The Newcastle upon Tyne Hospitals NHS Foundation Trust

Asbestos Management Policy

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Effective From:	21 May 2018
Expiry Date:	21 May 2021
Date Ratified:	15 February 2018
Ratified By:	Trust Health and Safety Committee

1 Introduction

Under the Health and Safety at Work etc. Act 1974 and associated Regulations, The Newcastle Upon Tyne Hospitals NHS Foundation 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 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.

2 Scope

This Policy applies to all persons including Newcastle upon Tyne Hospitals NHS Foundation Trust Employees, Building users and Contractors who have a responsibility to ensure a safe and healthy working environment. This policy applies to any building/premises either owned or leased/rented by the Trust including those occupied by Community and Outreach services. Implementation of this policy shall be the responsibility of the Appointed Responsible Person for Asbestos Management (Trust Wide), as named within the Trusts' Asbestos Management Plan.

The document scope covers the main principles of asbestos management and our 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.

3 Aims

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.

The Trust will strive to identify, manage and monitor all ACMs within the Trust, ultimately preventing or reducing exposure to asbestos, as far as 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.

4 Duties (Roles and responsibilities)

4.1 Chief Executive (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 dutyholder'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 when satisfied the duty to manage.

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

4.2 Director of Estates (Responsible Person)

The Chief Executive delegates the day to day management of Asbestos to the Director of Estates.

On behalf of the Chief Executive (Duty holder), the Director of Estates (Responsible Person) will ensure that:

- 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.

4.3 Deputy Responsible Person (Trust Wide)

On the recommendation of The Director of Estates, 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.

On behalf of the Director of Estates the Deputy Responsible Person for Asbestos Management (Trust Wide) 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.

4.4 Site Asbestos Lead

The Asbestos Working Group will nominate appropriately trained persons to act as site specific asbestos leads covering RVI, Freeman, CAV and Community sites. Each site lead will support the Deputy Responsible Person in the implementation of this policy and undertake the duties of Responsible Person when required.

4.5 Health and Safety Representative

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

4.6 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 the Terms of Reference which can be found under Appendix 2.

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

4.7 Capital Projects

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

5 Definitions

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-Licenced 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

6 Implementation

6.1 Asbestos Management Plan

The Trust will prepare and maintain a management plan setting out in detail how the risks from any ACMs within the Trust's Estate will be managed. Details to be included in the management plan are outlined under appendix 1. The plan will be reviewed and updated annually or following any change to the priority risk assessment.

6.2 Asbestos Surveys

6.2.1 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'*.

6.2.2 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.

6.2.3 The Trust will undertake two forms of survey; *Management Surveys* and *Refurbishment and Demolition Surveys*.

6.2.4 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.

6.2.5 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 remove all identified ACMs as far as reasonably practicable.

6.2.6 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.

6.2.7 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.

6.3 Re-Inspections

6.3.1 Asbestos surveys will identify and quantity 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 Duty Holder (Trust) 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), HSG 227 (Priority Assessment) and found under Appendix 3.

6.3.2 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.

6.3.3 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.

6.3.4 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.

6.4 Asbestos Register

6.4.1 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.

6.4.2 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.

6.4.3 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.

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

6.5 Labelling

6.5.1 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.

6.5.2 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.

6.6 Records

6.6.1 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 (inc. OHS report and Datix)
- Training Records

6.6.2 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.

6.6.3 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 Committee.

6.6.4 Any changes that occur will be fully documented and records updated accordingly. This will involve the implementation of document revision control.

6.6.5 The Trust will retain all asbestos records for 40 years or the life of any particular building (whichever is the longest).

6.6.6 All asbestos related reports will be prepared by the Deputy Responsible Person for Asbestos Management (Trust Wide). 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 into the Trust Health and Safety Committee and onto the Trust Risk Management and Assurance Committee.

6.7 Communication

6.7.1 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 at all times.

6.7.2 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.

6.8 Alterations/Refurbishment Projects

6.8.1 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.

6.8.2 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).

6.8.3 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.

6.9 Abatement Works

6.9.1 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.

6.9.2 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 eg. Emergency situation, the HSE may grant a 'waiver' dependant on their opinion of the urgency of the work.

6.9.3 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.

6.9.4 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-Licenced Work (NNLW).

6.9.5 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 eg. confined Spaces, isolation of mechanical and electrical services etc.

6.10 Exposure and Emergency Procedures

6.10.1 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 4.

6.10.2 Any exposure to asbestos should be reported as an incident on Datix and notified to the HSE in line with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

6.10.3 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.

7 Training and Competency

7.1.1 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.

7.1.2 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.

7.1.3 Asbestos Awareness training will also be undertaken by all staff within the Helpdesk and Network team if the Information Management & Technology Directorate

7.1.4 Asbestos Awareness training will be refreshed every 12 Months by all staff required to do so.

7.1.5 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 expected to enrol and complete the BOHS P405 – Management of Asbestos in Buildings.

7.1.6 The BOHS P405 – Management of Asbestos in Buildings course refresher will be undertaken by all successful candidates, 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.

7.1.7 Any appointed Contractor or Sub-Contractor undertaking works (whether asbestos related or not) should have asbestos awareness training as a minimum. Evidence should be provided and recorded during any pre-appointment/employment checks and will be audited on an annual basis.

7.1.8 Before any non-licensed works can be undertaken by Trust Staff 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.

7.1.9 Staff roles have been identified and approved by the Asbestos Working Group and notification made to the Trust Training and Workforce Development department. Training is managed through the Trust electronic system.

8 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring Compliance

Standard / process / issue	***Monitoring and audit***			
	Method	***By***	***Committee***	***Frequency***
Risk register of Asbestos risks and Incidents (including investigation and lessons learned)	*Report*	*Deputy Responsible Person - DRP(A)*	*Asbestos Working Group* *Health and Safety Committee*	*Quarterly*
Training requirements as defined in the policy	Report on compliance with requirements	*Deputy Responsible Person - DRP(A)*	*Asbestos Working Group*	6-monthly
Trust Asbestos Management: Overview with exception reporting. To provide assurance on compliance on the Asbestos Management Review, the audit of Trust Asbestos Register and issues by exception.	*Summary Report*	*DRP(A)*	*Health and Safety Committee*	*Annually*
Trust Asbestos Management Update: Summary report on compliance with assurance received at the AWG and issues by exception.	*Report*	*RP(A)*	*Health and Safety Committee*	*Quarterly*

Audit of Trust Asbestos Management Plan including frequency of review of the management plan and compliance with: *Whether only asbestos-trained contractors carried out all relevant work (including confirmation of qualification/competence);* *Completion of work to repair, protect or remove ACMs according to plan;* *Monitoring the condition of ACMs;* *Communication of the content of the plan;* *Actioning of the relevant contingency arrangements if the main contact person is not available;* *Prioritising actions according to the plan;* *Whether high priority was planned and given to damaged materials and materials likely to be disturbed.* *Training needs analysis (TNA)*	*Audit report*	*RP(A)*	*Asbestos Working Group*	*Annually*
Audit of Trust Asbestos Register including: *Completion, update and review of the asbestos register;* *Effectiveness of the arrangements for checking the register before work starts;*	*Audit*	*DRP(A)*	*Asbestos Working Group*	*6 Monthly*
Audit 3rd Party(Community Services) Asbestos Management	*Audit*	*DRP(A)*	*Asbestos Working Group*	*Annually*
Frequency of the AWG meetings, membership attendance and compliance	*Audit*	*DRP(A)*	*Asbestos Working Group*	*Annually*

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10 Consultation and review

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

An independent audit / review of asbestos management, procedures, asbestos records register and survey reports will be carried out on a periodic basis.

The policy has been reviewed by members of the AWG, including Health and Safety and senior estates staff (engineering & building), with formal ratification by the Health and Safety Committee.

11 References & Further Information

- AAA Training Co Ltd, 2013. *BOHS P405 - Management of Asbestos in Buildings*. 7th ed. Sudbury: AAA Training Co Ltd.
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- Health and Safety Executive, 2006. *HSG248 Asbestos: The analysts' guide for sampling, analysis and clearance procedures*. Sedbury: Health and Safety Executive.
- Health and Safety Executive, 2012. *HSG264 Asbestos: The survey guide*. 2nd ed. Sedbury: Health and Safety Executive.
- Health and Safety Executive, 2012. *INDG223 Managing asbestos in buildings: A brief guide*. 5th ed. Sedbury: Health and Safety Executive.

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- Health and Safety Executive, n.d. *HSG210 Asbestos essentials*. Sudbury: Health and Safety Executive.
- UK Parliament, 1974. *Health and Safety at Work etc Act 1974*. Norwich: The Stationary Office Parliament.
- UK Parliament, 1999. *Management of Health and Safety at Work Regulations 1999*. Norwich: The Stationary Office UK Parliament.
- UK Parliament, 2012. *Control of Asbestos Regulations 2012*. Norwich: The Stationary Office UK Parliament.
- Health and Safety (Safety Signs and |Signals) Regulations 1996

12 Associated documentation

Health and Safety Policy

Asbestos Management Plan

Management and Reporting of Accidents and Incidents Policy

Serious Incidents (SI's) Reporting and Management Policy

Appendix 1 – Asbestos Management Plan – Formation and Implementation

Appendix 2 – Asbestos Working Group Terms of Reference

Appendix 3 – Material and Priority Assessment Algorithm

Appendix 4 – Emergency Procedures

Appendix 1

Management Plan- Formation and Implementation

The management plan should set out how the risks identified from asbestos will be managed. Details should include:

- identifying the person(s) responsible for managing the asbestos risk;
- a copy of the asbestos record or register and how to access it if it is kept electronically;
- Instructions that any work on the fabric of the building cannot start without the relevant parts of the record/register being checked. The plan should include details for how this will be achieved.

In particular, the plan should identify the procedures and arrangements to make sure;

- the record/register is checked in good time before the work starts;
- checks will be made that the information on the presence of asbestos has been understood and will be taken into account;
- checks will be made that the correct controls will be used and that competent asbestos-trained contractors will carry out the work;
- plans for any necessary work identified from the risk assessment, eg
- repair, protect or remove ACMs;
- the schedule for monitoring the condition of any ACMs;
- how to communicate the content of the management plan;
- contingency arrangements if the main contact person for asbestos risk management is not available.

Actioning the management plan

The AWG will oversee implementation of the management plan to manage the risks of asbestos. The action plan should:

- Prioritise the actions identified;
- Give high priority to damaged material and materials likely to be disturbed; these will need to be repaired, sealed, enclosed protectively or removed using trained and competent personnel.

Where necessary, competent specialist advice will be sought from an asbestos surveyor, a laboratory or a licensed contractor, or other competent person as appropriate in order to manage the risks appropriately.

The plan should include procedures and responsibilities to ensure that the asbestos register is shared with any worker/contractor carrying out maintenance or other work. The asbestos register, including drawings, should be available on site for the entire life of the premises and should be kept up to date.
Work should only start once the duty holder is satisfied that the information in the asbestos record/register is known and understood by the workers who are doing the work on site and easily accessible for anyone who needs to inspect it.

Appendix 2

Asbestos Working Group
Estates Department

Membership:
Site Asbestos Person (FH)/Estates Manager- Operations (Building) - Chair
Deputy Responsible Person (Asbestos)/Estates Officer - Deputy Chair
Site Asbestos Person (RVI)/Head of Capital, Strategy and Planning
Site Asbestos Person (CAV)/Senior Estates Officer
Estates Manager- Operations (Engineering) RVI
Estates Manager- Operations (Engineering) FH
Asbestos Systems Manager (MICAD management)
Trust Health and Safety Representative
Responsible Person (Asbestos)/ Director of Estates- will communicate by e-mail/minutes

(Identify deputies where appropriate.)

Quorum	Chairman or deputy, and three others including one other site asbestos person, one senior engineer and Health and Safety representative. It is expected that members of the group (or their deputies) attend at least 75% meetings per year. Consider naming individuals that must attend or send a deputy for the group to be quorate.
Frequency	Meeting will quarterly with other meetings convened as necessary.
By Invitation:	Individuals or groups as and when required to enable informed decision making.
Accountable to:	The Trust Health and Safety Committee via an Asbestos Annual Report and quarterly 'Estates report'. Report to Board via Health and Safety Committee.
Liaison with:	Estates Engineering & Building meeting (verbal update and report as requested), Estates Risk Management and Governance Group (via the risk register).
Overall Purpose:	The Asbestos Working Group is responsible for the coordination and oversight of asbestos risks and remedial activities. The meetings will be formally documented, and will form part of the asbestos risk management records.

Terms of Reference

The Group will ensure that the following actions are implemented:

There is a comprehensive policy in place that clearly outlines how Asbestos Management will be conducted, with clear lines of responsibility.

Oversee / seek assurance that all reasonably practicable measures have been taken to determine the location and condition of materials likely to contain asbestos [ACM's].

Presume materials contain asbestos unless there is strong evidence that they do not; Oversee and monitor that an up-to-date record of the location and condition of ACM's or presumed ACM's is maintained and kept up to date.

Monitor that risk assessments are in place for all locations and activities which could give rise to anyone being exposed to fibres from these ACM's.

Oversee the production and implementation of an Asbestos Management Plan setting out how risk from ACMs will be managed.

Oversee and monitor to ensure that the plan is implemented and escalate any areas of non-compliance.

Ensure that (via the local managers) information on the location and condition of ACMs is available and issued to anyone, including tenants under a service level agreement, liable to work on or disturb them.

Manage emergency response to any incidents or accidental asbestos fibre release.

Ensure that, where there has been a suspected or inadvertent exposure to airborne asbestos that an investigation is undertaken, that records are completed for each employee and a copy of the record is placed in their personnel file and that the incident is recorded on the Trust incident system (DATIX).

Review any incidents brought to the group and agree any actions required to reduce or eliminate the risk of any further occurrence.

Maintain and update the Trust risk register relating to operations and compliance issues concerning Asbestos.

Oversee medical surveillance for employees undertaking notifiable non-licenced works (NNLW) in line with Control of Asbestos Regulation (CAR) 2012 Regulation 22.

Identifying/oversee appropriate training programmes, training needs analysis (TNA) and monitoring compliance with training requirements.

Support the Competent Person with issues that arise with their responsibility for the day to day management of Asbestos.

The Group will receive and review reports of progress regarding the management of asbestos risks, and review assurance regarding the safe management of asbestos.

An annual audit will review compliance with the Terms of reference.

A typical agenda for the Asbestos Working Group meetings is:
1. Present / Apologies;
2. Notes of last Meeting;
3. Matters Arising;
Asbestos action plan
4. Asbestos surveys
    a. Management Surveys
    b. Refurbishment & Demolition

5. Management Plan;
6. Training;
7. Risk Register;
8. Any Other Business;
9. Date of next Meeting;

Date approved (AWG): 18th Dec 2017
Date ratified (Health and Safety Committee): 15th February 2018
Review date: Dec 2018

Appendix 3

PRIORITY ASSESSMENT ALGORITHM

To be completed in conjunction with HSG 227.

Priority Assessment Algorithm			
Assessment factor:	**Variable(s) selected:**	**Score for each variable**	**Overall Score**
NORMAL OCCUPANT ACTIVITY Main type of activity in area			
LIKELIHOOD OF DISTURBANCE Location: Accessibility: Extent/amount:			**average =**
HUMAN EXPOSURE POTENTIAL Number of occupants Frequency of use of area Average time area is in use			**average =**
MAINTENANCE ACTIVITY Type of maintenance activity Frequency of maintenance activity			**average =**
Total priority assessment score			
Material assessment score (supplied by surveyor)			
Total of material and priority assessment scores			

PRIORITY ASSESSMENT ALGORITHM

Priority Assessment Algorithm		
Assessment Factor	**Score**	**Examples of score variables**

Normal occupant activity Main type of activity in area Secondary activities for area	0 1 1 3 As above	Rare disturbance activity (e.g. little used store room). Low disturbance activities, (e.g. office type activity). Periodic disturbance (e.g. industrial or vehicular activity which may contact ACMs) High level of disturbance, (e.g. fire door with asbestos insulating board sheet in constant use) As Above	
Likelihood of disturbance Location Accessibility Extent/amount	0 1 2 3 0 1 2 3 0 1 2 3	Outdoors Large rooms or well-ventilated areas Rooms up to 100 m^2 Confined spaces Usually inaccessible or unlikely to be disturbed Occasionally likely to be disturbed Easily disturbed Routinely disturbed Small amounts or items (e.g. strings, gaskets) $\geq 10m^2$ or $\geq 10m$ pipe run $>10m$ $\geq 50m^2$ or $>10m$ $\geq 50m$ pipe run $>50m^2$ or $>50m$ pipe run	**Average Result**
Human exposure potential Number of occupants Frequency of use of area Average time area is in use	0 1 2 3 0 1 2 3 0 1 2 3	None 1 to 3 4 to 10 >10 Infrequent Monthly Weekly Daily >1 hour >1 to 3 hours >3 to <6 hours >6 hours	**Average Result**
Maintenance activity Type of maintenance activity Frequency of maintenance activity	0 1 2 3 0 1 2 3	Minor disturbance (e.g. possibility of contact when gaining access) Low disturbance (e.g. changing light bulbs in asbestos insulating board ceiling) Medium disturbance (e.g. lifting one or two asbestos insulating board ceiling tiles to access a valve) High levels of disturbance (e.g. removing a number of asbestos insulating board ceiling tiles to access a valve or for recabling) ACM unlikely to be disturbed for maintenance ≤ 1 per year >1 per year >1 per month	**Average Result**

MATERIAL ASSESSMENT ALGORITHM

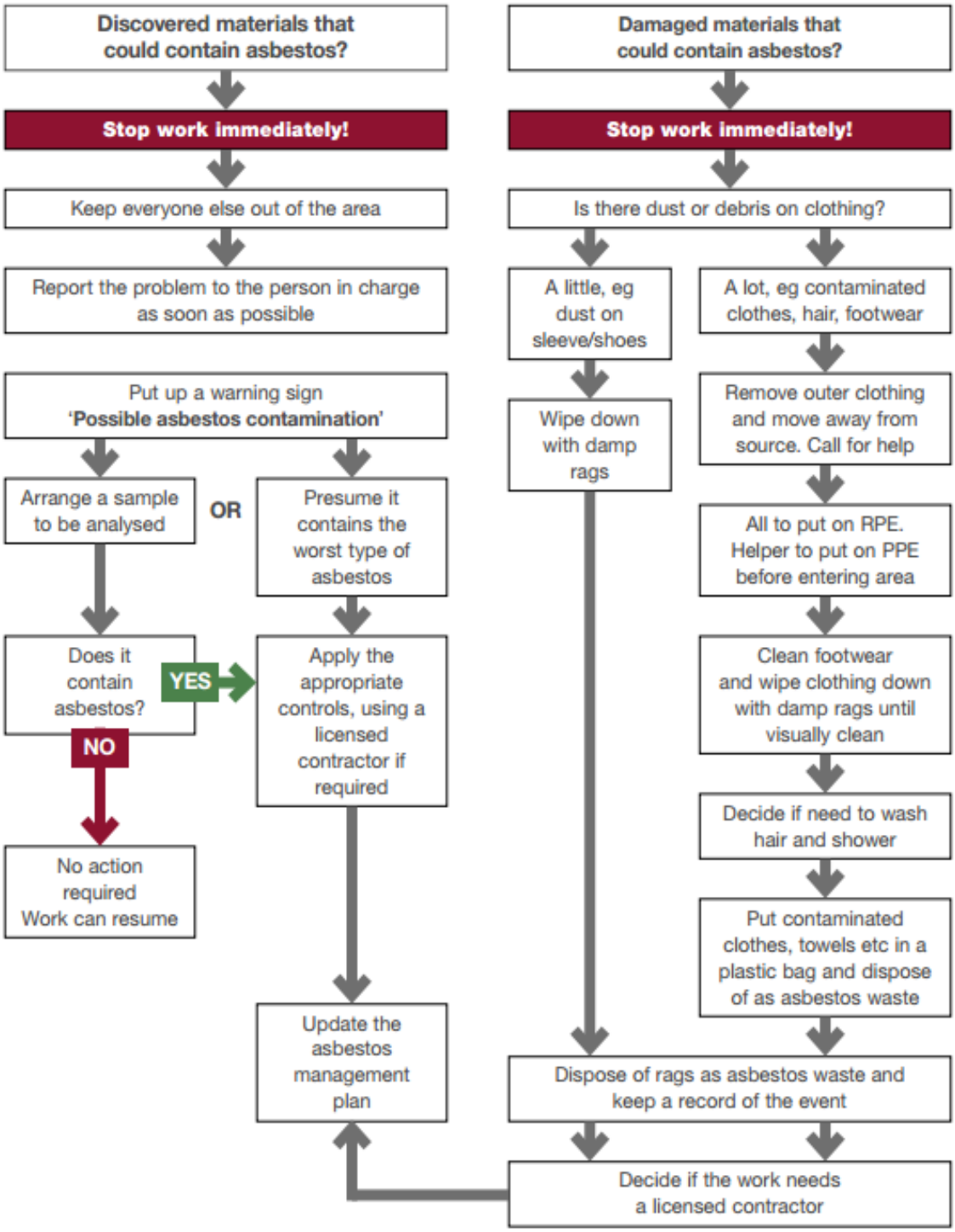
Material Assessment Algorithm			
Sample Variable	**Score**	**Examples of Scores**	**Material Score**

Product type (or debris from product)	1	Asbestos reinforced composites (plastics, resins, mastics, roofing felts, vinyl floor tiles, semi-rigid paints or decorative finishes, asbestos cement, etc.)	
	2	Asbestos insulating board, mill boards, other low density insulation boards, asbestos textiles, gaskets, ropes and woven textiles, asbestos paper and felt.	
	1	Thermal insulation (e.g. pipe and boiler lagging), sprayed asbestos, loose asbestos, asbestos mattresses and packing.	
Extent of damage/ deterioration	0	Good condition: no visible damage.	
	1	Low damage: a few scratches or surface marks; broken edges on boards, tiles, etc.	
	2	Medium damage: significant breakage of materials or several small areas where material has been damaged revealing loose asbestos fibres.	
	3	High damage or delamination of materials, sprays and thermal insulation. Visible asbestos debris.	
Surface treatment	0	Composite materials containing asbestos: reinforced plastics, resins, vinyl tiles.	
	1	Enclosed sprays and lagging, asbestos insulating board (with exposed face painted or encapsulated), asbestos cement sheets, etc.	
	2	Unsealed asbestos insulating board, or encapsulated lagging and sprays.	
	3	Unsealed laggings and sprays.	
Asbestos type	1	Chrysotile	
	2	Amphibole asbestos excluding crocidolite.	
	3	Crocidolite	
Total Score			

Appendix 4

EMERGENCY PROCEDURES

Flow chart



Emergency Procedure (HSE)

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 15th March 2018

2. **Name of policy ~~/ guidance/ strategy / service development / Investment plan/Board Paper~~:**

Asbestos Management Policy

3. **Name and designation of author:**

Colin Addison, Health & Safety and Asbestos Manager

4. **Names & Designations of those involved in the impact analysis screening process:**

Lucy Hall, Equality and Diversity Lead

5. **Is this a:** Policy

   Is this: Revised

   Who is affected: Employees

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes?**
(These can be cut and pasted from your policy)

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. The Trust will strive to identify, manage and monitor all ACMs within the Trust, ultimately preventing or reducing exposure to asbestos, as far as 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.

7. Does this policy, strategy, or service have any equality implications? Yes

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

Complies with the Control of Asbestos Regulations 2012 just needs an amend in relation to the alert notice

8. Summary of evidence related to protected characteristics

Protected Characteristic	**Evidence** **What evidence do you have that the Trust is meeting the needs of people in all protected Groups related to the document you are reviewing–** please refer to the Equality Evidence within the resources section at the link below: http://nuth-vintranet1:8080/cms/SupportServices/EqualityDiversityHumanRights.aspx	**Does evidence/engagement highlight areas of direct or indirect discrimination?** For example differences in access or outcomes for people with protected characteristics	**Are there any opportunities to advance equality of opportunity or foster good relations**? If yes what steps will be taken? (by whom, completion date and review date)
Race / Ethnic origin (including gypsies and travellers)	Provision of Interprets Information available in other formats on request Mandatory EDHR Training	Some patients may not be able to recognise the warning notice in only in word format.	Add a pictorial alert to warning notice
Sex (male/ female)	None relevant to this policy	No	No
Religion and Belief	None relevant to this policy	No	No
Sexual orientation including lesbian, gay and bisexual people	None relevant to this policy	No	No
Age	Trust work in relation to Dementia Care	Some patients may not be able to recognise the warning notice in only in word format.	Add a pictorial alert to warning notice
Disability – learning difficulties, physical disability, sensory impairment and	Provision of BSL Signers and Deaf Blind Guides LD Liaison Nurse, flagging of learning disability and patient passport.	Some patients may not be able to recognise the warning notice in only in word format.	Add a pictorial alert to warning notice

mental health. Consider the needs of carers in this section			
Gender Re-assignment	None relevant to this policy	No	No
Marriage and Civil Partnership	None relevant to this policy	No	No
Maternity / Pregnancy	None relevant to this policy	No	No

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement **No**

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No, this policy supports the right to life by preventing and managing exposure to asbestos

PART 2

Name of author:

Colin Addison

Date of completion

15th March 2018

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)