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## MANAGING AND WORKING WITH ASBESTOS POLICY

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*Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.*

<b>Purpose of Agreement</b>	This document has been produced in accordance with the general requirements of The Control of Asbestos Regulations 2012 (as amended), managing and working with asbestos Approved Code of Practice (ACOP L143). The policy has been compiled to provide guidance to Directors, Managers, Supervisors and Employees on the arrangements for managing and working with asbestos throughout the Trust
<b>Document Type</b>	x Policy    SOP <input type="checkbox"/> Guideline
<b>Reference Number</b>	Solent NHST/Policy/HS12
<b>Version</b>	1
<b>Name of Approving Committees/Groups</b>	Assurance Committee Estates & Facilities Sub-committee Health and safety sub committee
<b>Operational Date</b>	July 2015
<b>Document Review Date</b>	February 2019
<b>Document Sponsor (Job Title)</b>	Director of Finance
<b>Document Manager (Job Title)</b>	Health Safety Manager
<b>Document developed in consultation with</b>	NHSLA & Operational Policy Steering Group Solent NHS Trust health and safety sub committee Solent NHS Trust Estates and Facilities Team Solent NHS Trust Occupational Health Team Solent NHS Trust Risk Management Team - Health and Safety Manager Infection Prevention and Control Team Hard Facilities Management (FM) Estates Provider t NHS Trust Learning & Development Team
<b>Intranet Location</b>	Business Zone / Policies, SOPs and Clinical Guidelines
<b>Website Location</b>	Publication Scheme / Policies and Procedures
<b>Keywords (for website/intranet uploading)</b>	Asbestos, Asbestosis, Mesothelioma. Cancer, lung cancer

### Intranet and Website Upload

Intranet	Electronic Document Library Location:	<i>Insert the location of the document on the intranet</i>
Website	Location in FOI Publication Scheme	Our Policies and Procedures
Keywords:	Asbestos, Asbestosis, Mesothelioma	

### Amendments Summary:

Amend No	Issued	Page(s)	Subject	Action Date

### Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
1	July 15	David Keates		New Policy development

## **MANAGING AND WORKING WITH ASBESTOS POLICY**

1	Introduction and Purpose	4
2	Scope and Definitions	5
3	Roles and Responsibilities	7
4	Asbestos Management	9
5	Actions Required Prior To And Whilst Working With Asbestos	10
6	Action To Take In The Event Of Accidental Damage To A Known Or Suspected Asbestos Containing Material (ACM)	11
7	Training and Competency	12
8	Monitoring Compliance	12
9	Equality & Diversity and Mental Capacity Act	13
10	Review	13
11	References	13
	Appendix 1 - Decision Flow Chart	
	Appendix 2 - Equality Impact Assessment	

## 1. INTRODUCTION and PURPOSE

1.1 'Asbestos' is the general term used for the fibrous silicates listed below. Any mixture containing one or more of these fibrous silicates at more than trace amounts as defined in Asbestos: The analysts' guide for sampling, analysis and clearance procedures (The analysts' guide), is within the definition. For any work covered by the Regulations, 'asbestos' also includes asbestos-containing materials (ACMs), containing any of these fibrous silicates or mixtures of them. Three main types of asbestos were commonly used:

- crocidolite (commonly known as blue asbestos)
- amosite (commonly known as brown asbestos)
- chrysotile (commonly known as white asbestos)

1.2 Debris containing asbestos is also covered by the Regulations. If the debris contains raw asbestos, asbestos insulation, asbestos coating or asbestos insulating board (AIB), even where it is not fulfilling its original purpose, i.e. the asbestos materials may no longer be coating or insulating anything, a licensed asbestos contractor is required to carry out the work, unless it does not meet the conditions in the definition of licensable work in regulation 2(1) of The Control of Asbestos Regulations 2012 (as amended)

1.3 There are 4 main diseases associated with the inhalation of asbestos fibres:

- Mesothelioma - a form of cancer mainly affecting the lining of the lungs
- Asbestos related lung cancer
- Asbestosis - a non-malignant scarring of the lung tissue
- Non malignant pleural disease (diffuse pleural thickening and pleural plaques)

1.4 Asbestos fibres are present in the environment in Great Britain, so people are exposed to very low levels of fibres. However, a key factor in the risk of developing an asbestos-related disease is the total number of fibres breathed in. Working on or near damaged asbestos-containing materials or breathing in high levels of asbestos fibres, which may be many hundreds of times that of environmental levels can increase your chances of getting an asbestos-related disease.

1.5 The control limit for asbestos is 0.1 asbestos fibres per cubic centimetre of air (0.1f/cm<sup>3</sup>). The control limit is not a "safe" level and exposure from work activities involving asbestos must be reduced to as far below the control limit as possible.

1.6 The Control of Asbestos Regulations 2012 (as amended) came into force on 6 April 2012, updating previous asbestos regulations to take account of the European Commission's view that the United Kingdom had not fully implemented the EU Directive on exposure to asbestos (Directive 2009/148/EC).

1.7 Solent NHS Trust recognises the legal obligations in relation to Asbestos under the health and safety legislation; The Control of Asbestos Regulations 2012 (as amended) and Managing and working with asbestos Approved Code of Practice (ACOP) L143 (second addition) 2013, by the means of this policy and arrangements, Solent NHS Trust aims to meet these requirements in so far as is reasonable practicable to provide and maintain safe and healthy working conditions, equipment and systems of work for all staff, patients and visitors, and to provide such resources, information, training and supervision as needed.

1.8 The management of asbestos risk will be a continual commitment by the Trust involving regular management and progress meetings and a commitment to an annual review. The re-assessments will review monitoring, inspection and record keeping requirements (including programme implementation, and system condition).

## 2. SCOPE and DEFINITIONS

2.1 The scope of the policy applies to all areas of the Solent NHS Trust, the services that it provides, all Managers responsible for buildings, wards or areas within properties and all staff contracted either directly or indirectly employed to work within Solent NHS Trust's properties in line with the organisation Trust's Equal Opportunities Document. This policy applies to buildings whether owned, rented, leased or otherwise provided for the purpose of Solent NHS Trust related activities.

2.2 For the purposes of this Policy and where used the following definitions are applicable:

**Adequate.** Having regard only to the nature and degree of exposure to asbestos, and "adequately" must be construed accordingly.

**Asbestos.** Includes the following fibrous silicates:

- asbestos actinolite
- asbestos grunerite (amosite)
- asbestos anthophyllite
- chrysotile
- crocidolite
- asbestos tremolite

**Asbestos cement.** A material which is predominantly a mixture of cement and chrysotile and which when in a dry state absorbs less than 30% water by weight.

**Asbestos coating.** A surface coating which contains asbestos for fire protection, heat insulation or sound insulation but does not include textured decorative coatings.

**Asbestos containing textured decorative coatings.** Decorative and textured finishes, such as paints and ceiling and wall plasters which are used to produce visual effects and which contain asbestos. These coatings are designed to be decorative and any thermal or acoustic properties are incidental to their purpose.

**Asbestos Insulating Board (AIB).** Any flat sheet, tile or building board consisting of a mixture of asbestos and other material.

**Asbestos Insulation.** Any material containing asbestos which is used for thermal, acoustic or other insulation purposes (including fire protection).

**Control limit.** A concentration of asbestos in the atmosphere when measured in accordance with the 1997 WHO recommended method, or by a method giving equivalent results to that method approved by the Executive, of 0.1 fibres per cubic centimetre of air averaged over a continuous period of 4 hours.

**Control measure.** A measure taken to prevent or reduce exposure to asbestos (including the provision of systems of work and supervision, the cleaning of workplaces, premises, plant and equipment, and the provision and use of engineering controls and personal protective equipment).

**Emergency services.** Police, fire, rescue and ambulance services and Her Majesty's Coastguard.

**Employment Medical Adviser.** An employment medical adviser appointed under section 56 of the 1974 Act.

**Enforcing Authority.** The Health and Safety Executive, local authority or Office of Rail Regulation, determined in accordance with the provisions of the Health and Safety (Enforcing Authority) Regulations 1998 and the provisions of the Health and Safety (Enforcing Authority for Railways and Other Guided Transport Systems) Regulations 2006.

**ISO 17020.** European Standard EN ISO/IEC 17020, "General criteria for the operation of various types of bodies performing inspection" as revised or reissued.

**ISO 17025.** European Standard EN ISO/IEC 17025, "General requirements for the competence of testing and calibration laboratories" as revised or reissued.

**Licensable work with asbestos.** Work:

- where the exposure to asbestos of employees is not sporadic and of low intensity; or
- in relation to which the risk assessment cannot clearly demonstrate that the control limit will not be exceeded; or
- on asbestos coating; or
- on asbestos insulating board or asbestos insulation for which the risk assessment:

demonstrates that the work is not sporadic and of low intensity, or  
cannot clearly demonstrate that the control limit will not be  
exceeded, or  
demonstrates that the work is not short duration work;

**Medical examination.** Includes any laboratory tests and X-rays that a relevant doctor may require.

**Personal Protective Equipment (PPE).** All equipment (including clothing) which is intended to be worn or held by a person at work and which protects that person against one or more risks to that person's health, and any addition or accessory designed to meet that objective.

**Relevant Doctor.** An appointed doctor or an employment medical adviser. In relation to work with asbestos which is not licensable work with asbestos and is not exempted by regulation 3(2), "relevant doctor" also includes an appropriate fully registered medical practitioner who holds a licence to practice.

**Risk assessment.** The assessment of risk required by regulation 6(1)(a) of the Control of Asbestos Regulations 2012.

**The 1997 WHO recommended method.** The publication “Determination of airborne fibre concentrations. A recommended method, by phase-contrast optical microscopy (membrane filter method)”, WHO (World Health Organisation), Geneva 1997.

### **3. ROLES & RESPONSIBILITIES**

3.1 All relevant persons shall fully appreciate the actual and potential risks of asbestos and the concept of risk management. Although compliance with the guidance may be delegated to staff, or undertaken by contract, accountability cannot be delegated.

3.2 **The Chief Executive Officer (CEO)** will be responsible for ensuring that individual staff are identified and given responsibility for the development, implementation and subsequent monitoring of comprehensive operating procedures to ensure that all aspects of managing and working with asbestos within Solent NHS Trust comply with the requirements of this policy. The CEO will ensure that sufficient resources are provided to enable the policy to be implemented and to remain effective.

3.3 **The Appointed Board level Director for health and safety (Director of Infrastructure)** will through the Trust Health & Safety Sub-committee be responsible for monitoring compliance with managing and working with asbestos generating status reports reporting any significant risks associated with asbestos management to the Quality Governance Committee.

#### **3.4 The Appointed Board level Director for health and safety (Director of Infrastructure)**

- Shall be responsible for ensuring that the requirements of this policy are complied with.
- Shall ensure that whoever is appointed as the Responsible Person(s) (Asbestos) are suitably qualified and competent and who possesses adequate professional knowledge of asbestos, and to devise and manage necessary procedures to ensure that the risks associated with managing and working with asbestos in Solent NHS Trust premises are maintained.
- Shall ensure that recommendations and requirements identified by the “Responsible Person” are given adequate consideration and priority in the allocation of resources for the management of asbestos.

#### **3.5 Responsible Person- Asbestos (Contract Manager Kier)**

- To develop and implement the Managing and working with asbestos policy. Produced in association with advice from competent persons.
- Shall Appoint in writing a Deputy Responsible Person (Asbestos) to whom delegated responsibility may be given. The nominated Deputy Responsible Person will act on behalf of the Responsible Person in their absence.
- Advise on the potential areas of risk and identify to the Trust where systems do not comply with current standards/guidance and financial implications of managing, reducing or removing the risk(s).
- Advise on the required controls and procedures for the prevention of exposure to asbestos fibre/debris.

- Ensure all Asbestos Containing Material (ACM) is identified by way of survey and to have schematic drawings of its location available that are current.
  - Ensure that inspections are carried out annually or after any changes or alterations to premises, with advice from competent persons where deemed necessary.
  - Ensure adequate records are maintained for the management of asbestos.
  - To ensure that all staff (directly employed or contractors) are trained in the correct procedures and are aware of the standards required and expected of them in discharging their duties in compliance with the policy for managing and working with asbestos.
- 
- Produce assurance reports that all asbestos survey/inspections have been carried out and be alerted if any risks have been identified for asbestos to the Trust.

3.6 In addition the Responsible Person (Asbestos) shall possess a thorough knowledge of managing and working with asbestos and would ideally be a chartered engineer, microbiologist or other professionally qualified person.

### 3.7 **Deputy Responsible Person –Asbestos (Kier Operative)**

To undertake the following duties:

- Deputise for the Responsible Person (Asbestos) when they are not available.
- Advise on the required controls and procedures for managing and working with asbestos.
- Produce assurance reports that all asbestos survey/inspections have been carried out and be alerted if any risks have been identified for asbestos to the Trust in the absence of the nominated Responsible Person (Asbestos).
- Ensure adequate records are maintained for the management of asbestos.
- Monitor the efficacy of the procedures.

### 3.8 **Hard Facilities Maintenance Team (FM)**

3.8.1 Hard Facilities Maintenance Team is contracted through Kier Facilities Services who through their business strategies and compliance team work within the general duties of the Health and Safety at Work Act and will comply with the Control of Asbestos Regulations 2012 (as amended), managing and working with asbestos Approved Code of Practice approved code of practice L143. The Hard FM team will work within the parameters of Solent's Managing and working with Asbestos Policy and their own rigorous asbestos policy and Kier's procedures.

3.8.2 Hard Facilities Maintenance Team will as a minimum provide quarterly assurance reports of asbestos management to the Estates and facilities sub committee and attended any group, committee when requested

3.8.3 Hard Facilities Maintenance Team will work with Solent's Estates and Facilities team to assist Solent (Landlord) in maintaining records related to accurate information about the location, amount and type of any asbestos-containing materials (ACMs).

3.8.4 The Hard Facilities Maintenance Team and Kier compliance team will work in partnership with the health and safety manager to comply with Reporting Of Diseases and Dangerous Occurrences Regulations ( RIDDOR), to establish if any incidents of exposure are reportable either via Regulation 8 and 9 “cases of occupational cancer if there is a casual link between the type of cancer diagnosed, and the hazards (known human carcinogens and mutagens) to which the person has been exposed through work (i.e. “mesothelioma” lung cancer)” or whether schedule two of RIDDOR applies Dangerous Occurrence “hazardous escapes of substances (The unintentional release or escape of any substance which could cause personal injury to any person).”

3.9 **Managers (Facility Managers, Support Services Managers, Premises Managers and responsible persons both clinical and non-clinical)** shall be responsible for:

- Ensuring that all staff within their area of responsibility are made aware of the contents of this Policy.
- Engaging with the Estates department in identifying and notifying areas of concern regarding Asbestos.
- To ensure that there are of responsibility implements any procedures deemed necessary by the Responsible Person(s) (Asbestos).
- Highlighting any concerns regarding the planned/reactive maintenance of their areas that could impact on asbestos management.
- To ensure staff have access to Occupational Health services.

3.10 **Health and Safety Manager** will assist in the implementation of this policy. They will be suitably qualified and competent to advise on the requirements outlined in this policy, relevant statutory regulations and/or codes of practice.

3.11 **The Compliance Officer** will be responsible for the continued monitoring/audit of procedures for managing and working with asbestos. They will undertake regular meetings and updates with service providers/contractors to ensure that actions arising from annual inspections are fully closed out. They will provide demonstrable evidence of compliance to current regulations and policies and provide reports of continued compliance and raise issues of non-compliance as required.

3.12 **ALL Employees (permanent/temporary/contract)** will co-operate and assist with the implementation of this Policy and its associated Procedures.

- Shall not disturb the fabrication of the building.
- Bring to the notice of management, any problems or failings associated with managing and working with asbestos.
- Promptly report all incidents concerning the risks of exposure to asbestos fibre in accordance with Solent NHS Trust incident reporting policy.
- If a perceived contact with asbestos shall engage with immediate Line Manager and/or self-refer to Occupational Health.

In case of further guidance required they are to seek specialist advice as necessary from the Responsible Person(s) (Asbestos), Premises Manager, the Estates and Facilities Compliance Officer, Occupational Health or the Health and Safety Manager.

3.13 **Contractors** (Refer to section 7.2 “Training and Competency” below)

#### **4. ASBESTOS MANGEMENT**

4.1 **Asbestos Monitoring.** Managing and working with asbestos is monitored by the Responsible Person (Asbestos), the Compliance Officer with the aid of the Planned Preventative Maintenance (PPM) Schedule, survey and sampling results and any planned or reactive works.

4.2 **Asbestos Survey.** An asbestos survey is an effective way to help manage asbestos in premises by providing accurate information about the location, amount and type of any asbestos-containing materials (ACMs).

4.3 The asbestos survey can help to provide enough information so that an asbestos register, a risk assessment and a management plan can then be prepared. The survey will usually involve sampling and analysis to determine the presence of asbestos.

4.4 Asbestos surveys should only be carried out by competent surveyors who can clearly demonstrate they have the necessary skills, experience and qualifications. An asbestos survey will identify:

- the location of any asbestos-containing materials in the building
- the type of asbestos they contain
- the condition these materials are in

4.5 Following a survey, the surveyor will produce a survey report which details the findings. This information will be used to compile an asbestos risk register. Additionally the findings and associated records will be uploaded to the Trust’s Asbestos Module of the MICAD system.

4.6 Using the results of the survey the Responsible Person(s) (Asbestos) will compile a written register of all locations where asbestos is present. Additionally a written plan will be produced stating how it will be managed to prevent exposure to asbestos, including to contractors and other workers who may carry out work on the fabric of the building that could disturb the ACM.

4.7 This plan then needs to be put into action and communicated to those affected. The Responsible Person(s) (Asbestos) needs to ensure the plan is reviewed regularly and updated as circumstances change, in consultation with all those who may be affected.

4.8 As a minimum, the management plan, including records and drawings, should be reviewed every 12 months. It should also be reviewed if there is reason to believe that circumstances have changed (e.g. there is a change of use of building, work being undertaken, ACMs removed or repaired etc). The plan, including records and drawings, should then be updated accordingly.

4.9 Any identified or suspected ACM must be inspected and its condition assessed annually, to check that it has not deteriorated or been damaged. The frequency of inspection will depend on the location of the ACMs and other factors which could affect their condition, e.g. the activities in the building, non-occupancy etc. There will also be events or changes, e.g. maintenance work, new tenants or employees, which should also trigger a review of the plan.

## **5. ACTIONS REQUIRED PRIOR TO AND WHILST WORKING WITH ASBESTOS**

5.1 Working with asbestos is a specialist area and usually requires the services of a licensed contractor. This includes work on asbestos coating and asbestos lagging; and work on asbestos insulation or asbestos insulating board (AIB) where the risk assessment demonstrates that the fibre release will be high, e.g. the material is badly damaged, or the work is not short duration work.

5.2 Prior to any works being conducted on or in premises a check of the risk register must be made to ascertain the presence of asbestos in the area affected by the work. If asbestos is identified then work must not proceed until a written plan of action has been made.

5.3 If **NO** asbestos risk register is available and if the building in question has been built prior to year 2000 then asbestos presence must be presumed and before any refurbishment or demolition work commences an asbestos survey must be undertaken only in the stated location (s) of the intended works to establish location, amount and condition of asbestos- containing materials.

5.4 Non-licensed work includes work on asbestos-containing textured coatings and asbestos cement.

5.5 From April 2012, some non-licensed work, where the risk of fibre release is greater, is subject to three additional requirements – notification of work, medical examinations and record keeping (the requirement for medical examinations does not come into force until April 2015). This work is known as notifiable non-licensed work (NNLW).

5.6 To decide if the work is NNLW, there is a need to consider the type of work to be carried out, the type of material to be worked on and its condition. Once these three elements have been considered the decision flow chart, see appendix 1, will help decide which category of work with asbestos is.

5.7 Most work with firmly bonded materials in good condition such as asbestos cement, bitumen, plastic, resin, rubber, roofing felt, paper linings, cardboard, textiles, gaskets, washers and rope etc. will not need to be notified. Short duration maintenance' work involving AIB which is in good condition will also not normally need to be notified, NNLW will normally include short duration maintenance and removal work with asbestos insulation, removal of textured decorative coatings where the material is destroyed e.g. by scraping it off, and short duration removal of AIB as part of refurbishment.

## **6. ACTION TO TAKE IN THE EVENT OF ACCIDENTAL DAMAGE TO A KNOWN OR SUSPECTED ASBESTOS CONTAINING MATERIAL (ACM)**

6.1 In the event of accidental damage to a known or suspected asbestos containing material (ACM), the action plan identified in the Asbestos Management Plan must be put into immediate effect.

6.2 The maintenance contractors Help Desk must be notified and the incident must be recorded on the Trust internal incident report system (Safeguard).

6.3 All persons in the affected area must immediately vacate that area and the area is sealed off and persons prevented from entering.

6.4 The appointed maintenance contractor will make arrangements to have the materials damaged sampled and analysed; and if needed a competent licensed contractor will be appointed to facilitate the removal, sealing or repair of the damaged material.

6.5 Additionally, background air sampling will be undertaken of the affected area to ensure that the presence of any asbestos fibres is below the control limits, prior to re-occupation. Once results are known they will be notified to the premises occupants.

6.6 As part of the processes and thorough re-assessment of the management plan, risk register and risk assessments must be completed and detailed finding recorded and retained. If it is deemed necessary health monitoring may be required.

6.7 Any amendments to the location, type and condition of any accidentally damaged asbestos containing material (ACM), must be recorded and any schematic drawings etc. amended to reflect the changes. This will also be required to be recorded on the Internet Property Register (IPR) in the Asbestos module of MICAD.

## **7. TRAINING & COMPETENCY**

### **Employees (permanent/temporary/contract)**

7.1 Training needs vary depending on the responsibilities and job function; all new staff are made aware of the dangers of asbestos and the level of training they require, dependant on role during the induction process.

### **Contractors**

7.2 Any worker liable to disturb asbestos while performing their normal everyday work is required to be trained. Every employer must ensure that adequate information, instruction and training is given to those employees who are liable to be exposed to asbestos during the course of their work. There are 3 types of asbestos training:

- Awareness training
- Training for work with asbestos that does not require a licence from the HSE
- Training for work with asbestos that does require a licence from the HSE

7.3 The appointed Responsible Person(s) (Asbestos) will ensure that all employees and employees of appointed contractors, who are liable to work with asbestos, have undertaken asbestos training commensurate with the job function. Certificates of training and records are to be updated and maintained by the Estates maintenance provider for inspection by the Trust Representative(s) as required.

7.4 The Appointed Responsible Person(s) (Asbestos) will report on training attendance figures on a regular basis.

7.5 Competence is a product of sufficient training, experience and knowledge. Those who undergo asbestos training receive sufficient information and instruction for them to execute the tasks they undertake in a safe and technically competent manner. The effectiveness of this training

and the actions of the staff are reviewed through the records they generate and system risk assessments, these records are reviewed by the appointed Responsible Person(s) (Asbestos) who will address non compliances.

## **8. MONITORING COMPLIANCE**

8.1 The Approved Code of Practice states that the risk from exposure to asbestos should be prevented or controlled and that the precautions taken should be monitored to ensure that they remain effective.

8.2 As part of the Estates maintenance specification, Asbestos surveys and inspections will be conducted in all premises as part of the Planned Preventative Maintenance (PPM) Schedule and all remedial works identified must be actioned.

8.3 Asbestos risk assessments, survey and sampling must be conducted on completion of major refurbishment works and prior to re-occupancy of a previously closed area. These asbestos surveys. reports will be placed on Solent's Mi Cad electronic estates maintenance system. The PPM Schedule should then be established for this area.

8.4 As part of the Contract monitoring, records will be checked to ensure that PPM schedules, follow-up actions, sampling and surveys are being conducted.

8.5 In order to provide a level of assurance the Responsible Person(s) (Asbestos) will produce quarterly assurance reports that all asbestos survey/inspections have been carried out and any risks have been identified for asbestos to the Trust. In addition an annual report identifying action plans for removal of Asbestos Containing Material and the associated expenditure.

## **9. EQUALITY & DIVERSITY AND MENTAL CAPACITY ACT**

9.1 A thorough and systematic assessment of this policy has been undertaken in accordance with the Trust's Policy on Equality and Human Rights.

9.2 The assessment found that the implementation of and compliance with this policy has no impact on any Trust employee on the grounds of age, disability, gender, race, faith, or sexual orientation. See Appendix 2.

## **10. REVIEW**

10.1 This document may be reviewed at any time at the request of either staff or management, but will automatically be reviewed twelve months from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

## **11. REFERENCES**

- Control of Asbestos Regulations 2012
- Managing and working with asbestos Approved Code of Practice (ACOP) L143 (Second Edition) 2013 as amended
- Health and Safety at Work Etc. Act (HASAWA) 1974

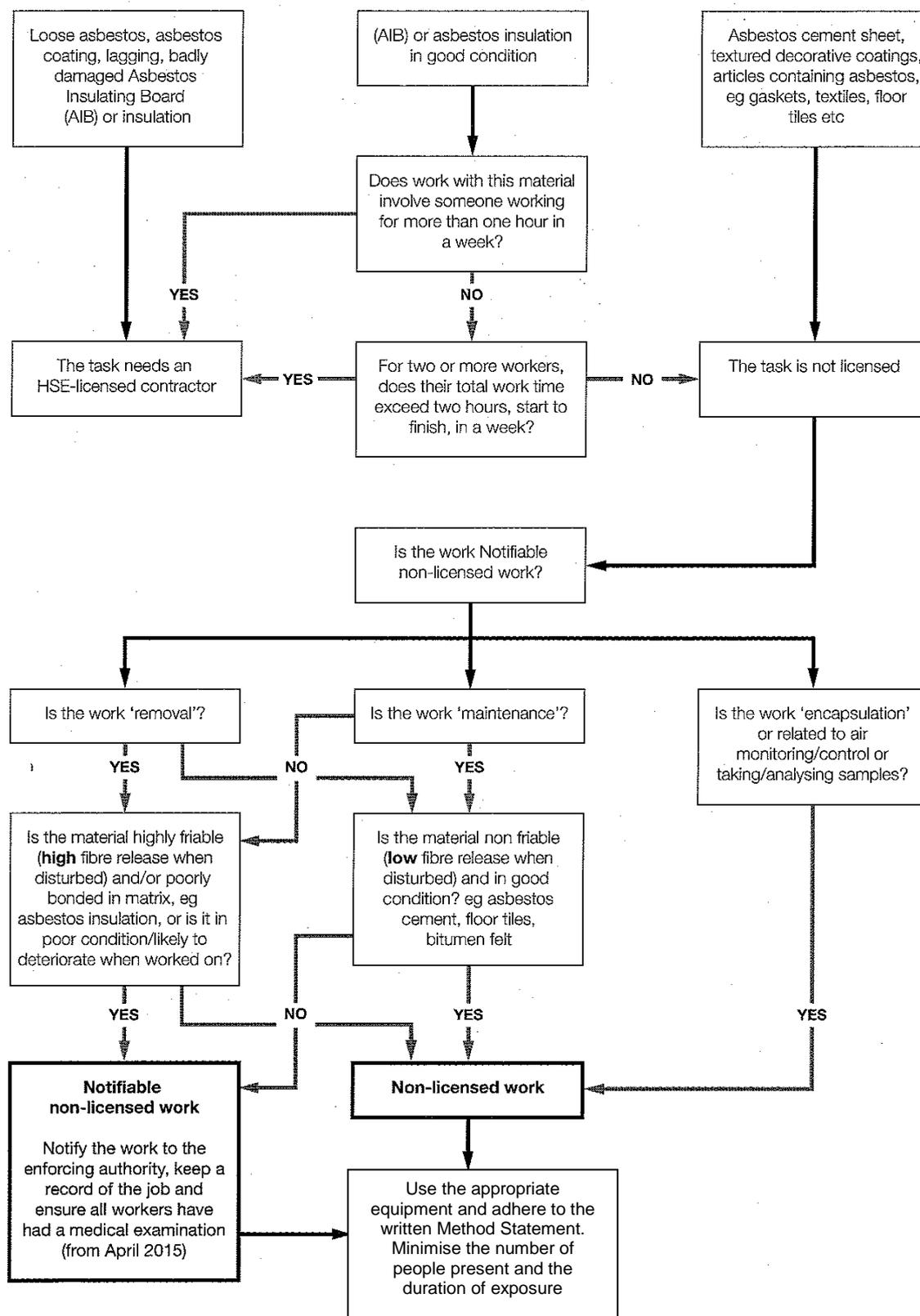
- Control of Substances Hazardous to Health Regulations (COSHH) 2002 as amended
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 as amended
- Health Protection Regulations 2010 as amended
- Management of Health & Safety at Work Regulations (2002) as amended
- Reporting Adverse Incidents Policy
- Solent NHS Trust Health and Safety Policy

**All latest amendments and as referred to in a range of subsequent guidance documents produced by the Health Service Advisory Committee, Health and Safety Executive.**

## **APPENDIX 1**

### **Decision Flow Chart**

Use this simple flow chart to help you decide who needs to do the work:



## **APPENDIX 2**

### **Equality Impact Assessment** Completed in consultation

<b>Step 1 – Scoping; identify the policies aims</b>	<b>Answer</b>
1. What are the main aims and objectives of the policy?	This document has been produced in accordance with the general requirements of the Managing and working with asbestos Approved Code of Practice (ACOP L143). The policy has been compiled to provide guidance to Directors, Managers, Supervisors and Employees on the arrangements for managing and working with asbestos throughout the Trust
2. Who will be affected by it?	All NHS Trust staff. Independent Contractors.
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Local targets Legal requirements Outcomes
4. What information do you already have on the equality impact of this policy?	–
5. Are there demographic changes or trends locally to be considered?	No
6. What other information do you need?	None identified

<b>Step 2 - Assessing the Impact; consider the data and research</b>	<b>Yes</b>	<b>No</b>	<b>Answer (Evidence)</b>
1. Could the policy unlawfully against any group?		✓	
2. Can any group benefit or be excluded?		✓	
3. Can any group be denied fair & equal access to or treatment as a result of this policy?		✓	
4. Can this actively promote good relations with and between different groups?	✓		
5. Have you carried out any consultation internally/externally with relevant individual groups?	✓		Please see routes of consultation and ratification process.
6. Have you used a variety of different methods of consultation/involvement		✓	Consultation within organisation. Please see above.
Mental Capacity Act implications		✓	
7. Will this policy require a decision to be made by or about a service user? (Refer to the Mental Capacity Act policy for further information)		✓	

If there is no negative impact – end the Impact Assessment here.

<b>Step 3 - Recommendations and Action Plans</b>	<b>Answer</b>
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	

<b>Step 4- Implementation, Monitoring and Review</b>	<b>Answer</b>
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the policy?	

<b>Step 5 - Publishing the Results</b>	<b>Answer</b>
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	