# Asbestos Management Policy and Procedure

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1. Introduction

1.1 South Central Ambulance Service NHS Foundation Trust (The Trust) acknowledges that they have a legal duty to manage Asbestos within all properties under their control in accordance with the Control of Asbestos Regulations 2012. The Trust also acknowledges it duty to prevent exposure to asbestos fibres by all who work for or on behalf of the Trust and patients, visitors and contractors.

1.2 In accordance with the legislation, the Trust will carry out surveys to identify and assess the presence, the location and condition of asbestos containing materials (ACMs) within all premises under its control. Following these surveys and the identification and assessment of the presence of asbestos, the Trust will devise an asbestos management action plan for each of the premises and an overall asbestos management plan for the Trust to manage, control and where possible, eliminate the exposure to staff and others to asbestos.

2. Scope

2.1 This policy applies to all staff, patients, visitors and contractors who may visit or work on premises under the control of the Trust; and who work for or on behalf of the Trust. It also applies to all premises under the control of the Trust.

3. Equality statement

3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.

3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the Human Resources Department.

4. Aim

4.1 The aim of the policy is to set out the arrangements the Trust has in place for the identification and assessment of the existence and condition of asbestos containing materials and for the management of these materials to prevent exposure to asbestos.
4.2 The objectives of this policy are to provide an effective framework to assist the Trust in complying with statutory requirements by ensuring that there are arrangements in place:

- for the effective implementation of this policy throughout the Trust
- for the carrying out of suitable and sufficient risk assessments on asbestos
- for the completion and maintenance of asbestos registers and asbestos management plans
- to ensure that only licensed contractors are engaged to carry out asbestos surveys and any removal or encapsulation of asbestos containing materials, including demolition
- to ensure that all appropriate controls, so far as reasonably practicable, are put in place to reduce that the risks to staff, patients, visitors and contractors from exposure to asbestos whilst on Trust premises or when carrying out work for the Trust
- to provide suitable information, instruction and training to all staff on asbestos and the risks associated with it
- for the reporting of any exposure to asbestos whilst on Trust premises
- to provide support and assistance including health surveillance to staff who may have been exposed to asbestos whilst working for or on behalf of the Trust
- to ensure that all incidents involving exposure to asbestos are reported and investigated; and where necessary reported to the Health and Safety Executive (HSE).

5. Roles and Responsibilities

5.1 Trust Board

5.1.1 The Trust Board will ensure that there are suitable and sufficient arrangements and adequate resources for the effective implementation of this and other associated Estates policies.

5.1.2 It will also ensure that there are suitable and sufficient arrangements for the identification, assessment and management of asbestos containing materials with Trust premises to prevent exposure to patients, staff, the general public (anyone affected by the activities of the Trust), Community First Responders, Contractors, Agency Staff and Bank Staff.

5.2 Chief Executive

5.2.1 The Chief Executive has overall accountability for ensuring that the Trust fulfils its legal responsibilities, and that the policy objectives are achieved and that effective machinery is in place for the achievement of the policies concerned with health, safety, welfare and environmental protection and the management of asbestos.

5.2.2 He is also responsible for ensuring that:

- Trust policies are reviewed as appropriate in order to secure continuing
compliance with existing policies, current legislation and any changes in the law

- the allocation of the resources necessary to maintain effective and efficient health and safety arrangements to provide and maintain a safe working environment and prevent exposure to asbestos
- the effective implementation of this policy within the Trust and for ensuring that there are suitable and sufficient arrangements for the identification, assessment and management and control of the risks to staff and patients (within its care) and visitors to the Trust from asbestos.

5.2.3 Given his overall responsibility the Chief Executive Officer would ordinarily be the “Duty Holder” for the identification, assessment and management of asbestos, however, for the purposes of this policy the responsibilities of a “Duty Holder” have been delegated to the Director of Finance.

5.3 Executive Directors

5.3.1 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

5.3.2 They are also responsible for the provision, application and monitoring of Health and Safety and Estates policies and procedures within their Directorate. They will ensure that all arrangements for the health and safety of staff, employed within their Directorate, are made known, maintained and reviewed whenever there is a change of operation, equipment or process.

5.4 Director of Patient Care and Service Transformation

5.4.1 The Director of Patient Care and Service Transformation is directly accountable to the Chief Executive and will advise and assist the Trust Board in fulfilling its duties under the relevant statutory legislation. In particular, the Director of Patient Care and Quality is responsible for:

- ensuring that workplace health, safety and welfare procedures are constantly reviewed
- ensuring that there are arrangements for liaising with the Health and Safety Executive (HSE)
- ensuring that the Trust Board are kept abreast of relevant new legislation, European Union Directives, Regulations, Approved Code of Practices (ACOPs) and British Standards, in order to ensure on-going compliance with the law
- keeping and maintaining a Corporate Risk Register.
5.5  Director of Finance

5.5.1 The Director of Finance has responsibility for the Estates and Facilities Department within the Trust. He has also been designated as the Trust’s “Duty Holder” with regards to the identification, assessment and management of asbestos. However, for the purposes of this policy he has delegated the responsibility as the Trust’s “Duty Holder” to the Head of Estates.

5.5.2 Nonetheless, the Director of Finance still has responsibility for the implementation of this policy within his directorate.

5.6  Managers and Supervisors

5.6.1 Managers and supervisors are responsible for:

- following and abiding with any relevant guidance issued about asbestos
- attending any training to enable them to fulfil their responsibilities outlined in this policy
- bringing this policy to the attention of staff within their area of responsibility
- ensuring that all staff within their area of responsibility comply with this policy and any associated controls and procedures
- ensuring that any activity/work that could potentially interfere with the fabric of the buildings they are responsible for is not carried out until they discussed and reviewed the matter with the Estates Managers
- making arrangements to ensure that all of the staff within their area of responsibility receive appropriate information, instruction and training about the significant hazards and risks associated with asbestos
- bringing all relevant safe systems of work or safe operational procedures to prevent exposure to asbestos to the attention of their staff
- ensuring that their staff report all incidents of exposure to asbestos using the Trust’s Incident reporting system, Datix
- liaising with Risk Team to ensure that, where applicable, incidents involving exposure to asbestos by their staff are reported to the Health and Safety Executive (HSE) as per RIDDOR 2013
- investigating or arranging for the investigation of any incidents involving exposure to asbestos by their staff
- arranging for any of their staff who have been exposed to asbestos whilst at work to attend Occupational Health for assessment and health surveillance.

5.7  All staff

5.7.1 Staff have the following responsibilities:

- to make themselves fully aware of the policy and to abide by it
- to take reasonable care for their own health and safety and that of others who may be affected by their acts or omissions
- to abide by any information, instruction and training on asbestos, including the Risk and Resilience Fact File in appendix 2.
to co-operate with the Trust in relation to the completion of any risk assessment on the work they carry out for the Trust

to contact the either Clinical Coordination Centre (CCC) or the Duty Tactical Advisor if they believe that there is asbestos/asbestos fibres/dust present on scene

to notify their manager of any work-related problems they are experiencing whilst carrying out their work for the Trust; and to report any exposure to asbestos using the Trust’s incident reporting system, Datix

to report, using the Trust’s incident reporting system, Datix, any unsafe behaviour of colleagues, visitors or contractors, and in particular with regard to asbestos

to adhere to any safety measures put in place to ensure their safety, including any safe systems of work or safe operating procedures to prevent their exposure to asbestos

to wear any personal protective equipment and follow any guidance issued to prevent their exposure to asbestos

to attend Occupational Health following any suspected or actual exposure to asbestos.

5.8 Head of Estates

5.8.1 As the designated “Duty Holder” for the identification, assessment and management of asbestos containing materials within the Trust, the Head of Estates has the following responsibilities:

- to make arrangements and ensure that an asbestos survey is carried out in all premises controlled by the Trust; these surveys must be conducted by a competent and licensed asbestos surveyor
- where applicable, to make arrangements and ensure a refurbishment/demolition asbestos survey is carried out by a competent and licenced asbestos surveyor
- to ensure that wherever asbestos containing materials are found within premises under the control of the Trust an asbestos register is compiled, see appendix 4
- to ensure that the results of all of the asbestos surveys are communicated to the Estates Managers to enable them to prepare asbestos registers and asbestos management plans; the latter will set out in detail how the risks from asbestos will be managed within the Trust, see appendix 5
- to engage, where necessary, a Licenced Asbestos Contractor/Analyst to take samples and analyse any suspected asbestos and or asbestos fibres/dust in Trust vehicles or Trust premises/areas; and if the presence of asbestos fibres/dust is confirmed to make arrangements to have the Licenced Contractors clean and decontaminate the vehicle and/or Trust area and dispose of any contaminated waste asbestos in accordance with the legislative requirements
- to engage, where necessary, a Licenced Asbestos Contractor/Analyst to retrieve and dispose of any heavily asbestos contaminated uniforms in accordance with legislative requirements; and to have any lightly asbestos contaminated uniforms cleaned and laundered in accordance with legislative requirements
- to ensure that all notifiable non-licensed and licensed asbestos work shall be reported to the relevant enforcing authority prior to works commencing
- to ensure that where the removal of asbestos is required, this is carried out by an external competent and licensed asbestos contractor
- to ensure that all identified asbestos containing materials with the premises controlled by the Trust are re-surveyed in accordance with the recommendations of the asbestos survey and asbestos management plans
to ensure that all asbestos registers are compiled and maintained

to ensure that all work identified by each of the asbestos management plans is carried out

to ensure that where necessary all designated asbestos labels are adhered to all identified asbestos containing materials within the premises controlled by the Trust.

to ensure that this policy and the associated asbestos registers and asbestos management plans are brought to the attention of all contractors who intend to carry out work which will disturb the building fabric; this should be done before the contractors carry out any work

to ensure that the location of asbestos containing materials is communicated to all contractors who will carry out work which will disturb the building fabric before they carry out this work in accordance with this policy and the Control of Contractors policy

to ensure that all contractors who are exposed to asbestos whilst carrying out work on behalf of the Trust report the matter to the Trust and also share the report submitted to the Health and Safety Executive (HSE) in accordance with the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

to inform the Head of Risk and Security of the submission of any incident reports about exposure to asbestos whilst on Trust premises, including those submitted by the Contractor to the Health and Safety Executive in accordance with RIDDOR 2013.

to ensure there are arrangements in place to obtain from the landlords of buildings where Trust staff are based, copies of asbestos surveys and associated asbestos registers and asbestos management action plans

to ensure that there are arrangements in place to communicate the findings of all asbestos surveys, including those obtained from landlords, to Trust staff and the measures to be taken to prevent exposure to asbestos.

5.9 Estates managers

5.9.1 Estates Managers will assist the Head of Estates with regards to the identification, assessment and management of asbestos within Trust premises; and in particular they have the following responsibilities:

• to assist the Head of Estates with regard to the carrying out of asbestos surveys in all premises controlled by the Trust; these surveys must be conducted by a competent asbestos surveyor
• to assist the Head of Estates with regards to the carrying out of all refurbishment/demolition asbestos surveys
• to use the results of the asbestos surveys and ensure that wherever asbestos containing materials are found within premises under the control of the Trust they compile an asbestos register, see appendix 4
• to use the information from these surveys and the asbestos registers to compile asbestos management plans; the latter will set out in detail how the risks from asbestos will be managed within the Trust, see appendix 5
• to assist the Head of Estates and liaise with contractors to ensure that all work identified by each of the asbestos management plans is carried out
• to periodically review and monitor the asbestos management plans to ensure that all necessary works are carried out in accordance with the plans
• to assist the Head of Estates with regards to ensuring that all notifiable non-
licensed and licensed asbestos work is reported to the relevant enforcing authority prior to works commencing
• to assist the Head of Estates by ensuring that wherever the removal of asbestos is required within premises under the control of the Trust, it is carried out by an external licensed contractor
• to assist the Head of Estates and ensure that all identified asbestos containing materials within the premises controlled by the Trust are resurveyed in accordance with the recommendations of the asbestos survey and asbestos management plans
• to ensure that where necessary all designated asbestos labels are adhered to all identified asbestos containing materials within the premises controlled by the Trust.
• to ensure that this policy and the associated asbestos registers and asbestos management plans are brought to the attention of all contractors who intend to carry out work which will disturb the building fabric before they carry out any work
• to ensure that the location of asbestos containing materials is communicated to all contractors who will carry out work which will disturb the building fabric before they carry out this work in accordance with this policy and the Control of Contractors policy
• to assess any risk assessments and safe systems of work provided by contractors before they carry out work on or near to any asbestos containing materials
• to liaise with and ensure that all contractors who are exposed to asbestos whilst carrying out work on behalf of the Trust report the matter to the Trust and also share the report submitted to the Health and Safety Executive (HSE) in accordance with the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
• to inform the Head of Risk and Security of the submission of any incident reports about exposure to asbestos whilst on Trust premises, including those submitted by the Contractor to the Health and Safety Executive in accordance with RIDDOR 2013
• to liaise with and obtain from the landlords of buildings where Trust staff are based copies of asbestos surveys and associated asbestos registers and asbestos management action plans.

5.10  Clinical Coordination Centre

5.10.1 If staff contact the Clinical Coordination Centre (CCC) regarding any concerns they have with regards to asbestos or potential or actual exposure to asbestos fibres/dust whilst they are on scene then the CCC will contact the Duty Tactical Advisor, who will advise the staff of what they should do.

5.11  Duty Tactical Advisor

5.11.1 If contacted by either the Clinical Coordination Centre (CCC) or a member of staff on scene with concerns about asbestos or potential or actual exposure to asbestos fibres/dust whilst staff are on scene the Duty Tactical Adviser will advise the CCC or the staff about what they should do.
5.12 **Operational Support Desk**

5.12.1 If contacted by staff and advised that the vehicle has been contaminated by asbestos and or asbestos fibres/dust the Operational Support Desk (OSD) will arrange to have the vehicle taken out of service until such time that they have been advised by Estates that the vehicle has been decontaminated and cleaned.

5.13 **Head of Risk and Security**

5.10.1 Where applicable to provide advice and guidance on asbestos legislation.

5.10.2 To arrange for the reporting or all reported incidents of staff exposure to asbestos, whilst they are at work, to the Health and Safety Executive as per RIDDOR 2013 and asbestos legislation.

5.14 **Non-Clinical Risk Manager**

5.11.1 The Non-Clinical Risk Manager will assist and support the Head of Risk and Security and the Trust by ensuring that reported incidents of exposure to asbestos by staff whilst they are at work are reported to the Health and Safety Executive (HSE) in accordance with RIDDOR 2013.

5.15 **Occupational Health**

5.12.1 The Occupational Health Department, commissioned by the Trust, have the following responsibilities:

a) To advise the Trust of all aspects of health in the workplace in order to assist the Trust in complying with legal requirements.

b) To assess any persons at work who have been referred to Occupational Health with suspected work-related ill-health and/or exposure to asbestos whilst at work and to advise the staff and the Trust of the action that should be taken.

5.16 **Contractors**

5.13.1 All contractors who are engaged to carry out work on premises controlled by the Trust have the following responsibilities:

- to abide by this policy and the Trust’s arrangements to prevent and manage exposure to asbestos; and also their statutory duties with regards to asbestos
- where applicable, and provided they are licenced asbestos contractors, to carry out asbestos surveys, including any refurbishment and demolition surveys
- to examine and observe the contents of the asbestos surveys and asbestos registers communicated to them by the Estates Managers and to use the
information contained therein to assist them with the carrying out of risk assessments and safe systems of work

- to carry out risk assessments and devise safe systems of work before they carry out any work which could disturb asbestos containing materials in the premises under the control of the Trust; and to provide these risk assessments and safe systems of work to the Estates Managers
- to ensure that any work they do does not put themselves or Trust staff or others at risk of exposure to asbestos
- to ensure that their staff have the necessary information, instruction and training on asbestos and avoiding exposure to asbestos
- to ensure that their staff are provided with and wear all appropriate personal protective equipment
- to ensure that their staff follow the safe systems of work to prevent exposure to asbestos
- to inform and advise the Estates Managers of any exposure to asbestos by their staff whilst they are working on premises controlled by the Trust
- to ensure that all such exposure is reported to the Health and Safety Executive (HSE) and to share a copy of the report with the Estates Managers.

6. Definitions

Asbestos Containing Materials (ACM). These include but are not limited to: partition panels and associated materials; surface coatings; substrates; wall linings; insulation products; some floor coverings; Bakelite style of materials used in production of WC seats, cisterns etc; noise reduction panels installed beneath sink basins; space and convection heaters; ventilation equipment; oven, furnace and boiler seals; fire proofing materials; pre-formed cement based products; vehicle brake linings and the internal linings of safes. See appendix 2 for an illustration of where asbestos can be found in a property.

Asbestos Insulation Board (AIB): Refers to any flat sheet, tile or building board consisting of a mixture of asbestos and other material except asbestos cement. See appendix 2 for an illustration of where asbestos can be found in a property.

Asbestos Survey – This can be one of two types of initial surveys (Management or Refurbishment and Demolition) to assess the extent of asbestos present within a property and to be followed by a full report which will become the Asbestos Register/Report and is to be conducted only by external technically competent organisations.

Inspection/Condition Assessment - A regular inspection and review of the current condition of known asbestos within all Trust properties. The outcome will be recorded as a dated comment/s within the Premises’ Asbestos Register or by a more urgent action if necessary. This is to be conducted only by suitably informed and trained Estates personnel or an appropriate external professional.

7. Types of Asbestos

7.1 Asbestos is a natural material (a fibrous silicate) found in rocks all over the world. The three main types of asbestos that were used in the UK are:

- Crocidolite (Blue asbestos)
- Amosite (Brown asbestos)
- Chrysotile (White asbestos)
However, these cannot be identified by their colour alone.

7.2 In addition the following three types of asbestos have been known to be used (although in smaller amounts) within the U.K:

- Fibrous Anthophylite
- Tremolite
- Actinolite

7.3 For the purpose of this policy all of the above types of asbestos and any mixture containing any of these materials, will be treated as the same and will be defined as asbestos.

7.4 Although it is now illegal to use asbestos in the construction or refurbishment of any premises, many asbestos containing materials, which were used when Trust buildings were built and constructed, remain in place.

7.5 However, the risk from exposure to asbestos fibres is low provided that:

- the asbestos containing material is in good repair and is intact and free from any damage that could release asbestos fibres into the atmosphere
- it is labelled as containing asbestos fibres
- it is subject to regular inspection/condition assessment to ensure that it remains undamaged
- the Trust carries out asbestos surveys
- the Trust carries out all remedial work identified by these surveys.

7.6 Asbestos containing materials only become a risk to health if they are damaged and asbestos fibres are released into the atmosphere where they can be breathed in by staff and others.

8. Asbestos related diseases

8.1 If asbestos fibres are inhaled then it increases the risk of an individual contracting a serious and fatal disease such as:

- Mesothelioma.
- Asbestos-related lung cancer
- Asbestosis
- Pleural thickening.

8.2 However, the onset of these diseases can take up to 30 to 40 years post-exposure to become apparent. Nonetheless, it is imperative that the Trust fulfils its legislative duties and prevents exposure to asbestos fibres by staff and others.
9. Asbestos surveys, asbestos registers and asbestos management action plans

9.1 Asbestos surveys, asbestos registers and action plans in premises controlled by the Trust

9.1.1 To assist the Trust fulfil its legislative duties, the Estates Team will make arrangements to engage suitable licenced and competent asbestos contractors to carry out asbestos surveys on all premises controlled by the Trust to:

- Identify whether or not the building contains asbestos and/or asbestos containing materials
- And, if it does, what the type of asbestos it is
- Where it is located
- Identify what the condition of the asbestos containing materials is
- Identify what remedial measures, if any, are required to prevent exposure to staff to asbestos whilst they are at work; and also to prevent exposure to patients, visitors, contractors whilst they are on Trust premises.

9.1.2 The information contained from these asbestos surveys will be used by the Estates Team to devise asbestos registers and asbestos management plans. The Estates Team will ensure that a copy of each asbestos survey and asbestos register and action plan is held on the premises to which they are relevant to. The Estates Team will liaise with contractors to ensure that all relevant works on the asbestos management action plans are completed.

9.2 Buildings occupied by the Trust where the Landlord is responsible for the carrying out of the asbestos surveys

9.2.1 In those buildings occupied by the Trust but where the Landlord is responsible for the carrying of the surveys, the Estates Team will liaise with the Landlord to obtain these surveys and any associated asbestos registers and management action plans.

9.2.2 It is the responsibility of the Landlords to share these asbestos surveys, asbestos registers with their Tenants and also any contractors that they engage to carry out work which could affect the fabric of the building.

9.2.3 However, if the Estates Team engage a contractor to carry out work on a premises where the Trust is a Tenant and this work involves affecting the fabric of the building, then it is up to the Estates Team to provide the contractor with the asbestos survey, asbestos register and asbestos action plan that they have obtained from the Landlord.

10. Accidental or potential exposure to asbestos fibres

10.1 Exposure in a Trust premises or a premises where the Trust is a tenant

10.1.1 All properties occupied by the Trust will have an asbestos survey in place which indicates whether the property has asbestos and if so, where it is located.

10.1.2 Only authorised contractors shall be permitted to carry out any works to the building
fabric and only after reviewing the asbestos survey/management plan to determine whether asbestos is present and if so where it is located.

10.1.3 Where planned works are to be carried out on a part of the building known to contain asbestos or on an area of the property not covered by an asbestos survey (‘non-assessed areas’), then specialist arrangements for this work will be arranged via the Estates Manager.

10.1.4 The contractor will carry out a risk assessment and devise a safe system to prevent any exposure to asbestos fibres.

10.1.5 However, if when carrying out this work, it is identified that ‘known’ or ‘presumed/suspect’ asbestos containing material is accidentally disturbed/damaged or thought to have been and staff have been potentially exposed to asbestos fibres then the following will done as a matter of priority:

a) Remove all parties from the area immediately

b) Lock off / restrict access to the area

c) Arrange for a competent contractor to carry out air tests of the area to confirm if asbestos fibres are present in the air – keep area locked off / access restricted until this can be carried out

d) The findings of the air tests and the recommendations of the contractor will be considered before identifying the next steps to be taken to resolve the situation

e) Only after the area has been cleaned by a licenced asbestos contractor and the air test has confirmed that no asbestos fibres are present will the are be re-opened and staff allowed to access it.

f) The incident will be reported by the Estates Team using the Trust’s Incident reporting system, Datix.

g) If the air tests confirm high/abnormal levels of asbestos fibres in the air, then the incident will be reported by Estates using the Trust’s Incident reporting system, Datix. Once reported on Datix, the matter will be reported by the Risk Team to the Health and Safety Executive in accordance with RIDDOR 2013.

10.2 Exposure to Asbestos by Operational Staff whilst on scene

10.2.1 From the reported incidents received on the Trust’s Incident reporting system, Datix, the likelihood of Operational staff being exposed to asbestos fibres/dust is very rare. Nonetheless, if staff are attending an incident and there is a concern with regards to asbestos and or the potential or actual exposure to asbestos fibres/dust they should in the first instance contact either Clinical Coordination Centre (CCC) or the Duty Tactical Advisor who will advise them on what to do. If staff do contact the Clinical Coordination Centre (CCC) then the staff there will contact the Duty Tactical Advisor on their behalf.

10.2.2 If Operational staff are exposed to asbestos/asbestos fibres/dust whilst they are on scene then they should ensure that they wear appropriate personal protective
equipment, such as gloves, the Tyvek suit and the disposable FFP3 mask or the reusable 3M 7500 half mask which has disposable filters. The latter mask will afford greater protection.

10.2.3 If staff suspect that their uniform has been contaminated by asbestos fibres/dust then they should take measures to avoid spreading the contamination and also change out of their contaminated uniform into a clean, uncontaminated Tyvek suit before they go back onto the vehicle. This should help to reduce the potential contamination of the vehicle. However, the clinical care of the patient should take priority.

10.2.4 They should also double bag their contaminated uniform using the yellow clinical waste bags and secure these bags by ‘goose neck’ tying them (tying the ends of the bags with in a knot). They should also label the bags as either lightly ‘contaminated uniform’ or ‘heavily contaminated uniform’ and put their name on the label.

10.2.5 They should also advise the Duty Tactical Advisor as to whether or not the uniform has been lightly or heavily contaminated with asbestos fibres/dust. The Duty Tactical Advisor will advise staff about what they should do with the contaminated uniform. And when staff report the incident on Datix the staff should also state on the incident report whether or not their uniform was lightly or heavily contaminated with asbestos fibres/dust.

10.2.6 For uniforms with lightly contaminated asbestos fibres/dust the Trust will have them laundered and cleaned by a Licenced Asbestos Contractor/Analyst; and once laundered and cleaned they can be returned to the member of staff.

10.2.7 For uniforms heavily contaminated with asbestos fibres/dust, the Trust will have them disposed of by a Licenced Asbestos Contractor/Analyst.

10.2.8 Staff should also wipe down any exposed areas of skin, hair and footwear (including the laces and soles of the footwear) with clinical wipes and double bag the soiled wipes; again securing the bags as described above and labelling the bags as ‘suspected asbestos contaminated waste’ using the labels provided. The bags containing the contaminated uniform and the asbestos contaminated waste should be placed somewhere on the vehicle where they are not likely to be damaged. They should also be left on the vehicle until they are retrieved by a Licenced Asbestos Contractor/Analyst.

10.2.9 If they think that their hair is contaminated then they should wet their hair to contain any dust and keep it damp until they can shower.

10.2.10 Once they have double bagged their contaminated uniform and any contaminated asbestos contaminated waste (soiled clinical wipes, etc) the staff should inform the Duty Tactical Advisor who will advise them on what else they should do.

10.2.11 Arrangements will be made by the Estates Department to have this asbestos contaminated waste disposed of appropriately by a licenced contractor.

10.2.12 They should also ensure that they notify the Duty Tactical Advisor, the Operational Support Desk (OSD) and the Clinical Coordination Centre (CCC) of their exposure and arrange for the vehicle to be taken off road and for them to be stood down so that they can shower and change their uniform. Upon being informed of the incident and the potential contamination of the vehicle, the Operational Support Desk (OSD) will have the vehicle taken out of service and contact the Estates Department to make arrangements for the necessary sampling tests by a Licenced Asbestos Contractor/Analyst to be carried out.
10.2.13 The staff must also report the incident using the Trust's Incident reporting system, Datix.

10.3 Conveying a patient contaminated with asbestos and pre-alerting the hospital

10.3.1 If staff are conveying a patient and there is concerns that the patient has been exposed to asbestos fibres/dust they should pre-alert the receiving hospital so that the latter can make arrangements to safely receive the patient without contaminating the whole of the Accident and Emergency Department.

10.4 Decontamination and taking out of service a Trust vehicle suspected to be contaminated with asbestos

10.4.1 If a vehicle is suspected to be contaminated with asbestos then arrangements will also have to be made to take the vehicle out of service. Thereafter, arrangements will have to be made have the vehicle inspected and any dust samples collected and tested by a Licenced Asbestos Contractor to see if there is any asbestos fibres/dust present. If there is the vehicle will have to be cleaned and re-tested by a Licenced Asbestos Contractor before it is put back into service. If it is free of any asbestos fibres then the vehicle can be put back into service.

10.5 Decontamination and taking out of service a Trust vehicle contaminated with asbestos

10.3.1 If due to conveying a patient who is contaminated with asbestos/asbestos fibres a Trust vehicle is contaminated with asbestos then it should be taken out of service and arrangements should be made to have the vehicle cleaned and decontaminated by a licenced contractor. After which air sampling should be carried out to identify that the vehicle is free of any asbestos fibres. Only when the vehicle has been cleaned and decontaminated and air monitoring has been carried out by a licenced contractor and the vehicle has been given the all clear should the vehicle be put back into service.

11. Training

11.1 Information and guidance will be provided to staff on asbestos and the hazards associated with exposure to asbestos fibres/dust by providing them with a copy of Appendix 2: Risk and Resilience Fact File.

12. Equality and Diversity

12.1 An equality and diversity impact assessment has been completed and included in the Appendix 7.
13. Monitoring

13.1 The effectiveness of this policy will be monitored in the following way.

<table>
<thead>
<tr>
<th>Standard process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Method</td>
</tr>
<tr>
<td>a) The number of incidents reported by staff involving exposure to asbestos.</td>
<td>a) Report on the number of incidents reported by staff involving exposure to asbestos.</td>
</tr>
<tr>
<td></td>
<td>c) Report on the number of asbestos surveys carried out within a financial year.</td>
</tr>
</tbody>
</table>

14. Consultation and Review

14.1 A consultation exercise on the policy will be carried out with the stakeholders listed below.

14.2 This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

<table>
<thead>
<tr>
<th>Stakeholder or Group Title</th>
<th>Consultation Period (From-to)</th>
<th>Comments received (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Managers and Staff</td>
<td>11/10/2017 to 1/11/2017</td>
<td>N</td>
</tr>
<tr>
<td>Health, Safety and Risk Group</td>
<td>11/10/2017 to 1/11/2017</td>
<td>Y</td>
</tr>
<tr>
<td>Health, Safety and Risk Group</td>
<td>16/1/2019 to 23/1/2019</td>
<td></td>
</tr>
</tbody>
</table>
15. Implementation (including raising awareness)

15.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters. Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

16. References

- Control of Asbestos Regulations 2012
- Health and Safety at Work Etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

17. Associated documentation

- Control of Contractors Policy
- Health and Safety Policy and Procedures
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Policy
### 18. Appendix 1: Review Table

<table>
<thead>
<tr>
<th>Version</th>
<th>Reason for change</th>
<th>Overview of change</th>
</tr>
</thead>
<tbody>
<tr>
<td>V2</td>
<td>Review of policy following consultation.</td>
<td>Changes to all sections within the policy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Section 5.7.1 add new fourth bullet point about staff contacting the Clinical Coordination Centre (CCC) or the Duty Tactical Advisor if they believe there is asbestos/asbestos fibres/dust on scene.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Section 5.13.1 (first bullet point) change “they” to “their”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Section 5.13.1 (third bullet point) add “...and safe system of work”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A new Section 10.2.1 has been added and starts: &quot;From the reported incidents received on the Trust's Incident reporting system, Datix, the likelihood of Operational staff being exposed to asbestos fibres/dust is very rare.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This new Section 10.2.1 ends: “If staff do contact the Clinical Coordination Centre (CCC) then the staff there will contact the Duty Tactical Advisor on their behalf.”</td>
</tr>
<tr>
<td>V3</td>
<td>Amendments to policy following consultation</td>
<td>The old section 10.2.1 becomes the new section 10.2.2. There is also the addition of “asbestos fibres/dust” and reference to “…gloves, the Tyvex suit”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Part of the new 10.2.2 has been split so that part of it becomes the new section 10.2.3 and starts with: “If staff suspect that their uniform…” There is also the addition of a reference to “…a clean, uncontaminated Tyvex suit.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The old section 10.2.2 becomes the new section 10.2.4, and there is the addition of reference to “…the yellow clinical waste…” and “They should also…”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The old section 10.2.3 becomes the new 10.2.5 and has been rewritten and starts: “Staff should wipe down any exposed areas of skin…”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Addition of new section 10.2.6 which reads: ” If they think that their hair is contaminated then they should wet their hair to contain any dust and keep&quot;</td>
</tr>
<tr>
<td>V4</td>
<td>Further amendments following discussion and consultation</td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>

- 10.2.3 new sentence added, which starts: “this should help to reduce...”
- 10.2.4 addition of reference to “goose neck” and “(tying the ends of the bag in a knot.”
- Insertion of new 10.2.5, which starts: “They should also advise the Duty Tactical Advisor...”
- Insertion of new 10.2.6, which starts: “For uniforms lightly covered with asbestos fibres/dust...”
- Insertion of new 10.2.7, which starts: “For uniforms heavily contaminated with asbestos fibres/dust...”

- Section 5.8, insertion of two new fifth and sixth bullet points. The new fifth bullet point starts: “to engage, where necessary, a Licence Asbestos Contractor/Analyst to take samples and analyse...”
- The sixth bullet point starts: “to engage, where necessary, a Licence Asbestos Contractor/Analyst to retrieve and dispose of any heavily asbestos contaminated uniforms...”
- Insertion of new 5.10 and 5.10.1 about the Clinical Coordination Centre.
- Insertion of new 5.11 and 5.11.1 about the Duty Tactical Advisor.
- Insertion of new 5.12 and 5.12.1 about the Operational Support Desk.

it damp until they can shower.”

Addition of new section 10.2.7, which starts: “Once they have double bagged their contaminated uniform...”

Addition of new section 10.2.8, which starts: “Arrangements will be made...”

The old section 10.2.4 becomes the new 10.2.9 and has been rewritten to include a reference to notifying the Duty Tactical Advisor. A second sentence has also been added which starts: “Upon being informed of the incident...”

The old section 10.2.5 becomes the new 10.2.10 and 2should’ is replaced by “must”.

- Insertion of new 5.10 and 5.10.1 about the Clinical Coordination Centre.
- Insertion of new 5.11 and 5.11.1 about the Duty Tactical Advisor.
- Insertion of new 5.12 and 5.12.1 about the Operational Support Desk.

10.2.3 new sentence added, which starts: “this should help to reduce...”

10.2.4 addition of reference to “goose neck” and “(tying the ends of the bag in a knot.”

Insertion of new 10.2.5, which starts: “They should also advise the Duty Tactical Advisor...”

Insertion of new 10.2.6, which starts: “For uniforms lightly covered with asbestos fibres/dust...”

Insertion of new 10.2.7, which starts: “For uniforms heavily contaminated with asbestos fibres/dust...”
The old section 10.2.5 becomes 10.2.8, and a new sentence is added which reads: "They should also be left on the vehicle until they are retrieved by a Licenced Asbestos Contractor/Analyst."

The old section 10.2.6 becomes 10.2.9.

The old section 10.2.7 becomes 10.2.10; and the old section 10.2.8 becomes 10.2.11 and "Estates Department" is added to this section.

The old section 10.2.9 becomes 10.2.10, and there is a new sentence added which starts: "Upon being informed of the incident…"

The old section 10.2.10 becomes 10.2.13.

Insertion of new section 10.3 and 10.3.1 about conveying a patient contaminated with asbestos and pre-alerting the hospital.

Insertion of new section 10.4 and 10.4.1 about Decontamination and taking out of service a Trust vehicle suspected to be contaminated with asbestos.

The old section 10.3.1 becomes 10.5 about the Decontamination and taking out of service a Trust vehicle contaminated with asbestos.

Section 11.1, addition of "/dust by providing them with a copy of Appendix 2: Risk and Resilience File."

Section 26: Appendix 9: Ratification Checklist, Deletion of Philip Astle’s name.
19. Appendix 2: Risk and Resilience Fact File

Risk and Resilience fact file.

Are you Asbestos Aware?

A guide for Operational staff on the dangers of Asbestos and the precautions that need to be taken when responding to an incident involving damage or fire in a structure that may contain asbestos. For the purposes of this guide we are not differentiating between White, Blue or Brown Asbestos as they are all hazardous to health.

Fact: Any building constructed before the year 2000 may contain asbestos in one form or another! Left alone, it isn’t dangerous. However, once disturbed, tiny asbestos fibres are released which can prove lethal if breathed in, causing lung disease and cancer. If you don’t take the right precautions to protect yourself you’re risking your life and livelihood.

This is all preventable if we identify that Asbestos may be present early and wear the correct Personal Protective equipment. This must form part of your Dynamic Risk Assessment. (DRA)

If in doubt get advice from the duty Tactical Advisor on 03003038140 or HART Team Leader.
So where may we find it?
ASBESTOS
WHERE IT HIDES

INDUSTRIAL PROPERTY

Inside

1. Sprayed coatings on ceilings, walls, beams and columns
2. Asbestos cement water tank
3. Loose fill insulation
4. Tagging on boilers and pipes
5. AIB ceiling tiles
6. Toilet seat and cistern
7. AIB partition walls
8. AIB panels in fire doors
9. Asbestos rope seals, gaskets and paper
10. Vinyl floor tiles
11. AIB around boilers, storage heaters and warm air heating systems
12. Textiles e.g. fire blankets
13. Textured decorative coating on walls and ceilings e.g. Artex

AB = Asbestos insulating board

Outside

14. Asbestos cement roof
15. Asbestos cement panels
16. Asbestos cement gutters and downpipes
17. Soffits – AIB or asbestos cement
18. Asbestos cement flue

Every Job Beware Asbestos

Asbestos Management Policy and Procedure V 4
If a building is involved in fire it is likely that any asbestos fibres will be taken away in the smoke as part of the products of combustion. This is why it is really important to park vehicles and stay out of the smoke at any residential or industrial fire. We also need to be prepared to come in to contact with Asbestos in other ways. The image below is a typical outbuilding with an asbestos corrugated roof and asbestos wall panel. As you can imagine these panel do not tend to hold the weight of a person and we have on a number of occasions been called to patients who have fallen through such panels. Whilst the panels themselves are not dangerous unless the structure is unsafe, the dust that is produced will be a hazard as it will contain Asbestos fibres.

Seeing this type of construction and panel should raise a red flag in your risk assessment.

**So how do I protect myself?**

Every front line vehicle has the following kit on board.

This includes; Tyvek Coverall, FFP3 mask, Overshoes, eye protection.
The trust is currently moving from a disposable FFP3 mask to a reusable 3m 7500 half mask which has disposable filters. (This role out in ongoing and fit checking of staff has begun).

**Removal of PPE and Waste management.**

PPE should be removed following the standard safe system of PPE removal for an infectious patient and the Eye protection and Face mask removed last (ensuring the outer skin of the face mask has been wiped clean prior to removal with cleaning wipes provided on the vehicle). Filters from the Face mask and all other PPE must be disposed of in to a clinical waste bag. This bag should then be placed inside a second clinical waste bag and left in the back of the potentially contaminated vehicle. The reusable masks can then be cleaned using the cleaning wipes provided.

The vehicle must be taken off the road and locked with the keys removed and placed in VOR key boxes on station. Once completed the Operational Support Desk must be informed and they will arrange our specialist contractor to attend to decontaminate the vehicle and remove the waste. In all cases the duty Tactical advisor should be informed. They will be able to troubleshoot any issues.

Further information on the management of Asbestos related incidents can be obtained via the Resilience and Specialist Operations department.
20. Appendix 3; Asbestos Management Plan – Site Plan

Asbestos Management Plan
Site Plan

(Insert plan here)

These areas contain, or may contain asbestos:

- Roof
- Downpipes
- Van brakes.

**Plant room** – boiler, flue, steam pipe insulation, electric switch-box

**Work room** – steam pipe insulation

**Store** – floor tiles, ceiling tiles

**Office 1** – fire door

**Office 2** – board screwed to fire door
### 21. Appendix 3: Asbestos Register

#### Asbestos Register

**Premises:** ……………………………………………………………………………………………………………………………

**Address:** ……………………………………………………………………………………………………………………………

<table>
<thead>
<tr>
<th>Where</th>
<th>Product</th>
<th>How much?</th>
<th>Surface Coating</th>
<th>Condition</th>
<th>How easy access?</th>
<th>Asbestos type</th>
<th>Comment</th>
<th>Material Score</th>
<th>Priority score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>Asbestos cement</td>
<td>Whole roof</td>
<td>None</td>
<td>Fairly good</td>
<td>Difficult</td>
<td>White?</td>
<td>No sample</td>
<td>To be ascertained</td>
<td>To be ascertained</td>
</tr>
<tr>
<td>Down- pipe</td>
<td>Asbestos cement</td>
<td>4 x 4 metres</td>
<td>None</td>
<td>One broken</td>
<td>Medium</td>
<td>Don’t know = presumed</td>
<td>No sample</td>
<td>To be ascertained</td>
<td>To be ascertained</td>
</tr>
</tbody>
</table>

---

**Asbestos Management Policy and Procedure** V 4
22. Appendix 5: Asbestos Management Action Plan

Asbestos Management Action Plan

Name and address of premises: ……………………………………………………………………………
………………………………………………………………………………………………..
………………………………………………………………………………………………..
………………………………………………………………………………………………..

<table>
<thead>
<tr>
<th>Where</th>
<th>Product</th>
<th>Action</th>
<th>By when?</th>
<th>By whom?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roof</td>
<td>Asbestos cement</td>
<td>None</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Down-pipe</td>
<td>Asbestos cement</td>
<td>Replace</td>
<td>July 2017</td>
<td>Building contractor</td>
</tr>
</tbody>
</table>

Responsible person:
Date:
Monitoring date:
# 23. Appendix 5: Responsibility Matrix – Policies, Procedures and Strategies

<table>
<thead>
<tr>
<th>Policy Group</th>
<th>Lead Director / Officer</th>
<th>Working Group</th>
<th>Committee</th>
<th>Board Ratification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies</td>
<td>As appropriate</td>
<td>As appropriate</td>
<td>As appropriate</td>
<td>Required</td>
</tr>
<tr>
<td>Standing Orders &amp; Standing Financial Instructions</td>
<td>Chief Executive + Director of Finance</td>
<td>Not applicable</td>
<td>Audit Committee</td>
<td>Required</td>
</tr>
<tr>
<td>Corporate Policies</td>
<td>Chief Executive + Director of Patient Care and Service Transformation</td>
<td>As appropriate</td>
<td>Quality and Safety Committee</td>
<td>Required/ Committee decision</td>
</tr>
</tbody>
</table>
| Health and Safety Policies and Procedures | Director of Patient Care and Service Transformation | Strategic Health, Safety and Risk Group | Quality and Safety Committee | Health and Safety Policy – Required  
H&S Appendices – Committee decision |
<p>| Control of Infection Policy and Procedures | Director of Patient Care and Service Transformation | Clinical Review Group | Quality and Safety Committee | Required                               |
| Personnel Policies and Procedures | Human Resources Director | Staff Consultation Group | Quality and Safety Committee | Required for new policies. Committee decision for revisions |
| Financial Policies and Procedures | Director of Finance | Not applicable | Audit Committee | Required for new Policies. Committee decision for procedural changes. |
| Operational Policies and Procedures | Chief Operations Officer | As appropriate or through Team Meeting | Quality and Safety Committee | Committee decision |
| Information and IT Policies and Procedures | Associated Director of Information Management and Technology (IM&amp;T). | Information Management and Technology Control Board. | Quality and Safety Committee | Committee decision |</p>
<table>
<thead>
<tr>
<th>Emergency Operational Centre Policies and Procedures</th>
<th>Chief Operations Officer</th>
<th>As appropriate</th>
<th>Quality and Safety Committee</th>
<th>Committee decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Policies and Procedures</td>
<td>Director of Patient Care and Service Transformation</td>
<td>Patient Safety Group</td>
<td>Quality and Safety Committee</td>
<td>Committee decision</td>
</tr>
</tbody>
</table>
24. Appendix 7: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Asbestos Management Policy and Procedure.

Officer completing assessment: Paul Cross, Head of Estates.

Telephone........................................................................................................................................

<table>
<thead>
<tr>
<th>1. What is the main purpose of the strategy, function or policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The aim of the policy is to set out the arrangements the Trust has in place for the identification and assessment of the existence and condition of asbestos containing materials and for the management of these materials to prevent exposure to asbestos.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. List the main activities of the function or policy? (for strategies list the main policy areas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The objectives of this policy are to provide an effective framework to assist the Trust in complying with statutory requirements by ensuring that there are arrangements in place:</td>
</tr>
<tr>
<td>• for the effective implementation of this policy throughout the Trust</td>
</tr>
<tr>
<td>• for the carrying out of suitable and sufficient risk assessments on asbestos</td>
</tr>
<tr>
<td>• for the completion and maintenance of asbestos registers and asbestos management plans</td>
</tr>
<tr>
<td>• to ensure that only licensed contractors are engaged to carry out asbestos surveys and any removal or encapsulation of asbestos containing materials, including demolition</td>
</tr>
<tr>
<td>• to ensure that all appropriate controls, so far as reasonably practicable, are put in place to reduce the risks to staff, patients, visitors and contractors from exposure to asbestos whilst on Trust premises or when carrying out work for the Trust</td>
</tr>
<tr>
<td>• to provide suitable information, instruction and training to all staff on asbestos and the risks associated with it</td>
</tr>
<tr>
<td>• for the reporting of any exposure to asbestos whilst on Trust premises</td>
</tr>
<tr>
<td>• to provide support and assistance including health surveillance to staff who may have been exposed to asbestos whilst working for or on behalf of the Trust</td>
</tr>
<tr>
<td>• to ensure that all incidents involving exposure to asbestos are reported and investigated; and where necessary reported to the Health and Safety Executive (HSE).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Who will be the main beneficiaries of the strategy/function/policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>All staff, patients, visitors and contractors.</td>
</tr>
</tbody>
</table>

1. Use the table overleaf to indicate the following:-
a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?

b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?
<table>
<thead>
<tr>
<th>Category</th>
<th>Group</th>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENDER</td>
<td>Women</td>
<td>✓</td>
<td></td>
<td>Policy aims to protect people of all protected characteristics.</td>
</tr>
<tr>
<td></td>
<td>Men</td>
<td>✓</td>
<td></td>
<td>Policy aims to protect people of all protected characteristics.</td>
</tr>
<tr>
<td>RACE</td>
<td>Asian or Asian British People</td>
<td>✓</td>
<td></td>
<td>Policy aims to protect people of all protected characteristics.</td>
</tr>
<tr>
<td></td>
<td>Black or Black British People</td>
<td>✓</td>
<td></td>
<td>Policy aims to protect people of all protected characteristics.</td>
</tr>
<tr>
<td></td>
<td>Chinese people and other people</td>
<td>✓</td>
<td></td>
<td>Policy aims to protect people of all protected characteristics.</td>
</tr>
<tr>
<td></td>
<td>People of Mixed Race</td>
<td>✓</td>
<td></td>
<td>Policy aims to protect people of all protected characteristics.</td>
</tr>
<tr>
<td></td>
<td>White people (including Irish people)</td>
<td>✓</td>
<td></td>
<td>Policy aims to protect people of all protected characteristics.</td>
</tr>
<tr>
<td>DISABILITY</td>
<td>Disabled People</td>
<td>✓</td>
<td></td>
<td>Policy aims to protect people of all protected characteristics.</td>
</tr>
<tr>
<td>SEXUAL ORIENTATION</td>
<td>Lesbians, gay men and bisexuals</td>
<td>✓</td>
<td></td>
<td>Policy aims to protect people of all protected characteristics.</td>
</tr>
<tr>
<td>AGE</td>
<td>Older People (60+)</td>
<td>✓</td>
<td></td>
<td>Policy aims to protect people of all protected characteristics.</td>
</tr>
<tr>
<td></td>
<td>Younger People (17 to 25) and children</td>
<td>✓</td>
<td></td>
<td>Policy aims to protect people of all protected characteristics.</td>
</tr>
</tbody>
</table>
RELIGION/BELIEF | Faith Groups | √ | Policy aims to protect people of all protected characteristics.
---|---|---|---
| Equal Opportunities and/or improved relations | √ | Policy aims to protect people of all protected characteristics.

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.
5. If you have indicated that there is a negative impact, is that impact:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal</strong> (it is not discriminatory under anti-discriminatory law)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>Intended</strong></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

**Level of Impact**

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:

6(b). Could you improve the strategy, function or policy positive impact? Explain how below:

7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How

Please sign and date this form, keep one copy and send one copy to the Trust’s Equality Lead.

Signed: Paul Cross.

Name: Paul Cross, Head of Estates.

Date: 23/2/2018.
25. Appendix 8: Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: .................................................................
..............................................................................................................................

Officer completing assessment: .................................................................

Telephone...........................................................................................................

Part A

Part A

1. Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

   Gender
   Race
   Disability
   Sexual Orientation
   Age
   Religion/Belief

2. Summarise the likely negative impacts:

   ..............................................................................................................................
   ..............................................................................................................................
   ..............................................................................................................................
   ..............................................................................................................................

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

<table>
<thead>
<tr>
<th>Equality Target Groups</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
</tbody>
</table>


4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:

<table>
<thead>
<tr>
<th>Equality Target Groups</th>
<th>Title/type of/details of research/report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
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<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Religion/ Belief</td>
<td></td>
</tr>
</tbody>
</table>

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the
issues?

Yes (Please list them and explain how you will obtain their views)

No

Part B

Complete this section when consultation and research has been carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence, is it important that the Trust commissions specific research on this issue or carries out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

8. Will the changes planned ensure that negative impact is:

Legal?  
(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes  
No

9b. How will this monitoring/evaluation further assess the impact on the equality target
groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of
the full EQIA and Action Plan to the Trust’s Equality Lead.

Signed: ................................................................................................................................

Name: ................................................................................................................................

Date: ..................................................................................................................................
EQIA ACTION PLAN

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action Required</th>
<th>Lead Officer</th>
<th>Timescale</th>
<th>Resource Implications</th>
<th>Comments</th>
</tr>
</thead>
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Please continue on another sheet if you need to.
26. Appendix 9: Ratification Checklist

**Section 1:** To be completed by Author prior to submission for ratification

<table>
<thead>
<tr>
<th>Policy Title</th>
<th>Asbestos Management Policy and Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author’s Name and Job Title</td>
<td>Paul Cross, Head of Estates</td>
</tr>
<tr>
<td>Review Deadline</td>
<td></td>
</tr>
<tr>
<td>Consultation From – To (dates)</td>
<td>11/10/17 to 1/11/17; 16/1/2019 to 23/1/2019.</td>
</tr>
<tr>
<td>Comments Received? (Y/N)</td>
<td>Y</td>
</tr>
<tr>
<td>All Comments Incorporated? (Y/N)</td>
<td>Y</td>
</tr>
<tr>
<td>If No, please list comments not included along with reasons</td>
<td></td>
</tr>
<tr>
<td>Name of Accountable Group</td>
<td>Health, Safety and Risk Group</td>
</tr>
<tr>
<td>Date of Submission for Ratification</td>
<td></td>
</tr>
</tbody>
</table>

**Section 2:** To be completed by Accountable Group

| Template Policy Used (Y/N)             | Y                                         |
| All Sections Completed (Y/N)          | Y                                         |
| Monitoring Section Completed (Y/N)    | Y                                         |
| Date of Ratification                  |                                           |
| Date Policy is Active                 |                                           |
| Date Next Review Due                  |                                           |
| Signature of Accountable Group Chair (or Deputy) | Chief Operations Officer.               |
| Name of Accountable Group Chair (or Deputy) |                                           |