

## Management of Asbestos Policy

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Purpose of Agreement	This policy sets the requirements for the safe and suitable management of buildings with identified asbestos containing materials and maintenance of suitable and sufficient record keeping for the Solent NHS Trust Estate in accordance with prevailing statutory regulation.
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## **SUMMARY OF POLICY**

This policy establishes the protocol of management and (re)inspection of buildings, services or assets known or suspected of containing asbestos material to ensure staff, patients and visitors are not placed at risk.

The Policy encompasses:

- How the statutory management of accurate and verifiable record information will be maintained relative to defined spaces where the Trust has a duty of care.
- The instigation of a plan for Asbestos Management Surveys for the wholly owned estate.
- The obligation for Refurbishment and Demolition Surveys in premises known to have asbestos containing materials where any invasive maintenance or alteration is intended.
- The establishment of an Asbestos Working Group in order to control, assess and comment on risk and remediation programmes of work.
- To ensure incident reporting both internally and to external authorities is robust.
- To establish training and competency requirements for identified individuals involved in the management of asbestos.
- Clear and concise emergency response procedures.

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# Management of Asbestos Policy

## 1. INTRODUCTION & PURPOSE

- 1.1 Under the Health and Safety at Work etc. Act 1974 and associated Regulations, Solent NHS Trust, will endeavour to comply with the Control of Asbestos Regulations 2012, associated Approved Codes of Practice and best practice guidance. The Trust recognises its 'duty to manage' asbestos within all of its substantive premises, as required under Regulation 4 of Control of Asbestos Regulations 2012. Under Regulation 4 the Trust is obligated to identify and record the location and condition of all asbestos containing materials (ACM) and manage and monitor the related risks. This information will facilitate the development and provision of a comprehensive management plan which should be communicated to those affected. This Policy looks to outline the main principles of asbestos management providing a framework of procedures adopted to comply with the Control of Asbestos Regulations 2012.
- 1.2 The aim of this Policy is to outline the fundamental requirements described within the Trust Asbestos Management Plan, in line with Control of Asbestos Regulations 2012. It will support the implementation of a structured and robust framework which will promote effective asbestos management throughout the Trust.
- 1.3 The Trust will make every reasonable effort to identify, manage and monitor all ACMs within the estate ultimately preventing or reducing exposure to asbestos, as far as is reasonably practicable, to all persons visiting or working within the Trust's Estate. These principles will apply to all properties owned by the Trust and also properties leased by the Trust to provide a particular service.
- 1.4 In the case of sessional space rental in third party premises Solent NHS Trust will seek evidence and assurance from the building landlord for appropriate management and record keeping attributed to ACMs.

## 2. SCOPE & DEFINITIONS

- 2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.
- 2.3 Implementation of this policy shall be the responsibility of the Appointed Responsible Person for Asbestos Management (see 4.3 – 4.4 of this policy), as named within the Trusts' Operational Asbestos Management Plan.

2.4 The document scope covers the main principles of asbestos management and obligations under Control of Asbestos Regulations (CAR) 2012; providing a high level overview of the principles and procedures adopted to develop, manage and maintain a comprehensive Asbestos Management Plan.

2.5 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.

### **3. PROCESS/REQUIREMENTS**

#### **3.1 Asbestos Management Plan**

The Trust will prepare and maintain a management plan setting out in detail how the risks from any identified ACMs within the Trust’s Estate will be managed. The plan will be reviewed and updated annually or following any change to the priority risk assessment.

## 3.2 Asbestos Surveys

- 3.2.1 Asbestos Surveys of all Trust Premises will be carried out in line with Regulation 5 of the Control of Asbestos Regulations 2012 and associated guidance HSE HSG 264 '*The Survey Guide*'.
- 3.2.2 The purpose of the survey is to help identify and manage asbestos found within any Trust premises and this information will form the basis for an asbestos register and subsequent risk assessments and management plan.
- 3.2.3 The Trust will undertake two forms of survey; *Management Surveys* and *Refurbishment and Demolition Surveys*.
- 3.2.4 A management survey is a standard survey which involves minor intrusive work. These surveys will be undertaken in buildings during normal occupation and use. It will identify, as far as reasonable practicable, the presence of ACMs, providing a *material assessment* which evaluates condition. This survey will involve sampling and analysis to confirm the presence or absence of ACMs but can also include presumptions.
- 3.2.5 A refurbishment and demolition survey is fully intrusive and will be undertaken when a building (or part of it) is to be upgraded, refurbished or demolished and will be completed when the building/area is unoccupied. The process will involve destructive inspection of all aspects of the area/structure and assurances must be sought to confirm safe reoccupation of the area once surveyed (if applicable). This method of surveying will also involve sampling and analysis but should not include presumptions. During refurbishment or demolition works the Trust will strive to remove all identified ACMs as far as reasonably practicable.
- 3.2.6 The Trust will provide this *pre-construction* information to any Designers and/or Contractors undertaking any construction project within Trust property as required under the Construction (Design and Management) Regulations 2015.
- 3.2.7 Where a third party is appointed to carry out a survey, assurance will be reviewed by the AWG to ensure that the surveyor has adequate experience and training and are therefore accredited by UKAS as complying with BS EN ISO/IEC 170208 to undertake surveys for ACMs.

## 3.3 Re-Inspections

- 3.3.1 Asbestos surveys will identify and quantify the risk presented from any identified ACMs. This is referred to as the *material assessment* score and will consider the potential fibre release should it be disturbed. The Trust will then assess the likelihood of disturbance identifying and quantifying a *priority assessment* score. Only the Responsible Person in conjunction with the AWG can complete the priority assessment accurately. The *material assessment* and *priority assessment* will be calculated using the scoring algorithms detailed within HSG 264 (Material Assessment) and HSG 227 (Priority Assessment) respectively.
- 3.3.2 Both the *Material* and *Priority* assessment scores will form the basis of an asbestos management plan which will determine control measures and remedial action if required.
- 3.3.3 Where surveys have identified asbestos containing materials (ACMs) and to ensure the asbestos management plan is current and relevant, re-inspections will be undertaken to

identify any changes to the material and priority scores. From this information the Asbestos Register and management plan can be updated to give a true reflection of the current risk presented.

- 3.3.4 Although the frequency of re-inspections is not mandated within the Control of Asbestos Regulations 2012 the Trust, unless supported by a bespoke risk assessment, endeavour to re-inspect all known ACMs at least annually.

### 3.4 Asbestos Register

- 3.4.1 The Trusts asbestos register is a key component of the asbestos management plan and contains information such as location, assessment and action for all identified (via sampling and analysis) and presumed ACMs. The register will remain a live working document that details an accurate account of ACMs within the Trust's Estate.

- 3.4.2 Information contained within the register will be reviewed and updated on a regular basis. This will involve local auditing to identify the accuracy of the information and regular updates following re-inspections or any significant changes

- 3.4.3 The Trust will utilise a software based system, as outlined within the Asbestos Management Plan to record and document all information relating to asbestos management throughout the Trust. This system has been utilised to create, manage and maintain a comprehensive asbestos register.

- 3.4.4 Monitoring and review of the Trust Asbestos Register is the responsibility of the Deputy Responsible Person for Asbestos Management (Trust Wide).

### 3.5 Labelling/Material Identification

- 3.5.1 Although not obligated to do so under Control of Asbestos Regulations 2012, the Trust will label identified ACMs as recommended within Regulation 27. Where labelling is not utilised the Trust will ensure those who might work on or around the material are made aware of its presence.

- 3.5.2 Any labelled ACM will be done so in compliance with Schedule 2 of the Control of Asbestos Regulations 2012 and the Health and Safety (Safety Signs and Signals) Regulations 1996.

### 3.6 Records

- 3.6.1 The Trust's 'Asbestos Records' relate to the following:

- Asbestos Surveys
- Asbestos Risk Register
- Certificate(s) of Re-Occupation
- Air Monitoring
- Location Plans/Drawings
- Exposure Records (supported by Occupational Health and Adverse Incident Reporting)
- Training Records

- 3.6.2 The Trust will produce and maintain a set of up to date plans outlining the location (or absence) of ACMs throughout the Trust. These plans will include data and information

extracted from current asbestos surveys, working on a building by building basis and must be readily available.

- 3.6.3 These asbestos location plans will be reviewed and updated in line with the annual audit/review which will include re-inspection of known ACMs and will be included within the annual report to the Trust Health and Safety Sub-Committee.
- 3.6.4 Any changes that occur will be fully documented and records updated accordingly. This will involve the implementation of document revision control.
- 3.6.5 The Trust will retain all asbestos records for 40 years or the life of any particular building (whichever is the longest).
- 3.6.6 All asbestos related reports will be reviewed and verified by the Deputy Responsible Person for Asbestos Management (Trust Wide) in conjunction with the AWG. These reports as a minimum will occur on a quarterly and annual basis and will include assurances regarding the safe management of asbestos across the Trust. These will be fed via the Estate Senior Managers Meeting into the Trust Health and Safety Sub-Committee as part of the Estate Services routine reporting cycle.

### 3.7 Communication

- 3.7.1 Information on the location and condition of any ACMs will be provided to all persons liable to work on or disturb the material. This will include Trust Staff, contractors, sub-contractors and emergency services and will be available both during and outside normal operating hours.
- 3.7.2 It is the duty of the Trust Asbestos Working Group to ensure adequate communication of any asbestos issues. This will be coordinated through the management plan.

### 3.8 Alterations/Refurbishment Projects

- 3.8.1 Before any works commence the Trust will undertake a Refurbishment and Demolition survey, where it is deemed necessary, to ensure all ACMs are identified within the works area. This will allow the plan of work to include measures to mitigate the risk of uncontrolled exposure to asbestos.
- 3.8.2 It will be the responsibility of the Project Manager/Supervising Officer to ensure the Refurbishment and Demolition Survey is completed and any works with a potential to disturb any identified ACMs are brought to the attention of the Deputy Responsible Person for Asbestos Management (Trust Wide).
- 3.8.3 The Deputy Responsible Person for Asbestos Management (Trust Wide) will provide specialist advice to Project Managers/Supervising Officers and will manage and audit procedures for projects to ensure that they comply with the requirements of this policy and any relevant Legislation and Guidance (refer to 4.7 of this policy).

### 3.9 Abatement Works

- 3.9.1 The Trust will ensure that any works involving asbestos will be carried out in line with the Control of Asbestos Regulations 2012. Any works whether licensable or non-licensable will be

completed by the Trust appointed specialist contractor as outlined within the Trust Asbestos Management Plan.

- 3.9.2 Under Regulation 9, any works identified as Licensable will be notified to the HSE giving a minimum of 14 days' notice before works commence. Notification is given using the FODASB5 form which can be found via the HSE website. This will be completed by the appointed licenced contractor undertaking the works and will be accompanied by a comprehensive plan of works. If a shorter notification period is required e.g. Emergency situation, the HSE may grant a 'waiver' dependant on their opinion of the urgency of the work.
- 3.9.3 The Trust will ensure that any works involving ACMs that are classified as *non-licensable* will be undertaken by suitable trained and competent persons. Any non-licensed works undertaken by Trust Staff will be in accordance with HSE guidance *Asbestos Essentials*. This includes the annual medical review of relevant staff when required.
- 3.9.4 Some non-licensed work may still require notification. In instances where this is the case the Deputy Appointed Person responsible for Asbestos Management (Trust Wide) will ensure that works are notified using an ASBNNLW1 form which can be completed online via the HSE Website. This notification is required before works begin however there is no stipulated minimum prior notice period for Notifiable Non-Licensed Work (NNLW).
- 3.9.5 Where Abatement works are within an environment that require further safe systems of work the Appointed Person responsible for Asbestos Management (Trust Wide) will work with Appointed Persons from other disciplines to ensure the correct Permits to Work are in place e.g. confined Spaces, isolation of mechanical and electrical services etc.

### 3.10 Exposure and Emergency Procedures

- 3.10.1 The Trust will implement Emergency Procedures should a material thought to contain asbestos is discovered and/or if there has been an incident involving uncontrolled or unexpected asbestos fibre release. These procedures are in-line with *EM1 Asbestos Essentials – What to do if you discover or accidentally disturb asbestos during your work*. An 'Emergency Procedure' flow chart can be found under Appendix B.
- 3.10.2 Any exposure to asbestos should be reported via the Trust Incident Reporting System (Ulysses) and notified to the HSE in line with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Trust employees exposed directly to asbestos containing material will be referred to the Occupational Health Service for assessment and where appropriate on-going health surveillance.
- 3.10.3 Abatement works implemented as part of the Emergency Procedures may warrant an application to waive the 14 day notification period required for licensed works. If required this will be requested by the Trust and the decision will be at the discretion of the HSE. No works should be undertaken until formal approval has been given from the HSE.

## 4. **ROLES & RESPONSIBILITIES**

### 4.1 Chief Executive Officer (Duty Holder)

As the person with overall responsibility for maintenance or repair of premises, the Chief Executive is the Duty Holder for the organisation. The duty holder's legal responsibilities cannot be delegated, but the Duty Holder can nominate others to do all or part of the work to

assist in complying with the duties. In delegating tasks, safety representatives must be consulted about the arrangements to appoint a competent person or organisation. The duty holder must be satisfied that the nominated person/organisation can adequately deliver their duty to manage.

4.2 The Chief Executive has delegated responsibility for the day to day management for compliance with CAR 2012 and this supporting policy to the Associate Director of Estates and Facilities Management as outlined below. A Deputy Responsible Person will then be appointed in writing, on the recommendation of the Associate Director of Estates and Facilities Management, who will manage and control asbestos containing materials present within Trust premises.

4.3 Associate Director of Estates and Facilities Management (Appointed Responsible Person)  
The Chief Executive Officer delegates the day to day management of Asbestos to the Associate Director of Estates and Facilities Management by means of a formal letter of appointment.

4.4 On behalf of the Chief Executive (Duty holder), the Associate Director of Estates and Facilities Management (Responsible Person) will ensure that:

- The Policy is effectively managed, administered and reviewed;
- reasonable steps are taken to find materials in premises likely to contain asbestos and to check their condition;
- materials are presumed to contain asbestos unless there is strong evidence that they do not;
- a written record of the location and condition of asbestos and/or presumed ACMs is made and that the record is kept up to date;
- the risk of anyone being exposed to these materials is assessed;
- a written plan to manage that risk is prepared and that the plan is put into effect to make sure that:
  - any material known or presumed to contain asbestos is kept in a good state of repair;
  - any material that contains or is presumed to contain asbestos is, because of the risks associated with its location or condition, repaired and adequately protected or, if it is in a vulnerable position and cannot be adequately repaired or protected, it is removed;
  - information on the location and condition of the material is given to anyone who is liable to disturb it or is otherwise potentially at risk.

4.5 Deputy Responsible Person (Senior Estates Operations Manager)  
On the recommendation of The Associate Director of Estates and Facilities Management, the Chief Executive will formally appoint a Deputy Responsible Person for Asbestos Management (Trust Wide) who will be named within the Trust's Asbestos Management Plan.

4.6 On behalf of the Associate Director of Estates & Facilities Management the Deputy Responsible Person for Asbestos Management (Senior Estate Operations Manager) will be responsible for:

- Preparation and maintenance of the Trust Asbestos Management Plan
- Day to day management of asbestos throughout the Trust
- Surveys, management systems and records
- Management of a training plan/schedule

- Management of the asbestos register ensuring it is kept up to date & reviewed when required including the responsibility to oversee the application of appropriate priority assessment scores.
- Ensuring all relevant information is available regarding the location and management of asbestos and is provided to the Trust Board through the corporate governance structure outlined below.
- Auditing asbestos management procedures, processes and systems within the Trust and with 3rd party premises on a regular basis.
- The provision of specialist technical advice including preparation of specifications and tender/quotation requests for approved projects.
- Ensuring there is a system in place to check the adequacy of competency, accreditations and relevant licensing for appointed contractors.
- Supervision and advice to the Estates Projects Team to ensure compliance in accordance with policy and procedure.

#### 4.7 Health and Safety Representative (Health and Safety Lead)

The Trust Health and Safety advisor will support the Estates Department and staff to comply with CAR 2012, providing support and advice as required.

#### 4.8 Specialist Advisor –Asbestos

An independent industry expert who will be responsible for consultancy support to The Estates Department/AWG and providing impartial auditing of the Trust's compliance around CAR 2012.

#### 4.9 Asbestos Working Group

The Asbestos Working Group (AWG) is responsible for the coordination and oversight of asbestos risks and remedial activities. The meeting will be formally documented and will form part of the asbestos risk management records. The Group will work to agreed Terms of Reference.

The AWG will form part of the Trust's corporate governance structure and will report to the Trust Health and Safety Sub-Group. An annual report will be prepared which includes assurances regarding the safe management of asbestos across the Trust including the systems for managing contractors.

#### 4.10 Capital Projects

Where required the Capital Projects team will work with the Deputy Responsible Person for Asbestos Management (Senior Estates Operations Manager) to ensure any projects/schemes consider the requirements of the Control of Asbestos Regulations 2012 and ensure implementation of this policy where necessary.

## 5. **TRAINING & COMPETENCY**

- 5.1 The Trust will implement a training matrix as required under Regulation 10 of the Control of Asbestos Regulations 2012 to ensure that any persons liable to disturb asbestos during their work, or who supervise such employees, receive the correct level of training to enable them to carry out their work safely and competently.
- 5.2 All identified Trust Estates Staff will receive a minimum of 'Asbestos Awareness' training to ensure that they are familiar with the content of this policy, the properties of asbestos and its

effect on health, types, uses and likely ACMs found in buildings; emergency procedures and also best practice on avoidance of exposure to asbestos.

- 5.3 Asbestos Awareness training and re-fresh training is required to be undertaken by all staff engaged with the installation and maintenance of infrastructure associated with Information, Communication and Technology.
- 5.4 Asbestos Awareness training will be refreshed every 12 Months by all staff required to do so. Training and competency will be recorded on a technical skills competency matrix administered by the Estates Maintenance Department this will be shared with the Trust's Learning and Development Department where it is qualified as mandatory training.
- 5.5 All staff with a responsibility to manage asbestos or projects/schemes with a potential to disturb asbestos will undertake additional training specific to their role. All Estates officers who meet these criteria will be selected to enrol and complete the BOHS P405 – Management of Asbestos in Buildings. Training and competency will be recorded on a technical skills competency matrix administered by the Estates Maintenance Department this will be shared with the Trust's Learning and Development Department where it is qualified as mandatory training.
- 5.6 The BOHS P405 – Management of Asbestos in Buildings course refresher will be undertaken by appointed estates staff every 3 years. The refresher will involve the theoretical aspect of the course without the examination. This refresher can only be undertaken by employees that have passed the initial examination. Training and competency will be recorded on a technical skills competency matrix administered by the Estates Maintenance Department this will be shared with the Trust's Learning and Development Department where it is qualified as mandatory training.
- 5.7 Any appointed Contractor or Sub-Contractor undertaking works (whether asbestos related or not) should have in date asbestos awareness training as a minimum. Evidence should be provided to the Estate Maintenance and/or Estate Projects Department ahead of the commencement of any formally instructed works. For term contractors this will be audited and verified annually as part of the management of contractors protocols.
- 5.8 Before any non-licensed works can be undertaken by Trust appointed persons all identified personnel must be adequately trained to '*Category B – Non Licensed Work*' in-line with HSG210: Asbestos Essentials. This will be arranged as required. Non-licensed work will be typically undertaken by a licensed removal contractor.
- 5.9 Staff roles will be defined and approved by the Asbestos Working Group. Training and competency will be recorded on a technical skills competency matrix administered by the Estates Maintenance Department this will be shared with the Trust's Learning and Development Department where this is qualified as mandatory training.

## **6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY**

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

6.2 The assessment found that the implementation of and compliance with this policy has no impact on any Trust employee on the grounds of protected characteristics. See Appendix A.

## 7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1 Independent auditing will be undertaken on an annual basis on the effectiveness and delivery of this policy in accordance with CAR 2012.

7.2 Any incidents of non-compliance will be reported via the Trust's incident reporting system and reviewed quarterly by the AWG. Any subsequent issues/findings resulting from the review shall be incorporated in the new version of the document.

## 8. REVIEW

8.1 This policy shall be reviewed periodically or when there is significant change i.e. change in legislation. The review shall focus on, but not be exclusively restricted to, the following.-

- Legislation
- Guidance
- Best Practice
- Responsibility and management structure
- Personnel
- Training
- Changes to site details
- Work Practices.
- Review of asbestos register, risks and priorities. Reviews shall be documented with the changes being fully disseminated.
- Incidents
- Active and Reactive monitoring
- Effectiveness of management action

8.2 An independent audit / review of asbestos management, procedures, asbestos records register and survey reports will be carried out on an annual cycle.

8.3 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

## 9. REFERENCES AND LINKS TO OTHER DOCUMENTS

### 9.1 References

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- Health and Safety (Safety Signs and Signals) Regulations 1996

## 9.2 Associated Documentation

- Health Surveillance Policy
- Control of Substances Hazardous to Health
- Health and Safety Policy - HS01
- Asbestos Management Plan
- Management and Reporting of Accidents and Incidents Policy

## 10. GLOSSARY

### 10.1

ACM	Asbestos Containing Material
AWG	Asbestos Working Group
CAR	Control of Asbestos Regulations 2012
EA	Environment Agency
HSE	Health and Safety Executive
ISO	International Standards Organisation
IT	Information Technology
MDHS	Methods for Determining Hazardous Substances
NNLW	Notifiable Non-Licensed Work
PPE	Personal Protective Equipment
RPE	Respiratory Protective Equipment
SMT	Senior Management Team
THSC	Trust Health and Safety Committee
UKAS	United Kingdom Accreditation Service
RP(A)	Responsible Person for Asbestos Management Trust Wide

## Appendix: A

### Equality Analysis and Equality Impact Assessment

**Equality Analysis** is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

**Equality Impact Assessment (EIA)** is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

### Equality Impact Assessment (EIA)

#### Step 1: Scoping and Identifying the Aims

Service Line / Department	Estates & Facilities/Estate Maintenance	
Title of Change:	Management of Asbestos Policy	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	To ensure that all individuals within the Solent NHS Trust estate and buildings, whether patient, client or staff are protected from the risk of asbestos containing materials in accordance with statutory legislation.	

#### Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: (e.g. adjustment to the policy)
Sex			X	
Gender reassignment			X	
Disability			X	
Age			X	
Sexual Orientation			X	
Pregnancy and maternity			X	
Marriage and civil partnership			X	
Religion or belief			X	
Race			X	

*If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.*

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	Health & Safety Advisor Senior Estates Management Group Specialist Independent Asbestos Advisor
Have you taken into consideration any regulations, professional standards?	Yes	Health and Safety Executive statutory documentation, Control of Asbestos Regulations 2012 and Independent Asbestos Management Surveys

### Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?			
Who will be responsible for monitoring and regular review of the document / policy?			

### Step 4: Authorisation and sign off

*I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.*

Equality Assessor:	Chris James	Date:	01/12/2020
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## Additional guidance

Protected characteristic	Who to Consider	Example issues to consider	Further guidance	
1	<b>Disability</b>	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Communication formats (visual &amp; auditory)</li> <li>• Reasonable adjustments.</li> <li>• Vulnerable to harassment and hate crime.</li> </ul>	Further guidance can be sought from: Solent Disability Resource Group
2	<b>Sex</b>	A man or woman	<ul style="list-style-type: none"> <li>• Caring responsibilities</li> <li>• Domestic Violence</li> <li>• Equal pay</li> <li>• Under (over) representation</li> </ul>	Further guidance can be sought from: Solent HR Team
3	<b>Race</b>	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Language</li> <li>• Cultural traditions</li> <li>• Customs</li> <li>• Harassment and hate crime</li> <li>• "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic</li> </ul>	Further guidance can be sought from: BAME Resource Group
4	<b>Age</b>	Refers to a person belonging to a particular age range of ages (e.g., 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> <li>• Assumptions based on the age range</li> <li>• Capabilities &amp; experience</li> <li>• Access to services technology skills/knowledge</li> </ul>	Further guidance can be sought from: Solent HR Team
5	<b>Gender Reassignment</b>	"The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> <li>• Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use.</li> </ul>	Further guidance can be sought from: Solent LGBT+ Resource Group
6	<b>Sexual Orientation</b>	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> <li>• Lifestyle</li> <li>• Family</li> <li>• Partners</li> <li>• Vulnerable to harassment and hate crime</li> </ul>	Further guidance can be sought from: Solent LGBT+ Resource Group
7	<b>Religion and/or belief</b>	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> <li>• Disrespect and lack of awareness</li> <li>• Religious significance dates/events</li> <li>• Space for worship or reflection</li> </ul>	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8	<b>Marriage</b>	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> <li>• Pensions</li> <li>• Childcare</li> <li>• Flexible working</li> <li>• Adoption leave</li> </ul>	Further guidance can be sought from: Solent HR Team
9	<b>Pregnancy and Maternity</b>	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> <li>• Employment rights during pregnancy and post pregnancy</li> <li>• Treating a woman unfavourably because she is breastfeeding</li> <li>• Childcare responsibilities</li> <li>• Flexibility</li> </ul>	Further guidance can be sought from: Solent HR team

## Appendix: B

## Emergency Procedures

### Flow chart

