

<b>Reporting to:</b>	<b>Trust Board, July 2015</b>
<b>Title</b>	Asbestos Policy
<b>Sponsoring Director</b>	Director of Corporate Governance
<b>Author(s)</b>	Head of Assurance
<b>Previously considered by</b>	Health & Safety and Fire and Security Committee, Policy Approval Group, HEC
<b>Executive Summary</b>	<p>The Asbestos Policy has been extensively re-written and updated following a consultation with staff, led by the Health and Safety Team.</p> <p>Previously there was a policy document which included duties and responsibilities but these have been made more explicit. The Trust seeks to ensure that no Trust staff or volunteers, contractors, patients or members of the public are exposed to risks to their health due to exposure to any asbestos containing materials (ACMs) that may be present in any of the properties it owns or occupies. The Trust's policy is that its own staff will not undertake deliberate work with asbestos.</p> <p>The policy is closely linked to the Control of Contractors Policy. The policy will be reviewed in one year, or sooner.</p> <p>The full policy can be found in the information pack.</p>
<b>Strategic Priorities</b> 1. Quality and Safety  2. People  3. Innovation  4. Community and Partnership  5. Financial Strength: Sustainable Future	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme <input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work <input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies <input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies <input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
<b>Board Assurance Framework (BAF) Risks</b>	<input checked="" type="checkbox"/> If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not implement our <b>falls prevention</b> strategy then patients may suffer serious injury <input type="checkbox"/> If the local health and social care economy does not reduce the <b>Fit To</b>

	<p><b>Transfer</b> (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff</li> <li><input type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards</li> <li><input type="checkbox"/> If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve</li> <li><input type="checkbox"/> If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients</li> <li><input type="checkbox"/> If we are unable to resolve our (historic) shortfall in <b>liquidity</b> and the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment</li> </ul>
<p><b>Care Quality Commission (CQC) Domains</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Safe</li> <li><input type="checkbox"/> Effective</li> <li><input type="checkbox"/> Caring</li> <li><input type="checkbox"/> Responsive</li> <li><input checked="" type="checkbox"/> Well led</li> </ul>
<p> <input type="checkbox"/> <b>Receive</b>    <input type="checkbox"/> <b>Review</b>  <input checked="" type="checkbox"/> <b>Note</b>      <input checked="" type="checkbox"/> <b>Approve</b> </p>	<p><b>Recommendation</b> Trust Board is asked <b>note and approve</b> the revised Asbestos Policy</p>

## Asbestos Management Policy (with supporting information for the asbestos management plan)

HS20

**Additionally refer to:** (list of other related policies)

HS01 Trust Health and Safety Policy  
HS21 Control of Contractors  
HR65 Occupational Health  
Estates Standard Operating Procedures  
Estates Asbestos Management Plan

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1				
2	June 2011	Paul Pattinson, Head of Estates	Approved	Policy.
3	June 2015	Kath Titley, H&S Team Manager Tom Cullinane, Interim Director of Estates	DRAFT	Policy review for consultation via Health, Safety and Security Committee.
3.1	July 2015	Kath Titley, H&S Team Manager	DRAFT	Version 3 approved by Health, Safety and Security Committee June 2015. Subsequent decision made with Interim Director of Estates (on 30 Jun 15) to incorporate current preamble to externally authored asbestos management plan into main policy document.
3.2	July 2015	Kath Titley, H&S Team Manager	Approved by HSF&S Committee and Policy Approval Group	Minor amendments made following discussion at Policy Approval Group.

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## 1 Policy Statement

The Trust aims to comply with the Health and Safety at Work Act 1974, and the Control of Asbestos Regulations 2012 with respect to the management of asbestos in the Trust's buildings.

The Trust seeks to ensure that, as far as is reasonably practicable, no Trust staff or volunteers, contractors, patients or members of the public are exposed to risks to their health due to exposure to any asbestos containing materials (ACMs) that may be present in any of the properties it owns or occupies.

The Trust's policy is that its own staff will not undertake deliberate work with asbestos.

## 2 Overview

The Trust's aim is to prevent exposure to asbestos or, where that is not possible, to reduce the risk of human exposure to the lowest level reasonably practicable.

The Trust will therefore:

- Systematically and proactively identify throughout its Estate, any ACMs or materials presumed to contain asbestos;
- Presume that materials contain asbestos unless there is strong evidence to suppose that they do not;
- Maintain a up-to-date record of the location and condition of asbestos, and of materials presumed to contain asbestos (the Asbestos Register);
- Assess the risk of likelihood of exposure to such materials;
- Prepare and implement an Asbestos Management Plan;
- Ensure that any material known or presumed to contain asbestos is either removed or is kept in a good state of repair, and inspected/ reassessed regularly;
- Provide information on the location and condition of ACMs to anyone potentially at risk of exposure;
- Undertake risk assessments and devise safe systems of work before commencing work which is liable to expose Trust staff or others to asbestos, and;
- Produce a plan of work detailing how such work is to be carried out.

The Trust will implement appropriate management arrangements and provide sufficient resources to carry out its legal duties imposed by the Control of Asbestos Regulations 2012.

## 3 Definitions

**Asbestos** refers to six different types of fibrous silicates (naturally occurring minerals), and is a category 1 human carcinogen in all its forms. Exposure to asbestos can cause four main diseases:

- Mesothelioma (a cancer of the lining of the lungs; it is always fatal and is almost exclusively caused by exposure to asbestos)
- Asbestos-related lung cancer (which is almost always fatal)
- Asbestosis (a scarring of the lungs which is not always fatal but can be a very debilitating disease, greatly affecting quality of life)
- Diffuse pleural thickening (a thickening of the membrane surrounding the lungs which can restrict lung expansion leading to breathlessness.)

Asbestos was a widely used material within commercial buildings, homes and machinery until 1999, when it was banned. This means that asbestos is common in the general environment and in buildings built before 2000. However, working directly with asbestos-containing materials (ACMs) can give personal exposures to airborne asbestos that are much higher than normal environmental levels. Repeated occupational exposures can give rise to a substantial cumulative exposure over time. This will increase the risk of developing an asbestos-related disease in the future.

It should be noted that there is no “safe” exposure limit for asbestos, and control limits described in the Control of Asbestos Regulations must not be mistaken for safe levels.

The majority of the current fatal cases from asbestos exposure (approximately 4000 deaths per year) are associated with very high exposures from past industrial processes and installation of asbestos products. However, recent well-publicised cases also suggest that low-intensity or sporadic exposures may also lead to disease.

**Asbestos management surveys** are intended to identify, as far as reasonably practicable, the locations of ACMs in buildings which may be damaged or disturbed during normal occupancy of the building, or in its foreseeable maintenance (including installation work). Such surveys are generally not destructive in nature and therefore may not identify all ACMs present. These surveys will involve sampling of ACMs, but may also make presumptions on materials likely to be ACMs. These surveys include a materials assessment, which is the basis for the asbestos risk assessments and management plan.

**Asbestos refurbishment or demolition surveys** are more intrusive than management surveys, and are likely to involve destructive surveying/ sampling methods. These surveys are essential before undertaking any works which are likely to disturb the fabric of the building, as such work has the potential to disturb ACMs.

## 4 Duties

**Chief Executive:** The Trust Chief Executive is ‘the duty holder’ under the Asbestos Regulations, but in practice delegates this duty to the Trust’s Associate Director of Estates.

**Associate Director of Estates:** The Associate Director of Estates is responsible for the day-to-day management of risk from asbestos including:

- The systematic and proactive identification of asbestos in all SaTH NHS Trust premises.
- The maintenance of a record of location and current condition of known and presumed asbestos-containing materials (ACMs).
- Assessing the risk of the likelihood of exposure from these materials.
- The preparation and implementation of a documented plan (the “asbestos management plan) to manage that risk.
- Ensuring that risk assessments are undertaken before commencing any work which has the potential to expose employees or others to asbestos.
- Provision of appropriate training for all Estates staff and contractors engaged by the Trust.
- Procedures for action in the event of ACMs being discovered or suspected.

The Associate Director of Estates may nominate an asbestos **Responsible Person**, who will be a senior Estates Manager, on the recommendation of an external asbestos expert contracted to give advice on asbestos management to the Trust. The Responsible Person’s appointment will be made on the basis of their competence and confirmed in writing, and will be reviewed annually. The Responsible Person’s duties will be outlined in their letter of appointment.

**Head of Capital Projects:** The Head of Capital Projects is responsible for ensuring that the possible presence of ACMs is taken into account in risk assessments and method statements for all capital and development projects, and in the induction process for all staff or contractors managing or carrying out such work.

The Head of Capital Projects will ensure that all contractors and consultants have access to the Trust’s asbestos registers, and they will be expected to satisfy themselves, prior to commencement, that it is safe to carry out their work.

The Head of Capital Projects will ensure that appropriate asbestos refurbishment or demolition surveys are commissioned prior to all major refurbishment works and demolitions, and that the results of such surveys are taken into account in contractors' risk assessments and method statements.

**Trust managers:** All Trust managers who oversee work which may disturb the fabric of the building, or which is work on plant, equipment and machinery which may contain ACMs, will take the possible presence of asbestos into account in planning their activities, and must seek competent advice from a senior Estates Manager before relevant works begin.

All Trust Managers must alert the Health and Safety Team if there are any areas of concern in relation to asbestos.

**Trust staff:** All Trust staff, especially those working in the Estates and Capital Teams, are responsible for complying with this policy in the course of their own duties.

## **5 Asbestos management surveys**

Under the Control of Asbestos Regulations 2012 the Trust has a statutory duty to identify the location, nature and condition of any asbestos/ asbestos containing material, and maintain up-to-date records in the form of an asbestos register.

In order to comply with this requirement the Trust commissions asbestos management surveys, undertaken by an external UKAS accredited asbestos management company and in accordance with the HSE publication HSG264 "Asbestos: The Survey Guide".

These surveys are designed to indicate the presence and extent of any (accessible) asbestos-containing materials present which may be damaged or distributed during normal occupancy, including foreseeable maintenance and installation work.

The Management Survey will also assess the condition of any ACMs present, and make recommendations for appropriate management action, which may include monitoring, encapsulation or removal of the materials.

The Management Survey may presume that certain materials contain asbestos, in the absence of empirical sampling and analysis. Where a material is presumed to be asbestos, it will be treated as though it definitely does have an asbestos content, for the purposes of the remainder of this policy.

Management surveys commissioned by the Trust must clearly identify any areas not accessed at the time of the original survey. Surveyors will be instructed to enter every room and accessible void in the Trust's buildings, and will not be permitted to report surveys with extensive exclusions or caveats.

Management surveys are repeated at intervals as recommended by the surveyor in the materials assessment, and at least annually.

Where repeat surveys indicate that the condition of ACMs have deteriorated significantly or have been damaged since the last survey took place, the Estates Department must alert the Trust's H&S Team so that consideration can be given to whether a report of a "Dangerous Occurrence" under RIDDOR 2013 is required.

The records of management surveys are maintained by each Trust site's local Estates Department. As a minimum, these will be held in hard-copy format in each Estates Department.

It must be noted that an asbestos management survey is not adequate to inform refurbishment or demolition work, in which case a more intrusive/ destructive type of survey is required, as discussed later in this policy.

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Most of the Trust's buildings were built before 2000, and therefore are likely to contain ACMs in their construction. For this reason every Trust building must be covered by a Management Survey, except where there is documented evidence that the building was built post-2000.

## **6 Asbestos register**

An asbestos register, based on the asbestos management surveys, will be maintained and be made accessible via the Estates Department at each Trust site.

The register is a public record, maintained by the Estates Department and is to be made available to all staff and contractors, and to the Emergency Services as necessary.

The register will be continually updated following ongoing surveying and sampling activity, and the implementation of the asbestos management plan. The register contains information on the location and condition of all asbestos or materials presumed to contain asbestos on the SaTH NHS Trust sites, together with the associated risk assessment and risk management plan.

The Estates Department will develop a live database holding the asbestos register, which will be accessible in each Estates Department at each site. At the time of writing, the plan is produced in electronic/ hard copy, but Estates plan to hold this register electronically via the MiCAD database in future.

The register is to be reviewed at least annually by either the Associate Director of Estates or the asbestos Responsible Person, and its review status recorded within the register. The outcome of the review will be reported to the Health, Safety, Fire and Security Committee.

## **7 Asbestos risk assessments (materials risk assessments and priority risk assessments)**

Priority risk assessments will be compiled based on the asbestos management surveys, usually by the surveyor, and will be scored in the standard format outlined in Appendix 4 to HSG264. These are recorded in the survey reports and the asbestos register.

These risk assessments will inform the asbestos management plan, which details and records the actions necessary to manage and reduce the risks from asbestos, and to record the actions carried out.

A sample risk assessment template can be found at Appendix E to this policy, for information.

## **8 The asbestos management plan**

The asbestos management plan is owned and maintained by the Estates Department and specifically the Associate Director of Estates and the asbestos Responsible Person, where appointed. The management plan will be compiled by the Estates Department.

The plan records how the Trust will monitor the condition of ACMs (or suspected ACMs) on its sites, and records the ACMs which require maintenance or removal in order to safeguard human health.

The management plan will also record how asbestos is to be labelled within Trust buildings. At the time of writing the Trust's buildings may contain some ACMs which have not been labelled, or which have been labelled by non-standard methods, especially where the material is in a public place. For this reason the absence of a sticker must not be taken to indicate that the material does not contain asbestos, until further notice. Typical standard labels are reproduced in Appendix A to this policy, for information, and these will be found in some areas.

The Associate Director of Estates or the Responsible Person will ensure that the asbestos management plan is communicated to anyone likely to disturb asbestos in the course of their work on Trust premises and/ or plant/ equipment/ machinery, and will ensure that it is made available to the emergency services when necessary.

The management plan (plus any associated drawings or records) is to be reviewed at least annually by either the Associate Director of Estates or the asbestos Responsible Person, and its review status recorded within the plan. The outcome of the review will be reported to the Health, Safety, Fire and Security Committee.

## **9 Estates works on or near asbestos-containing materials**

The Trust's policy is that Estates staff are not permitted to undertake deliberate work with ACMs, and therefore will not undertake any licenced or non-licenced work with asbestos or with any materials presumed to be contain asbestos. This is consistent with Estates staff currently being provided with asbestos awareness training only, as this type of training is aimed purely at avoiding inadvertent exposure to asbestos.

Instead, all deliberate work with ACMs (including removals, environmental cleaning, or work requiring drilling/ cutting of ACMs, etc.) will be undertaken by competent external contractors.

In order to avoid inadvertent disturbance of ACMs, work undertaken by Estates staff (including planned and reactive maintenance work, and "new works") must be subject to adequate risk assessment, informed by reference to the current asbestos registers.

Estates managers allocating work to Estates operational staff will be responsible for ensuring that such risk assessments are conducted prior to work being issued. The details of how this is achieved in practice, and how such work is supervised and monitored, can be found in the Estates Department's Standard Operating procedure for Maintenance.

Estates staff are responsible for working in accordance with their instruction and training, and within the limits of their competence. In particular, staff must work in accordance with their asbestos awareness training and with this policy. Maintenance staff must adopt the habit of checking the asbestos registers before undertaking any work likely to disturb the fabric of the building or with plant/ equipment/ machinery which may contain ACMs, and must alert their line manager where there is any concern that the work may disturb ACMs or if there is reason to believe that the specific area may not have been subject to management surveys. This will be achieved principally by the use of the Estates Department's Maintenance Operative Safety Checklist for each job issued, and with reference to the flowchart at appendix C to this policy, which also forms part of the Estates department's local Standard Operating Procedures. This flow chart is designed to help managers and staff to recognise when the asbestos registers must be checked, and when additional management surveys or refurbishment/ demolition surveys are required before work can proceed.

It should be noted that these safety checks by Estates operatives are not a substitute for adequate risk assessment, and that the duty to assess risk remains with the manager issuing the work.

Note that the Estates Department are responsible for issuing asbestos Permits to Work to Estates staff where necessary. The current version of the permit document is reproduced at Appendix D to this policy, for reference.

Estates and Capital staff may occasionally be required to enter areas of the Trust premises where it is necessary to wear Personal Protective Equipment (PPE) and Respiratory Protective Equipment (RPE) as a precaution against accidental exposure. Where this is necessary, the manager allocating the relevant task must ensure that the staff member has access to the relevant PPE and RPE items, and that the staff member understands the requirements for entry including the correct removal and disposal of PPE and RPE. Staff members who are required to undertake such tasks must cooperate with their manager by wearing the relevant PPE and RPE and abiding by any Trust or local procedures necessary for safe entry into the area. It should be noted that RPE wearers must have undergone appropriate mask fit-testing before they are required to enter such areas, and must have undergone sufficient training to don and doff PPE and RPE with minimal risk of personal

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contamination. (In 2015 only, this was achieved by means of attendance at Asbestos Awareness training sessions arranged by the Estates department.)

## **10 Contractors working on or near asbestos-containing materials**

Where contractors are engaged to undertake work which has the potential to disturb any known or presumed ACMs or the fabric of the building generally, the manager who commissions the work will be responsible for ensuring that the contractors' operatives can demonstrate adequate asbestos awareness training, by means of checking the contractors' own training records.

The commissioning manager will also be responsible for ensuring that the contractor draws up a risk assessment and method statement which includes how the contractor will avoid inadvertent disturbance of ACMs in the building.

In order to achieve this, the contractor must be given access to the Trust's asbestos register, and it may be necessary to commission additional management surveys or refurbishment/ demolition surveys to inform the work.

Historically, Trust departments other than Estates or Capital may have brought contractors onto Trust sites to undertake work on the fabric of the building, or to work on plant, equipment and machinery which is connected to building services or which itself may contain ACMs, independently of the Estates department. This practice is no longer permissible. All contractors are required to attend an induction via the Estates Department which is refreshed annually, and to sign in/ out at Estates each day. Before work begins an appropriate Estates or Capital Manager must approve the contractor's own risk assessment and method statement, and must have sufficient information about the work to enable him or her to adequately oversee the work of the contractor.

Where a contractor is engaged to undertake work deliberately on ACMs – including asbestos removals, environmental cleaning, encapsulation etc. – the manager commissioning the work will be responsible for ensuring that the contractor is competent to undertake the work, holds the appropriate HSE licence, and has the necessary information about the Trust's buildings and plant/ machinery/ equipment to draw up adequate risk assessments and method statements, which must meet the requirements for a "plan of work" within the meaning of the Control of Asbestos Regulations 2012. This will include access to the Trust's asbestos register, and/ or refurbishment or demolition surveys.

Managers engaging contractors to undertake work on the Trust's buildings will also be responsible for ensuring compliance with the Trust's policy on the Control of Contractors (HS21), which must be read in conjunction with this policy.

Note that the Estates Department are responsible for issuing asbestos Permits to Work to contractors. The current version of the permit document is reproduced at Appendix D to this policy, for reference.

## **11 Capital project works on or near asbestos-containing materials**

The Head of Capital will be responsible for ensuring compliance with sections 9 and 10 of this policy where Trust staff or contractors are working on Capital projects.

## **12 Notifiable work/ notification to HSE**

Because the Trust currently holds the position that its own Estates staff will not undertake deliberate work with ACMs on Trust sites, where work is notifiable to HSE the notification will be completed and sent by the competent contractor, who will undertake the relevant works on site.

The manager commissioning the contractor will be responsible for checking that the contractor has submitted the appropriate notification before works begin. For Capital projects, the manager responsible will be the Head of Capital.

An overview of the kinds of work which are notifiable to HSE can be found on page 5 of the HSE publication "Advice on non-licensed work with asbestos/ Asbestos Essentials a0" at <http://www.hse.gov.uk/pubns/guidance/a0.pdf>.

### **13 Relationships with asbestos management and removal companies**

Asbestos management companies may undertake a variety of work within Trust premises. These may include general advice, management systems audit, surveying, removals, encapsulation, environmental cleaning, air monitoring/ four-stage clearance following removal works, forensic work to establish likely exposure levels in case of inadvertent disturbance of ACMs, training, etc.

The Trust recognises that it is good practice to separate out the functions for which asbestos management companies may be contracted to work for the Trust in order to avoid conflicts of interest between those functions. In particular, Estates and Capital managers who engage asbestos management companies must ensure that where removal works are undertaken, a different company (engaged by the Trust directly) should undertake four-stage clearance certification prior to reoccupation.

The Associate Director of Estates may appoint an asbestos company to act as an external verifier and the Trust's external expert on asbestos management. Where such an appointment is made, it will be necessary to ensure that the verifier does not undertake any other work for the Trust during the period of appointment in order to maintain the independence of their advice.

The Trust will give strong preference to asbestos companies who, in addition to holding a valid HSE licence, also hold a current UKAS accreditation.

### **14 Emergency procedures in case of actual or suspected disturbance of asbestos-containing materials**

In the event of asbestos material being suspected or of known asbestos being disturbed:

- Stop work immediately.
- Vacate, exclude other people from entering, use signs to warn others not to enter, and secure the immediate area against the spread of the material.
- Attempt to minimise personal exposure by following the algorithm at Appendix B to this policy (which also forms an Estates Standard Operating Procedure).
- During normal working hours, inform the Estates Manager responsible for the work (Estates Department PRH 4255, RSH 1034) or, out of hours, the on-call Estates Engineer through the SaTH NHS Trust Switchboard.
- Do not attempt to clean up suspect material, or collect samples.
- Do not re-enter the area to collect tools, documents etc.

The Estates Manager or Deputy Estates Manager will arrange for an appropriate external advisor (usually an Occupational Hygienist or a licensed asbestos management company) to visit site to take samples for analysis, to confirm whether the material contains asbestos. Estates will also arrange for the removal of any ACMs disturbed and for the disposal of any asbestos-contaminated waste.

### **15 Incident reporting/ investigations/ action plans**

For the purposes of this policy, any occasion where ACMs are disturbed, or any occasion where there is a suspicion that a material which may contain asbestos is disturbed, will be regarded as an H&S incident.

A Datix electronic incident report must be submitted as soon as possible after any incident in which it is suspected that ACMs have been inadvertently disturbed, even if the material turns out to be

innocuous. The incident report must normally be submitted by the staff member(s) involved as is the Trust's usual practice, but if this is not possible (for example, if a staff member is undergoing decontamination) the report should instead be submitted by their line manager. The line manager must ensure that the report is submitted before the end of the shift.

Suspect materials will be collected by an asbestos management company and sent for analysis, and this will be arranged by the Estates or Capital departments. The result of the analysis will be shared with any staff or contractors potentially affected by the incident.

The H&S Team will investigate inadvertent exposures to ACMs, in conjunction with the relevant Trust staff/ contractor and manager(s), and an investigation report will be recorded and filed on the Datix record.

Where necessary, the H&S Team will assess such incidents to determine whether a "Dangerous Occurrence" report to HSE is required, and will submit the necessary report.

All incidents of suspected or actual exposure to ACMs will be reported to the Trust's Health, Safety and Security Committee for review, and any resulting action plans will be reported to the Committee and monitored via 4Action.

Where an actual exposure to asbestos occurs, the people affected will be informed in writing and, for Trust staff, a copy of the letter and any relevant analysis report will be placed on their personal file and also sent to the Occupational Health service for retention on the person's OH file. The letter will include an instruction to the staff member to give a copy to his or her own General Practitioner, to be held on personal medical records.

Where the exposed person is a contractor and not a Trust employee, the Trust will cooperate with the contractor's management team to ensure that the contractor has sufficient information to adequately inform the contractor's own employees of the exposure. The Trust will seek assurance from the contractor that the relevant personnel have been informed.

## **16 Arrangements for the disposal of asbestos-containing materials**

Asbestos waste is regarded as hazardous where it comprises more than 0.1% of the total waste. Therefore, the Trust will regard all waste containing asbestos, including PPE and RPE which may potentially be contaminated with asbestos fibres, as hazardous waste.

The waste must be packed in UN-approved packaging with a Carriage of Dangerous Goods hazard sign, and asbestos code information visible.

The waste must be double-wrapped and labelled as asbestos waste. The wrappings will consist of a red inner bag with asbestos warnings, and a clear outer bag with the Carriage of Dangerous Goods sign.

Waste bags must not be overfilled, and must be disposed of as soon as it is reasonable to do so, and by the end of each working day.

Staff must take care not to place sharp waste into the bags, as this could puncture the plastic.

Waste will be removed from site by a registered waste carrier, in accordance with the Trust's usual practice for waste disposal.

## **17 Record keeping**

All records will be maintained in accordance with the Record Keeping: NHS Code of Practice 2006. All records pertaining to specific buildings are retained for at least the life of the building. If the responsibility for a building changes the records will be transferred to the new duty holder. Records of work undertaken by the Estates Department will be maintained in the Apollo and MiCAD databases indefinitely.

Records of any health surveillance exercises which may be conducted by the Trust's Occupational Health from time to time will be retained on OH records by the Occupational Health service provider, who at the time of writing is Team Prevent. These will be retained for at least 40 years after the last entry.

Reports of any incidents of disturbance of actual or suspected ACMs will be retained in the Datix database indefinitely.

Records of any actual exposures to ACMs by a named staff member will be retained on that person's personal file for the lifetime of the file, and will also be copied to the Trust's Occupational Health service for retention on their OH record for at least 40 years after the last entry.

## **18 Information, Instruction and Training Needs**

Training required to fulfil this guidance will be provided in accordance with the Trust's Training Needs Analysis. Management and monitoring of training will be in accordance with the Trust's Risk Management Training Policy. These can be accessed via the Learning zone pages on the Trust intranet.

Estates Operational and Capital staff will attend asbestos awareness training, usually on an annual basis. This training will usually be delivered by a UKAS accredited asbestos management company, on Trust premises. The Associate Director of Estates will arrange and fund this training. Records of training will be maintained both on personal files and on ESR, for ease of monitoring.

Senior Estates Managers will undertake the British Occupational Hygiene Society (BOHS)'s course P405 "Management of asbestos in buildings". (The manager who is appointed as the "Responsible Person" must attend this course.) The Associate Director of Estates will arrange and fund this training. Records of training will be maintained on personal files and on ESR.

Other Estates Operational supervisory staff, and Capital Managers who bring contractors on to site, or who allocate or oversee maintenance work by Estates staff will also attend an asbestos 1-day "duty to manage" course. The Associate Director of Estates will arrange and fund this training. Records of training will be maintained on personal files and on ESR.

It is recognised that Domestic and Portering staff may occasionally either cause or detect damage to the fabric of the building, in the course of their usual duties. Therefore these staff groups must have sufficient knowledge of the risk arising from damaged asbestos-containing materials to promptly report such damage to the Estates department for action. This training need will be met by means of a toolbox talk covering the likely areas in which they may encounter asbestos-containing materials on each site based on the Trust's asbestos register, and the correct action to take. Such talks will be site-specific to take account of the different build eras of each site, and must be included in local induction programmes. The toolbox talks are to be based on the materials published on the Trust intranet, and may be delivered by line management or the H&S Team.

For other staff groups, there is no mandatory training associated with this guidance. If staff have queries about its operation, they should contact their line manager in the first instance, or may contact the Trust's H&S Team for advice.

Asbestos management policy (with supporting information for the asbestos management plan)

General information on asbestos health risks and asbestos management is also available via the Trust's H&S Team.

## 19 Review process

This policy will be reviewed within 1 year of the issue date, unless there are significant changes in the regulation of asbestos in the UK, or in best practice, or in the way in which the Trust manages asbestos.

This document will also be reviewed in light of feedback and learning from any adverse incidents.

In order that this document remains current, any of the appendices to the policy can be amended and approved during the lifetime of the document without the policy having to return to the ratifying committee.

## 20 Equality Impact Assessment (EQIA)

An EQIA has been conducted and no adverse impact on any specific group is anticipated. The policy has a positive impact on all groups as it aims to protect all people using Trust premises for any reason from exposure to asbestos.

## 21 Process for monitoring compliance

<b>Aspect of compliance or effectiveness being monitored</b>	<b>Monitoring method</b>	<b>Responsibility for monitoring (job title)</b>	<b>Frequency of monitoring</b>	<b>Group or Committee that will review the findings and monitor completion of any resulting action plan</b>
<i>Asbestos awareness/ "Duty to manage" / BOHS P405 training</i>	<i>Review of training records</i>	<i>Associate Director of Estates/ asbestos Responsible Person</i>	<i>Annually</i>	<i>Estates Health and Safety Committee</i>
<i>(Where one is appointed) asbestos external verifier's audit report</i>	<i>Report on management of asbestos within the Trust</i>	<i>Associate Director of Estates</i>	<i>Annually</i>	<i>Health, Safety and Security Committee</i>
<i>Incident reports: actual or suspected exposure to ACMs</i>	<i>Quarterly reports on incidents to Health, Safety and Security Committee</i>	<i>H&amp;S Team Manager</i>	<i>Quarterly</i>	<i>Health, Safety and Security Committee</i>
<i>Where relevant, investigation reports and action plans linked to incidents.</i>	<i>Review and monitoring of action plans</i>	<i>H&amp;S Team Manager</i>	<i>When relevant</i>	<i>Health, Safety and Security Committee</i>
<i>Review of asbestos register and asbestos management plan</i>	<i>Review of register and management plan</i>	<i>Associate Director of Estates/ asbestos Responsible Person</i>	<i>Annually</i>	<i>Health, Safety and Security Committee</i>

## **22 References/ Bibliography**

Construction (Design and Management) Regulations 2015

Control of Asbestos Regulations 2012

Department of Health (2006) Records Management: NHS Code of Practice Part 1

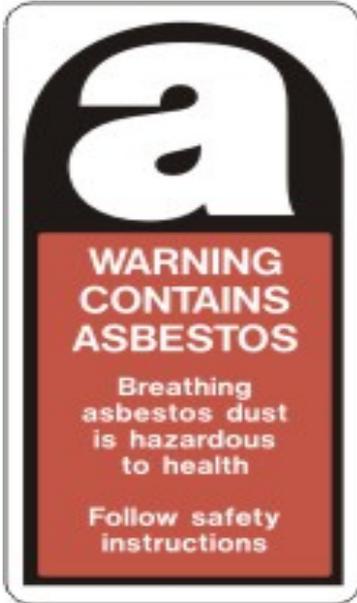
HSE (2013) Work with materials containing asbestos: Control of Asbestos Regulations 2012 Approved code of practice and guidance (L143) (2<sup>nd</sup> Ed)

HSE (2012) Asbestos: the survey guide (HSG264)

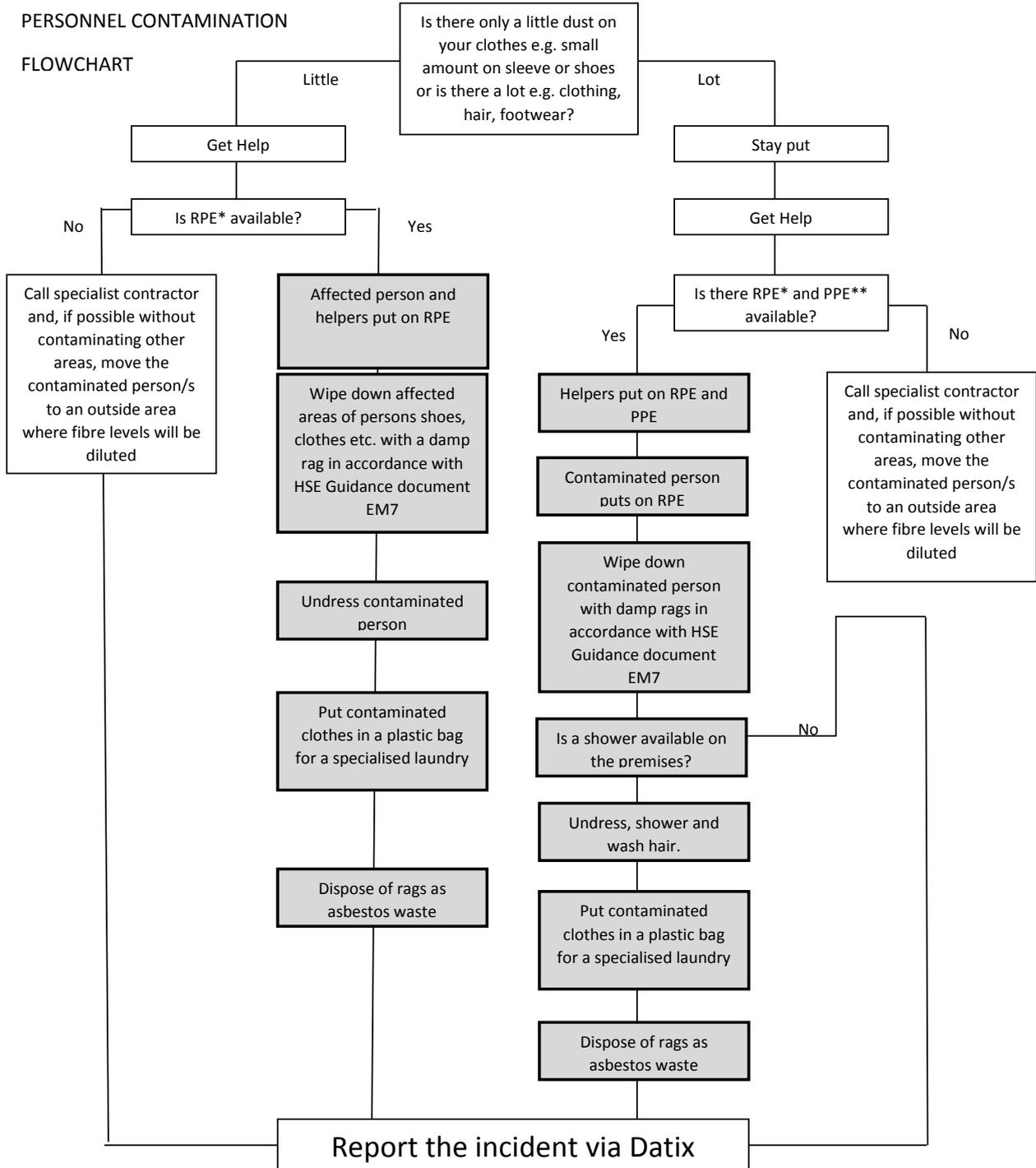
The Health and Safety at Work etc. Act 1974

The Management of Health and Safety at Work Regulations 1999 (as amended)

Appendix A Examples of asbestos signage

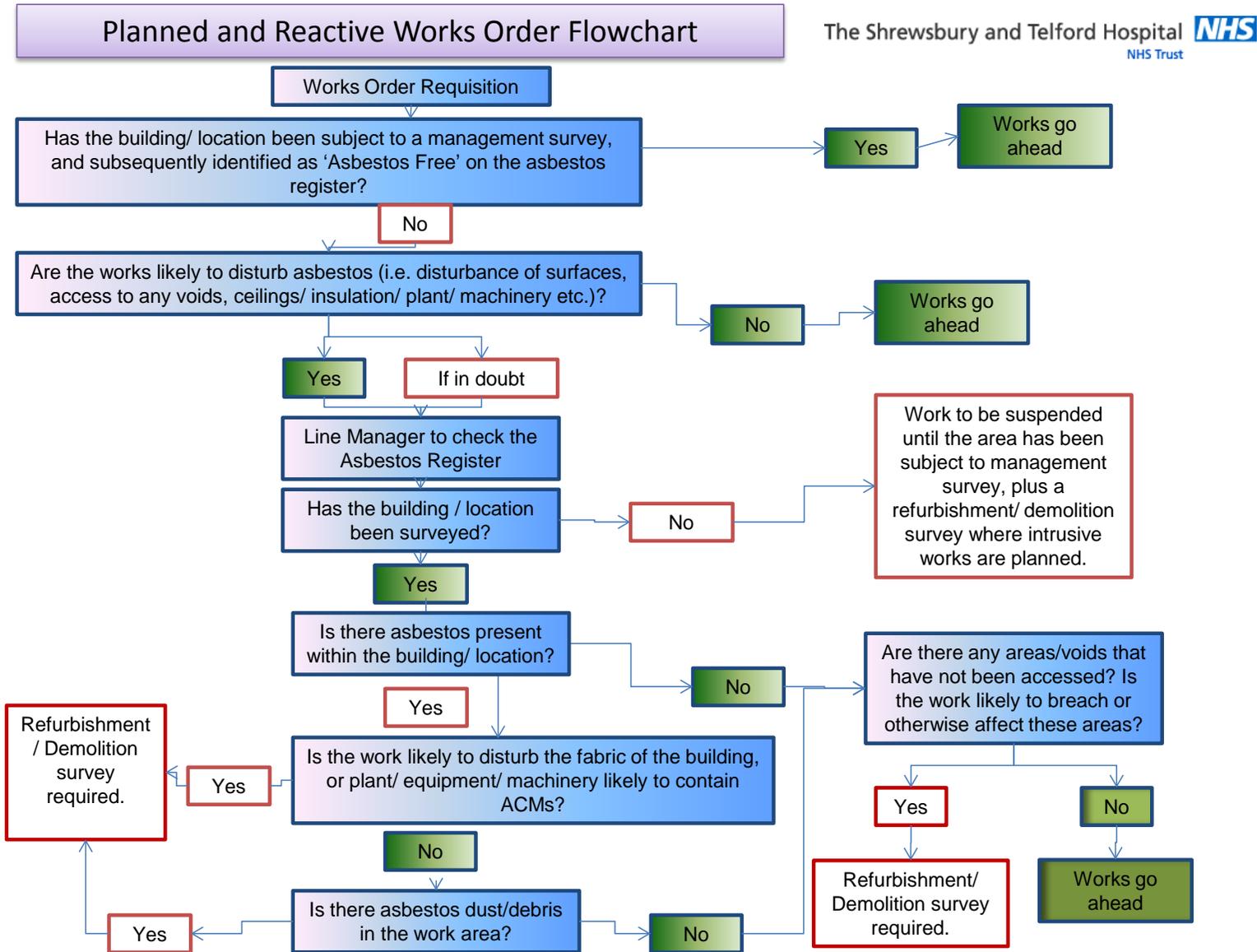


**Appendix B Emergency procedure in case of exposure to asbestos**



**Note:** Only properly trained persons, possessing the correct protective equipment, should attempt to follow the steps in the bold, shaded boxes. All other persons should immediately contact a specialist contractor via the Estates Department.

**Appendix C Flowchart for planned maintenance work: checking the asbestos register and when to commission further surveys before work begins**



<b>PERMIT FOR WORK: WITHIN AREAS CONTAINING ASBESTOS CONTAINING MATERIALS</b>					
Note: Permits only to be issued by the appointed Estates Manager					
<b>SECTION A: GENERAL DETAILS</b>					
1. Permit No:		2, Premises:			
3. Location of works in the building:		4. Project Title:			
5. Is the ACM recorded as: HIGH, MEDIUM, LOW or VERY LOW In the register?		6. Is the work to be carried out - during working hours or out of hours?			
7. Description of Works (Specific):					
<b>SECTION B: PRECAUTIONS / FAMILIARISATION WITH HAZARDS</b>					
The Estates Worker/Contractor must view the asbestos register prior to the commencement of the works and satisfy themselves to the best of their knowledge that the work activities will not disturb any known location of ACM's. Complete red or green side only.					
WORKING IN AREAS WHERE ASBESTOS IS RATED HIGH / MEDIUM		YES	NO	WORKING IN AREAS WHERE ASBESTOS IS RATED LOW / VERY LOW	
1. Method Statements undertaken and provided to Estates Staff for the works in writing?				1. Method Statements undertaken and provided to Estates Staff for the works in writing?	
2. Risk Assessments undertaken and copy provided to Estates Staff for the works in writing?				2. Risk Assessments undertaken and copy provided to Estates Staff for the works in writing?	
3. Has the operative been made aware or had the opportunity to view the Premises Asbestos Register?				3. Has the operative been made aware or had the opportunity to view the Asbestos Register?	
4. Has the operative been informed about the presence of ACM's in the premises and specifically those areas in the vicinity of the works?				4. Has the operative been Informed about the presence of ACM's in the premises arid specifically those areas In the vicinity of the works?	
5. Have the emergency procedures in the event of accidental contamination been explained to the operative?				5. Have the emergency procedures in the event of accidental contamination been explained to the operative?	
Work on asbestos in red / medium risk locations can only be undertaken by a licensed contractor. Work within these areas may proceed so long as the risk assessment indicates that work will not disturb asbestos and where deemed appropriate, personal protective, and respiratory protective equipment is utilized.				If access is required in areas where there Is known raw asbestos or the presence of ACM's cannot be established then a RED permit will be required.	
8. Has an asbestos Licensed Contractor been appointed and are they to be present on site throughout the works?				<b>Limitations Imposed By The Royal Shrewsbury Hospital (Estates Department):</b>	
9. Has an independent analyst been appointed and are they to be present on Site throughout the works?					
10. Has the operative been made aware of the roles and responsibilities and authority of the asbestos contractor and independent analyst?					

PERMIT FOR WORK: WITHIN AREAS CONTAINING ASBESTOS CONTAINING MATERIALS					PAGE 2 OF 2	
<b>SECTION C: CONFIRMATION OF PRECAUTIONS AND AUTHORISATION TO WORK</b>						
1. Permit Issued To:		Name of Individual:		Company Name:		
2. Validity of Permit			Time		Warning	
From: (Date)					Warning Under NO circumstances are the permitted times or dates to be exceeded without the written permission of the Estates Site Manager or Responsible Officer,	
To: (Date)						
3. Authorisation						
Name: (Print)		Signature:		Date/ Time:		
4. Acceptance						
<p>I accept responsibility for the works stated within this permit and agree to Implement and maintain all relevant safe working practices throughout the duration of the works. I confirm that I have received an induction on the ACM's located in these premises and have had the opportunity to examine the Asbestos Register in relation to the proposed area of work as detailed by the Duty Holder and that the work activities will not displace the asbestos material. I hereby declare that all work will be carried out in accordance with the method statements and risk assessments and that no works other than that stated overleaf will be carried out and all precautionary measures will be adhered to.</p>						
Name: (Print)		Signature:		Date / Time:		
Contractors address and Tel No:						
Operatives Mobile Telephone Number in the Event of Emergency:						
5. Clearance (*DELETE AS APPLICABLE)						
<p>I confirm that all personnel and equipment have been withdrawn and the works area is now safe.</p> <p>The work *has / has not been completed. Uncompleted work will not be restarted until a new permit has been issued.</p>						
Name: (Print)		Signature		Date / Time:		
6. Cancellation						
<p>This permit is hereby cancelled and invalid. I confirm that temporary protection measures have been revoked and the area is now safe.</p>						
Name: (Print)		Signature		Date / Time:		

## Appendix E Sample Priority Risk Assessment

### Category Codes – Material Assessment

Cumulative score	Action Required
10-12	This is allocated to those items requiring urgent attention as they currently, or in the foreseeable future, present an unacceptable risk. That is to say that fibre concentrations could rise above 0.01 fibres/ml.
7-9	These are items which as single entities have a high risk of being damaged/ disturbed or where there is an accumulation of asbestos materials in a single location that when examined as a whole have a high risk of being damaged/ disturbed.
4-6	These are items that have no, or very little, sign of historical damage.
2-3	This covers asbestos cement, resins, artex, plastics, rubber etc containing asbestos, which do not generally present a significant risk.

Product Type	Score	Assessment	Examples
	0		Etonite, cement, lino, paints, artex etc
	1		AIB boarding, gaskets, ropes, textiles etc
	2		Thermal insulation and coatings

Condition	Score	Assessment	Examples
	0		No visible damage
	1		Low damage – e.g. scratches
	2		Medium damage – e.g. breakage of material revealing fibres
3		High damage – visible debris	

Surface Treatment	Score	Assessment	Examples
	0		Sealed Composite materials
	1		Unsealed Composite Materials
	2		Sealed Non-Composite Materials
3		Unsealed Non-Composite Materials	

Asbestos Type	Score	Assessment	Examples
	1		Chrysotile
	2		Amosite
3		Crocidolite	

## Category Codes - Priority Assessment

### Human Exposure Potential

Assessment parameter	Score	Assessment	Examples
Number of occupants	0		None
	1		1 – 3
	2		4 – 5
	3		>10
Frequency of use	0		Infrequent
	1		Monthly
	2		Weekly
	3		Daily
Average each time use	0		<1
	1		>1 – <3 hours
	2		>3 – <6 hours
	3		>6 hours
Average Score			

### Maintenance Activity

Assessment parameter	Score	Assessment	Examples
Type of Maintenance activity	0		Minor disturbance (e.g. possibility of contact when gaining access)
	1		Low disturbance (e.g. changing light bulbs in AIB ceiling)
	2		Medium disturbance (e.g. lifting one or two AIB ceiling tiles to access a valve)
	3		High levels of disturbance (e.g. removing a number of AIB ceiling tiles to replace a valve or for recabbling).
Frequency of Maintenance activity	0		ACM unlikely to be disturbed for maintenance
	1		<1 per year
	2		>1 per year
	3		>1 per month
Average Score			

**Category Codes – Priority Assessment (Continued...)**

Cumulative score	Action Required
10-12	This is allocated to those items, which are in a position, which presents an unacceptable risk to occupiers etc.
7-9	These are items situated in high use, readily accessible positions, which may also be located in an area accessed on a routine basis for maintenance.
4-6	These are items that will very rarely be disturbed through normal occupation or maintenance, or are in locations or extents that if disturbed would lead to a minimal fibre release.
0-3	This covers items, which are in locations not readily accessible and are unlikely to be disturbed.

**Normal occupant activity**

Assessment parameter	Score	Assessment	Examples
Main type of activity in area	0		Rare disturbance activity (e.g. little used store room)
	1		Low disturbance activities (e.g. office type activity)
	2		Periodic disturbance (e.g. industrial or vehicular activity which may contact ACMs)
	3		High levels of disturbance, (e.g. Fire door with AIB sheet in constant)
Average Score			

**Likelihood of disturbance**

Assessment parameter	Score	Assessment	Examples
Accessibility	0		Usually inaccessible
	1		Occasionally likely to be disturbed
	2		Easily disturbed
	3		Routinely disturbed
Location	0		Outdoors
	1		Large Rooms
	2		Rooms up to 100m <sup>2</sup>
	3		Confined spaces
Extent	0		Small amounts or items
	1		<10m <sup>2</sup> or 10m
	2		>10 – 50m <sup>2</sup> or 10 – 50m
	3		>50m <sup>2</sup> or > 50m
Average Score			

**Appendix F Current postholders****(last updated 22 July 2015)**

<b>Post</b>	<b>Post-holder</b>	<b>Required qualification</b>
External verifier for asbestos management	Vacant	External expert in asbestos management
Associate Director of Estates	Interim: Tom Cullinane	Asbestos duty to manage
Estates Manager	Dave Chan (PRH)	P405 Management of asbestos in buildings
Deputy Estates Manager	Steve Lewis (RSH)	P405 Management of asbestos in buildings
Deputy Estates Manager	Mark Rigby (PRH)	P405 Management of asbestos in buildings
Estates Team Leaders	Vacant	Asbestos duty to manage
All other Estates staff (including administration staff working with Apollo)	see ESR	Asbestos awareness
Head of Capital Projects	Interim: Derek Bolton (RSH)	Asbestos duty to manage
Building Officer	Darren Good (RSH)	Asbestos duty to manage
Capital and Operational Support Officer	Paul Reeves-Morris (RSH)	Asbestos duty to manage
Capital Administrator	Ross Mushet	Asbestos awareness