

# **Asbestos policy**

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## NHS SHETLAND DOCUMENT DEVELOPMENT COVERSHEET\*

Name of document			Asbestos policy		
Registration Reference Number			CEPOL002	New 🗌	Review 🖂
Author			John McBeath		
<b>Executive Lead</b>			Ralph Roberts		
		Proposed groups t	o present docume	ant to:	
Health and	d Safety Com		o present docume		
DATE	VERSION	GRO	UP	REASON	OUTCOME
	1(a)	Health and Safety Ct	ee	PI, PO, C/S	Minor changes
Examp	les of reason to the g	ns for presenting	Examples of o	utcomes follo	wing meeting
Professional input required re: content (PI)			Significant changes to content required – refer to Executive Lead for guidance (SC)		
Professional opinion on content (PO)			To amend content & re-submit to group (AC&R)		
			For minor revis	ions (e.g. forma	t/layout) – no need

to re-submit to group (MR)

• Recommend proceeding to next stage (PRO)

• General comments/suggestions (C/S)

• For information only (FIO)

DATE	CHANGES MADE TO DOCUMENT
04/12/12	Changes made to reflect current names and management structure
08/01/13	Changes made following review by Liz Sneddon, NHS Fife asbestos advisor
05/01/013	Names removed from organisational chart after review by H&S ctee.

# NHS Shetland Asbestos Policy

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Appendix 1 – Organisational Structure for the Management and Control of Asbestos

#### **Policy Statement**

NHS Shetland acknowledges the health hazards arising from exposure to asbestos. NHS Shetland will, where reasonably practicable, prevent the exposure to asbestos fibres of any employee, visitor, patient or contractor through the use of effective control measures and work methods supported by training of employees. In any case, NHS Shetland will endeavour to control and manage the risks due to asbestos.

NHS Shetland will take a positive approach to controlling and reducing any potential exposure to asbestos fibres. This will be achieved by proactively identifying asbestos in buildings, by undertaking an assessment on potential exposure during normal working routines and by appointing a licensed contractor to remove or encapsulate asbestos where the assessment indicates this is necessary.

#### **Policy Application**

The requirements within this policy apply to all NHS Shetland owned premises where asbestos is, or may be, present. The principles also apply to properties occupied or worked in by NHS Shetland Staff and representatives in conjunction with the building owner's responsibilities. It has been established that there is no risk to human health from the presence of asbestos in buildings where it is in good condition, undamaged and left undisturbed. It is only when there is a release of asbestos fibres from asbestos products that there is a risk to human health. The Control of Asbestos Regulations 2012, regulation 4 including the "duty to manage asbestos" in non-domestic premises. To comply with this NHS Shetland will:

- Appoint a responsible person(s) to manage asbestos on NHS Shetland premises
- Take reasonable steps to determine, by survey, the location and condition of materials likely to contain asbestos
- Presume materials contain asbestos unless there are good reasons not to do so
- Develop and keep an up to date record of the location and condition of asbestos-containing materials [ACMs] or presumed asbestoscontaining materials in NHS Shetland premises
- Assess the risk of the likelihood of anyone being exposed to fibres from these materials
- Monitor the condition of asbestos and assumed asbestos material
- Prepare an Asbestos Management Plan, i.e. working arrangements setting out how the risks from the materials are to be managed
- Take the necessary steps to put the plan into action
- Review and monitor progress against the plan periodically
- Provide information on the location and condition of the materials to anyone who is liable to work on or disturb them

- Implement an Asbestos Contingency Plan, when required, to deal with the accidental release of asbestos fibres
- Identify the training needs of NHS Shetland employees

#### 1. Introduction

NHS Shetland is committed to meeting the requirements of the relevant guidance and complying with these procedures to manage the asbestos risk in so far as is reasonably practicable.

The following documentation has been used as the primary source of guidance:

The Health and Safety at Work etc Act 1974

The Management of Health and Safety at Work Regulations 1999

The Workplace (Health, Safety and Welfare) Regulations 1992

The Construction (Design & Management) Regulations 2007 (CDM)

The Control of Asbestos Regulations 2012

Health and safety Guidance [HSG] 248 Asbestos: The analysts' guide for sampling, analysis and clearance procedures

Health and Safety Guidance (HSG264) Asbestos: The Survey Guide Health and Safety Guidance (HSG247) Asbestos: The Licensed Contractors Guide

Health and Safety Guidance (HSG210) Asbestos Essentials Task Manual

#### 2. Responsibilities

Ultimate accountability for this policy lies with the Chief Executive, with specific responsibility for policy implementation devolved to the Head of Estates (Appendix 1). The Chief Executive will appoint in writing NHS Shetland Asbestos Manager. S/he will be responsible for the overall management of the arrangements contained within this policy and the Asbestos Management Plan. Local implementation of the policy will also be carried out in conjunction with the Capital Projects Manager and the Maintenance Manager.

In order to carry out the asbestos strategy effectively it is essential that the Asbestos Manager / Capital Projects Manager has the necessary authority, resources, competence and knowledge.

These roles and responsibilities are set out in the following table.

Designation	Responsibility
(See Appendix 1 for Current Named Persons)	
Chief Executive	Ultimate accountability for policy. Delegate responsibility for implementation of policy to Head of Estates.
Head of Estates and Facilities	Delegated responsibility for full implementation of policy.
Asbestos Manager who is also the Boards Capital Projects Manager	Management responsibility for operational procedures on NHS Shetland owned premises This involves:  • Taking responsible steps to ensure NHS Shetland is compliant with all statutory duties in relation to asbestos management. Implementation and review of this policy, Asbestos Management Plan and related working arrangements • Maintenance of the Asbestos Register • Surveying properties to determine the location of asbestos and monitoring the condition of asbestos in all known locations • Sourcing competent specialist asbestos contractors and consultants as appropriate and required • Implementation of Asbestos Contingency Plan (contained in the Asbestos Management Plan) • Supporting the day-to-day working arrangements of asbestos tasks
Occupational Health service	Advisory role in the case of accidental release of asbestos
Capital Projects Manager in that role	Implementation of operational procedures for the management and control of asbestos during projects, inform of removal and any remaining asbestos.
Maintenance Manager	Implementation and management of operational procedures for the management and control of asbestos during maintenance activities
Project and Maintenance Teams	Implementation of operational procedures for the management and control of asbestos during projects and maintenance activities

#### 3. Specific Arrangements

## 4 Risk Based Approach

Risk Assessments will be carried out using the algorithm in HSG 227, priority assessment and HSG 264 material assessment.

#### 5 Local Procedural Framework for Implementation

The framework for local implementation will take account of the need to:

- Maintain local ownership through the local management structure
- Initiate the production, development and maintenance of an Asbestos Management Plan (working arrangements) and Asbestos Register
- Inform/train all persons liable to come into contact with asbestos to meet the requirements of their specific needs, duties and responsibilities
- Carry out risk assessments associated with exposure to asbestos for inhouse activities.
- Co-ordinate asbestos activities under the Construction (Design and Management) Regulations 2007 (CDM)
- Assess the competence of contractors working on the premises when asbestos may be disturbed
- Check the risk assessments and method statements of contractors involved with work that may present asbestos risks
- Monitor the work of all contractors on site when there is a risk of exposure to asbestos
- Manage the emergency arrangements in the case of inadvertent release of asbestos fibres as detailed in the Asbestos Contingency Plan appended to the Asbestos Management Plan
- Arrange the employment of specialist consultants for advice and services associated with asbestos as necessary.
- Ensure that NHS Shetland complies with the statutory duties under the Control of Asbestos Regulations 2012

This framework will take the form of the Asbestos Management Plan, together with associated local policies, protocols and procedures. These documents will be available on the NHS Shetland intranet and will form the basis of the means for communication to building users/occupiers and staff of the methods employed by NHS Shetland to manage asbestos.

#### 6 Non-NHS Properties

Where staff or representatives are required to work in/on non-NHS Shetland owned properties, joint responsibility between NHS Shetland and the building owner applies. The specific working arrangements for this are dealt with in the Asbestos Management Plan.

## 7 Monitoring Arrangements

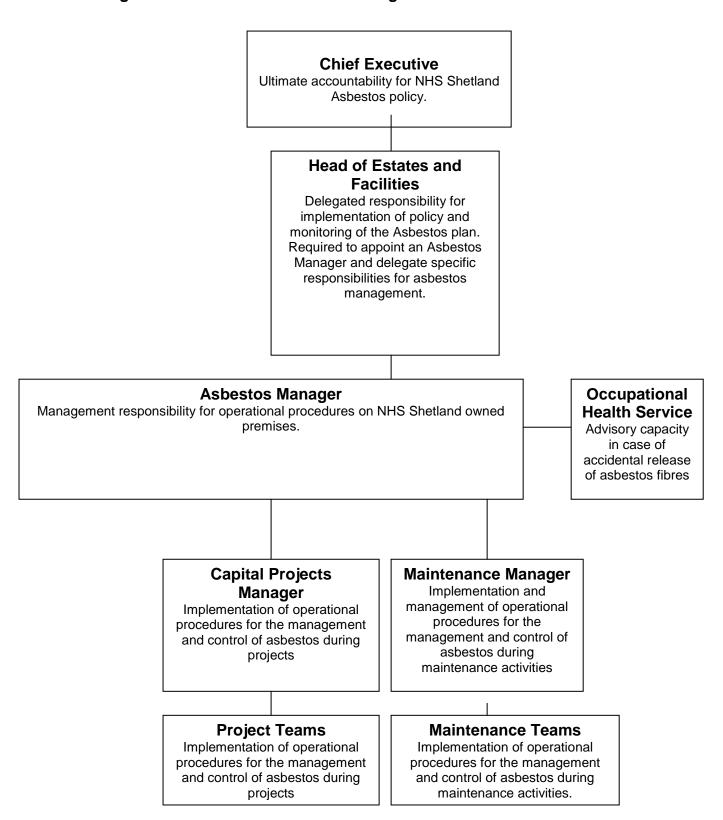
The appointed Asbestos Manager shall monitor this Policy and the implementation of the Asbestos Management Plan to control the risk from exposure to asbestos.

## 8 Review Arrangements

The policy shall be subject to a triennial review instigated by the Asbestos Manager. In addition, the policy shall be reviewed if there are changes to the legislation, structure of the organisation or personnel changes, risk assessments, incident investigations, etc.

#### Appendix 1

#### Organisational Structure for the Management and Control of Asbestos



# 1. Rapid Impact Checklist

## **NHS Shetland**

# **An Equality and Diversity Impact Assessment Tool:**

Which groups of the population do you think will be affected by this proposal? groups:

Other

- Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers)
- Women and men
- People with mental health problems
- People in religious/faith groups
- Older people, children and young people
- People of low income
- Homeless people
- Disabled people
- People involved in criminal justice system
- Staff who may belong to one or more of the diversity groups relating to ethnicity, gender, religion and faith, low income, disability and sexuality
- Lesbian, gay, bisexual and transgender people

N.B The word proposal is used below as shorthand for any policy,	What positive and negative impacts do you think there may be?	
procedure, strategy or proposal that might be assessed	Which groups will be affected by these impacts?	
What impact will the proposal have on lifestyles?  For example, will the changes affect:  Diet and nutrition Exercise and physical activity Substance use: tobacco, alcohol and drugs? Risk taking behaviour? Education and learning or skills?	No impact	

Will the proposal have any impact on the social environment? Things that might be affected include:  Social status Employment (paid or unpaid) Social/Family support Income	No
<ul> <li>Will the proposal have any impact on the following?</li> <li>Discrimination?</li> <li>Equality of opportunity?</li> <li>Relations between groups?</li> </ul>	No
<ul> <li>Will the proposal have an impact on the physical environment? For example, will there be impacts on: <ul> <li>Living conditions?</li> <li>Working conditions?</li> <li>Pollution or climate change?</li> <li>Accidental injuries or public safety?</li> <li>Transmission of infectious disease?</li> </ul> </li> </ul>	No
Will the proposal affect access to and experience of services? For example,  Health care Transport Social services Housing services Education	No.

Rapid Impact Checklist: Summary Sheet		
Positive Impacts (Note the groups affected)	Negative Impacts (Note the groups affected)  None	
Ensure risks from asbestos are managed		
Additional Information and Evidence Required	None	
Recommendations None		
From the outcome of the RIC, have negative process been recommended? If not, why needs to be a second or s	e impacts been identified for race or other equality groups? Has a full EQIA not?	
No negative impacts identified .		