

## Call for evidence

### Response by CO-Gas Safety

#### Background

The independent registered charity, CO-Gas Safety has been working since 1995 to try to stop deaths and injuries from unintentional carbon monoxide poisoning and other gas dangers, including other toxins in the products of combustion. The charity is run by Stephanie Trotter, who is a barrister but has worked full time as a volunteer for the charity since its launch, aided by other voluntary directors (mostly victims, one industry member and MPs). In 2007 Stephanie was awarded an OBE for her work on gas safety. For our website see [www.co-gassafety.co.uk](http://www.co-gassafety.co.uk)

For information about the other toxins in the products of combustion, see [http://www.co-gassafety.co.uk/other\\_toxins.html](http://www.co-gassafety.co.uk/other_toxins.html)

When we first started the industry would not relate to us, nor would most Government bodies. We therefore related mainly with victims and their families.

Within a few weeks and certainly months, we quickly came to the conclusion that:-

1. Most people don't even know that CO exists and even if they do, they don't know where it comes from or why or how quickly it can kill, (and this is still the case, see poll referred to on page 9 re research undertaken by the Gas Safety Trust).
2. Most people don't know how to prevent carbon monoxide poisoning.
3. The gas emergency service has no equipment to test gas appliances for CO. Now it has no duty to do more than give a pep talk about CO.
4. There is no victim support and what most people need is a test of the appliances to show which appliance is emitting CO (so they can be made safe). Ideally, before disconnection or afterwards but before the evidence is changed, the air in the room should be tested (with responsible steps being taken to make sure nobody is exposed to CO) to show how many parts per million of CO the householders have been exposed to. If indeed there is no CO being emitted from the appliances, then an investigation should be undertaken to see if CO is being emitted from next door or from another flat etc. Such people should be left at least with a CO alarm to EN 50291 and ideally a data logger. If a person can pay for this, they should be charged unless a system could be set up to recover this sum via the gas bill or in some other way. However, if a person is on social security for example, there should be no charge. An investigation has always cost a huge amount (now £3,000) even if people knew what to ask for, which they didn't and still don't. The qualification CMDDA1 is a possible way around this as a first step but there are only about 200 people qualified so far, the cost is unknown, it relates only to gas and most people again do not know the qualification exists or how to ask for it. Other fuels should also have a similar service.
5. There are many fuels and appliances and scenarios which need to be highlighted in a sustained campaign before ordinary people feel at risk enough to take action.

In 1995 we first suggested prime time TV warnings to at least alert people to the dangers as a first step and for the gas emergency service to carry and use equipment to test gas appliances.

In 2000 the Health & Safety Commission recommended a levy on the gas suppliers (we would have preferred the whole industry) to pay for raising awareness and for research and that the gas emergency service carry and use equipment to test gas appliances for CO. Both these excellent recommendations were ignored, although made after an extensive gas safety review and with the support of the majority of the stakeholders, almost entirely industry. In 2000 CO-Gas Safety, after writing to HSE and having had many meetings from 1995 onwards, had to press very hard to even be considered as a stakeholder for work groups which were set up to consider the recommendations. Sadly the work groups failed due to lack of funds. The whole attitude was that victims and victim groups were not stakeholders. In our opinion although there have been some improvements, this attitude is still pervasive within much of the fuel industry. Sadly this means that those with the most experience and interest in preventing future tragedies (i.e. victims and their families) are largely ignored.

In his Select Committee type inquiry, Barry Sheerman MP identified the lack of action by the fuel industry:-

CHAIRMAN: But it is the opposite. Your industry is in the Ice Age, it is Neanderthal compared with cars because, with cars, there is *What Car?* or *Which Car?*, so you can go into a newsagent, open a page and the star rating for safety is there and people buy their cars now, as a matter of course, on safety, security as well as performance. That is the difference. The culture has changed and safety is a given, but it was not 30 years ago. Safety does not seem to be a given in this sector. I get a real feeling of complacency, that it is down to only ten deaths and, honestly, I get the feeling that you are a bit complacent. Is it me because it is a hot day, it is a steamy room, but it does not seem as though you are worried about it, energised about it and want to make a difference? Am I right or am I wrong?

CO-Gas Safety submitted 22 pages of written evidence to this inquiry which I have already sent this to Haley Bowcock, of Policy Connect. I also gave oral evidence. I have also sent Haley our submissions to the HSE Select Committee in 2004.

Although no written evidence was asked for by Baroness Finlay when she started her work, (which culminated in the recommendations made by her in 2011), we did submit the following documents which we also attach to this response:-

1. Suggestions for change.
2. Speech made by Stephanie Trotter at the re-launch of the APPGSG 13.07.10.
3. Notes on the Mills case.

I also attach the email dated 01.08.11 to which I attached the above documents.

Baroness Finlay made APPGSG's recommendations in 2011 and CO-Gas Safety commented on them (in blue) in our press pack 2012. We also included the recommendations in our press pack 2014, including our comments made in 2012 but with an addition see 3 (a) below on page 7. I attach the recommendations with comments by CO-Gas Safety. We assume that the progress, or lack of it, that the APPGSG (now APPCOG) considers has or has not been made with regard to these 2011 recommendations, will be set out as a result of these submissions. We suggest that where there is a lack of progress, APPCOG makes suggestions for relevant groups or named bodies to act to further these recommendations, as well as perhaps making new recommendations. In our opinion, little real action has taken place since Baroness Finlay's recommendations apart from S. 150 of the Energy Act 2013, which is not yet in force and see infra, other action by the Gas Emergency Service providers and charities and victims.

With regard to our suggestions for change these were later agreed unanimously by the victim groups under CO+SAVi. Later we incorporated them into detailed amendments (professionally drafted see [http://www.co-gassafety.co.uk/our\\_professionally\\_drafted\\_suggestions.html](http://www.co-gassafety.co.uk/our_professionally_drafted_suggestions.html) paid for half by the Katie Haines Memorial Trust, half by CO-Gas Safety). We put forward these amendments to the Steering Committee of the All Fuels Action Forum as amendments to the Energy Bill 2013. However, although we received some written comments to which I responded, the amendments were otherwise ignored – indeed they were not even discussed by the All Fuels Action Forum, nor as far as we know, were they discussed by APPCOG or the MPs on the committee stage of the Energy Bill although we sent our amendments directly to them.

CO-Gas Safety still thinks that prime time TV warnings are vital. The research by Warwick university ([http://www2.warwick.ac.uk/fac/cross\\_fac/healthatwarwick/publications/occasional/report\\_students\\_2011-12.pdf](http://www2.warwick.ac.uk/fac/cross_fac/healthatwarwick/publications/occasional/report_students_2011-12.pdf)) showed that

'Among the 92 participants (28%) who said they recalled CO campaigns, television was the media most remembered.'

Barry Sheerman MP has recently pressed for prime time TV warnings in a speech he gave at the CORGI technical conference on Wednesday 30<sup>th</sup> April 2014. We congratulate him for this but why doesn't he and the other co-chairs of APPCOG, namely Jason McCartney, Baroness Finlay and Baroness Maddock say this in Parliament and call on the wealthy fuel industry to pay for these or for

Government to give out warnings under its duty held by the Cabinet Office? There seems always to be endless collection of information, surveys and research, yet little real action.

There are still huge problems as very recent reports and research show:-

April 2014 - HEALTH and safety chiefs (HSE and Gas Safe Register) have revealed that one in four homes in East Staffordshire have an unsafe gas appliance installed. Read more: <http://www.burtonmail.co.uk/News/Efforts-to-educate-people-about-need-for-gas-safety-20140417123722.htm#ixzz31mDGTjA9>

May – 2014 A recent piece of research by the Gas Safety Trust (see <http://yorkshiretimes.co.uk/article/Poll-Finds-Shockingly-Low-Understanding-Of-The-Symptoms-And-Characteristics-Of-Carbon-Monoxide-Pois>) has found that 'An online poll of 2,000 people carried out by OnePoll on behalf of the Gas Safety Trust found that despite a number of recent high profile campaigns, only 13% of the people questioned were able to identify the main symptoms and characteristics of carbon monoxide (CO) poisoning.'

**However, the vital thing is for the prime time TV campaign to be extensive, comprehensive and sustained to cover all fuels, all appliances, all scenarios and to be backed up by publicity on websites, in shops and supermarkets and also perhaps inducements in the form of freebies or reduced rates for servicing etc.**

Baroness Finlay has managed to achieve S. 150 of the Energy Act 2013 with regard to CO alarms in rented properties and is to be congratulated for this but this section needs a statutory instrument to be enforced and the recent inquiry into rented property by DCLG did not even mention S. 150. Why not?

This call for evidence seems to be slanted towards the change in behaviour of those who might die or be injured but how can anyone change behaviour if they do not realise their behaviour or lack of action may cause their death or injury or the deaths or injuries of loved ones? We think there are three distinct steps to be taken, the first being creating awareness of the risk of death or injury, the second education of how to reduce this risk and the third, persuasion and/or inducements to actually take the necessary steps. Indeed having written this I found much the same conclusion in the Warwick research!

Data is vital because it provides case studies which cast light on the gaps in the system and if someone locally to you dies and this receives publicity, this brings it home to you that this tragedy could happen to you or your loved ones. **Victims, their families and their stories are a huge research resource which has been largely ignored, except by CO-Gas Safety.** We have learned everything that we have suggested as safety improvements from victims and their families and the facts of the cases we have been told about or learned at the inquest in huge detail.

In the Call for Evidence is the following:-

The APPCOG welcomes all types of evidence, including data analysis or internal studies your organisation has carried out, and personal or organisational views on these issues. To assist the evidence-gathering process, please keep responses to a manageable length, providing hyperlinks or annexes where necessary. Submissions of evidence will not be published and the APPCOG will seek your permission before quoting from evidence submissions in the final inquiry report. The APPCOG secretariat will also be conducting informal interviews to inform the inquiry – please get in touch if you would like to discuss the topic in more detail.

CO-Gas Safety would like to further inform the inquiry and suggests that others who are members of CO+SAVi or have been in the past or are other victim groups which did not join CO+SAVi also be asked to contribute in oral form. However, surely this oral evidence should be to all the co-chairs, not just to the secretariat? During the inquiry for the 2011 recommendations, we were shocked that no interviews seemed to have been carried out at all with the victim groups. (Obviously we did not and do not know if interviews had been carried out with others). Nor were written submissions requested, although CO-Gas Safety did make a submission. At our request, Baroness Finlay kindly did undertake an oral evidence session with the victim groups but sadly she had to leave for business in the House before I could give my presentation. Therefore she failed to hear the suggestions from CO-Gas Safety, which had been working very hard to tackle this topic since 1995. However, she did have our written submission. In 2006

Barry Sheerman MP did conduct oral interviews with all parties and although he is to be highly commended for this, it is surely a real drawback to the inquiry and subsequent recommendations that only one of the co-chairs was present?

**We cannot understand why the submissions are not going to be published.** Surely unless those submitting the evidence ask for their submission to be kept confidential, responses to the call for evidence ought to be published? What is the justification for this confidentiality? This does not provide any sense of openness and fairness which surely such a review should adhere to according to the Nolan principles?

Furthermore, how can we all learn from each other if all the submissions are being kept confidential?

With regard to the comment 'there are widely acknowledged limitations related to data on carbon monoxide incidents that present challenges to understanding and preventing poisonings', we completely agree with this and are glad that this has been acknowledged. However, CO-Gas Safety has been collecting, collating and publishing data of deaths and injuries from unintentional carbon monoxide poisoning and yet we consider this data has largely been ignored. Please see further under answer to 2 (b) below.

#### **Call for evidence**

1. Identifying key behaviours;

From your / your organisations' perspective, what are the relevant specific or general behaviours that need to be addressed or encouraged as regards carbon monoxide poisoning, either acute or low-level?

To whom do these behaviours relate, and in which environments and contexts? Do they relate to carbon monoxide exposure risk, to the detection of carbon monoxide gas and poisoning cases, to preventing carbon monoxide poisoning, or something else? Who or what has influence over these behaviours?

From your / your organisations' perspective, what are the relevant specific or general behaviours that need to be addressed or encouraged as regards carbon monoxide poisoning, either acute or low-level?

1 (a) Identifying key behaviours;

From your / your organisations' perspective, what are the relevant specific or general behaviours that need to be addressed or encouraged as regards carbon monoxide poisoning, either acute or low-level?

#### **Awareness**

We definitely agree that 'Ignorance can be fatal' as was stated at the IGEM conference 2012. Why then did it take about 18 years before IGEM seemed to register CO enough to hold a conference? The gas emergency service providers are to be congratulated for their efforts but the fuel suppliers are the companies with the money. Why have the fuel suppliers done so little? We totally agree with 'Knowledge is power' (conference 2013) but then why are there no prime time TV warnings about CO?

Funding, victim support and HSE's involvement in instructing Ofgem that CO are vital safety issues that need to be addressed urgently.

The research by Warwick university showed that

'Among the 92 participants (28%) who said they recalled CO campaigns, television was the media most remembered.' Yet in nearly 20 years we have constantly been told that TV doesn't work even when we pointed out that British Gas uses TV all the time to sell its services!

1. (b) To whom do these behaviours relate, and in which environments and contexts?

Every person in all environments and contexts. The fuel industry continually seeks vulnerable groups to target what messages it does put out. Obviously some people are more vulnerable generally to many dangers than others, due to disability, age and poverty etc. Some targeting to appeal to certain groups is sensible but what the fuel industry seems to us to ignore is that everyone is vulnerable to CO, particularly those who don't even know it exists or assumes it won't happen to them (because they only use electricity for example but have a potential source of CO from next door or like Roland Wessling and

his partner Hazel Woodhams they only think of CO with regard to gas appliances and not with regard to a cold-to-the-touch barbecue). The rich and famous also suffer from CO poisoning, e.g. Vitas Gerulaitis died of CO in 1994. Elizabeth Giauque aged 6 died in 2005 although she lived in an expensive rented home in Wimbledon and her father is an extremely successful hedge fund manager. Zoe Anderson aged 24 who died 28.12.2010 although the daughter of a very wealthy man. Charlotte Church and her children suffered (Feb. 2011). <http://www.people.com/people/archive/article/0,,20104038,00.html>

1. (c) Do they relate to carbon monoxide exposure risk, to the detection of carbon monoxide gas and poisoning cases, to preventing carbon monoxide poisoning, or something else?

Prevention is key (awareness and good quality installers and maintainers etc.) and better than detection. However, detection is also important (use of CO alarms and flue gas analysers). How else is a lethal gas that can't be sensed using human senses to be tested for and detected?

There are other toxins in the products of combustion and these are barely known about by the general public, let alone detected easily as CO can be. However, industry either knows or should know about these other toxins that could explain many long term illnesses such as ME, MS and dementia. The All Fuels Action Forum has failed to give CO+SAVi a list of these toxins, despite being asked several times over a period of about a year. This is simply wrong. Why have AFAF & APPCOG ignored the other toxins?

**What is even more significant is that the impact of CO and the other toxins on the population is vast.**

**How do CO and other Toxins impact on the UK Population?**

CO+Savi (group of victims and victim groups) suggests that the following statement(s) is/are being used instead or at least in conjunction with any existing numbers in presentations, press releases, publications, etc.

**Short Version**

There is currently **no conclusive and comprehensive** way of accurately establishing the actual number of people harmed to whatever level by carbon monoxide and other toxins (CO+ for short). It is recognised that there are many sources of data collated over the years. However, this data is scientifically inconclusive at this point in time. We know that some people can suffer temporary illness, irreversible chronic ill health or death as a consequence of exposure to either low-level, chronic and high-level, acute CO+ poisoning. Unfortunately, we do not know how many more are affected and we have no way of objectively and responsibly estimating the true figures.

...

We have asked the Chief Medical Officer for a meeting and although she has taken some of our concerns seriously she is too busy to meet us and expects bodies such as the HSE and DoH and PHE and their officials to deal with our concerns. I can understand this but the problem is that HSE and others have ignored our concerns since 2000 and even before that, it wasn't easy before that to be taken seriously!

1. (d) Who or what has influence over these behaviours?

Primarily industry and Government because they have the wealth to inform ordinary people. Without information and the realisation that this is a matter of either life and death or health or severe ill health, nobody will change their behaviour. HSE is the body we originally expected to act and did act to some extent until 2000 when it seemed to stop altogether with regard to carbon monoxide poisoning. We have asked Barry Sheerman MP to have a meeting with the chair of HSE with perhaps the other co-chairs but as far as we know this has not happened.

1. (e) From your / your organisations' perspective, what are the relevant specific or general behaviours that need to be addressed or encouraged as regards carbon monoxide poisoning, either acute or low-level?

I think I've already answered this but will mention the behaviour of the industry, Government and particularly the HSE. Please note that I have already mentioned the recommendations by the HSE above after which HSE seems to have avoided the issue altogether. There seems to be a general

'burying the head in the sand' mentality by those with the power, wealth and political influence to change things.

Perhaps this is tied up with the deaths caused by air pollution generally  
<http://www.dailymail.co.uk/news/article-1259592/UK-air-pollution-killing-50-000-people-year-warn-MPs.html> For full account see  
<http://www.publications.parliament.uk/pa/cm200910/cmselect/cmenvaud/229/22902.htm>

Yet even in this review of Baroness Finlay's there seems to be a suggestion that ordinary people are ignoring the dangers. I know this can happen but this suggestion feels wrong when at the moment ordinary people either don't know about the dangers or how to avoid them plus they often have no power to change things due to poverty etc. Furthermore, the toxins other than CO (the + in CO+) are not even talked about except in relation to outdoor air, yet when such toxins do enter the indoor environment they will obviously be far more concentrated.

2. Prioritising behaviours and identifying existing data and initiatives;

Which of the above behaviours do you consider as the most pertinent to address or encourage, and why? Do you have data or studies to support your decision, and can these be made available to the APPCOG secretariat?

Are there existing attempts to address or encourage any of the above behaviours, and if so, what are they?

2 (a) Which of the above behaviours do you consider as the most pertinent to address or encourage, and why? Industry and Government, which have both ignored the HSE's recommendations in 2000. The Cabinet office has repeatedly ignored the letters sent by Frank Brehany of Holiday Travel Watch, first sent 31.10.12, pointing out the duty to warn the public. The reason this is the most pertinent to address or encourage is that warning is the first step to inform people of the dangers. Our understanding is that Ofgem would have more power if HSE stated that CO was a safety issue see [http://www.hse.gov.uk/aboutus/howwework/framework/f-mou\\_j.pdf](http://www.hse.gov.uk/aboutus/howwework/framework/f-mou_j.pdf). HSE tells us that it has done so; Ofgem that it has not. What are we, a tiny charity, to do when faced with contradictory statements from Government departments? We tried an application under the FOI Act but were told that it would be too expensive.

We would also want MPs to change their behaviour and take CO more seriously. CO deaths and injuries (let alone CO+) cost the taxpayer about £178 million a year. Why are there no calls in Parliament for action?

2 (b) Do you have data or studies to support your decision, and can these be made available to the APPCOG secretariat?

CO-Gas Safety has collected, collated and published data on unintentional deaths and injuries from CO since 1995. Please see and download CO-Gas Safety's data from 1995 from see <http://www.co-gassafety.co.uk/downloads/2014/Statistics%20Sheet%20for%20press%20pack%202014.pdf> and <http://www.co-gassafety.co.uk/downloads/2014/Charts%20pages%202014.pdf>

Please see comment on our work by Nigel Hawkes, eminent scientist at <http://www.straightstatistics.org/article/carbon-monoxide-killer-no-official-record>

This is almost certainly the best data in the UK although we are the first to say that we miss a huge number of cases (e.g. no automatic testing of dead bodies for CO even in unexplained deaths and there are 3,400 unexplained deaths in the UK every year between the ages of 16 and 64 New Scientist 2004 'Killer with no name'). Even in these cases the bodies are not tested for CO, let alone the other toxins.

However, each incident and particularly the deaths (because we receive detail from the Coroners) is an opportunity, (especially when we help the families to find out exactly what happened, attend inquests, read medical reports etc.), to suggest changes to put it right. Sadly because we are not a wealthy charity and our board is more victim dominated than industry dominated, we consider our work has been largely ignored. This is despite the fact that we are the only body to have done this since 1995, to cover all

fuels, to try to check every death with the Coroner concerned, to publish the names of the dead with the date of death (so each person can be identified) and to have had our data validated by an independent statistician. We do publish the data in our press packs and on our website in a summarised form.

Although we are happy to **give** all our valuable and detailed historical data on our database, we have decided that this should only be done if CO-Gas Safety is funded properly to carry on this valuable work in the way we have done for the past almost 20 years or a body is set up to investigate and receive data which is committed to publication, is impartial but which seeks practicable changes to reduce deaths and injuries and has an equal number of victims to industry on its board.

There are two parts to the data, firstly the bare facts and publication and secondly the work with the family and others to support them, which reveals the detail and thereby can give rise to suggestions for safety improvements. It is surely self-evident that industry is not suitable to work directly with the family etc. and find out the detail and suggest safety improvements. Industry is firstly reluctant to talk to victims, (and there may well be a conflict of interest), secondly, victims are reluctant to talk to industry and thirdly, it may be difficult for industry to see its own mistakes and fourthly, even if industry did this perfectly, industry would be less likely to be believed. For example we can say that from the data we have collected so far on acute CO deaths, per user it seems that gas is safer than other fuels. Would that statement be believed even on the data we have collected, collated and published, if the gas industry said this?

A further example is the death of registered gas installer Matthew Nixon aged 22 in 2010 from CO from using a petrol generator to power his tools. Because we followed up the facts of this case and contacted the family, we found out that he was registered with the Gas Safe Register, that he had been in the gas industry from the age of 16 and that the training for gas installers does not seem to cover the dangers from other fuels. As a result we set up a course about CO with the help of Roland Johns, retired British Gas investigator and trainer and this is now adopted by BPEC. We have many other examples.

2.(c) Are there existing attempts to address or encourage any of the above behaviours, and if so, what are they? Yes the gas emergency service providers have done a great deal. A great deal of research has been or is being carried out. CO-Gas Safety runs a schools poster competition to raise awareness of the dangers for pupils in the last year of primary school (aged 10-11) and this is now in England, Scotland and Wales and we hope to extend to N. Ireland. Please see <http://www.co-gassafety.co.uk/competition.html> The gas emergency service providers have supported this brilliantly and have done a lot in schools as well, particularly Wales & West Utilities which has also very kindly helped with our event at the House of Lords and this has made a huge difference. Northern Gas Networks and National Grid have also stepped forward and started to really take carbon monoxide seriously. We also think Ofgem has done a great deal to encourage the gas emergency service. We also think the fire brigade has done a great deal particularly in Cornwall thanks to fire fighter Mark Pratten. However, HSE and the fuel suppliers have done very little. The charities, victims and victim groups have also done a great deal over the years, see further below under 3 (a). Baroness Finlay has also succeeded with regard to S. 150 of the Energy Act 2013 but sadly this is not yet in force.

3. Progress against the 2011 Finlay report

(a) Considering the 2011 Finlay report, in what areas have you / your organisation seen or implemented changes, either thematically or with reference to specific recommendations? (b) What further or related action is required to progress these recommendations?

Please see attached Baroness Finlay's recommendations and CO-Gas Safety's comments made in blue at the time and with a recent edition made in 2014 namely:-

**Comment 2014**

**CO-Gas Safety and others still cannot understand why prime time TV warnings were not recommended. The Cabinet office has a duty to put out public health warnings (see page 12 of our press pack 2014)  
There are warnings about fire and smoking but we all know about these dangers.**

We have seen a great deal of activity from the charities and victim organisations. Stacey Rodgers works hard particularly in Huddersfield to raise awareness supported by Barry Sheerman MP. Lynn Griffiths runs a CO Awareness week every year throughout the UK. Holiday Travel Watch has been extremely

helpful with regard to pressing the Cabinet Office to fulfil its duty for public health warnings (see under 2(a) above). Gareth Hughes has managed to raise the other toxins with the All Fuels Action Forum and therefore brought this to the notice of the APPCOG (although he and CO+SAVi have still not been given a list of the other toxins which have huge health implications, particularly for long term health). Roland Wessling is doing research at Cranfield university with funding from the Gas Safety Trust (which seems to be doing much more realistic and helpful research lately). Roland Wessling has also drafted the impact statement see under 1 (c). The Katie Haines Memorial Trust has been working on warning films and has made one film and is in the process of making another. Consumer Safety International has been working in Europe.

The Gas Safety Trust has funded some good research particularly the Warwick university research. We have been informed that the GST wants to be the central body with regard to CO. There is a need for such a body but we are concerned that the GST has too many industry based trustees and not any victims on its board and we have already stated that such a body should be made up of equal numbers of victims and industry. CO-Gas Safety seems totally unable to obtain funding for our data collection, collation and publication from the wealthy trusts and has had no funding since 2010. Prior to this the charity had funding from the Department of Health but the rules changed so that only new initiatives were funded and our data work was obviously not new! The Gas Safe Charity has made some grants including a small one to us to enable us to buy a light laptop. However our recent applications to the Gas Safe Charity have both been refused one for a computer and the other for funding for our data. Our perception of the wealthy charities is that they only wish to be grant making to universities and the like, do not wish to talk to victims or even victim representatives in depth about how to prevent these deaths and injuries, nor do they wish to provide any victim support so sadly from my point of view, after almost twenty years there is still a need for bodies such as CO-Gas Safety. Now that the terms and conditions have been changed (previously these allowed any term or condition to be changed without prior notification) we are applying to the Gas Safety Trust for funding so possibly the data can be resolved but we are not very hopeful.

The Gas Safe Register has undertaken a much improved gas safety week in 2013 which concentrated more on CO and raising awareness and less on mere promotion of the Gas Safe Register.

The reports by the cross departmental group have improved.

Although we are grateful that British Gas paid £745 for our badges for an event in January 2014 but the only real changes from industry that we've seen, relate to the gas emergency suppliers, which have all done a great deal, encouraged by Ofgem's discretionary award scheme. However, they do not seem able to supply the funds to pay for prime time TV warnings. They could supply flue gas analysers to their First Call Operatives and train them to test gas appliances for CO but why is all the action coming from just one part of the industry and not from all players in the fuel industry including the wealthy fuel suppliers?

The further action that is needed is the political will from Government and industry to achieve real progress. We suggest that industry should be persuaded that there is more profit to be made out of leading Europe and the world in gas safety and protecting people and the environment from CO and other fuel related toxins than from being reluctant to take action.

The inquiry will be unable to address all behaviours and all contexts, and as such, at this stage of the inquiry we are seeking written evidence that will assist to identify a core set of priority behaviours to explore related to carbon monoxide poisoning. For example, these behaviours could be those that:

- Contribute to the risk of carbon monoxide exposure,
- Improve the detection of carbon monoxide or of poisoning cases (amongst e.g. householders, medical professionals, or others), or;
- Aid the prevention of poisoning.



Contribute to the risk of carbon monoxide exposure,

We consider that if the industry cannot even train its gas installers well enough to avoid dying from CO from other fuels there is little hope for the consumer. Scotia Gas Networks is to be congratulated for seeing this problem and being the first to provide Personal Alarm Monitors for CO to its First Call Operators and also for agreeing to put all its new recruits through the BPEC course (see under 2 (b) above). However, this does not usually assist the consumer who is told to turn everything off and open all the windows before the FCO arrives. How can the HSE and Government continue to allow people to be exposed to the risk of CO poisoning without requiring the gas emergency service to find out where the possible CO was coming from? Without the source being found the person cannot surely be safe? We have been saying this since 1995.

- Improve the detection of carbon monoxide or of poisoning cases (amongst e.g. householders, medical professionals, or others), or;

Again there needs to be more awareness and better training. CMDDA1 needs to be better publicised and should be free for those who cannot afford to have this service.

Medics are generally very poor at diagnosing CO with vets being better at diagnosing CO in dogs than GPs with regard to people.

S. 150 of the Energy Act 2013 may assist at least with regard to private rented property but it looks unlikely to be enforced by a statutory instrument until after the next election at the earliest.

- Aid the prevention of poisoning.

Perhaps a prime time TV campaign that people found intriguing such as 'I'm CO+SAVi – are you?' then followed by explanations of what that meant and a website full of information.

Exposure to prime time TV warnings about the deaths or injuries of people who knew about CO but didn't take the necessary steps e.g. Roland Wessling and his partner Hazel Woodhams who did everything right at home and had a CO alarm but didn't think a cold-to-the-touch barbecue could produce CO and kill Hazel and nearly kill Roland. Another example was Katie Haines who did not realise that 'At Risk' meant 'Could Kill' and also did not open her CO alarm and take it out of the packaging and pull the tab on the battery to get it working. Perhaps this action could be used as a 'I'm CO+SAVi' except a CO alarm would not pick up the other toxins of course so it would just have to be 'I'm CO SAVi only'.

The death of Katie Overton aged 11, in 2003 persuaded us that the law on landlords could be confusing (between the continuing duty to keep gas appliances in a safe condition and the 12 monthly gas safety check) so we came up with a suggested change to make the gas safety check either at test of the flue gasses or a service. We have a copy of a mere 8 lines which could be added to the Regulation on this and would help to tidy up the law. Again this has largely been ignored.

Perhaps inducements to receive cheaper fuel if proper installation and maintenance and flue and chimney sweeping and a CO alarm to EN 50291 is installed can be proved, would help?

Perhaps an insistence by the fuel suppliers that before fuel is supplied proof of proper installation and maintenance and a CO alarm is shown by the householder? However, to make this mandatory before other steps are taken such as raising awareness of the danger properly does seem overly intrusive, even to CO-Gas Safety. A recent piece of research by the Gas Safety Trust (see <http://yorkshiretimes.co.uk/article/Poll-Finds-Shockingly-Low-Understanding-Of-The-Symptoms-And-Characteristics-Of-Carbon-Monoxide-Pois>) has found that

'An online poll of 2,000 people carried out by OnePoll on behalf of the Gas Safety Trust found that despite a number of recent high profile campaigns, only 13% of the people questioned were able to identify the main symptoms and characteristics of carbon monoxide (CO) poisoning.'

I have asked Chris Bielby, Chair of the GST to send me the questions asked because I wonder if they asked people if they knew where CO came from, how quickly it can kill and how to prevent it?

Properly funded victim support would improve awareness, data collection, detection and safety improvements.

I've recently attended an APPCOG event on 12<sup>th</sup> May 2014 about a Home Safety MOT. This is a great idea but very costly when considering the aim of APPCOG which is presumably the reduction of deaths and injuries from CO, not for example deaths from scalding bathwater. I also learned from Martin Weaver of Hackney Homes that the 12 month gas safety check is causing problems because unlike the MOT the date changes due to the fact that they have to make sure that the check is done before the twelve months for the previous gas safety check runs out. I will do some research to see if this can be dealt with and a sensible form of words can be found.

Many of the call outs that Hackney Homes investigates extremely responsibly apparently using expert court witnesses (CO alarms sounding) are the result of the tenant's own cooker which of course the landlord is not responsible for. At an APPCOG meeting of social landlords, I suggested that a way forward would be to provide electric cookers and forbid the use of open flued appliances in the lease at least for new agreements. This was not reported in the minutes and I think perhaps was not fully understood. On the 12<sup>th</sup> May I was able to explain this to Martin Weaver and I now hope he will consider this as it would not only save lives and preserve health but also save the social landlords the expense of investigations. If S. 150 is enforced and CO alarms become even more widespread then perhaps the experience of the social landlords could assist all landlords.

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