

Policies, Procedures, Guidelines and Protocols

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1. Executive Summary

This Management of Asbestos Policy sets out Shropshire Community Health Trust's (The Trust) procedures to ensure compliance with all relevant Health and Safety legislation regarding the management of asbestos containing materials (**ACM's**).

This Policy, its procedures and approaches, is produced to ensure that the risk from known or suspected **ACMs** within Trust-owned or controlled buildings is adequately managed, so that as far as is reasonably practicable, no-one will come to any harm from the exposure to ACM's.

This document is relevant to: Trust Managers / Employees, Contractors and other building users.

2. Health and Safety Statement of Intent

- 2.1 Shropshire Community Health Trust recognises its common law duty of care, as well as the legal duties as an employer under the *Health and Safety at Work etc. Act 1974* and all other associated Health and Safety Legislation, in particular *The Control of Asbestos Regulations 2012*, to protect the health, safety and welfare of its employees, patients and other people including contracted workers.
- 2.2 The Trust will adopt the same approach to all health and safety matters by assessing and reducing risks generically where possible and creating systems to localise procedures and working practices as necessary to ensure as far as possible the safety of employees, patients and other people.
- 2.3 The Trust will provide information, instruction and training to staff and will monitor incidents and near misses to provide positive learning's and reduce the risk of reoccurrence. The Trust will also provide information and instructions to patients, contractors and visitors to ensure their safety as far as possible and the safety of staff when working with patients and visitors.

3. Introduction

- 3.1 This Management of Asbestos Policy sets out the Trust's procedures to ensure compliance with all relevant Health and Safety legislation regarding the management of asbestos. This document details the procedures the Trust will take to ensure that the risks from known or suspected ACMs within Trust-owned or controlled buildings is adequately managed, so that as far as reasonably practicable no one can come to any harm from exposure to ACM's. It also details the responsibilities of the Trust and its employees, contractors and regular building users.
- 3.2 All procedures outlined below are mandatory for all parties involved. This policy and the procedures outlined require the co-operation of all employees, building users and contractors who also have responsibilities to ensure a safe and healthy working environment is maintained at all times.

- 3.3 The Trust is the owner and/or occupier of a number of Premises. In the case of leased premises, the lease condition(s) will determine whether the Trust is responsible, to ensure the compliance of statutory and mandatory legislation with regard to the management of asbestos. For others the landlord is responsible.
- 3.4 Shropshire Community Health Trust's Nominated Responsible person for asbestos management is responsible for the management and compliance of asbestos and associated H&S related legislation, within Trusts premises, including:-
- The development of an Asbestos Management Plan (**AMP**)
 - Maintaining up-to-date and current asbestos registers that provide information, and details of any known or suspected ACM's, and the procedures to control or remove the ACM's.
 - Ensure that the Trust, regular building users and contractors have access to the Asbestos Management Plan and the Asbestos Register in order to carry out any work activities in compliance with *The Control of Asbestos Regulations 2012*.

4. Scope and Definitions

- 4.1 The Trust recognises its duties under the *Health and Safety at Work etc Act 1974* and the *Control of Asbestos Regulations 2012* and all associated Approved Codes of Practices (**A.C.O.P.S**), and is committed to the effective management of asbestos.
- 4.2 The Trust recognises its responsibilities to contractors and others involved in all building and maintenance projects established through the *Construction (Design & Management) Regulations 2015* and its duties as the Duty Holder of Trust-owned buildings as defined by *Part 2 Regulation 4 of the Control of Asbestos Regulations 2012*.
- 4.3 Where the term "Trust" is used this should be taken to mean Shropshire Community Health NHS Trust. Where the term "employees and regular building users" is used it should be taken to refer to all direct employees, agency staff, long-term contracted suppliers and service providers.
- 4.4 Where the term "contractors" has been used in this document it should be taken to refer to all parties who undertake work for the Trust on a short-term, limited contact basis. This would include tradespersons brought in for a specific task or time period, but not those who have an ongoing supply agreement with the Trust.
- 4.5 Where SCHAT occupy premises via a landlord arrangement the Trust should clarify and confirm the responsibilities for asbestos management procedures. If the responsibility is with the landlord they will provide written confirmation to the Trust that they are fully Compliant with the current Asbestos Management Regulations. The written details shall be included in the Trust asbestos records and procedures.
- 4.6 The Trusts Nominated Responsible Person for Asbestos Management has been delegated responsibility for the operational implementation and monitoring of asbestos management policies and procedures.

- 4.7 The term Project Manager / Owner has been used as a generic title for a competent person who will be specifying the work to be carried out). Nominated project managers / project owners for Asbestos removal works, refurbishment and demolition, or asbestos surveys may be employed by the contractor providing the Trust's Estates and Facilities Management services.

5. Roles and Responsibilities

5.1 Chief Executive

The Chief Executive has the overall responsibility for the health, safety and welfare of staff and others affected by the work activities of the Trust and for the effective implementation of health and safety management policies and procedures.

5.2 Director of People and Culture

The Director of People and Culture is responsible for ensuring compliance is monitored and reported to the Board on a regular basis.

The Director of People and Culture shall appoint a Responsible Person for Asbestos Management in writing. The Responsible Person (as appointed by the Trust in respect of managing asbestos) shall have sufficient competence to assess the risk associated with managing asbestos and implement procedures and control measures to maintain and confirm compliance with the Control of Asbestos Regulations in those buildings the Trust has a duty to maintain.

She/he will also ensure the Capital & Estates Group reviews and risk assesses any capital requirements for remedial action or surveying of ACM's.

5.3 Nominated Responsible Person – Head of Estates & Facilities

The Nominated Responsible Person for Asbestos Management has been delegated responsibility for the operational implementation and monitoring of related policies and procedures.

The Nominated Responsible Person for Asbestos Management is available if any help is needed to understand this document, if any asbestos information is required, or if any works are planned which may affect known or suspected asbestos containing materials (ACMs), or if accidental disturbance of ACMs is suspected.

The Nominated Responsible Person for Asbestos Management works with the contracted Estates Facilities Management provider to manage any asbestos in premises where the Trust operates from.

5.4 Project Managers – Estates & Facilities Management Services

Nominated project managers for Asbestos removal works, refurbishment and demolition, or asbestos surveys are provided by the contracted Estates Facilities Management provider.

Nominated Project managers ensure that Risk Assessments and Method Statements (**RAMS**) are undertaken by individuals / contractors prior to undertaking any works where there are known or suspected ACMs. The RAMS are signed as agreed and understood and received by the Trusts nominated Responsible Person for asbestos management or the nominated project manager.

No works shall commence in areas where there are known ACM's unless a permit to work has been issued by the Trust's nominated Responsible Person for asbestos management or the nominated project manager.

5.5 Trust's Managers

Trust Managers must ensure that the Trusts Nominated Responsible Person and the H&S department are informed immediately when asbestos is identified or suspected so that assessments can be made and the appropriate actions taken.

They must ensure that their department implements any procedures deemed necessary by the Trusts Nominated Responsible person for Asbestos Management and or the H&S advisor of the trust.

Managers must ensure that Trust staff, patients or visitors are not at risk of exposure to hazardous asbestos materials.

5.6 Asbestos Contractors & Consultants

This service is accessed via the Trusts Nominated Responsible Person and or the Trusts contracted service provider.

Only Trust approved licensed asbestos removal contractors can be used to carry out any planned, necessary works on asbestos containing materials. A list of used and approved contractors should be maintained for this purpose, or be available through the contracted Estates Facilities Management provider.

6. Asbestos Management

6.1 Control of Asbestos

The Trust will:-

- Carry out asbestos management surveys to ensure that known or suspected ACMs are recorded and the risks associated are managed appropriately.
- Undertake re-inspection surveys of all positively identified ACM's at least annually.
- Aim to undertake asbestos remedial works for all high risk ACMs.
- Ensure that labelling is undertaken in non-public areas and/or areas where labelling is deemed necessary to ensure the safety of building users.
- Ensure that prior to any project works (refurbishment, demolition, etc.) a specific asbestos assessment is carried out and steps taken to mitigate the risk posed by any potential ACM's present in areas affected by the planned works.
- Ensure that Risk Assessments and Method Statements (**RAMS**) are undertaken by individuals / contractors prior to undertaking any works where there are known or suspected ACMs and the RAMS are signed as agreed and understood and received by the Trusts nominated Responsible Person for asbestos management or the nominated project manager.
- Ensure that all Trust staff and contractors who need to work in areas where there are known ACM's have full access to the Trust's Asbestos Management Plan and Asbestos Register.
- No works shall commence in areas where there are known ACM's unless a permit to work has been issued by the Trust's nominated Responsible Person for asbestos management or the nominated project manager.
- Develop emergency procedures to be implemented in the event of the accidental disturbance of materials known or suspected of containing asbestos and ensure that all staff and contractors are aware of these procedures.

6.2 Refurbishment / Planned Maintenance Work

When any refurbishment or planned maintenance works are instructed the project owner must review the Asbestos Management Plan and all available asbestos data for the area of the proposed works. *(The term project owner has been used as a generic title for a competent person who will be specifying the work to be carried out).*

An assessment must be made, in conjunction with the Asbestos Consultant, as to the extent of the works and the impact made upon the structure of the building.

Where any intrusive works are to be undertaken, the project owner is to request the Head of Capital Works to obtain a Refurbishment/Demolition asbestos survey.

This survey must be carried out in accordance with the HSG 264 Asbestos:

1. If no ACMs are identified then the planned works can proceed with caution. If suspect materials are identified at any stage of the works then work must cease and the procedure for work adjacent materials of unknown composition must be followed *seek advice from the Trusts Nominated Responsible person for asbestos management.*
2. When the full extent of accessible ACMs is known then an assessment must be carried out to determine whether asbestos removal or remedial works are required. A scope of works will then be agreed between the project owner, and the Asbestos consultant. Once the full extent of the work has been identified the Asbestos consultant will prepare a specification, if appropriate, and the licensed contractor will subsequently prepare a method statement and risk assessment and notify the work where applicable to the Health & Safety Executive (ASB5 notification).
3. Adequate Air Monitoring undertaken by the Asbestos consultancy appointed directly by the Trust must be undertaken throughout the duration of licensed asbestos works. On completion of licensed asbestos works, a four-stage clearance procedure must be undertaken by the Asbestos consultancy appointed directly by the Trust and certificate of re-occupation must be provided. This documentation must be added to the health and safety file for that particular project, in accordance with CDM Regulations (if applicable).
4. Air monitoring before, during and after, any asbestos works shall be undertaken as deemed necessary this may also include surrounding areas near the works. The Trusts nominated Responsible Person for asbestos management and or designated project managers will advise on this matter prior to any commence of works.
5. The Trusts nominated responsible persons for asbestos management should oversee the removal of any high-risk asbestos items identified throughout Trust premises and actively manage any asbestos to ensure the continued, safe running of all Trust premises.

(The procedure for such work is outlined in the flowchart Figure 3 contained within Appendix 2).

6.3 Emergency procedure in the event of unplanned asbestos release

An incident will be deemed to have occurred when the uncontrolled release of asbestos fibres has taken place or is thought to have taken place.

If there is any suspicion that an asbestos containing material has been damaged, then it must be treated as an incident.

In such circumstances where an asbestos containing material (ACM) or what is potentially thought to be an ACM, is disturbed or damaged the following procedure **must** be adopted:

1. All occupants of the area must calmly evacuate the area, which is then to be sealed off and preferably locked to prevent access.
2. The personnel concerned must contact the Trusts Nominated Responsible Person for asbestos management who will assess the damage and extent of possible contamination in conjunction with an asbestos consultant. The necessary Air Testing and/or Bulk sampling will be undertaken in a time frame that is reasonably practical.

(If the incident occurs out of hours seek advice through the Trust's out of hour's service provision and contract Estates Management Team.)

3. Persons involved in the incident should obtain advice and guidance from the Trusts nominated Responsible Person for asbestos management and the Trusts H&S advisor. The determination of the material type in an isolated area should the contamination have spread to their clothing and body. To be determined by an independent UKAS accredited consultancy.

The material type will be determined by a UKAS accredited laboratory. If no asbestos is identified the area will be deemed suitable for re-occupation. If asbestos is confirmed to be present the extent of the contamination will be established and a licensed asbestos contractor will be appointed to undertake the necessary remedial works.

Emergency/Responsive (unplanned) Maintenance Work

It is The Trust policy that any licensed asbestos removal/remediation works are to be undertaken by a licensed asbestos removal contractor.

Should the works fall within the scope of asbestos licensing regime (see CAR 2012) then the Trusts nominated Responsible Person for asbestos management will arrange the necessary remedial /enabling works by a licensed asbestos contractor.

(The procedure for such incidents is outlined in the flowchart Figure 1&2 contained within Appendix 2).

(Guidance on advice for those inadvertently exposed to asbestos fibres is given in Appendix 1).

7. Asbestos Records

7.1 Asbestos Policy

This document sets out the process adopted within Shropshire Community Health NHS Trust premises in order to protect employees, contractors, visitors and patients from the hazards posed by asbestos, and to ensure that no-one is exposed to asbestos. It is designed to be of use/for the reference of all employees, building users, visitors and contractors to the Trust who may be affected by the presence of asbestos in Trust owned or used buildings, and lays out what employees and building users should expect from the Trust.

7.2 Asbestos Management Plan

The Control of Asbestos Regulations 2012 requires all duty holders as a part of their ongoing asbestos management to have a written Asbestos Management Plan. This document details what steps should be taken to effectively manage all items of asbestos; it is specifically written for a site or building and cannot be transferred. It will also detail all assessments made of ACMs, and will give recommendations, priorities and deadlines for action.

The Trust's Asbestos Management Plan, covering all properties occupied by Trust personnel, is reviewed twice yearly by the Trust's Responsible Person and a Senior Project Manager from the Estates Contractor

Refer to <http://www.hse.gov.uk/asbestos/regulations.htm> for further information.

7.3 Asbestos Register

This document is produced after asbestos survey (asbestos management or refurbishment/demolition surveys). It details the location, condition and extent of all identified ACMs, as well as any Priority or Material Assessments carried out.

This document will require updating should the condition or location of any identified ACMs change, and all items should be re-inspected at least every twelve months to ensure their condition has not deteriorated.

7.4 Approved Contractors

All surveys and works shall be undertaken by an approved licensed contractor who will provide licence details, insurance, Health and Safety Policy, training records etc.

The Trust's Nominated Responsible Person for Asbestos Management must be actively involved in monitoring and "signing off" of any asbestos or consultancy works completed by a third party (such as an asbestos consultant, laboratory or a licensed contractor).

Where records or documents are prepared or maintained by a third party, this will be clearly stated, and all documentation to be kept on record through the Trusts Nominated Responsible Person for Asbestos Management or through the contracted Estate provider.

7.5 Records of Exposure/Incidents

These records will detail the exact nature and known extent of any exposure to asbestos that has occurred in a Trust controlled premises to a Trust employee, patient, visitor and any other regular building user and must be stored on the Trust's risk register and details held in the Trusts H&S records.

Whilst every step will be taken to ensure exposure to asbestos does not occur, it is vital that good record keeping is maintained. These records should be treated as confidential and be kept in a controlled location, eg the Trust risk register and Electronic data base. Each employee will, however, have access to their own records upon request.

8. Monitoring and Review

8.1 Monitoring

All work involving asbestos containing materials shall be monitored and supervised by competent persons, as indicated in risk assessments and safe systems of work.

8.2 Review

The Trust shall review the policy and its implementation (including risk assessments and safe systems of work) in the event of changes to the legislation or guidance, or after any incident involving asbestos containing materials or at least every 3 years.

8.3 Audit Requirements

The Trust will ensure that all management procedures, records and works are audited on a regular basis to ensure statutory compliance is in place and up to date.

The audit process should be at least undertaken annually.

The audit report / findings should be submitted to the appropriate committee.

9. Legal references

Detailed information can be found in:-

- The Health and Safety at Work etc Act 1974
<http://www.hse.gov.uk/legislation/hswa.htm>
- Asbestos: The survey Guide HSG 264 (2010)
<http://www.hse.gov.uk/pubns/books/hsg264.htm>
- Defective Premises Act 1972 <http://www.legislation.gov.uk/ukpga/1972/35>
- The Management of Health and Safety at Work Regulations 1999
<http://www.hse.gov.uk/pubns/books/l21.htm>
- The Control of Asbestos at Work Regulations 2012
<http://www.hse.gov.uk/asbestos/regulations.htm>
- The Workplace Health Safety and Welfare Regulations 1992
<http://www.legislation.gov.uk/uksi/1992/3004/contents/made>
- Fixed Plant and Machinery as defined within The Management of Asbestos in Non- Domestic Premises. Approved Code of Practice L127
<http://www.hse.gov.uk/aboutus/meetings/hscarchive/2006/250706/c56c.pdf>
- The Construction (Design & Management) Regulations 2015
<http://www.hse.gov.uk/construction/cdm.htm>
- ACOP Managing and Working with Asbestos L143
<https://www.hse.gov.uk/pubns/books/l143.htm>

Appendix 1 Guidance for those inadvertently exposed to asbestos

Guidance as to the health effects of inadvertent exposure to asbestos fibres

From time to time, circumstances arise in which people are inadvertently exposed to asbestos fibres, usually in small quantities, in a variety of situations; examples have included: office workers exposed to asbestos dust during renovation work which disturbed asbestos ceiling tiles, council workers possibly exposed to asbestos dust whilst performing routine maintenance on air ducted central heating systems in residential flats and staff and pupils of secondary schools potentially exposed to asbestos, again from damaged ceiling tiles.

Those exposed receive little or no prior warning of the possible risk to health. In many cases those responsible for the exposure claim to have been unaware of the presence of asbestos prior to the work being carried out.

People who may have been exposed to asbestos are understandably anxious and concerned about the possible effects on their health. Moreover, where incidents involve members of the public or vulnerable sections of the population, widespread publicity may result.

Departmental managers may receive requests from employers, employees, trade unions, other interested parties and members of the public for advice on how to manage the health aspects of such exposure. This section gives managers and employees advice on how to deal with such requests consistently.

There is at present no effective post-exposure prophylaxis for the effects of inhaled asbestos fibres, although in smokers the risk of asbestos-induced lung cancer (but not Mesothelioma) can be reduced by stopping smoking. There are also no generally available techniques for determining individual lung burdens of asbestos fibres, other than post mortem.

In many cases, exposure will have been minimal, with little likelihood of any long-term ill-effects. However, although the type of asbestos may be known, there will often be little if any, reliable quantitative information concerning the level and duration of exposure. Work with asbestos cement is unlikely to pose the same risks as work with asbestos insulation and coating and asbestos insulating board.

Asbestos incidents arouse concern and anxiety and often unrealistic expectations of medical tests or even treatment. This should be addressed by offering prompt and reasoned advice, without contributing to unnecessary alarm. The guidance in this circular and the ID's should be sufficient in many cases and is intended to assist those responsible for managing such situations.

Inadvertent exposure to asbestos (Advice for employers)

This guidance is issued by the Health and Safety Executive. Following the guidance is not compulsory and you are free to take other action, but if you do follow the guidance, you will normally be doing enough to comply with the law. Health and Safety inspectors seek to secure compliance with the law and may refer to this guidance as illustrating good practice.

Breathing in asbestos fibres can eventually lead to a number of diseases, including:

- asbestosis or fibrosis (scarring) of the lungs
- lung cancer, and
- Mesothelioma, a cancer of the inner lining of the chest wall or abdominal cavity.

It is possible that repeated low-level exposures may lead to asbestos-related diseases, although high exposure for long periods is linked more clearly to these diseases. There is usually a long delay between first exposure to asbestos and the first symptoms of disease; this can vary between 15 and 60 years.

It is unfortunately, not uncommon for people to be inadvertently exposed to asbestos fibres, usually in small quantities, during building operations, maintenance work or following damage to asbestos containing materials (many of those suffering today from asbestos-related diseases worked in the building trades and were exposed to asbestos in their day-to-day work with asbestos materials, or because work with asbestos was carried out near them).

Such incidents understandably cause anxiety about the possible effects, both short and long term, of the exposure. In many circumstances, exposure will have been minimal, with little likelihood of any long term effects. Unfortunately, although the type of asbestos involved may be known, there is often little, if any, reliable information concerning the amount of asbestos which may have been inhaled.

It is important to ascertain as far as possible, the type of asbestos, the duration of exposure and the likely exposure levels. You may need to seek advice from occupational hygienists or occupational health specialists. The local office of the HSE may be able to give general advice and provide information on the availability of local specialist services. You should keep accurate and detailed records concerning the incident and those persons involved. The Control of Asbestos Regulations requires records to be kept for 40 years. Although these Regulations may not apply, you may wish to follow their requirements. If exposure is unlikely to have exceeded the control limit, it will usually have been insufficient to pose a significant long-term risk to health. Where you are able to estimate the extent of exposure, the advice that those who have been exposed can be given should reflect the risk as far as possible.

Exposed individuals should be informed that if they wish to consult their GP, they should ask for a note to be made in their personal medical record of the possible exposure, including date(s), duration, type of fibre and likely exposure levels (if known). (Their GP may refer them to a specialist in respiratory medicine, but this is not normally considered necessary by the HSE). Each case should be considered on its merits, but the HSE does

not normally advocate routine X-rays for persons exposed to asbestos in these circumstances.

Alternatively, or in addition, you may choose to refer employees for counselling. You may wish to select an occupational health service for this purpose. The local office of the HSE's Employment Medical Advisory Service may be able to provide information on services in the area.

You should, in addition, consider carefully what went wrong in causing your employees to be exposed to asbestos on this occasion, and how you will prevent this happening again in future.

Figure 1 Asbestos Management Procedures – Potential Incident Flowchart

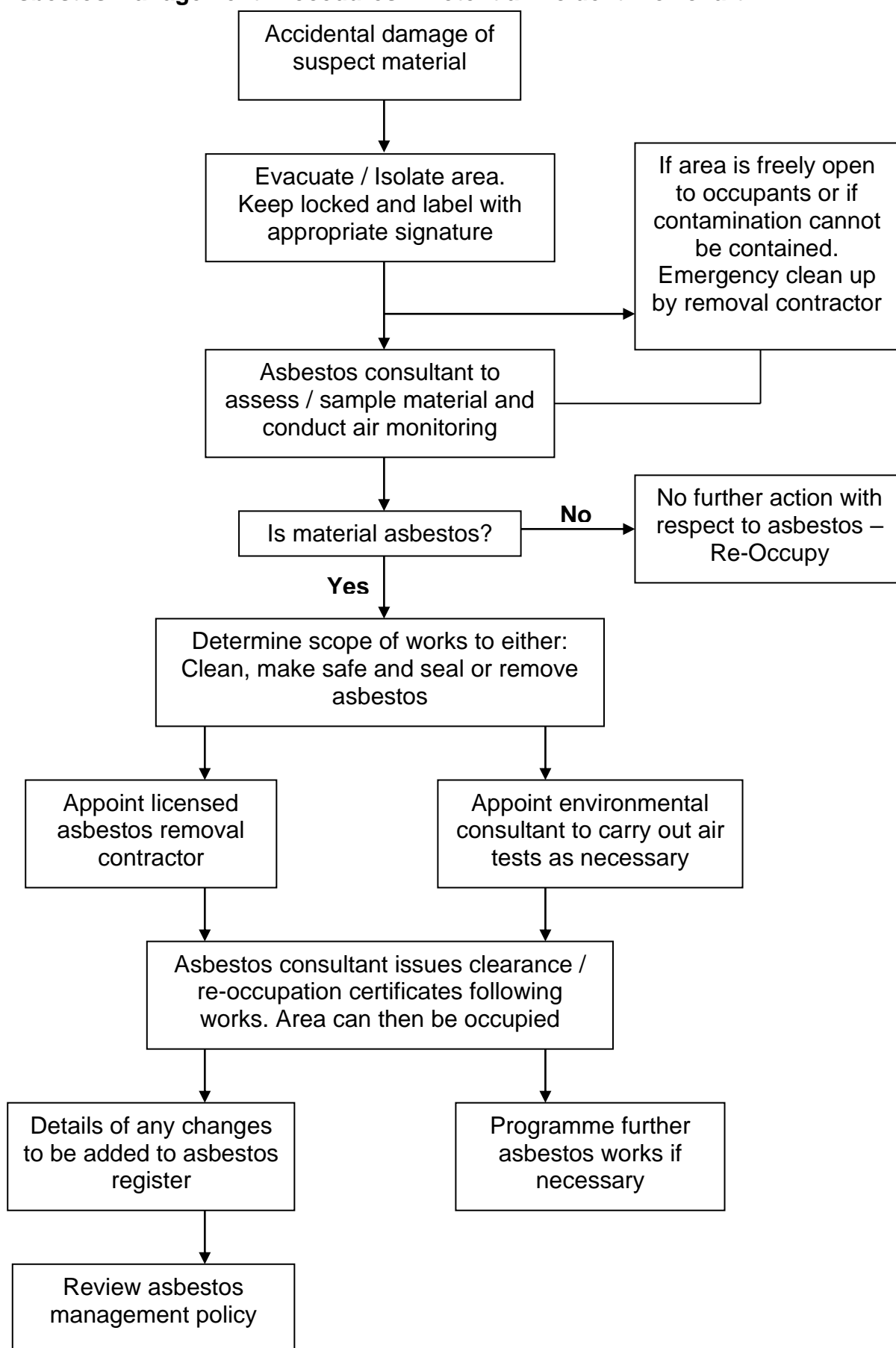


Figure 2

**Asbestos Management Procedures
Responsive Unplanned Maintenance Work Flowchart**

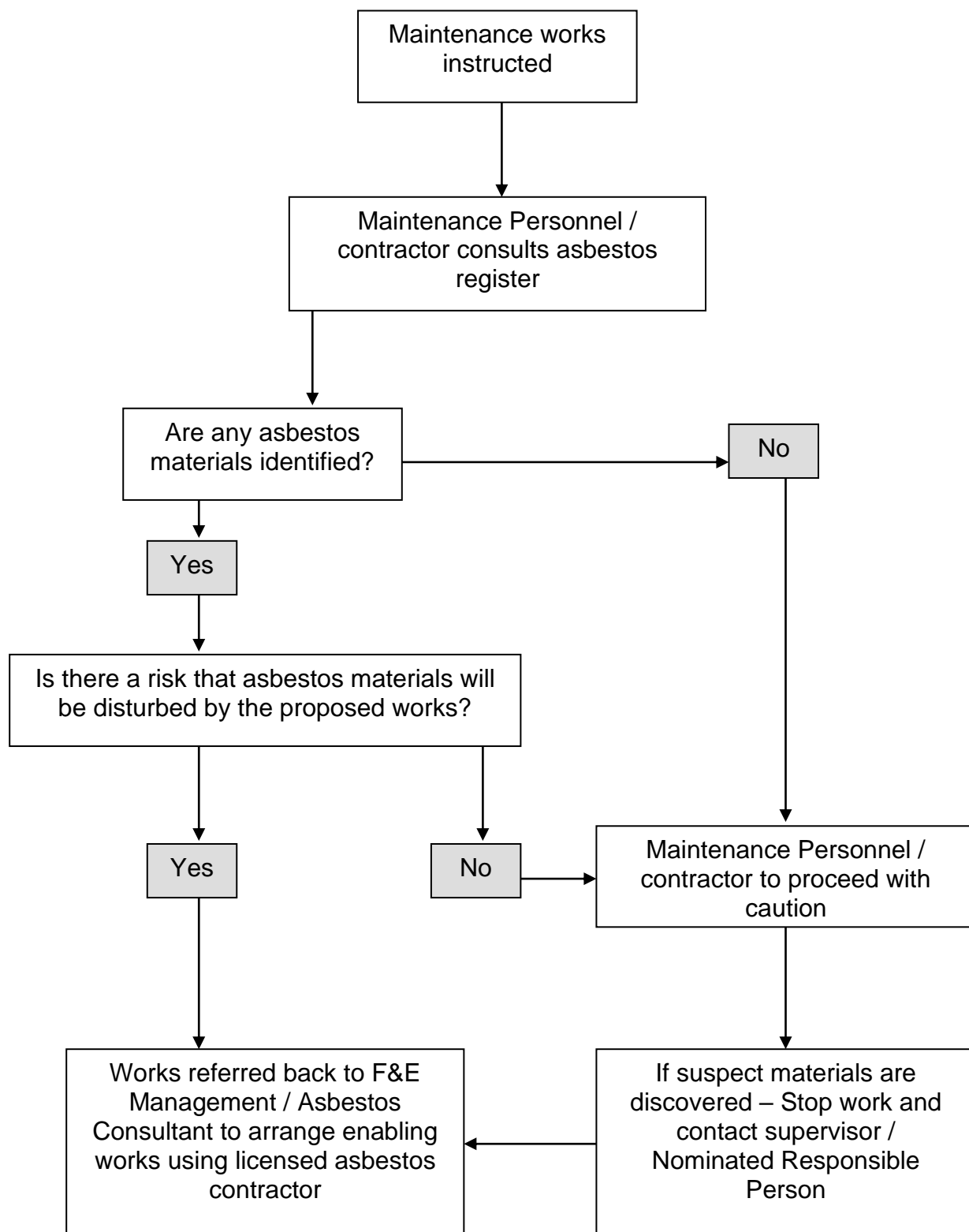


Figure 3

Asbestos Management Procedure – Planned Maintenance Work Flowchart

