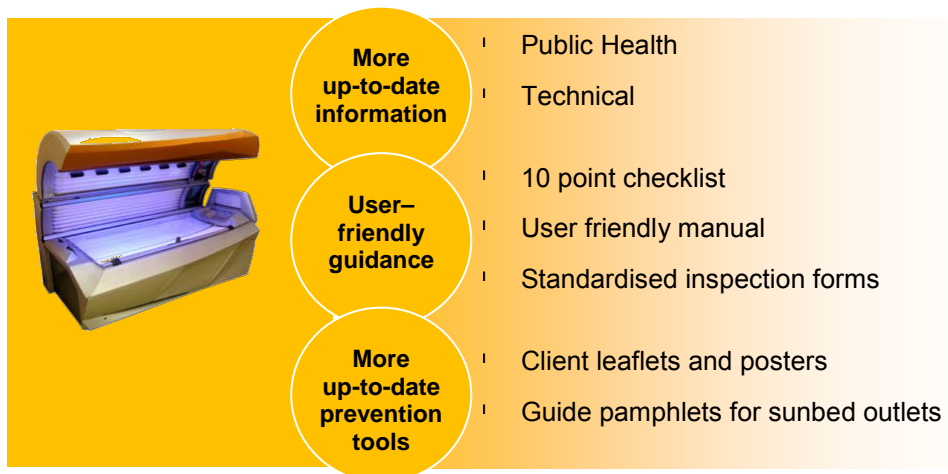
To complement the manual some officers felt a '10 point checklist' would be invaluable. There was a feeling that this would improve the quality of inspections by established staff, and would be especially useful for new officers:

'A ten point checklist for inspectors would be good as this would mean that inexperienced or new inspectors could carry them[inspections] out to a higher level.'

In addition, it was felt that this guidance could be improved with the introduction of a new set of inspection forms. This, coupled with the other measures, should both raise and standardise practice, providing a consistent framework for inspections.

Finally, but equally important to Environmental Health Officers, was the need for more up-to-date publicity and health promotion materials to distribute to sunbed outlets whilst undertaking inspections. This would include a guide for good practice for sunbed proprietors. See Figure 3.8 for a summary of recommendations for the revision of inspection tools.

Figure 3.8: Recommended improvements to inspection tools for sunbed outlets

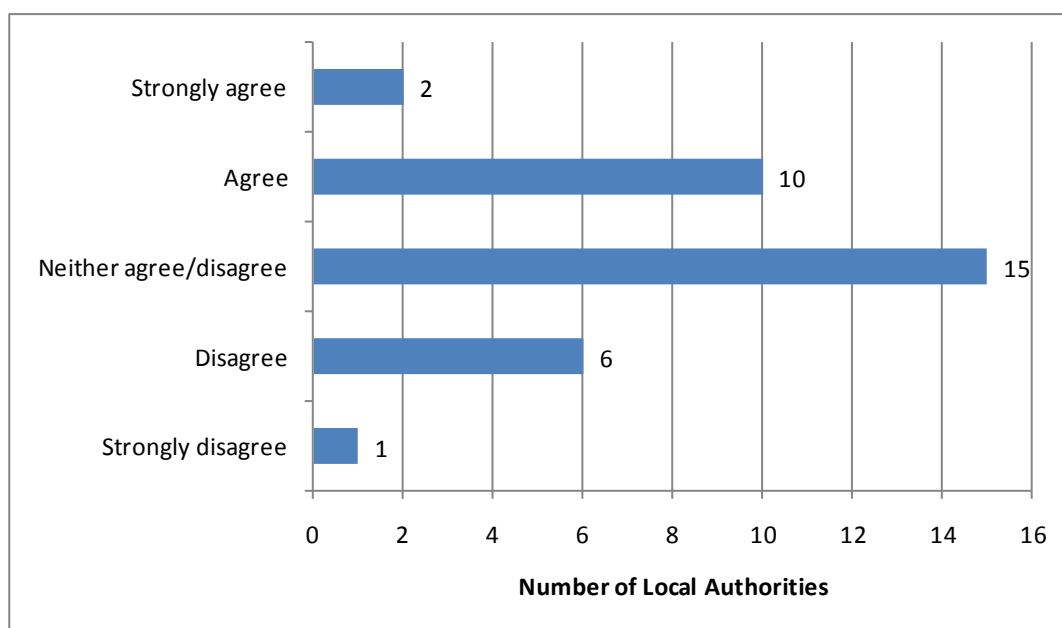


Source: South West Public Health Observatory Sunbed Compliance Survey

3.10 Should the inspection of sunbed outlets have a higher priority?

The rate of inspections of sunbed outlets in the South West was extremely low (see section 3.2). It is perhaps surprising that just over one third (12/34) of Local Authorities in the South West responding felt inspections of sunbed outlets should be given a higher priority. Many were undecided (15/34), and approximately one fifth (7/34) did not welcome raising the profile of sunbed inspection work (see Figure 3.9).

Figure 3.9: Local Authorities' views on whether the inspection of sunbed outlets should have a higher priority (n=34 Local Authorities), South West, 2009



Source: South West Public Health Observatory Sunbed Compliance Survey

3.11 Licensing of sunbed outlets

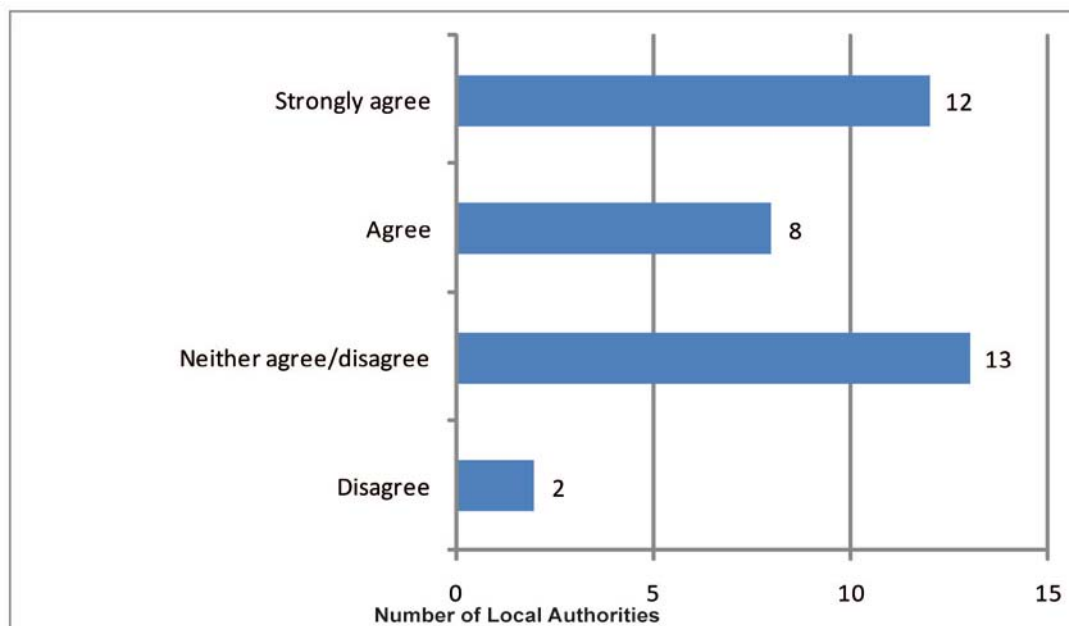
When this research was undertaken, the UK did not have specific national legislation aimed at controlling the cosmetic use of sunbeds and relied on more general legislative provisions that could also be applied to sunbeds and voluntary guidance.

A number of Local Authorities have adopted specific legislation that permits the introduction of licensing regimes for certain cosmetic treatments that can include the use of sunbeds. However, the legislation that allows the licensing of premises using sunbeds is restricted in its geographical application. A number of Local Authorities have used these powers to allow them to license premises using sunbeds including London, Nottinghamshire; Birmingham and Liverpool.

In the South West region Dorset was the only Local Authority who reported having these licensing powers, which it introduced in 2008 (Dorset for You, 2008). In addition, two Local Authorities said they plan to introduce a licensing scheme (Gloucester and Caradon). The rest were either unsure whether this was a future plan for their Local Authority, or were certain their Local Authority was not introducing such a scheme.

In addition to establishing current licensing practice across the South West region, this report also explored the current feeling amongst Environmental Health Officers towards the introduction of mandatory licensing of sunbed outlets across all Local Authorities (see Figure 3.10). There was strong support for the future licensing of sunbed outlets, with the majority of officers (20/35) saying they 'strongly agreed' or 'agreed' with the statement 'The licensing of sunbed outlets should be mandatory'. Only a very small number of Local Authorities did not welcome licensing.

Figure 3.10: Local Authorities' views on the mandatory licensing of sunbed outlets (n=35 Local Authorities), South West, 2009



^s

Source: South West Public Health Observatory Sunbed Compliance Survey

3.12 Complaints received by Local Authorities regarding sunbed outlets

Approximately one fifth of Local Authorities received at least one complaint regarding a sunbed outlet. However, it was felt that this was just the 'tip of the iceberg'.

National data is not currently held on complaints received involving sunbed outlets, and is managed at Local Authority level. The information in this section therefore provides an indication of the levels of complaints Local Authorities are working with.

Just under one fifth (6/34) of those Local Authorities responding received at least one official complaint regarding a sunbed outlet during 2008. Local Authorities in the South West felt that complaints received did not reflect the true level of bad practice and subsequent incidents relating to sunbed outlets. This was felt to be largely due to the low levels of awareness in the general public around issues pertaining to sunbeds and good practice, coupled with low levels around complaint procedures for incidents. One Local Authority which usually receives one to two complaints per year stated:

'This is just the tip of the iceberg. People don't think to give us a ring. I know there are more problems.'

The types of complaints received during this period included: issues around cleanliness (5 Local Authorities); client receiving burns (4 Local Authorities); faulty equipment (2 Local authorities); client injury on the premises (1 Local Authority); and underage sunbed use (3 Local Authorities).

4 Wider skin cancer prevention initiatives

4.1 Introduction

Studies show that most people are aware of the risks associated with sun exposure and using sunbeds, but they need reminders to encourage a change in behaviour (Department of Health, 2003). It is therefore acknowledged that educational programmes aimed at reducing exposure to ultraviolet light and improving people's knowledge and attitudes to skin cancer protective behaviours are key to addressing the rising incidence of skin cancer (Eagle et al, 2008; Warren et al, 2004).

Glanz and colleagues in Australia have advocated that Local Authorities and Health Authorities can play an important role in preventing skin cancer by developing population-based programmes to prevent disease, assuring sun safe environments and policies, and regulating exposure where appropriate (Glanz and Saraiya, 2005).

Skin cancer prevention policies were first introduced in the UK during the 1990s. More than a decade ago in 1998, providing a helpful steer, the Health Education Authority produced guidance on producing skin cancer prevention policies for Local Authorities (Health Education Authority, 1998). It was advised that all skin cancer policies should be developed or implemented as part of the Local Authorities corporate plan, as they risk becoming ad hoc, piecemeal and less effective. This model included the following:

- opportunities for providing shade should be identified within the Local Authority;
- Local Authority and planning guidance will be adapted to ensure there is appropriate and adequate shade provision;
- as part of the procedure for granting public entertainment licences, applicants' attention will be drawn to the need for appropriate and adequate shade;
- the use of sunbeds in Local Authority facilities will be phased out within 5 years and private facilities offering access to sunbeds will be required to operate to the standards outlined in the Health and Safety Guidance;
- outdoor workers employed by the Local Authority directly and via contractors will receive training in the appropriate use of protective clothing and sunscreens to protect against skin cancer.

In 2005, the Chartered Institute of Environmental Health reinforced this message, asserting that Local Authorities and health departments both have a key role in delivering these messages. It was in this context that they launched the *Saving Our Skins Toolkit*. In this they outline that an effective skin cancer prevention strategy should have three main components:

- **promotion of sun safe behaviour** — public education about the health hazards of ultraviolet radiation (UVR) exposure and what can be done to reduce risk;

- **environmental measures** — structural changes to provide protection from the sun by providing adequate shade and monitoring to ensure the controlled use of tanning establishments;
- **early detection** — public education to emphasise the importance of early reporting of potentially dangerous lesions.

This policy shift has seen sunbeds being addressed in the wider context of skin cancer prevention. It is therefore important to investigate whether this policy shift has been followed up by procedural and practical implementation in Local Authorities across the South West region.

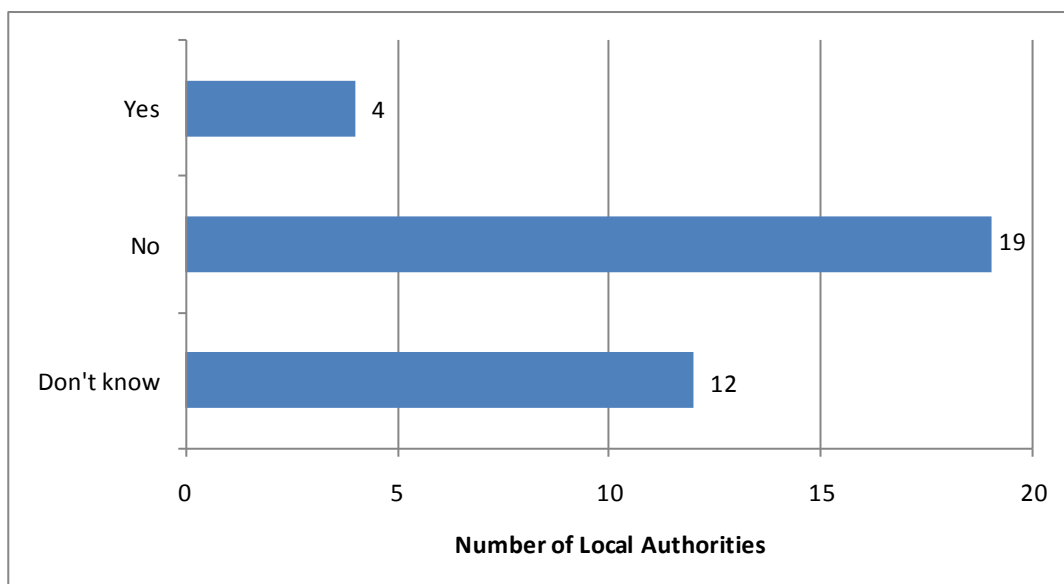
4.2 Local Authorities and skin cancer prevention policies

Just over one tenth of Local Authorities responding have a skin cancer prevention policy, and very few were thinking of developing one (3.2%)

Previous research monitoring the adoption of skin cancer prevention policies has been carried out by the Chartered Institute of Environmental Health (CIEH). In 2004 a questionnaire was designed and sent to all Local Authorities in the UK (CIEH, 2004). In this survey 12% of Local Authorities had a skin cancer prevention policy (compared to 8% in the previous study). In addition, in 2006 a further 12% said they intended to produce a policy.

In this report undertaken four years later, just over one tenth of those Local Authorities responding had a skin cancer prevention policy. A further third were not sure if this document existed within their Local Authority, and just over half were sure that they did not have this documentation. As such, it would appear that wider skin cancer prevention initiatives have certainly stalled in the South West of England, with very little progress being made over the last few years.

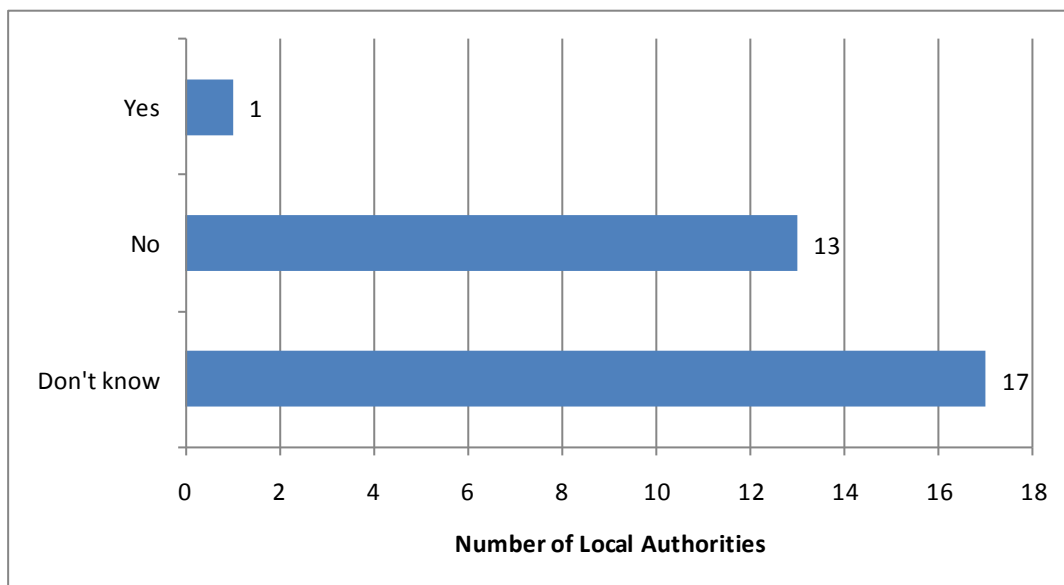
Figure 4.1: Number of Local Authorities with a skin cancer prevention policy (n=35 Local Authorities), in the South West, 2009



Source: South West Public Health Observatory Sunbed Compliance Survey

Those Local Authorities without a skin cancer prevention policy were asked if they were thinking of developing one in the near future (see Figure 4.2). Only one Local Authority who responded was considering developing a skin cancer prevention policy, just over one half (17/31) were unsure, and approximately two fifths (13/31) said the development of this policy was not a consideration at the present time.

Figure 4.2: Number of Local Authorities thinking of developing a skin cancer prevention policy (n=31 Local Authorities) in the South West, 2009



Source: South West Public Health Observatory Sunbed Compliance Survey

4.3 Public health campaigns and sunbed use

There is concern about the lack of awareness among sunbed users of the dangers of excessive use (Chan, LKW, 2007). Research has shown that even when some knowledge is gained, behaviour does not change - particularly amongst young people (Lazovich D and Forster J, 2005). This is largely due to issues of self-esteem (Harris P et al, 2000), the perception that tanned skin is 'sexy' (Broadstock et al, 1992), and a belief that they are less at risk than the general population.

In light of this research, changing social perceptions is a difficult task. Experts now believe the emphasis of social marketing campaigns (behaviour change) should be on obtaining a tan safely (Eagle, et al, 2008) coupled with appearance-based appeals, including images of premature aging (Mahler, HIM et al, 2006).



A good example of an effective marketing campaign following this approach is the *Sunbeds - Your health under the spotlight* leaflet by SunSmart UK. This leaflet was produced as part of a major campaign on sunbeds launched by SunSmart UK in 2008.

Despite these national campaigns, and the Local Authorities' position as the primary organisation responsible for the regulation

of the sunbed industry, it appears that very little activity was undertaken by Local Authorities and indeed Environmental Health Departments in 2008 to promote this campaign.

As part of this research all Local Authorities in the South West were asked whether they had run any promotional activities advising the public on sunbed use in 2008. Not one Local Authority had carried out this work. This is perhaps not surprising, as although over 150,000 leaflets were distributed during 2008, the Local Authorities themselves were not specifically targeted by Cancer Research UK.

Exploring this in more depth during the qualitative interviews it emerged that public health issues had tended to have fallen off Local Authorities' environmental health agenda in more recent times:

'We have moved towards meeting specific targets set by government departments. These are now risk based and there has been less consideration for alternative interventions and wider public health impacts. There has been too much emphasis on regulation and wider public health impacts have suffered.'

'That's [skin cancer prevention work] not really undertaken by us [Environmental Health Officers]. It's more the remit for public health.'

This was not necessarily viewed as a positive move, and it was felt that there was a need in some areas like sunbeds for public health to be more integrated into the Local Authorities' environmental health workload.

'We're currently trying to promote that [public health] approach. We're working with regional and national bodies to highlight this position.'

4.4 Mapping sunbed outlets

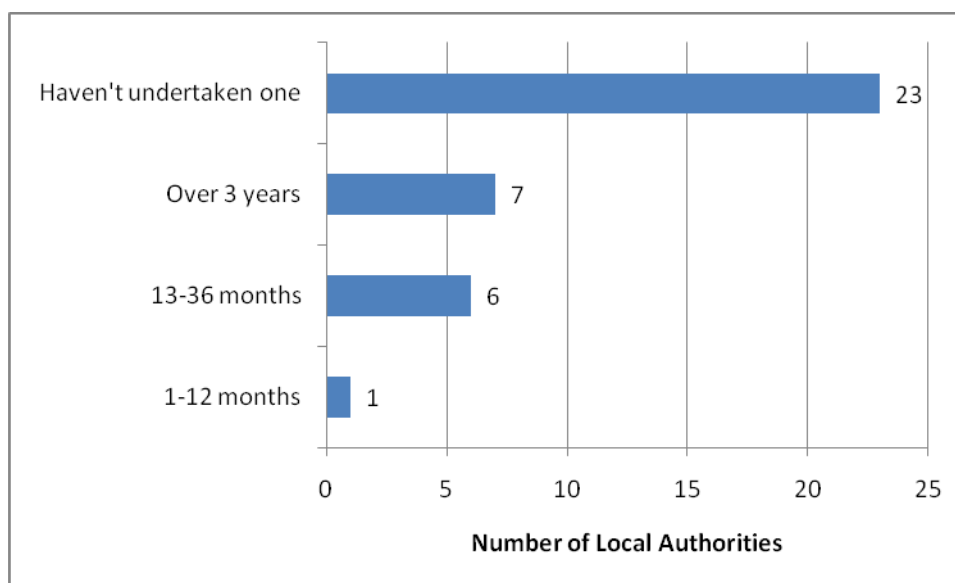
Very few Local Authorities have licensing in place. Where it does occur, Local Authorities can create registers of the numbers and locations of commercial outlets in their area (CIEH, 2005; Oliver et al, 2007).

In the absence of a national registration scheme no comprehensive information is routinely collected, so the total number of sunbed outlets is not known. There have been calls for the mandatory licensing of sunbed outlets (Mackintosh, 2006) which would enable the collection of more complete and accurate data. The mapping or audit of sunbed outlets is currently the main process whereby individual Local Authorities can collect local intelligence on sunbed outlets. This process is not mandatory so some variance was expected across the South West region. This section will describe current practice, and the lessons we can learn from these approaches.

Just over one third (14/37) of Local Authorities responding to the survey had undertaken a mapping exercise of sunbed outlets in their district at some time. Very few Local Authorities had undertaken this work recently. Indeed, only one fifth of Local Authorities had carried one out in the last three years, and only 1 in the last 12 months (see Figure 4.3).

Such low level sunbed mapping activity means that the quality of local intelligence on sunbed outlets in many Local Authorities across the South West region is incomplete and out-of-date. This is especially true when you take into account the fast turnover of outlets in this industry.

Figure 4.3: Number of Local Authorities undertaking a mapping exercise or audit of their sunbed outlets (n=37 Local Authorities) in the South West, 2009



Source: South West Public Health Observatory Sunbed Compliance Report

No guidance currently exists for undertaking a mapping exercise of sunbed outlets within a Local Authority. In the absence of this guidance, the 14 Local Authorities who had undertaken this work tended to approach it using slightly different techniques and resources.

Many Environmental Health Officers used a combination of methods (see Figure 4.4). Experience has shown that this approach is essential if all types of outlets are to be captured by the audit. The main methods used by Environmental Health Officers in the South West include:

- searching the Yellow Pages and other search directories;
- data collected during sunbed outlet inspections;
- data collected during wider inspections, for example a hotel inspection;
- local intelligence;
- telephone interviews with identified outlets;
- mystery shopping.

However, in the absence of clear guidance, the approaches adopted by different Local Authorities varied widely. At one end of the spectrum, Environmental Health Officers report using a broad range of approaches, as one officer summarised:

'The methods we used three years ago were the Yellow Pages, asking colleagues, and phoning known outlets. We then visited outlets identified and carried out full inspections. This year we will also use mystery shopping to test policies towards the under-16s.'

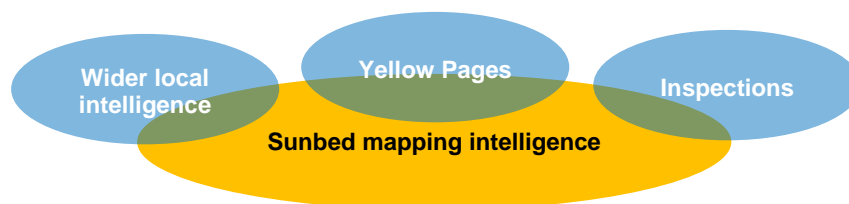
At the other end of the spectrum, intelligence collection on sunbed outlets tended to be reactive as opposed to the more proactive approach described above. This approach relies solely on Environmental Health Officers updating their databases when they come across new sunbed outlet whilst on wider inspection work.

'We stumble across them in our usual way doing inspections.'

'We have never carried out a survey of sunbeds. However we do update our local database whenever we are out on an inspection and discover a new sunbed outlet. For example, we came across one very recently when carrying out an inspection of a golf club.'

Somewhere in the middle lies the more typical approach to sunbed outlet mapping. Here, officers will tend to rely on two, sometimes three methods. These were typically Yellow Pages, wider local intelligence and inspections (a summary is provided in Figure 4.4).

Figure 4.4: Resources used for mapping sunbed outlets in the South West in 2009



Source: South West Public Health Observatory Sunbed Compliance Survey

4.5 How is sunbed mapping information and other intelligence held?

This report also investigated how mapping data was currently held by individual Local Authorities. A number of important observations were made in this review. Firstly, not all Local Authority IT systems hold a specific field on sunbeds:

'Solariums used to be a field on our old computer system. However we recently had a new [computer] system installed and this as yet does not have a field for solarium.'

This is primarily linked to Local Authorities being able to decide whether they wish to include a sunbed field on their IT system,

'We do not keep records of sunbeds on our internal computer systems. It's up to each Local Authority whether they include a field for sunbeds on their database.'

Even when fields are held, many Environmental Health Officers do not as a matter of routine automatically update their computer systems on receiving new intelligence:

'Even when [sunbed] fields are there many Environmental Health Officers don't enter them on the system.'

This is especially true when sunbed compliance work is low on Local Authorities' work priority agenda.

In addition and of great importance is the compatibility of IT systems used across local government:

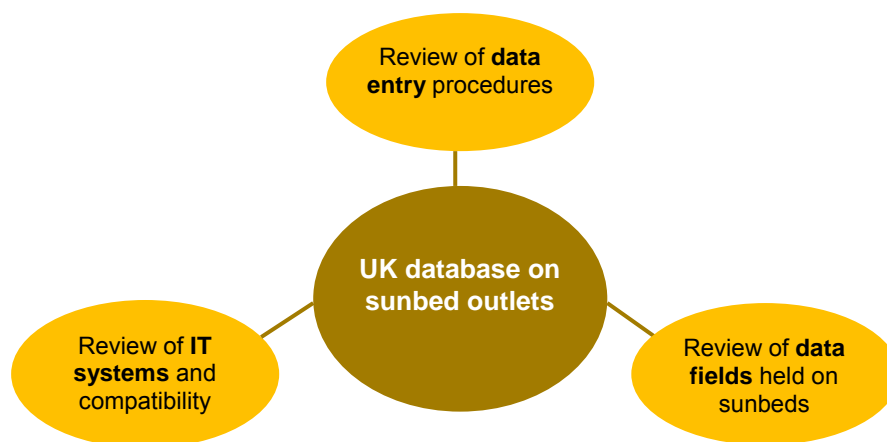
'There is incompatibility of software and database packages. We are currently looking at this as part of the wider Better Government review of IT and data sharing.'

There are many different IT systems being used by Local Authorities not only in the South West, but across the UK. These systems are not compatible and the data fields which are held differ widely.

4.6 Future intelligence: data collection and a national database on sunbed outlets

In conclusion, developing a national database on sunbeds would have to take into account the following issues: data entry procedures; processes for collecting data; data fields to be used; a review of IT used across Local Authorities and their compatibility; how the data can be held nationally, and the maintenance and update of this database. (See Figure 4.5).

Figure 4.5: Process required to set up a national database of sunbed outlets



Source: South West Public Health Observatory Sunbed Compliance Survey

4.5.1 The data collection process: sunbed mapping and audit procedures

As one Environmental Health Officer points out, this is currently a difficult and time-consuming activity for a number of key reasons, including a high turnover of outlets, outlets which do not automatically contact departments when they start a sunbed business, and some more hidden premises that are especially hard to keep track of.

'The people who own sunbeds will not put them [details] on, so it's up to the Local Authorities. This is an onerous task as many businesses start up and at the same time many close down, and companies do not contact us with these details.'

In light of this comment it is vitally important that we work towards making this task easier for those whose responsibility it is to undertake this work. Firstly, guidance should be written to ensure consistency of practice across Local Authorities. This should include information on the following:

- frequency of mapping work;
- appropriate methods to be used;
- the type of data collected.

Due to the high turnover of sunbed outlets it is recommended that mapping exercises should be undertaken every 12 months. It should be noted that this process would be more efficient if there was a requirement that all sunbed outlets must be licensed. Under such a scheme the onus for registration would be placed on the owner of a sunbed outlet to register, and not the Environmental Health departments. In addition, revenue could be generated for inspections via the licensing process.

Secondly, a portfolio of data collection methods should be written up, which should also improve data quality. It is important to point out here that a mixture of methods is required, as relying solely on the Yellow Pages will not ensure the inclusion of many smaller outlets, especially hotels, hairdressers and more unusual sunbed outlets:

'Many outlets in our area are in hotels and other types of holiday accommodation, and these cannot be easily mapped from internet Yellow Pages searches.'

This report recommends using the methods outlined in Figure 4.4. Finally, some guidance should be issued on the type of information collected. The appropriate proformas should be drawn up to standardise this process.

4.5.2 Data fields

The following fields were recommended by Environmental Health Officers during their interviews:

- type of sunbed(s)
- age of sunbed(s)
- number of sunbeds
- type of outlet (including hire)
- level of supervision
- when outlet was last inspected
- when next inspection due
- issues raised during inspection (practice)
- complaints
- contact details.

Of course these data fields would need to be agreed by all the appropriate bodies and then ratified. The number and amount of information held will of course need to be weighed up against the time pressures currently faced by Environmental Health Departments.

In addition, a number of officers thought it would invaluable if an emergency warning system could be incorporated into the database. This could flag up important issues such as trends in bad practice, faulty equipment and under-age use:

'The EHC.net has an email alert system which would be excellent if for example you could flag up a type of sunbed that was overheating.'

4.5.3 Data entry procedures

To ensure the database is of real use, data entry procedures should be incorporated into any national database guidance. If databases are not properly maintained then their true value becomes undermined.

4.5.4 Hosting a national database

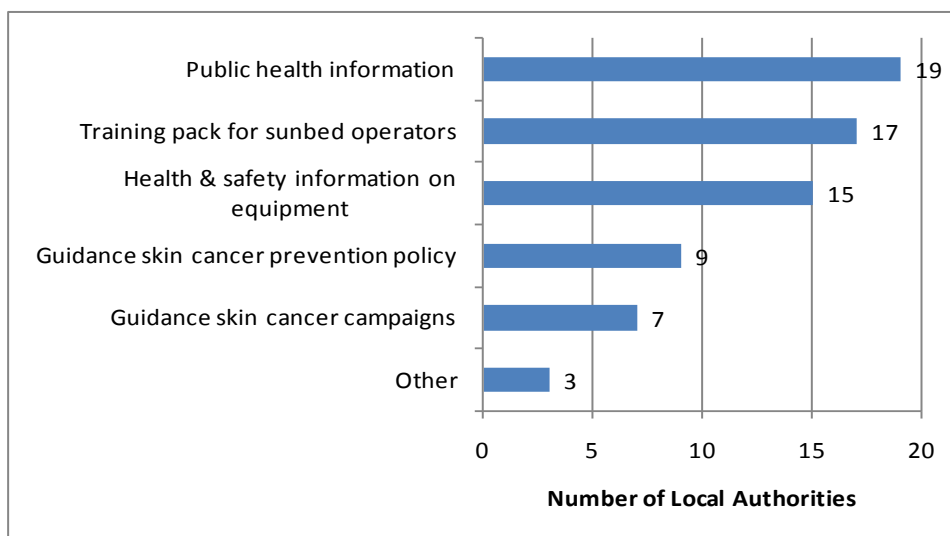
A review of existing IT structures needs to be undertaken prior to any decision regarding the potential host for a national database. Of course utilising existing IT structures would be the favoured option. A number of existing databases were mentioned during the interviews with Environmental Health Officers. The two main systems identified were the Environmental Health Communications Network (EHC.net) and HELA, a Health and Safety Executive database. Expertise, a data sharing assessment, cost and resources would obviously play a key role in determining this database should be held, and how it should operate.

4.7 Changes to future guidance on skin cancer prevention and sunbeds

Most Local Authorities in the South West region expressed enthusiasm for the development of new materials and resources to help them in their work tackling skin cancer prevention and sunbeds (see Figure 4.6). The most popular request was for more detailed public health information on skin cancer risks. Approximately four fifths (19/23) felt they needed more guidance here. This was closely followed by requests for more detailed health and safety information on equipment (15/23) and a training pack for the distribution to sunbed operators (17/23).

In addition, there was significant enthusiasm for guidance on wider skin cancer initiatives which to date have not been widely undertaken by Environmental Health Departments. Approximately two fifths (9/23) expressed an interest in guidance for developing and implementing a Local Authority prevention policy. A slightly smaller number (7/23) welcomed guidance on running skin cancer health promotion campaigns. (7/23) welcomed guidance on running skin cancer health promotion campaigns.

Figure 4.6: Number of Local Authorities requesting additional guidance on specific areas of skin cancer prevention (n=23 Local Authorities) in the South West, 2009



Source: South West Public Health Observatory Sunbed Compliance Survey

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Appendix 1: Sunbed Location, Regulation and Compliance questionnaire

Sunbed Location, Regulation and Compliance

Introduction

The South West Public Health Observatory is working closely with The Chartered Institute of Environmental Health on a project commissioned by Cancer Research UK. This research will look at levels of compliance with sunbed facilities within the South West region. The survey will help inform the future development of public health policy in the region and nationwide.

The questionnaire should take about 10 minutes to complete - most questions can be answered by simply clicking on the relevant boxes. You just click 'next' to get started with the survey. If you'd like to leave the survey at any time just click 'exit this survey'. Your answers will then be saved for when you return to the questionnaire at a later date to complete it.

For the purpose of this survey a sunbed will mean any electrically powered appliance or installation intended to produce tanning of human skin by utilising UV radiation.

The deadline for completion of the questionnaire is Friday 13 March. If you have any questions about the survey or questionnaire, or have problems using a web-based questionnaire, please get in touch with Nicola Bowtell at the South West Public Health Observatory on 0117 970 6474 or Nicola.Bowtell@swpho.nhs.uk or Sharon Smith at the Chartered Institute of Environmental Health on 0560 171 2276 or S.Smith@CIEH.org.

Section 1: Awareness of sunbed operators in your local authority

This section of the questionnaire is about your awareness of the number of sunbed outlets operating in your local authority. We appreciate that this is a difficult number to monitor without mandatory regulation. We therefore understand that the numbers provided in section 1 will be a good estimate.

1. What types of sunbed outlets do you have in your Local Authority?

(please tick all that apply)

- ☐ outlets only containing sunbeds
- ☐ leisure centres
- ☐ beauty salons
- ☐ hairdressers
- ☐ other
- ☐ (if other, please write details in the box provided)

Sunbed Location, Regulation and Compliance

2. Please give your best estimate of the number of sunbed outlets in your Local Authority (enter numbers in the relevant boxes)

supervised	<input type="text"/>
part supervised	<input type="text"/>
unsupervised	<input type="text"/>
total number of all types of tanning outlets	<input type="text"/>

3. How often do you carry out a mapping exercise (count and locate sunbed outlets) of sunbed outlets in your Local Authority? (please tick only one)

- ☐ 1-6 months
- ☐ 7-12 months
- ☐ 13-36 months
- ☐ over 3 years
- ☐ haven't carried out a mapping exercise

4. What methods do you use to estimate the number of sunbed outlets in your Local Authority? (Please provide details in the box below)

5. Are sunbeds located on Local Authority outlets in your region?

- ☐ yes
- ☐ no
- ☐ don't know

Sunbed Location, Regulation and Compliance

6. If yes, please provide reason for sunbeds operating in your Local Authority owned outlets (please tick one only)

- ☐ issue has not been considered
- ☐ issue is being considered, but no decision has been made yet
- ☐ LA to discontinue sunbeds and in the process of doing so
- ☐ LA has made a positive decision to keep sunbeds
- ☐ other

Other (please specify)

7. Please give your best estimate of the number of sunbed outlets operating on local authority premises in your local authority (enter numbers in the relevant boxes)

supervised	<input type="text"/>
part supervised	<input type="text"/>
unsupervised	<input type="text"/>
total	<input type="text"/>

Section 2: Policies and Procedures

This section of the questionnaire is about any policy and procedures being followed on sunbed usage and skin cancer prevention in your Local Authority.

8. Does your Local Authority have a skin cancer prevention policy?

- ☐ yes
- ☐ no
- ☐ don't know

9. If no, are you thinking of developing a Local Authority skin cancer prevention policy?

- ☐ yes
- ☐ no
- ☐ don't know

Sunbed Location, Regulation and Compliance

10. Are private sector sunbed outlets licensed in your Local Authority?

- ☐ yes
☐ no
☐ don't know

11. Under what Local Authority regulations are you able to license sunbed premises in your Local Authority? (please write details in the box provided below)

12. If no, does your Local Authority intend to introduce such a scheme?

- ☐ yes
☐ no
☐ don't know

13. Do you feel that the licensing of sunbed outlets should be mandatory?

- ☐ strongly agree
☐ agree
☐ neither agree/disagree
☐ disagree
☐ strongly disagree

Section 3: Inspections and other interventions

This section of the questionnaire explores the nature and extent of sunbed inspections carried out by your local authority. It also explores other interventions carried out by your department.

14. Total number of inspections of sunbed outlets carried out by your department during 2008 (please enter number in the box provided below)

15. If you carried out no inspections in 2008, please state why in the box below

Sunbed Location, Regulation and Compliance

16. Total number of sunbed outlets that did not meet current guidance in 2008 (please enter number in the box provided below)

17. What aspects of the guidance did sunbed outlets not meet? (please list main reasons in the box provided below).

18. How often do you inspect Local Authority tanning outlets? (please tick only one)

- ☐ don't have any LA outlets
- ☐ 1-6 months
- ☐ 7-12 months
- ☐ 13-36 months
- ☐ over 3 years

19. How often do you inspect private sector outlets? (please tick one only)

- ☐ 1-6 months
- ☐ 7-12 months
- ☐ 13 months - 36 months
- ☐ over 3 years

20. Do you feel inspections of sunbed outlets should have a higher inspection priority?

- ☐ strongly agree
- ☐ agree
- ☐ neither agree/disagree
- ☐ disagree
- ☐ strongly disagree

21. Total number of complaints concerning sunbed outlets received by your department in 2008 (please enter number in the box provided below)

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22. Type of complaints concerning sunbed outlets received by your department in 2008 (please tick all that apply)

- ☐ under age use of sunbed
- ☐ faulty equipment
- ☐ client injury on outlets
- ☐ client burns
- ☐ cleanliness/hygiene issues
- ☐ no complaints received
- ☐ other

Other (please specify)

23. Has your department undertaken any of the following in interventions in 2008? (please tick all that apply)

- ☐ mapping exercise of sunbed outlets
- ☐ sunbed sector audit
- ☐ issued guidance to sunbed operators
- ☐ promotion campaign to advise the public on sunbed use
- ☐ other

Other (please specify)

Section 4: Specific guidance and support for inspections of sunbed outlets

This section of the questionnaire is about the specific areas covered during the inspections of sunbed outlets.

Sunbed Location, Regulation and Compliance

24. When assessing the sunbed operator's (dutyholders) risk assessment for tanning equipment which of the following do you reference? (please tick all that apply)

- ☐ HSE Guidance on controlling the health risks from use of UV tanning equipment
- ☐ Euroskin proposed code of practice for artificial tanning
- ☐ own LA guidance (please supply a copy)
- ☐ other guidance (please supply a copy)

Other (please specify)

25. Which of the following are the main concerns identified as a result of inspections? (please tick all that apply)

- ☐ unsupervised use of equipment
- ☐ inadequate testing of tanning equipment
- ☐ inadequate customer assessment for use of the tanning equipment
- ☐ inadequate staff training
- ☐ inadequate provision of information and advice to customers
- ☐ inadequate use of consent forms/records
- ☐ inadequate cleanliness of equipment
- ☐ inadequate maintenance of equipment
- ☐ other

Other (please specify)

26. Do you believe there is a need for additional guidance for the inspection of sunbed outlets?

- ☐ Strongly agree
- ☐ agree
- ☐ neither agree/disagree
- ☐ disagree
- ☐ strongly disagree

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27. If you feel there is a need for additional guidance. Which of the following areas should be addressed? (please tick all that apply)

- ☐ detailed health and safety information on equipment
- ☐ detailed public health information on risks
- ☐ guidance on running health promotion campaigns
- ☐ providing training for sunbed operators
- ☐ guidance on writing and implementing a LA prevention policy
- ☐ other

Other (please specify)

28. What additional measures might assist in achieving consistency of inspections and/or support interventions to reduce risks from use of sunbeds?

Section 5: Contact details and policy checklist

This section of the questionnaire looks at your department details and also includes a policy checklist as a prompt to forward any documentation to the study team.

* 29. Please enter your contact details below

Name:

Local Authority:

Address:

Address 2:

City/Town:

Postal Code:

Email Address:

Phone Number:

Sunbed Location, Regulation and Compliance

30. Please tick all policy guidance you will be forwarding

	email	post
Local Authority Skin Cancer Prevention Policy	<input type="checkbox"/>	<input type="checkbox"/>
Registration or licensing of sunbed outlets scheme	<input type="checkbox"/>	<input type="checkbox"/>

Thank-you again for your kind help with this survey

Appendix 2: Sunbed compliance in the South West

In-depth interview schedule Environmental Health Departments



Location and number of sunbeds outlets

Changes in sunbed outlets in the region over the last few years

- Numbers
- Type of outlets
- Level of supervision
- Type of equipment
- Other changes in practice
- Pricing policy

How department works out the numbers of sunbed outlets in their Local Authority

- How collate data
- Keep database
- Update database
- How could improve in the future

Explore good practice in sunbed mapping in an ideal world how do you feel sunbed outlets should be mapped

- Within their Local Authority
- Across England

Any emerging issues to be included in future databases of sunbed outlets

Work prioritisation within Environmental Health

Explore general workload, staffing issues

Explore how work is prioritised

- How do sunbeds fit into work prioritisation process?
- How this has changed over recent years?
- Types of changes envisaged in the near future
- How can sunbeds be given a higher priority in this process?
- Explore whether they feel sunbeds should be given a higher priority rating
- Explore whether some work is given too high a priority

Inspections: sunbed outlets***Proportion of workload sunbed outlet inspections******Policy/guidance followed for inspections******Scale and nature of inspections of sunbed outlets changed over recent years******Issues raised by inspections***

- Inadequate advice for customers
- Inadequate customer assessments
- Unsupervised use of equipment
- Inadequate staff training
- Inadequate maintenance of equipment
- Inadequate use of consent forms

Explore whether a need for additional guidance for inspections

- Public health information
- Providing training for sunbed operators
- Information on sunbed equipment
- Guidance on writing and implementing a sunbed prevention policy

Training for inspectors**Complaints: sunbed outlets*****Changing trends in complaints***

- Nature
- Extent

How deal with complaints**Licensing of sunbeds and other policy issues*****Licensing practice for sunbed outlets in your local authority***

- Current
- Future

Views on the mandatory licensing of sunbed outlets

- Impact on workload
- Other issues

Skin cancer prevention campaigns

- Prevention campaign activity
- Who coordinates this activity within the local authority

- Target audience(s) for campaigns
- Method(s) utilised for campaigns
- Plans for future campaigns
- Explore potential barriers to launching local skin cancer prevention campaigns

Type, nature, extent of sunbed mapping exercises

- Frequency
- Last carried out
- When next plan to carry out

Awareness of advertising of sunbeds in region

- Level of advertising
- Where advertised
- Who targeted

Further information

The full report, *Sunbed Regulation: A Review of Practice in the South West*, is available from the South West Public Health Observatory's Skin Cancer Hub website, <http://www.swpho.nhs.uk/skincancerhub>

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About the South West Public Health Observatory

The South West Public Health Observatory (SWPHO) is part of a network of 12 public health observatories working across the five nations of England, Scotland, Wales, Northern Ireland and the Republic of Ireland. The nine Public Health Observatories in England work together through a single work programme which contains both national and local elements. We produce information, data and intelligence on people's health and health care for practitioners, policy makers and the wider community. Our expertise lies in turning information and data into meaningful health intelligence to support decision makers.

On behalf of the Department of Health, the SWPHO works in partnership with the NHS, local authorities, researchers, national agencies as well as agencies in the South West.

The SWPHO incorporates the National Drug Treatment Monitoring System South West (NDTMS-SW), and in April 2005 merged with the South West Cancer Intelligence Service (SWCIS).

For more information about the SWPHO and its partner organisations, please visit www.swpho.nhs.uk

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