

Policy:

EST 006 - Management of Asbestos

[Extension to Review Date ratified on 27/07/2020 by the Finance & Performance Committee]

Executive or Associate Director lead	Executive Director of Finance
Policy author/lead	Head of Estate Services
Feedback on implementation to	Head of Estate Services

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Target audience	All staff
Key words:	Asbestos

Policy version and advice on document history, availability and storage

The date of review was extended to 30/11/20 by the Finance & Performance Committee (FPC) on 27 July 2020. This is Version 2.1 and replaces Version 2.

This policy (version 2), replaces the Management of Asbestos Policy 2015. The policy changed to accurately reflect policy aims.

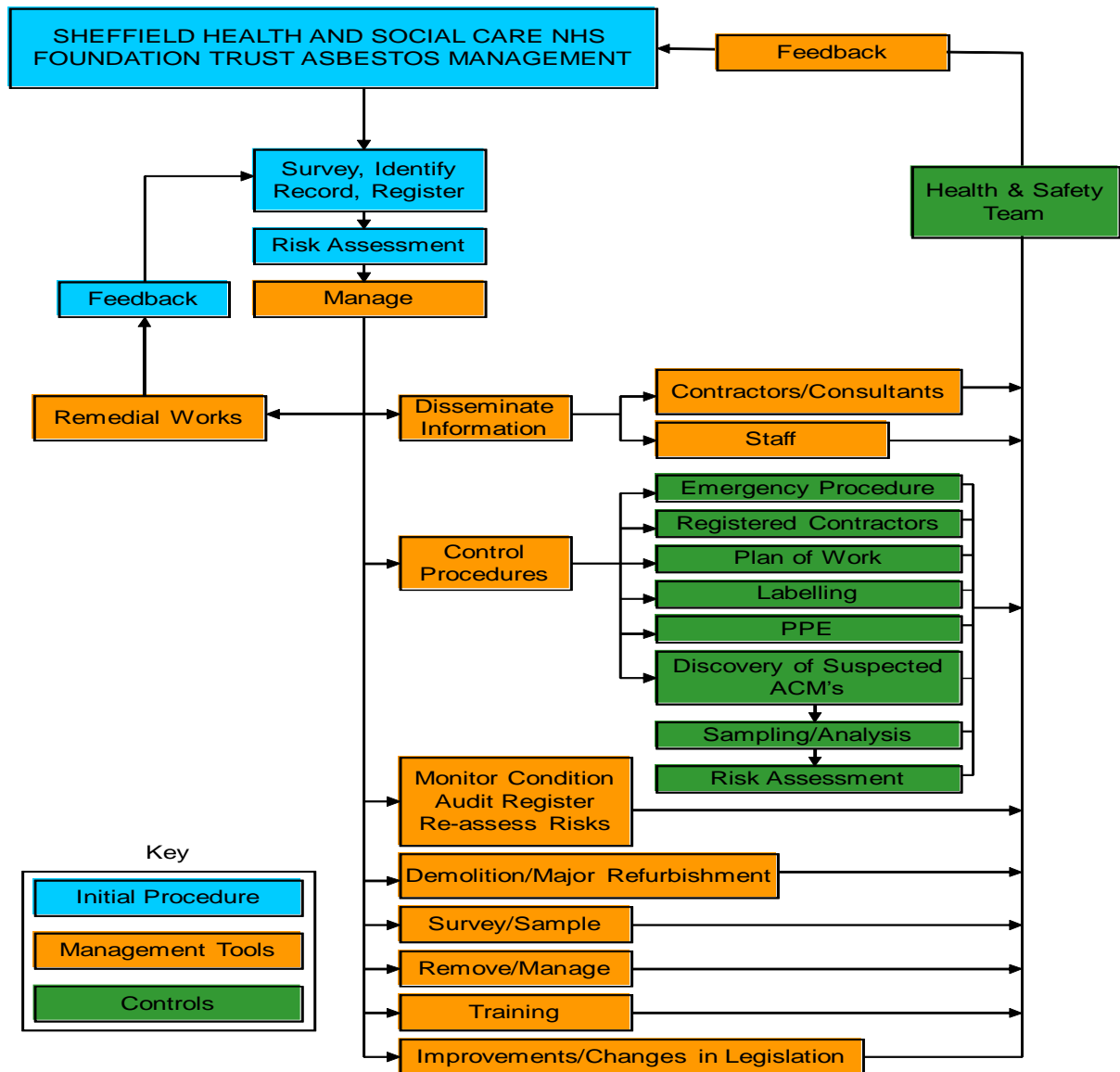
This policy will be stored and available through the *Policies* page of the intranet and internet.

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Asbestos Management Flowchart



1. Introduction

Asbestos is a naturally occurring mineral that is highly resistant to chemical attack and has excellent insulating properties with a very high tensile strength. These properties made it a widely-used building material throughout the 20th Century and particularly from the 1950s to the mid-1980s.

All asbestos has the potential to be hazardous to health, but it only poses a risk if the asbestos is disturbed or damaged and fibres are released.

The health risks associated with asbestos have been recognised for some considerable time with an estimated 4,500 people dying each year as a result of exposure to asbestos fibres. As a consequence, the use of asbestos as a building material has been prohibited in the United Kingdom since 1999.

2. Scope

This is a Trust-wide Policy and is relevant to all members of staff.

Sheffield Health and Social Care NHS Foundation Trust (SHSC) is committed to protecting the health, safety and welfare of its employees, clients, visitors and those that may be affected by its acts or omissions. It recognises the importance of identifying, managing and controlling asbestos-containing materials (ACMs) in accordance with Regulation 4 of the Control of Asbestos Regulations 2012 (CAR 2012).

Regulation 4 requires duty holders to make sure competent persons:

- Assess whether the premise is liable to contain asbestos and identify its location and condition (or, alternatively, assume asbestos is present and manage the premises accordingly).
- Assess the risk from any located, (or assumed), ACMs and identify vulnerable or damaged ACMs and arrange for their repair and/or protection or, where necessary, arrange removal by somebody competent to do this.
- Make a written record of the location and condition of asbestos and presumed asbestos-containing materials (ACMs) and keep the record up-to-date.
- Presume that materials contain asbestos unless there is strong evidence to suppose they do not.
- Assess the risk of the likelihood of anyone being exposed to these materials
- Prepare a plan to manage that risk and put it into effect to ensure that:
 - Any material known, or presumed, to contain asbestos is kept in good condition.
 - Any material that contains, or is presumed to contain, asbestos is, (because of the risks associated with its location or condition), repaired or if necessary removed, and information on the location and condition of the material is given to anyone potentially at risk.

This Policy sets out the Trust's aims and objectives, responsibilities and arrangements for the safe management of ACMs.

This Policy will apply to all premises under the direct control and occupation of the Trust and where the Trust has a contractual obligation regarding the maintenance and repair of buildings.

3. Definitions

- 3.1 Asbestos:** is the general term used for fibrous silicates. Any mixture containing one or more of these fibrous silicates at more than trace amounts is defined as asbestos. For any work covered by the Regulations, 'asbestos' also includes asbestos-containing materials (ACMs), containing any of these fibrous silicates or mixtures of them.
- 3.2 Asbestos-Containing Materials (ACMs):** Asbestos Containing Materials, i.e. materials that have as a constituent one or more of the three types of asbestos, which include blue (crocidolite), brown (amosite) and white (chrysotile).
- 3.3 Management Survey:** the standard sampling and assessment survey and is the normal basis for SHSC Asbestos Registers for asbestos management purposes. This type of survey involves both inspection and sampling of suspect materials. Samples are collected in a controlled manner and analysed by a laboratory accredited to ISO17025 by the United Kingdom Accredited Service (UKAS) in accordance with Regulation 21 of CAR 2012.
- 3.4 Refurbishment/Demolition Surveys:** this survey is a full access sampling and identification survey and will be undertaken prior to invasive building works, refurbishment, or demolition. Such surveys are not required to assess condition; they identify asbestos material type and extent if possible. The surveys involve intrusive and occasionally destructive means to identify asbestos within the fabric of the building.
- 3.5 Duty Holder:** every person who has, by virtue of a contract or tenancy, an obligation of any extent in relation to the maintenance or repair of non-domestic premises or any means of access or egress to or from those premises;
OR
in relation to any part of non-domestic premises where there is no such contract or tenancy, every person who has, to any extent, control of that part of those non-domestic premises or any means of access or egress to or from those premises.
- 3.6 Licenced and Non-Licenced Work:** to carry out work on ACMs will, in most circumstances, require a licence from the Health and Safety Executive (HSE). Work is licensable if it conforms to the definition given in CAR 2(1).

Although it does not require a licence issued by HSE, all non-licensable work with asbestos will still need to be carried out in accordance with the requirements contained in the Regulations. In particular, it needs to be carried out by trained and competent workers in accordance with a plan of work, using appropriate control measures to prevent exposure and the spread of asbestos.

If the work is to be exempt from the requirements in regulations 9, 18(1) (a) and 22 for non-licensable work, the employer needs to make an assessment of the work to be done and decide if it meets the outlined in regulation 3(2)).

3.7 Asbestos Register: this document holds the following details:

- site details
- details of surveys and re-inspections
- areas not surveyed
- drawings
- ACM locations
- material types
- asbestos types
- condition of the materials
- surface treatments (eg. painted, bare)
- material risk scores
- photographs (maximum two years between photographs)
- risk assessments
- remedial work history
- relevant documents such as analysis certificates, clearance certificates.

A Management Survey will form the basis of this Register.

3.8 Asbestos Management Plan (AMP): this is the action plan set out by SHSC to ensure relevant information is passed to those who need it, e.g. service personnel, maintenance workers, emergency services and employees. It facilitates control over the locations where ACMs are found through the use of labels, control of contractors, emergency procedures and instruction. The AMP will include the Asbestos Register as well as copies of any relevant documents such as analysis certificates and clearance certificates. A copy of each site's AMP will be held on the relevant site.

3.9 Plan of Work: this is evidence from an asbestos removal contractor that a safe system of work has been developed for the removal of asbestos. This will address:

- the type of work and likely duration
- the address and location of the work
- when the work is to be undertaken
- ASB5 notification
- risk assessment
- the procedures and precautions required to reduce exposure to as low as is reasonably practicable, (method statement)
- the equipment required
- decontamination issues
- emergency procedures
- the level of supervision required
- the likely fibre levels created during the works

3.10 Estate Services Compliance System (Red Box): each site will have a central store for all relevant maintenance documentation pertinent to the site, including the records for asbestos.

4. Purpose

SHSC acknowledges the health hazards arising from exposure to asbestos and will endeavour to protect its employees and others who may potentially be exposed to ACMs found within its premises.

The purpose of this Policy is to comply with the requirements of the Control of Asbestos Regulations 2012 to prevent exposure of clients, staff and visitors to the effects of asbestos fibres that may be released. The Policy provides guidance to the Trust's arrangements for staff to follow, these include:

- Identification of the location where ACMs are present
- The removal, where practicable, of ACMs from the premises
- Put in place a plan to manage those materials that remain
- Ensure suitable monitoring of ACMs is undertaken

5. Duties

5.1 Chief Executive

- Has overall accountability and responsibility for asbestos management within the Trust.
- Authorises the necessary financial resources to fund the Asbestos Management Plans.
- Has responsibility for ensuring that 'Approved Persons' are appointed to implement the provisions contained within the Management of Asbestos in non-domestic premises - Regulation 4 of the Control of Asbestos Regulations 2012. The duty holder's legal responsibilities cannot be delegated, but duty holders can nominate others to do all or part of the work to assist in complying with the duties.

5.2 Approved Person(s) - Asbestos

The Approved Person(s) will possess adequate technical knowledge, sufficient practical experience and will have received appropriate training. They will be responsible for managing asbestos through the nominated service provider and advising on all aspects of asbestos control, risk assessment and the provision of technical advice within SHSC.

5.3 Nominated Service Provider

As part of any Facilities Management Partnership contract, SHSC Estate Services will manage asbestos for properties identified within the contract. SHSC will ensure full liaison with the nominated Approved Person(s) for the contract partner or, if one is not appointed, undertake this role within the agreement prior to any works being undertaken.

5.4 Contractor (Asbestos)

All contractors engaged by SHSC to carry out any work involving asbestos must be included on the Estate Services Register of Approved Contractors or procured via an NHS Framework and must also be licensed by the HSE. They will carry out the removal or any remedial works on ACMs as requested by the Approved Person(s) (Asbestos) via SHSC.

5.5 Consultants (Asbestos)

Consultant Analysts will be employed by SHSC to complete asbestos investigations, surveys and analytical work and to carry out air tests when requested by the Responsible Person.

The Consultant Analysts carrying out analytical works must be accredited by the UK Accreditation Service (UKAS) in accordance with regulation 20 of CAR 2012. Although not stated in CAR 2012, SHSC will also only use approved consultants to carry out asbestos surveys and investigations as recommended in paragraph 39 of the HSE publication L127 the Management of Asbestos in Non-Domestic Premises.

5.6 Control of Contractors

It is the policy of SHSC to secure a high standard of safety in all areas. All contractors/sub-contractors MUST conduct their activities so the conditions and methods of work are safe for both their own and SHSC employees, and others who may be affected by their undertakings whether employed or not. All contractors/sub-contractors will be required to comply with the requirements set out within the Management of Contractors Policy.

5.7 Health and Safety/Risk Advisor

- Will undertake periodic audits to ensure the arrangements are working and managers are fully aware of their responsibilities in order to comply with their duty to manage.
- Will liaise with the **Approved Person(s)** to ensure asbestos management systems remain relevant and up-to-date and are complied with.

5.8 Building Managers/Leads

- Will, in liaison with the Approved Person(s), undertake or supervise actions identified within AMPs in order to minimise and control any potential exposure or sudden degradation/deterioration of ACMs.
- Will ensure that where ACMs are present these are brought to the attention of staff, patients, visitors and contractors working within these properties as appropriate.
- Will ensure that employees working in proximity to ACMs are informed of the health risks of asbestos and instructed on the precautions to be taken.
- Will ensure a procedure is implemented to address potential accidental exposure to ACMs, (**See Appendix J**).

5.9 Employees' Responsibilities:

- To take reasonable care of their own health and safety and that of others who may be affected by their acts or omissions at work.
- To co-operate with SHSC in complying with any arrangements required by this Policy.
- To inform the relevant Building Manager if they have any concerns with the condition of the ACMs, e.g. sudden degradation/deterioration.

- To complete an Incident Report for any incident involving either a known or suspected ACM and ensure the Health and Safety/Risk Advisor is immediately made aware of the circumstances.
- To undertake general awareness training appropriate to their role within SHSC and to ensure such training is practically applied as required.
- SHSC staff should not **under any circumstances** carry out or attempt to carry out any works involving ACM.

6. Process

6.1 The Management of Asbestos

The Control of Asbestos Regulations 2012 (the Regulations) set minimum standards for the protection of employees from risks related to exposure to asbestos. Employers should also take account of people not directly employed by them, but who could be affected by the work being done on asbestos (including employees of other employers, people occupying buildings, members of the public).

The Regulations place legal duties on employers responsible for licensable and non-licensable work with asbestos. They also place a specific duty to manage asbestos on the owners and/or those responsible for maintenance in non-domestic premises.

SHSC is required to ensure their staff are protected for the exposure to asbestos fibres and to make suitable and sufficient arrangements to minimise the risk by implementing the arrangements shown below:

- At each property where SHSC staff are based to ensure that an appropriate asbestos survey will be conducted by an approved contractor (complying with the standard ISO 17020) to identify ACMs.
- Where ACMs are found to be present within the premises to put in place a plan to either remove or manage any ACM identified.
- Where ACMs remain on site to review the condition of the materials on at least an annual basis.
- Where materials show signs of damage or deterioration to authorise an approved contractor to carry out removal or remedial work.
- To ensure that all staff who may be required to work in areas where ACMs are known or believed to be present undertake appropriate training on an annual basis.
- To ensure that a procedure is in place to deal with accidental contamination of individuals by asbestos.
- To ensure a copy of the Asbestos Management Survey is present on the site along with the appropriate management plan.

6.2 Asbestos Management Survey

The Control of Asbestos Regulations 2012 places a clear responsibility on employers to prevent the exposure of their employees as far as is reasonably practicable.

If this is not possible, the exposure must be reduced to the lowest level reasonably practicable. The risk assessment must identify how to achieve this and if there are any other risks in complying with this duty.

To comply with this requirement an Asbestos Management Survey will be conducted by an approved contractor (complying with ISO 17020) to identify ACMs in SHSC premises.

The survey will detail:

- the type
- amount
- location
- condition of ACMs

Any remedial action noted in the survey will be followed up with an action plan with appropriate timescales. This initial survey will form the basis of an Asbestos Register.

6.3 Information, Instruction, Training, Resources and Emergency Actions

In accordance with Regulation 10 of the Control of Asbestos Regulations 2012, asbestos awareness training and refresher updates will be given, (annually or when there is a change in legislation which necessitates re-training), to staff who in the course of their work activity either come into contact with asbestos or who provide information.

Details of the type of training to be provided to staff are included in **Appendix G**.

6.4 Reporting Incidents

All incidents relating to asbestos must be reported to the respective line manager and follow the Incident Management Policy and Procedure. The Trust's Incident Form will need to be completed for all occurrences.

6.5 Managing Asbestos Left in Situ

If the material is in good condition, well protected either by its position or physical protection, reducing the likelihood of damage, and is unlikely to be worked on regularly or otherwise disturbed, it is usually safer to leave it in place and manage it.

This information should be entered on the record/register of locations and the information kept up-to-date. The register of the asbestos locations and all updates will be located in the Estate Services Compliance System at each site.

Everyone who needs to know about the asbestos should be told about its presence in sufficient detail, e.g. maintenance workers, contractors and occupants. People who simply occupy premises only need to be informed, where necessary, of the location of the ACMs so that the ACM will not be disturbed during normal occupational activities.

Occupants should be instructed not to do anything which could damage or disturb the ACMs and to report any accidental damage promptly.

ACMs can be labelled clearly with the asbestos warning sign, (see Schedule 2), or some other warning system (eg. colour-coding) can be used. If labelling is not used the duty holder must ensure that those who might work on the material know it contains, or may contain, asbestos, before they start work. It can save time and prevent confusion if the location of non-asbestos material, which could be mistaken for asbestos, is noted in the Asbestos Register and drawing.

6.6 Asbestos Removal

Asbestos fibres can easily be released when working with asbestos materials. In most cases, only those who have been issued with a licence by the HSE can carry out such works. However, licensing will not apply to short-duration work where the risk assessment shows the work will only produce sporadic and low intensity exposure and will not exceed the control limit.

6.7 Licenced and Non-Licenced Work

Where fibres can easily be released from ACMs, such as asbestos insulation, asbestos coatings and asbestos insulating board (AIB), this work should only be carried out by licenced contractors. However, if the work is of low intensity exposure and short duration a licence is not always necessary. The decision as to whether a licence is required should be made after a risk assessment on the work has been carried out.

Examples of licenced and non-licenced work are given in **Appendix H**.

6.8 Estate Services Compliance System (Red Box)

An Estate Services Compliance System (Red Box) will be kept at reception of each building for which SHSC is responsible, an intranet version will also be made available. The Red Box will contain all information in relation to asbestos for the site including:

- The Control and Management of Asbestos Policy
- Asbestos Survey/Register
- Asbestos Management Plan

The Estate Services Compliance System will be maintained by the Building Manager and held on site.

A central Asbestos Management System will be maintained as part of the Estate Services Management Database and will contain the Asbestos Register and records relating to buildings. The central register will be maintained by the Approved Person(s).

6.9 Commissioning of Work

Only Estate Services Officers employed by SHSC shall commission Asbestos Consultants or Contractors to carry out any required asbestos remedial or removal works within SHSC buildings or other buildings managed via contract, e.g. as part of the FMP or subsequent contracts. No other SHSC employees or third parties are permitted to commission such works.

6.10 Labelling Asbestos

Labelling with industry standard labels or the fixing of appropriate warning signs will be undertaken in plant rooms, boiler rooms and in areas where pipe lagging and asbestos insulation boards are present.

All other labelling will be considered on a case-by-case basis. Not all ACMs will be labelled as a matter of course, but all known ACMs will be recorded in the Asbestos Register. Therefore, prior to any works being undertaken the asbestos register MUST be consulted when a property is presumed to contain asbestos.

6.11 Emergency Procedures

In the event of the uncontrolled disturbance of ACMs the procedures outlined in the flowchart in **Appendix I** should be followed. As well as outlining the procedures for cordoning off an affected area, there are details on how to deal with the decontamination of an individual following minor or more serious contamination.

Advice on an emergency procedure for a potential asbestos spillage is also provided in **Appendix I**.

7. Dissemination, Storage and Archiving

An electronic copy of the policy shall be accessible via the Trust intranet.

8. Training and Other Resource Implications

A wide range of Estate Services personnel will require training/information on the identification and management of Asbestos, as referenced in this policy.

9. Audit, Monitoring and Review

This Policy for the Control and Management of Asbestos will be reviewed annually by the Responsible Person, or when there is reason to suspect the Policy is no longer valid, or there has been a significant change to legislation which the Policy relates. Findings will be recorded on the Monitoring and Review Checklist, (see Appendix K).

The AMPs and Asbestos Registers for each building will be monitored on a basis consistent with the findings of the Asbestos Survey, e.g. on a quarterly, six monthly or annual basis by the Approved Person(s). A record will be kept of each review and logged within the site AMP as well as the central register.

10. Implementation Plan

Action/Task	Responsible Person	Deadline	Progress update
Amend Policy	Head of Estate Services	July 2019	Completed
Policy out for Consultation	Head of Estate Services	July 2019	Completed
Policy submitted to Health and Safety Group	Head of Estate Services	August 2019	Completed
Policy submitted to Policy Governance group	Head of Estate Services	September 2019	

11. Links to Other Policies, Standards and Legislation

Low Voltage Electrical Policy
Management of Contractors Policy
Health and Safety Policy
Fire Policy
Lift Policy
Procurement Policy
Confidentiality Code of Conduct Policy

12. Contact Details

The document should give names, job titles and contact details for any staff that may need to be contacted in the course of using the Policy, (sample table layout below).

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Head of Estate Services	Mark Gamble	2718698	<u>mark.gamble@shsc.nhs.uk</u>
Maintenance and Grounds Manager	Daniel Mulhall	2711155	<u>daniel.mulhall@shsc.nhs.uk</u>
Estates Compliance Officer	Deborah Wilcox-Greaves	2718035	<u>deborah.wilcox-greaves@shsc.nhs.uk</u>

Appendix A - Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
	Updated Policy	May 2019	Amendments made to suit new policy format and changes to guidance
	Policy submitted for consultation	July 2019	
	Amend Policy	July 2019	
	Policy submitted to the Health and Safety Group for comment	August 2019	
	Policy submitted to the Director of Corporate Governance for comment by the Policy Governance Group before being submitted to EDG	September 2019	
	Policy ratified by EDG	September 2019	
	Policy placed on the intranet with a Trust-wide email informing staff of Policy change; previous Policy removed	September 2019	

Appendix B - Dissemination Record

Version	Date on website (intranet and internet)	Date of 'all SHSC staff' email	Any other promotion/ dissemination, (include dates)
2	September 2019	September 2019	Launch via the Policy Governance Group
2.1	30/07/2020	-	-

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 - Complete draft policy

Stage 2 - Relevance - is the policy potentially relevant to equality, i.e. will this policy potentially impact on staff, patients or the public? If **NO**, no further action is require. Please sign and date the following statement. If **YES**, proceed to Stage 3

This policy does not impact on staff, service users or the public, (insert name and date) Mark Gamble, July 2019

Stage 3 - Policy screening - public authorities are legally required to have ‘due regard’ to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC guidance on equality impact assessment for examples and detailed advice; this can be found at <http://www.shsc.nhs.uk/about-us/equality--human-rights>

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No		
DISABILITY	No		
GENDER REASSIGNMENT	No		
PREGNANCY AND MATERNITY	No		
RACE	No		
RELIGION OR BELIEF	No		
SEX	No		
SEXUAL ORIENTATION	No		
MARRIAGE AND CIVIL PARTNERSHIP	No		

Stage 4 - Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended/Action Identified/No Changes Made

Impact Assessment Completed by (insert name and date) Mark Gamble, July 2019

Appendix D - Human Rights Act Assessment Checklist

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy, or any procedure(s) in the policy, is based on a local decision which impacts on individuals, there is a need to ensure their human rights are not breached. To do this, refer to the more detailed guidance that is available on the SHSC website - <http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf> (relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on, and in-line with, the current law, (including case law), or policy?

Yes. No further action needed

No. Work through the flow diagram over the page then answer questions 2 and 3 below

2. On completion of flow diagram, is further action needed?

No. No further action needed

Yes, go to question 3

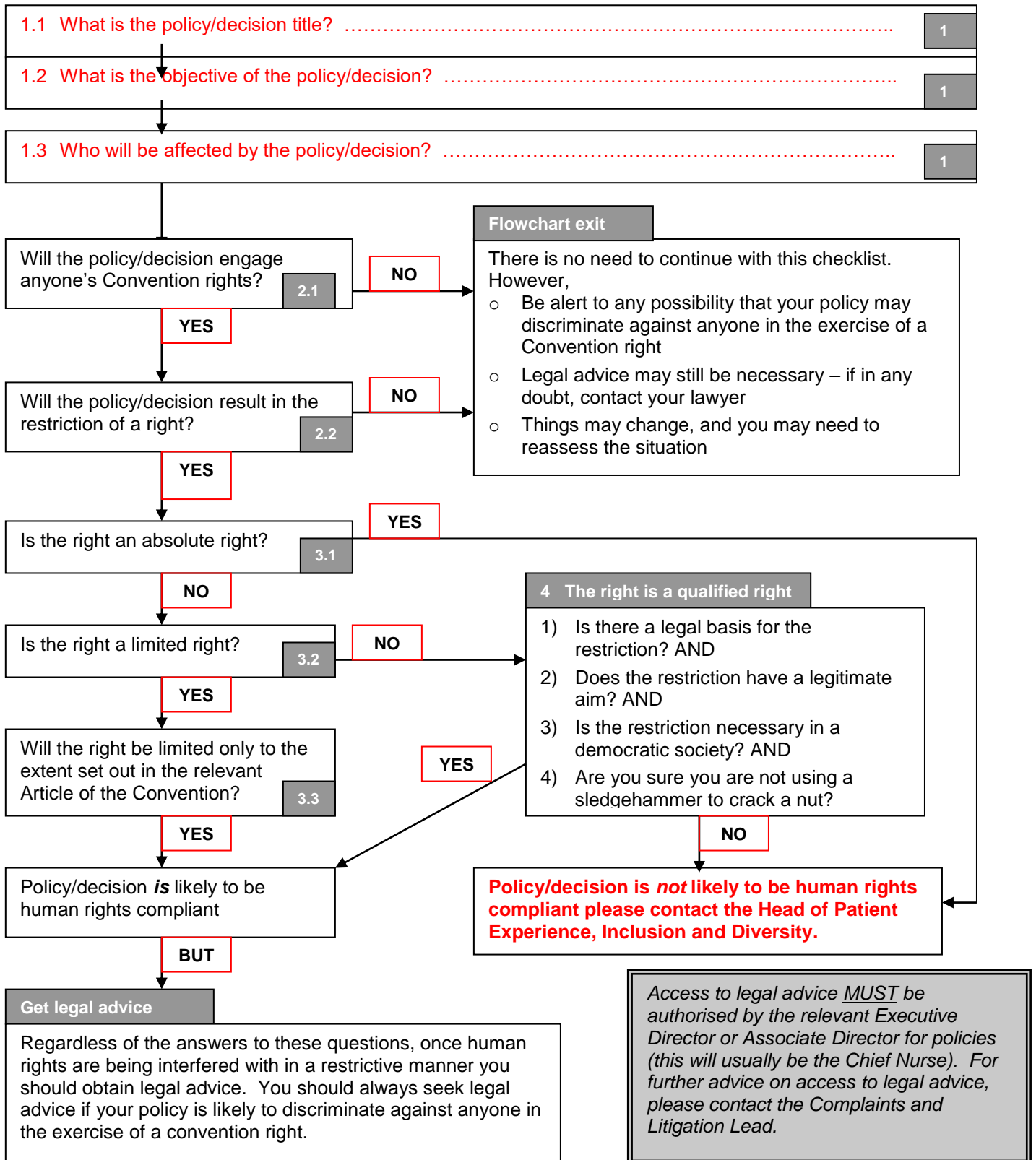
3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



Appendix E - Development, Consultation and Verification Record

Name of Policy: Management of Asbestos	Name of Policy Lead: Mark Gamble
Date: July 2019	Contact Details: (0114) 27 18698
Consultation Plan:	

RECORD OF CONSULTATION (interactive)			
Group or individual consulted	Date of consultation/ response received	Comments on draft policy	Your response (say if policy amended - if not, why not)
Various managers and independent consultants	July/August 2019		
Health and Safety Group	August 2019		

Appendix F - Policy Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the policy template, which can be downloaded from the intranet.

1. Cover sheet



All policies must have a cover sheet which includes:

- The Trust name and logo
- The title of the policy (in large font size as detailed in the template)
- Executive or Associate Director lead for the policy
- The policy author and lead
- The implementation lead (to receive feedback on the implementation)
- Date of initial draft policy
- Date of consultation
- Date of verification
- Date of ratification
- Date of issue
- Ratifying body
- Date for review
- Target audience
- Document type
- Document status
- Keywords
- Policy version and advice on availability and storage



2. Contents page



3. Flowchart



4. Introduction



5. Scope



6. Definitions



7. Purpose



8. Duties



9. Process



10. Dissemination, storage and archiving (control)



11. Training and other resource implications



12. Audit, monitoring and review

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).



Monitoring Compliance Template						
Minimum requirement	Process for monitoring	Responsible individual/group/committee	Frequency of monitoring	Review of results process, (e.g. who does this?)	Responsible individual/group/committee for action plan development	Responsible individual/group/committee for action plan monitoring and implementation
A) describe which aspect this is monitoring?	e.g. review, audit	e.g. Education and Training Steering Group	e.g. annual	e.g. Quality Assurance Committee	e.g. Education and Training Steering Group	e.g. Quality Assurance Committee

13. Implementation plan



14. Links to other policies, standards and legislation



15. Contact details



16. Version control and amendment log - (Appendix A)



17. Dissemination Record - (Appendix B)



18. Equality Impact Assessment Form - (Appendix C)



19. Human Rights Act Assessment Checklist - (Appendix D)



20. Policy development and consultation process - (Appendix E)



21. Policy Checklist - (Appendix F)



22. Training Syllabus - (Appendix G)



23. Licenced and Non-Licenced Work - (Appendix H)



24. Emergency Procedures Flowchart - (Appendix I)



25. Asbestos Decontamination Procedure - (Appendix J)



26. Monitoring and Review Checklist - (Appendix K)



Appendix G - Training Syllabus

SHSC has commissioned two separate levels of training: Asbestos Awareness Training will be provided by an organisation which is registered with the United Kingdom Asbestos Training Association (UKATA). Training will be undertaken on an annual basis.

General Asbestos Awareness (half day event)

This training is designed for anyone who undertakes building maintenance, installation and other similar work in buildings that could contain asbestos. The course also forms an important part of the training for supervisors and managers, project managers and others involved in the management and planning of such work, and the management of asbestos risks in buildings.

The training identified is as set out in Regulation 10 of the Control of Asbestos Regulations 2012. The training provides information to allow staff to safeguard their own health, the health of others affected by their work, and any staff they may be responsible for.

Learning Outcomes:

- Hazards and risks
- Where asbestos materials can be found
- Types and uses of asbestos
- Health effects of asbestos
- Legislation and guidance
- Understanding everyone's role in reducing risks
- Procedures for dealing with unexpected situations/emergencies
- The use of Asbestos Management Plans
- An understanding of the Policy, responsibilities and arrangements for the management of ACMs.

Managing Asbestos (full day event)

This training programme is designed for those who are involved in the management of asbestos materials in buildings, those who organise and manage work likely to disturb building materials or relevant equipment, and/or asbestos removal from buildings.

The course gives key staff the core knowledge needed to discharge their duties under Regulation 4 of the Control of Asbestos Regulations 2012.

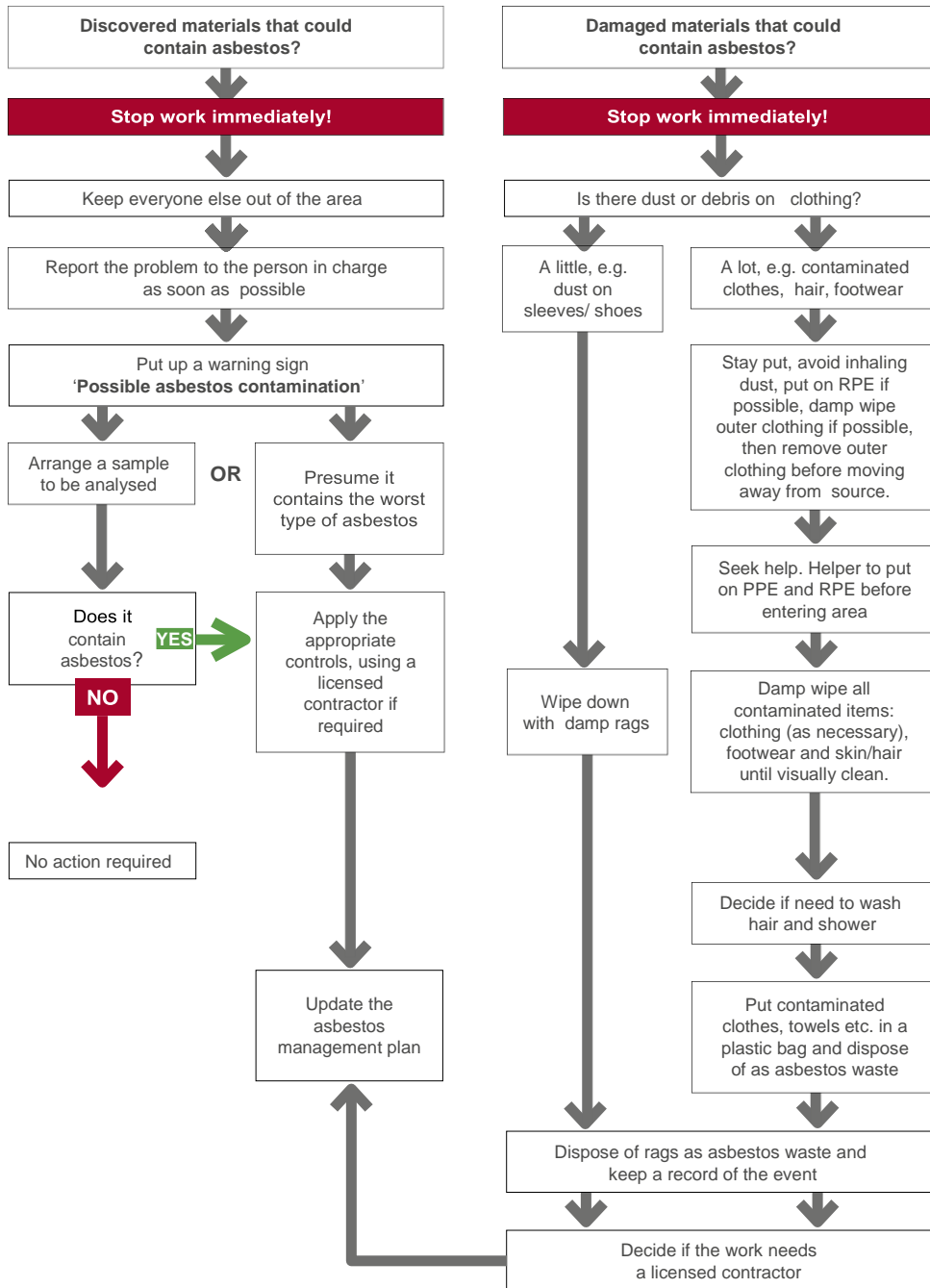
Learning Outcomes:

- Legislation and guidance
- Roles and responsibilities
- Review of asbestos in buildings
- Asbestos surveying
- Management of asbestos risks
- Asbestos removal and abatement work
- Planning, organising and monitoring asbestos work

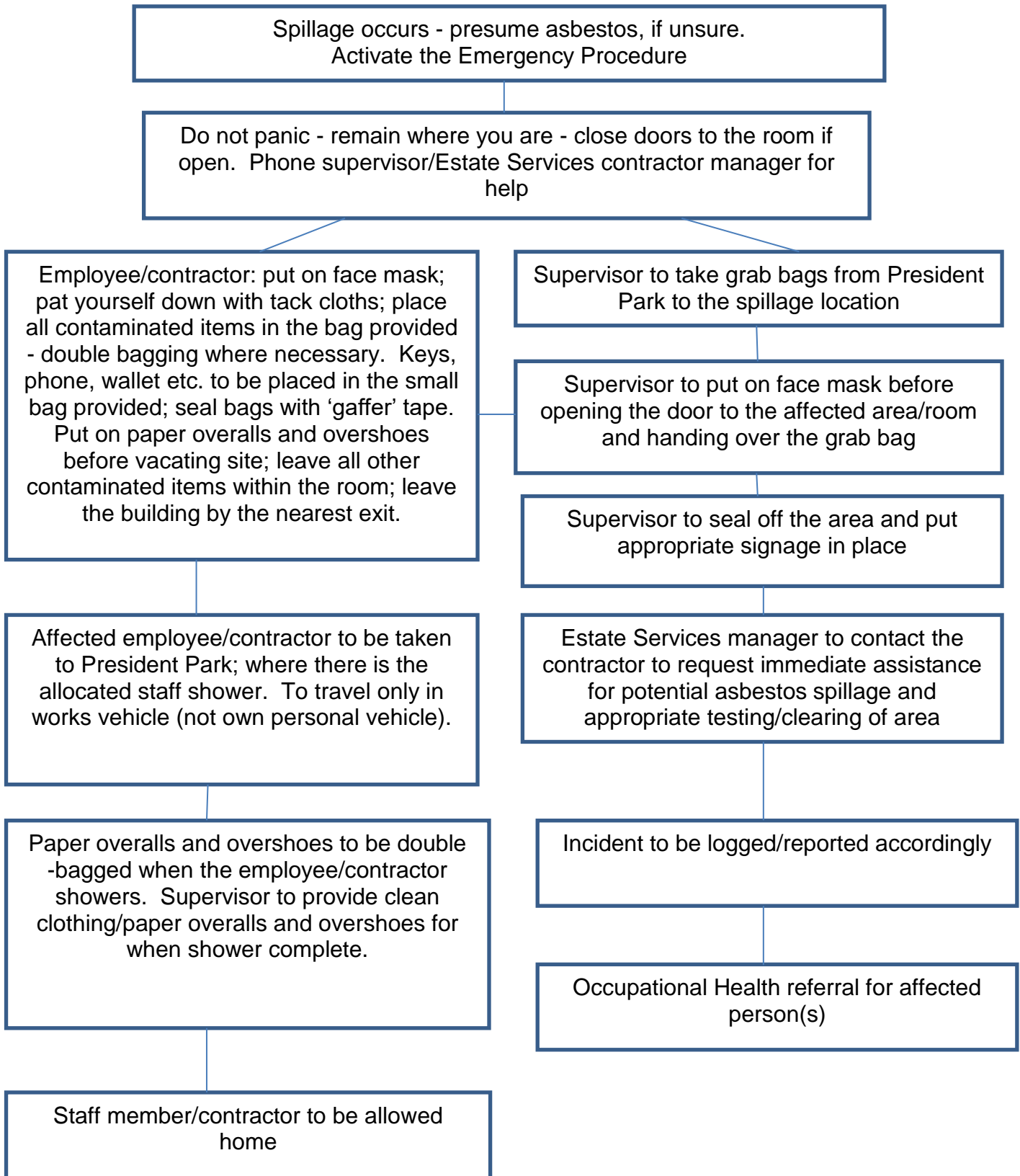
Appendix H - Licenced and Non-Licenced Work

Work which requires a licence from HSE	Work which does not usually require a licence from HSE
<p>Removing sprayed coatings (limpet asbestos)</p> <p>Removal or other work, which may disturb pipe lagging</p> <p>Any work involving loose fill insulation work on millboard</p> <p>Cleaning up significant quantities of loose/fine debris containing ACM dust, (where the work is not sporadic and of low intensity, the control limit will be exceeded or it is not short duration work)</p> <p>Work on asbestos insulating board (AIB), where the risk assessment indicates it will not be of short duration</p>	<p>Small, short duration maintenance tasks where the control limits will not be exceeded</p> <p>Removing textured decorative coatings by any suitable dust-reducing method</p> <p>Cleaning up small quantities of loose/fine debris containing ACM dust, (where the work is sporadic and of low intensity, the control limit will not be exceeded and it is short duration work)</p> <p>Work on asbestos cement products or other materials containing asbestos, (such as paints, bitumen, resins, rubber, etc.) where the fibres are bound in a matrix which prevents most of them being released, (this includes, typically, aged/weathered AC)</p> <p>Work associated with collecting and analysing samples to identify the presence of asbestos</p>

Appendix I - Emergency Procedures Flowchart



Emergency Spillage Procedures



Appendix J - Asbestos Decontamination Procedure

The location of asbestos-containing material (ACM) throughout the SHSC estate is reasonably well documented and therefore the risk of being exposed to ACM is relatively low. However, there is a small risk that asbestos may be disturbed in the course of routine maintenance operations and the following procedure has been put together to outline the action that should be taken if an incidence should occur.

Minor Contamination

Minor contamination is when there is a small amount of dust on work shoes or other work wear.

Maintenance Staff/Contractors

On suspecting they may have been contaminated with asbestos material maintenance staff/contractors must cease the activity and notify the relevant Supervisor or Estate Services Manager immediately.

Supervisors

Arrange for a suitably trained individual to attend the incident. This person will take with them the Estate Services grab bag which will contain all the necessary equipment to deal with the incident as well as protective equipment for themselves and the affected individual.

Once the necessary protective measures have been taken to protect the individual the procedures outlined in the Emergency Incident flow chart can be implemented. The flow chart is shown in **Appendix I**.

Major Contamination

Major contamination is when there is significant amount of ACM dust or debris on work shoes, clothing or on the individual person.

Maintenance Staff/Contractors

On suspecting they may have been contaminated with asbestos material maintenance staff/contractors must cease the activity and notify the relevant Supervisor or Estate Services Manager immediately.

Supervisors

Arrange for a suitably trained individual to attend the incident. This person will take with them the Estate Services grab bag which will contain all the necessary equipment to deal with the incident as well as protective equipment for themselves and the affected individual.

If major contamination has taken place the individual will need to have access to shower facilities and it may be necessary to transport the staff member to a site that is suitably equipped. All materials necessary to allow the transfer will be contained within the grab bag and analysis of the transfer vehicle and the incident area will be undertaken before re-use.

Appendix K - Monitoring and Review Checklist

Negative answers should have corresponding entries on the Action Plan.
Positive answers should cross-reference supporting material.

Location:

- 1.1 Has an appropriate asbestos survey been undertaken for the building and a register drawn up showing the location of any ACMs?
- 1.2 Are employees working in proximity to ACMs informed of the health risks of asbestos and instructed on any precautions to be taken?
- 1.3 Are nominated managers familiar with the Asbestos Register and have they been trained as per **Appendix H** of the 'Policy: Management of Asbestos?'
- 1.4 Are arrangements and procedures in place to warn others who may come to our workplace of the presence and location of any relevant ACMs?
- 1.5 Has a procedure been implemented to address accidental exposure to asbestos?
- 1.6 Has action been taken on any recommendations or stipulations specified in the asbestos survey to prevent the release of any asbestos fibres?
- 1.7 Are arrangements in place to ensure the on-going monitoring and review of any ACMs?
- 1.8 Are arrangements in place to ensure only licensed contractors are permitted to work on ACMs?
- 1.9 Are surveys, registers and management plans available at reception?

Completed by:

Date:

Return to: Estate Services
President Park
Unit 1, President Way
Sheffield
S4 7UR