### Document History

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<td>MP prepared by</td>
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<td>Quality Control by</td>
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<td>Authorised by</td>
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<td>Updated and reissued by</td>
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<tr>
<td>Updated and reissued by</td>
<td>Joanne Cooke</td>
<td>27 April 2012</td>
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<tr>
<td>Updated and reissued by</td>
<td>Joanne Cooke</td>
<td>27 July 2012</td>
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<tr>
<td>Updated and reissued by</td>
<td>Andy Fowler</td>
<td>08 November 2012</td>
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<tr>
<td>Updated and reissued by</td>
<td>Andy Fowler</td>
<td>11 December 2012</td>
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Approved on behalf of Hull & East Yorkshire NHS Trust:

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Important Information about your Asbestos Management Plan

This Asbestos Management Plan is a document with legal status

IT SHOULD REMAIN ON SITE AT ALL TIMES

If you need help understanding the requirements of this document

contact:

**Asbestos Manager:**
Brian Taylor
623273

Or

**Alternative Contact:**
Alan Parry CHH
624220

Or

Hedley Wilson HRI
675600
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i INTRODUCTION

Your Asbestos Management Plan

This Management Plan has been designed with the sole purpose of managing the risk from Asbestos Containing Materials (ACMs) identified within Hull & East Yorkshire Hospitals NHS Trust so that as far as reasonably practicable no one can come to any harm from ACMs on the premises. It is an integral part of the Trust’s strategy for compliance of all current Health and Safety legislation regarding asbestos.

Principles of Asbestos Management

The main principles of asbestos management are to Assess, Record, Inform and Monitor.

ASSESS: Asbestos in premises does not necessarily create an unacceptable risk. Asbestos is the hazard; the risk can only be defined when this hazard is assessed within the environment in which it is found. This assessment must take into account the activities carried out near or on the asbestos for the assessment to be able to present viable recommendations. It may take the form of a desktop study, a full asbestos survey, or a combination of the two.

RECORD: All assessments and the location and condition of any known or presumed asbestos containing materials must be recorded, updated and regularly reviewed. Similarly, any changes to the condition or location of any known or suspected ACMs, any training, any controlled removal works, reinspection, etc, must all be recorded. It is imperative that all asbestos documents are kept up to date, are coherent and are accessible.
**INFORM:** All asbestos records gathered must be made available to all relevant people at a suitable time. All staff, contracted workers, regular building users and maintenance staff, etc may require access to asbestos records held for this site, and so they must be made available to anyone who may require them. Additionally, a system of training, seminars, question and answer sessions, as well as site inductions should be adopted where appropriate to ensure that everyone is kept informed about asbestos and that the information they have access to is relevant, accurate and understandable.

**MONITOR:** All asbestos records, procedures, training and safe systems of works must be regularly monitored and reviewed; this is an ACoP requirement. The purpose of this ongoing monitoring is to ensure that the aims of the asbestos management strategy are being met, that all systems are efficient and workable, and that no one is being exposed to asbestos.

**Asbestos Management Plan scope**

This Asbestos Management Plan relates to all Hull and East Yorkshire Hospitals NHS Trust sites. The information in this report has been based on the most recent asbestos reinspections undertaken and is limited only to the areas covered by the scope of these surveys.

This Asbestos Management Plan replaces the plan previously issued in February 2011 (reference ZHUX0015/JF/R1/Rev3) which should be held as an archive copy.

The document is divided into two parts. Part A contains information on known or presumed asbestos containing materials (ACM) with risk assessments and priorities. Part B describes the arrangements that need to be put in place for the on-going management of the materials.

This Asbestos Management Plan has been prepared especially for Hull & East Yorkshire Hospitals NHS Trust and cannot be transferred. It is a working document and will be regularly updated and amended to ensure it remains valid and as accurate as possible.
ASBESTOS MANAGEMENT STATEMENT

The Hull and East Yorkshire Hospitals NHS Trust acknowledges the serious risk to health and safety caused by exposure to asbestos and the need for effective management systems to be in place to control the hazard and reduce the risk of exposure to asbestos as far as is reasonably practical.

It is the intention of this document to clearly identify how the Trust intends to control the hazard of asbestos on sites under their control by compliance with Regulation 4 of the Control of Asbestos Regulations 2012 and its accompanying Approved Codes of Practice, (“The Management of Asbestos in Non-domestic Premises, L127 and “Work with Materials Containing Asbestos, L143) and Guidance Note HSG227 (A Comprehensive Guide to Managing Asbestos in Premises) and in accordance with best practice.

This Asbestos Management Plan commits management and staff to meet the requirements contained within and establishes a framework for the provision of competent advice from external professional and accredited bodies to help establish effective management systems. Managers are expected to consider the potential exposure to asbestos and make the necessary arrangements to satisfy themselves as to the safety of the working environment.

A copy of this Asbestos Management Plan is to be held on each site within the Estates Department, with the master copy being held by the Asbestos Manager. The Asbestos Management Plan will also be available to view online as part of the Trust’s Asbestos Policy and will also be available on the web based MICAD asbestos register. It will work in conjunction with the Trusts Asbestos Policy and should be considered in conjunction with The Trust’s Safe Working Procedures for work with asbestos containing materials. Copies of both of these documents can be obtained through the Estates Department.
iii DUTIES UNDER REGULATION 4

Regulation 4 of the Control of Asbestos Regulations 2012 requires duty holders to manage the risk from asbestos in non-domestic premises. The duty holder is defined in the Regulations as being those that have contractual maintenance or repair responsibilities, or in the absence of a contract or tenancy, those that are in control of the premises.

Duty holders must therefore;

- Take reasonable steps to find materials likely to contain asbestos and to check their condition;
- Presume that materials contain asbestos unless there is strong evidence to suppose they do not;
- Make a written record of the location and condition of asbestos and presumed asbestos-containing materials (ACMs) and keep the record up to date;
- Assess the risk of the likelihood of anyone being exposed to asbestos from these materials;
- Repair or remove any material that contains or is presumed to contain asbestos, if necessary because of the likelihood of disturbance, and its location or condition;
- Prepare an Asbestos Management Plan to manage that risk and put it into effect to ensure that:
  - Information on the location and condition of ACMs is given to people who may disturb them during work activities;
  - Any material known or presumed to contain asbestos is kept in a good state of repair;
  - Monitor the condition of known and presumed ACMs.
- Review and monitor the Asbestos Management Plan and the arrangements made to put it in place.
PART A

INFORMATION ON ACMs
1. STRATEGY FOR COMPLIANCE

CURRENT PROVISION

In 2008 Redhills were commissioned by the Trust to undertake an asbestos Reinspection survey across the Hull & East Yorkshire Hospitals NHS Trust sites. Annual asbestos reinspection surveys have been undertaken by Redhills since 2008.

Upon completion of the Reinspection surveys the asbestos information is inputted into the MICAD asbestos database. This asbestos database is the primary way in which asbestos information is to be shared throughout the Hull & East Yorkshire Hospitals NHS Trust.

An Asbestos Management Plan is a requirement of Regulation 4 of the Control of Asbestos Regulations 2012. This document has been updated by Redhills following consultation with the Asbestos Manager and as in accordance with the regulations and its associated approved code of practice L127, ‘The management of asbestos in non-domestic premises’.

During the Reinspection surveys the Risk Assessment score for each ACM has been updated in accordance with HSG 264 (Asbestos: The Survey Guide) and HSG 227 (A comprehensive guide to managing asbestos in premises).

The Risk Assessment score is made up of the Material Assessment undertaken by the asbestos surveyor, and the Priority Assessment undertaken by Redhills with assistance from the Trust.

More information regarding assessment algorithms can be found in Appendix B, Assessment Algorithms.

As in accordance with the Control of Asbestos Regulations 2012 and its associated Approved Code of Practice, L143 (Work with materials containing asbestos) asbestos awareness training should be undertaken by all those whose work could foreseeably expose them to asbestos.

In 2011, an external UKATA trainer provided asbestos awareness training for all Estates staff. Some IT personnel also attended this course. Capital Development undertook training provided by HETA.

An asbestos awareness training CD-Rom is used annually within the Trust. This CD is to be used in Years 1 and 2 with an external UKATA trainer brought in to provide training on Year 3.

The Asbestos Manager and his deputies have successfully undertaken the BOHS P405 course, Managing Asbestos in Buildings. A free seminar on the changes to the asbestos regulations was also undertaken by the Asbestos Manager and his deputies in April 2012. The free seminar was provided by the Broadland Group Ltd.
FUTURE PROVISION

Within the next six months to one year Hull & East Yorkshire Hospitals NHS Trust aims to have the following aspects of its provision for asbestos management completed;

1. All Direct Labour Operatives to undertake the CD-Rom refresher training.

2. Programme of asbestos management training to be undertaken by all those who plan and manage works which may affect or be affected by asbestos.

3. Investigate the possibility of only using contractors who have had all qualifications, competence and training checked and verified by an external body (e.g. Constructionline, CHAS).

4. Ensure that all surveys, bulk certificates, remedial records and any other asbestos information are forwarded to Redhills so that MICAD can be updated following any works.

5. Ensure MICAD Asbestos Portal is available to all staff and contractors via the Trust's intranet. Ensure MICAD is available for all those who plan and manage works which may affect or be affected by asbestos.
2. ASBESTOS RECORDS

CURRENT ASBESTOS RECORDS

The following summarises what asbestos information is held by the Trust for their properties. These records can be obtained through the Asbestos Manager.

ASBESTOS MANAGEMENT PLAN:

The Control of Asbestos Regulations 2012, requires all duty holders as a part of their ongoing asbestos management to have a written Asbestos Management Plan (this document). This document details what steps should be taken to effectively manage all items of asbestos; it is specifically written for all Hull & East Yorkshire Hospitals NHS Trust owned or controlled premises and cannot be transferred. It will also detail all assessments made of ACMs, and will give recommendations, priorities and deadlines for action.

The Asbestos Management Plan will be available for reference and use to all those who plan, supervise or carry out maintenance works or special projects on any part of the Trust. In addition, it will also be made available for staff and contractors upon request.

The Asbestos Management Plan is to be held in hard copy in the Estates Department at each site. The master copy will be held by the Asbestos Manager. A read only copy is also available via the Trust's intranet and on the MICAD database.

REINSPECTIONS:

Regulation 4(9) of the Control of Asbestos Regulations 2012 states that:

‘(9) The measures to be specified in the plan for managing the risk shall include adequate measures for –

(a) monitoring the condition of any asbestos or any substance containing or suspected of containing asbestos…..’

Any ACMs identified or suspected will be reinspected (inspected) at regular intervals to check that it has not changed, deteriorated or been damaged in any way. As in accordance with the Approved Code of Practice, L127 (The management of asbestos in non-domestic premises) this reinspection should be undertaken every six to twelve months as a minimum.
REINSPECTION SURVEY: A reinspection survey is based on the type of survey originally conducted, normally a Management survey, and only covers, that which was originally surveyed. The reinspection then reassesses these items and any necessary updates are made. For example, if an item has been removed since the previous survey then this will be recorded in the reinspection. However, if there were some areas not accessible at the time of the survey these areas must be presumed to contain asbestos. It is not permissible to disturb the internal or external fabric of the building, or access voids/concealed spaces prior to further survey works being carried out. Please check the complete survey report for any limitations.

Reinspection surveys only assess previously identified asbestos; it is possible that asbestos remains in areas previously inaccessible or in areas outside the scope of original surveys. Before relying on this information you should check that the original scope includes the area in question.

Records of Reinspections are held electronically on the MICAD database.

ASBESTOS REGISTER:

Information regarding the location and condition of asbestos within the Trust’s properties has been recorded in the Asbestos Registers held.

The recent reinspection reports and this Asbestos Management Plan should be read in conjunction with the original asbestos survey reports held.

The Asbestos Registers are available electronically on the MICAD database.

MICAD ASBESTOS DATABASE:

As asbestos information is acquired it is recorded onto the MICAD database. This process is already up and running within the Trust and is updated each time new asbestos information is available either through surveys, bulk sampling or asbestos remediation programmes.

The MICAD database is be the primary way in which asbestos information is shared within the Trust. The Asbestos Manager is responsible for ensuring that that database is kept up to date.

The MICAD Lite database is available to all staff via the Trusts intranet. All departments who can commission third party contracted works have access to the full MICAD database.
FURTHER ASBESTOS RECORDS

The following summarises what information should be collated and maintained by the Trust.

TRAINING RECORDS:
These records should be collated as training is undertaken/received. They should detail the training given to each employee and be signed or verified by the employee themselves. Any training certificates received should also be held centrally as a full record of who has received what training and when.

All new starters within the Trust (clinical and non-clinical) are provided with an induction upon joining the Trust which includes information on asbestos.

Contractors and non-employees will be given a site induction and records of this will be kept accordingly along with copies of site induction material. These records should be treated as confidential to each member of staff and be kept in a controlled location. Each employee will, however, have access to their own records upon request. Contractors are also required to sit an annual Trust induction video which contains a section about asbestos and what they can and cannot do.

Records of training, site inductions and training certificates received will be held within the Estates Department.

LABORATORY REPORTS:
All reports received from independent laboratories will also be held by the Asbestos Manager - reports such as any Airborne Fibre Monitoring Reports (this would include clearance and background testing) or any Bulk Sampling Certificates, etc, will be stored in a central file and updated onto MICAD.

These records can be accessed through the Estates Department and the MICAD database.

ASBESTOS REMEDIATION:
All details of asbestos removal or remedial works undertaken within the Trust will be recorded. The Asbestos Records will be updated when new information becomes available at the end of every project.

Records of asbestos removal and remediation can be obtained through the Estates Department. The MICAD database will be updated upon completion of asbestos remedial works.
LIST OF APPROVED CONTRACTORS:
This is a central list of approved, licensed contractors which should be drawn up over time and managed by the Asbestos Manager. This list should incorporate general maintenance companies (e.g. lighting, heating engineers) as well as asbestos removal contractors.

The list should also contain information regarding the licence details, insurance, Health and Safety Policy, and training records and other relevant information about each contractor, all of which should be checked prior to a contract being awarded. Although it is envisaged that all asbestos works will be arranged through the Asbestos Manager or his deputy, a list should be kept to ensure continuity and high standards are maintained.

The above information is currently obtained from contracted works tendered. The Trust are also moving towards a system whereby only contractors approved by an external accreditation body (such as Constructionline or CHAS) will be employed to undertake works on Trust properties.

It is recommended that the ARCA website is consulted for information on approved asbestos contractors (www.arca.org.uk).

This list will be held within the Estates Department.

RECORDS OF EXPOSURE/ INCIDENTS:
These records will be collated if necessary to detail the exact nature and known extent of any exposure to asbestos that has occurred in any part of Hull & East Yorkshire Hospitals NHS Trust or to a Trust employee: contractors, including asbestos removal contractors will be expected to control the records of their own staff unless previously arranged.

Records of non-exposure / near miss incidents are also recorded so that appropriate action can be taken to prevent potential exposures in the future.

Whilst every step has been taken to ensure exposure to asbestos does not occur, it is vital good record keeping is maintained. These records should be treated as confidential to each member of staff and be kept in a controlled location. Each employee should, however, have access to their own records upon request.

These records will be held by the Asbestos Manager.
UPDATING INFORMATION

It is imperative that all asbestos records (including the MICAD database) are regularly updated with any new information that becomes available. Asbestos Records should be updated covering:

- **Any remedial or removal works** on known asbestos containing materials.
- **Any reinspections** undertaken.
- **Any training or site inductions** carried out.
- **Any accidental disturbance** of any known or suspected ACMs.
- **Any further asbestos information** that becomes available, such as additional surveys or samples.
- **Any assessments carried out** prior to a task being undertaken.
- **Any changes** made to the contact details for the Asbestos Manager.
- **Any changes** to the organisational structure of Hull & East Yorkshire NHS Trust which may affect asbestos management facilities.
- **Any new procedures** adopted.
3. LOCATION OF ASBESTOS CONTAINING MATERIALS BY AREA

Asbestos containing materials have been identified in many areas throughout the Trust’s buildings. The amount of information is too extensive to include within this document so this section of the management plan directs all persons PRIOR TO ARRANGING/ORDERING OR COMMENCING ANY WORK ON OR WHICH WILL DISTURB THE FABRIC OF THE TRUST'S BUILDINGS to have a competent person consult the electronic database (MICAD) to identify any asbestos within the planned work area.

The MINIMUM amount of information required is the result of a Management survey and the whereabouts of any areas not accessed in the proposed work area. This should also include any adjacent areas that may be disturbed for access or utility connections.

Building contracts including major refurbishment may need more in depth information about the project area. In these instances a Refurbishment and Demolition survey is required.

If in any doubt discuss the project with the Asbestos Manager on 623273 or his deputies, Hedley Wilson on 675600 or Alan Parry on 624220.

The information regarding the location of ACM can be extracted from the MICAD database held by the Trust’s estates department. If the area concerned has not been surveyed for the presence of asbestos or there is reason to believe the data is out of date then the procedure given in Section 8 must be followed.

Prior to any work being carried out on any of the Trust’s buildings, the electronic database must be consulted by a trained person, following the procedures described in Section 8.
4. ASSESSMENT OF ASBESTOS

INITIAL ASSESSMENT

Within the Trust an initial assessment has been undertaken in the form of a Reinspection survey of the premises. Please refer to the Asbestos Register for limitations of this survey.

There are two types of assessment that may be carried out on a known or suspected ACM; the Material Assessment and the Priority Assessment. When combined, these assessments indicate the overall Risk Assessment.

Risk Assessments have been undertaken for all areas where ACMs have been identified and this information can be found in the MICAD database. If the area concerned has not been surveyed for asbestos or if the information held is out of date then the procedure set out in Section 8, Implementation of Asbestos Procedures and Appendix C, Procedures for consulting the asbestos register/database.

SPECIAL ASSESSMENT

PLANNED WORKS: Any planned maintenance activities, refurbishment, demolition works or works which may impact upon known or suspected asbestos will not take place until a task assessment has been carried out by a competent person, in accordance with Regulation 4 of the Control of Asbestos Regulations 2012.

This task assessment need not be time consuming or costly, but could be as simple as checking the asbestos records against the proposed scope of works. The aim of this assessment is to establish whether or not asbestos will affect works and workers, and what steps need to be taken to make works safe.

Within the Trust, maintenance operatives will be responsible for consulting the asbestos database prior to commencing works on site and for determining whether their works will affect or be affected by the presence of known or suspected asbestos. A record of this inspection must be recorded on the ‘Control of Building Work/ Maintenance Tasks’ sheet and the Control of Building Work / Maintenance Task flow charts should be followed. See appendix C (iii) for more details.

Where works are completed by third party contractors the Asbestos Manager, Capital Development Department, IT department or whoever has ordered the works will be responsible for ensuring that they are fully site inducted and have access to all relevant asbestos information upon arrival to site and prior to commencing works.
All staff that may be affected by asbestos must follow established safe working practices and procedures as in order to minimise the risk of exposure and the release of asbestos fibres in the air. Employees must report immediately to their supervisor (or direct to the Asbestos Manager) any defect in any safety measure, device or facilities or any item of personal protective equipment.

Employees and contractors should be made aware that areas listed as ‘No Access’ on any Asbestos Register must be presumed to contain asbestos unless there is strong evidence to the contrary. Procedures for those working near known asbestos, including emergency procedures, should also be clearly communicated.

UNPLANNED INCIDENTS: An assessment will also be needed following any accidental disturbance of material known or suspected of containing asbestos: all staff should be made aware that any incident, no matter how small, must be reported to the Asbestos Manager or his deputy as soon as possible. Any necessary safety measures can then be taken.

More detail as to what to do if known or suspected asbestos is disturbed is given in Appendix C (ii), Damage to known or suspected ACM.

ONGOING ASSESSMENT

Ongoing assessment of known or suspected ACMs within the Hull & East Yorkshire Hospitals NHS Trust will take the form of annual reinspection surveys as in accordance with the Control of Asbestos Regulations 2012. It is imperative that both known and presumed asbestos containing materials are effectively monitored and that all asbestos information is as up to date and accurate as possible.

Similarly, any management procedures, permit-to-work systems, etc, will be audited and regularly assessed to ensure that they are achieving the goal of effective asbestos management. If any procedures are proved to be inadequate or any accidental or unknown disturbance of asbestos materials has occurred then the necessary action can be taken.

REINSPECTION: All items that have been positively identified will be reinspected 12 months from the date of the last inspection / survey.

The purpose of undertaking the reinspection is to ensure that Material and Priority Assessments are still current, i.e. that the material has not deteriorated in any way and that the use of the building has not changed. Any change to either criterion will result in the overall Risk Assessment being invalid and therefore a new assessment will be required. This should in turn be recorded.
Reinspections are a requirement of ACoP (‘The management of asbestos in non-domestic premises’, L127) and should be undertaken by adequately trained personnel.

**MONITOR AND REVIEW:** This Asbestos Management Plan should be regularly reviewed and revised every six months by the Asbestos Manager to ensure that all information is correct and that the plan achieves its objectives. This is an ACoP requirement.

More information regarding how this Asbestos Management Plan will be monitored and reviewed is given in Section 10.
PART B

ON-GOING MANAGEMENT
5. ROLES AND RESPONSIBILITIES

Overall responsibility for Health and Safety, including asbestos management, within Hull and East Yorkshire Hospitals NHS Trust buildings, is held by the Chief Executive. However this responsibility is delegated to the Director with responsibility for Health & Safety. The legislation relating to the management of asbestos requires a competent person to be responsible for the ongoing management of the asbestos plan; for Hull & East Yorkshire Hospitals NHS Trust, this person is titled ‘the Asbestos Manager’ and is Brian Taylor of the Infrastructure & Development Department. In the Asbestos Managers absence his nominated Deputies are Alan Parry (at CHH) on 624220 and Hedley Wilson (at HRI) on 675600.

The nominated Asbestos Manager will be responsible for implementing the Asbestos Management Plan.

Asbestos Manager:

1. Oversee asbestos management provision throughout Hull and East Yorkshire Hospitals NHS Trust.

2. Receive training on ACMs – to include asbestos awareness and at least one of the following courses which is formally examined by the British Occupational Hygiene Society (BOHS), Faculty of Occupational Hygiene;
   - BOHS S301 Certificate (Asbestos and other fibres)
   - BOHS Proficiency Module P402 (Building surveys and bulk sampling for asbestos)
   - BOHS Proficiency Module P405 (Management of asbestos in buildings)

3. Inform all relevant parties of the asbestos management system and their responsibilities.

4. Oversee the implementation of all procedures and safe systems of work.

5. Maintain an Asbestos Register through a systematic auditing and recording process.

6. Ensure that the asbestos database is kept up to date.

7. Monitor and review the Asbestos Management Plan at six monthly intervals.

8. Ensure an assessment of the hazards and risks from asbestos bearing materials is undertaken, and recommended, appropriate control measures defined.
9. Ensure the list of approved contractors is maintained and kept up to date.

10. Ensure that the presence of asbestos is taken into account when issuing Permits to Work.

11. Ensure where practical that all persons, including contractors, are aware of the Asbestos Management Plan and comply with the procedures herein.

12. Keep staff and managers informed about asbestos hazards and control measures that are relevant to their work, department and staff.

13. Coordinate the monitoring of the environment during asbestos works.

14. Directly manage asbestos remedial works and/or further survey etc where day to day maintenance activities are affected by the presence of asbestos i.e. task-driven remedial works.

15. Identify persons requiring specific information and instruction in asbestos work and coordinate appropriate training.

16. Oversee asbestos work in liaison with line managers and Health and Safety representatives.

17. Undertake regular audits to ensure that assessment prior to conducting works are being undertaken satisfactorily and are being recorded on the Control of Building Work / Maintenance Tasks form.

18. Maintain all records in accordance with the regulatory requirements and codes of practice for asbestos work.

19. Ensure all work carried out on asbestos bearing materials complies with current regulations and best practice.

20. Act as the main point of contact for all questions and queries relating to asbestos.

21. Provide a report at least annually to the Chief Executive (via the Risk Management Committee) regarding the implementation of the Asbestos Management Plan, any reviews undertaken, additional procedures that have been agreed and any incidents that may have taken place.
Estates Operatives (DLO’s):

1. Receive training on ACMs.

2. Responsibility for undertaking a task assessment prior to commencing works to assess whether works will be affected by known or suspected ACMs or are in areas beyond the scope of the surveys. A record of this inspection must be recorded on the Control of Building Work / Maintenance Tasks form and the flow charts must be followed.

3. Provide the Asbestos Manager with any relevant asbestos information so that the Asbestos Records can be kept up to date.

4. Inform the Asbestos Manager if they find any damaged asbestos or if they know that the condition of any ACMs has changed in any way.

5. Fully cooperate with the Asbestos Manager to maintain compliance with asbestos legislation and achieve the goal of effective asbestos management.

6. Ensure satisfied with asbestos records held, how to use them and understand the information held within them. If unsure or have any queries then these must be raised with the Asbestos Manager.

IT Department / Capital Development:

1. Responsibility for undertaking a task assessment prior to engaging third party contractors to undertake works. A record of this inspection must be recorded on the Control of Building Work / Maintenance Tasks form and the flow charts must be followed.

2. Responsibility for ensuring that all relevant asbestos information is provided to all third party contractors and for ensuring that they are fully site inducted.

3. Check and ascertain that asbestos safe working practices are followed by third party contractors as far as practicable i.e. through spot checks, walk around etc.

4. Provide the Asbestos Manager with any relevant asbestos information so that the Asbestos Registers can be kept up to date.

5. Inform the Asbestos Manager if they find any damaged asbestos or if they know that the condition of any ACM has changed in any way.

6. Fully cooperate with the Asbestos Manager in order to maintain compliance with asbestos legislation and achieve the goal of effective asbestos management.
7. Ensure satisfied with asbestos records held, how to use them and understand the information held within them. If unsure or have any queries then these must be raised with the Asbestos Manager.

8. Direct any questions or queries regarding asbestos to the Asbestos Manager.
6. REINSPECTION & MONITORING ARRANGEMENTS

The Asbestos Manager shall ensure that the following reinspection and monitoring arrangements are put in place.

MARK AND MANAGE

There is no statutory obligation to label ACM once their location is known. The statutory duty is to manage the ACM and to ensure persons are not accidentally exposed. This can be achieved by having arrangements in place whereby asbestos is marked on building drawings that become part of a Permit to Work or other management system. The arrangements should ensure that the drawings and register are consulted prior to any work being carried out in the building; this is known as a "Mark and Manage" system.

All plant and service areas that have been found to contain asbestos shall be marked up on the entrance door. Clinical, ward and public areas will be marked with labels advising contractors against disturbing the material and to contact the estates department.

ACM LEFT IN SITU

These shall be reinspected in accordance with the recommendations and the database updated accordingly. Unless the ACM is of low risk, the reinspection interval shall be not more than every 12 months. The database shall be used to record the updated information. A competent person, either in-house or external consultant, will carry out re-inspections.

FOLLOWING ASBESTOS RELATED WORK

The Asbestos Manager or his nominated deputy shall ensure that following asbestos removal and/or remedial work, the database is updated accordingly. This may involve employing a competent consultant to undertake this on behalf of the Asbestos Manager.

SCHEDULE OF REINSPECTIONS AND MONITORING

The information regarding the prioritisation of ACM can be extracted from the asbestos survey database held by the Trust’s Estates department.
7. ASBESTOS TRAINING

TRAINING & FEEDBACK

Different training and information will be needed for different building users; the purpose of induction and training is to provide all relevant personnel with the skills and knowledge necessary to understand the hazards and risks involved when working in or near an area where asbestos has been identified.

Training will be provided for all relevant Hull & East Yorkshire Hospitals NHS Trust employees. Site inductions will be undertaken for all third party contractors.

This training/information will be provided prior to any persons commencing work to enable persons to work safely. The Asbestos Manager will be involved in training and a certificate of attendance should be provided, and records kept of who has received training and when.

Any training received will incorporate general asbestos awareness that is not only site specific but will also incorporate general asbestos knowledge and advice that can be used across Hull & East Yorkshire Hospitals NHS Trust owned properties.

All training provided must be recorded.

Within the Trust it is envisaged that there are six main user groups who require regular training and the opportunity for feedback;

1. ALL STAFF
2. WARD DEPARTMENT MANAGERS & EQUIVALENTS
3. MAINTENANCE & BUILDING OPERATIVES: Any staff directly employed by the Trust whose work may affect or be affected by the presence of asbestos containing materials.
4. THIRD PARTY CONTRACTORS: Any contractors who may only work on their premises on a one-off basis where their work may affect or be affected by ACMs present.
5. THOSE WHO PLAN AND MANAGE WORK: Anyone who is involved in planning, ordering or supervising works which may affect or be affected by ACMs. This includes individuals from the IT and Capital Development Departments.
6. ASBESTOS MANAGER AND DEPUTIES
ALL STAFF

Asbestos information is currently provided to clinical and non-clinical staff during their induction.

All staff shall be informed of the following;

1. Hull & East Yorkshire Hospitals NHS Trust recognises their responsibility to the health, safety and welfare of their staff, patients and contractors and realises the risk posed by asbestos.

2. That a person can only be exposed to asbestos if the fibres are disturbed into the air and inhaled.

3. The Trust has taken steps to identify and manage any asbestos containing materials within its premises.

4. An Asbestos Management Plan has been developed by the Trust setting out how the Trust will manage all asbestos items within its premises.

5. Further information is readily available from the Asbestos Manager. Contact should be made via staff line managers.

WARD DEPARTMENT MANAGERS AND EQUIVALENTS

The Trust will provide the following information to ward department managers and their equivalents:

1. That a person can only be exposed to asbestos if the fibres are disturbed into the air and inhaled.

2. That asbestos in a good condition should be left in place.

3. That any exposure to asbestos should be avoided and that the risk increases as the level, duration and frequency of exposure increases.

4. That the increased risk to health from a one-off accidental exposure is negligible and not a cause for concern.

5. What procedures are in place should they find asbestos or a damaged material which they think could contain asbestos.

6. What to expect from maintenance and building operatives.

7. The procedures that are in place to ensure that the presence of ACM is checked prior to any maintenance or building work commencing.

8. What their responsibilities are.
9. An Asbestos Management Plan has been developed by the Trust setting out how the Trust will manage all asbestos items within its premises and how to find out further information should they require it.

**MAINTENANCE AND BUILDING OPERATIVES**

As in accordance with the ACoP L143, Work with materials containing asbestos, employees whose work could foreseeably expose them to asbestos should be provided with compulsory asbestos awareness training.

This would include those who carry out routine maintenance, or regularly access voids or risers, or regularly disturb the fabric of the building.

Training should cover the following topics in appropriate detail, by means of both written and oral presentation, and by demonstration as necessary;

1. the properties of asbestos and its effects on health, including the increased risk of lung cancer for asbestos workers who smoke;
2. the types, uses and likely occurrence of asbestos and ACMs in buildings and plant;
3. the general procedures to be followed to deal with an emergency; and
4. how to avoid the risks from asbestos.

The Trust will also incorporate other information such as site specific procedures, where the asbestos records are kept, assessing works against the asbestos records, how to use the asbestos database and roles and responsibilities into this training. This would aid maintenance operatives understanding as to asbestos management throughout the Trust.

In addition, it is important to inform maintenance operatives that should anyone themselves disturb known or suspected ACMs they must contact the Asbestos Manager who will advise what course of action to take. It is imperative that all incidents- NO MATTER HOW MINOR - are reported as soon as possible.

Regular ‘Q & A’ sessions, further in-depth training for line managers, etc, and regular updates should also be available, as necessary, to help the exchange of information regarding asbestos.

Training is currently undertaken in-house via use of a CD-Rom purchased from Instinct Training Ltd. The CD covers various asbestos topics in detail and asks questions and provides a test at the end. The programme keeps a record of the training received by each person and when they last received training.

The Trust intends to use the CD as an alternative to bringing in external consultants on an annual basis to provide training. It is the intention of the Trust to use the CD for 2 years and then to bring in an external UKATA consultant every three years.
As in accordance with the ACOP L143, refresher training should be undertaken at least annually or more often where work methods change, the type of equipment used to control exposure changes or the type of work carried out changes significantly. It may be possible to include refresher training as part of other health and safety updates.

THIRD PARTY CONTRACTORS

Contractors who are brought in on a third party basis will be provided with all relevant asbestos information and informed of their responsibilities with regards to asbestos. This information should be provided prior to commencing works on site.

It is important to note that whoever is job managing the third party contractors (e.g. Estates Department, IT Department, Capital development Department) is responsible for ensuring that all relevant information is provided to them prior to commencing works.

The information provided will cover:

1. A brief summary of the location of any known or suspected ACMs which may affect, or are local to, the planned works.
2. The types of activities which are prohibited, areas which are controlled access, etc.
3. What to do should they suspect ACMs have been accidentally disturbed.

In addition, it is also important to emphasise that any damage to an ACM –no matter how minor- MUST be reported to the Asbestos Manager as soon as possible.

Details of the site induction should be recorded as should the names of those inducted along with a signature to verify that they have fully understood the information provided and will work within Safe Systems of Work put in place by the Trust.

Persons who have direct involvement in emergency procedures, such as the Fire Brigade, etc, will also be included here, but they will be best served by a copy of the Asbestos Register being made available to them, and liaising with them as to what further information they need.

All training and site inductions provided must be recorded.

The Trust will also require contractors to provide proof of attendance for their staff on an asbestos awareness course prior to commencing works on site. Once implemented only contractors on a Trust nominated card registration scheme will be used so that high standards of work can be maintained throughout the Trust.
THOSE WHO PLAN AND MANAGE WORK

Within the Trust further training will be given to those who have responsibility for all or part of the Asbestos Management Plan, those who supervise, plan and manage building and maintenance work and those who carry out inspection and surveys.

Training will be regarded as an on-going exercise. Should additional staff and contractors be engaged whose works require a raised awareness of asbestos then these people shall attend a course.

Refresher training will be undertaken annually and when there are significant changes in regulations and/or internal procedures.

The competency of external contractors shall be assessed in accordance with the requirements of the Management of Health and Safety at Work Regulations 1999. This shall include the provision of the company’s health and safety policy as a minimum.

A list of people from maintenance and those with specific responsibilities who have attended the awareness courses is held within the Estates Department.

The Trust will instigate a procedure for the employment of contractors asking for confirmation that their operatives have attended some form of asbestos awareness training.

Currently for any works tendered the tender documentation provides information on the asbestos information held by the Trust. This information includes reference to the fact that asbestos must be considered and an assessment undertaken prior to works to ascertain if planned works will affect or be affected by known or suspected asbestos. The tender also contains information on MICAD lite and how to access the database.

ASBESTOS MANAGER AND DEPUTIES

The Asbestos Manager and his deputies have undertaken the BOHS proficiency module, P405 on the Management of Asbestos in Buildings. The aim of this course was to provide a practical knowledge and the skills to be able to provide a basic knowledge of asbestos removal procedures.

The course covered the following topics:

1. Legislation
2. Management of Asbestos in Buildings
3. Asbestos Remediation
4. Role of Laboratory / Analysts
5. Practical Assessment
FUTURE TRAINING

Hull & East Yorkshire Hospitals NHS Trust will proactively seek to identify any persons who need to receive asbestos training in the future; for example the IT department or any other people where it is deemed that asbestos training would be beneficial to them. They will be incorporated into the appropriate level of asbestos training as soon as can be accommodated.

This may include people such as Building Managers; anyone who has particularly requested more information regarding asbestos; or anyone else deemed in a position that will benefit from asbestos training. It is possible that these sessions can be ‘open-invite’ to a certain extent, and will be done in a short presentation, and maybe a question and answer session.

Additionally, asbestos refresher training of an appropriate level will be carried out throughout the Trust to ensure that up to date and accurate asbestos knowledge best compliments the management strategies put in place by the Trust.
SCHEDULE OF ATTENDANCE AT ASBESTOS AWARENESS COURSES

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8. **IMPLEMENTATION OF ASBESTOS PROCEDURES**

As a result of the Trust adopting the Asbestos Management Plan, the following procedures are to be implemented. The procedures themselves can be found in Appendix C.

This should be read in conjunction with The Trust’s Asbestos Policy, which can be viewed on the intranet.

**TRAINING, INFORMATION AND INSTRUCTION**

All staff are provided with asbestos information during Health & Safety inductions. If required, further information is available by contacting the Asbestos Manager.

Maintenance and building operatives – this group shall attend a specially arranged session where the points listed in Section 5 are described in detail with a question and answer discussion.

Those with specific responsibilities – the Asbestos Manager, in consultation with the appointed consultant shall decide which BOHS courses are appropriate for individuals, depending on their involvement with asbestos-related works.

**DISCOVERY OF SUSPECTED ACM**

All managers, including maintenance and building operatives and those with specific responsibilities, shall be informed in writing of the procedure to be followed upon the discovery of suspected ACM.

Maintenance and building operatives, as well as those with specific responsibilities shall attend a specially arranged session where the procedures are described in detail with a question and answer discussion.

**DISCOVERY OF DAMAGE TO KNOWN OR SUSPECTED ACM**

All managers, including maintenance and building operatives and those with specific responsibilities, shall be informed in writing of the procedure to be followed upon the discovery of damage to known or suspected ACM. (Refer to appendix C).

Maintenance and building operatives, as well as those with specific responsibilities shall attend a specially arranged session where the procedures are described in detail with a question and answer discussion.
CONTROL OF BUILDING WORK AND MAINTENANCE TASKS

Ward and departmental managers, including maintenance and building operatives and those with specific responsibilities, shall be informed in writing of the procedure to be followed for the control of building work and maintenance tasks.

Maintenance and building operatives, as well as those with specific responsibilities shall attend a specially arranged session where the procedures are described in detail with a question and answer discussion.
9. DISSEMINATION OF INFORMATION

9.1 DISSEMINATION OF INFORMATION

In order to satisfactorily manage ACMs within the premises all maintenance and building work will be controlled so that the presence of ACMs is verified before any work begins.

All works on or within the Trusts buildings, however minor that work is considered, must be notified to the Asbestos Manager or his nominated deputies BEFORE a contractor is engaged or a service purchased.

The Asbestos Manager shall then ensure that information regarding the presence of ACM is available for the areas to be worked on/in and passed on to contractors who come to carry out work on the premises. (This may be done via the Trust department who is responsible for the works)

Where appropriate, and this may be necessary for projects and buildings which are significant in their size and nature, the Asbestos Manager shall implement a Permit to Work system to control staff maintenance workers and external contractors and the work they undertake. It is likely that such projects will require a refurbishment/demolition survey and allowance should be made in projects to account for this.

The objective of these systems is to ensure that the workers are prevented from being unknowingly exposed to airborne ACM, or exposing others nearby.

There is a specific requirement within Regulation 4 (9) of the Control of Asbestos Regulations 2012 to ensure that information regarding ACM is made available to the emergency services.

The Approved Code of Practice (L127) for Regulation 4 suggests that the fire service in particular is most likely to come into contact with ACM. It recommends that they should be contacted to see what information they require, in what form they would like it and if they would like the information to be sent to them.
9.2 CONTROL OF WORK

The following procedures relate to the control of works, see appendix C(iii)

Procedure for the management of asbestos during maintenance and minor building works.

- The Estates Department arranges or is made aware of required maintenance and minor building works. (See section 9.1)
- The Estate Department advises the Asbestos Manager or his nominated deputy of the planned works.
- The Asbestos Manager will issue advice concerning the possible presence of asbestos and will instruct on the control of tasks using Appendix C.
- In some cases departmental installation tasks and other non-estate work are controlled by the relevant departmental managers.
- The Asbestos Manager will implement the training system so that the relevant departmental managers can advise any contractors under its control whether asbestos may be present in the areas in which they will be working. Information concerning asbestos will be included with the works order. A form is included in appendix C(iii) to assist in ensuring that information on asbestos is provided to contractors on site.

All disciplines in addition to Estate operatives and Capital Development staff who employ contractors on behalf of The Trust should ensure that the contractors are instructed to report to Estates Department to go through the Asbestos Register, associated paperwork and permits prior to starting work on site.

The operation of the system should be monitored.

Procedure for the management of asbestos during major works

- The Capital Development Department advises the Operational Estates Department that major building works are planned. (See section 9.1)
- The Operational Estate Department advises the Asbestos Manager or his nominated deputy of the planned works.
- The Asbestos Manager needs to ensure that the Capital Development department has a written procedure for controlling asbestos during major works. This can be incorporated into any job specification, tender documents and/or the pre tender health and safety plan and implemented.

The form provided in Appendix c(iv) must be completed for all building alteration, refurbishment or demolition works.

Procedure for action to be taken when there is a risk that asbestos dust has been released into the atmosphere

An example of a procedure is included in appendix C.
10. MONITORING AND REVIEWING THE ASBESTOS MANAGEMENT PLAN

The key objective of the Asbestos Management Plan is to reduce the risk of exposure. If it can be demonstrated that the risk from asbestos containing materials within Hull & East Yorkshire Hospitals NHS Trust is under control, this Asbestos Management Plan will be fulfilling its intended purpose.

This Asbestos Management Plan will be reviewed every six months to ensure that it remains effective. This may not mean that any changes are necessary, but rather that all current provisions are appraised, checked and audited and that any changes which may make them more efficient are discussed and implemented where necessary.

Hull & East Yorkshire Hospitals NHS Trust will carry out the following to ensure this remains a valid document and that the risks from asbestos are being adequately assessed:

- Ensure that all recommended actions within this document are undertaken within the given timescales. Any action points should be resolved and the outcome recorded.

- Regularly update the Asbestos Register and all other Asbestos Records as soon as new information becomes available as surveys are completed. This should be undertaken by the Asbestos Manager or his deputy, so that complete and accurate asbestos records can be maintained and controlled at all times.

- Update this Asbestos Management Plan at a suitable interval. In accordance with the Control of Asbestos Regulations 2012 and its Approved Codes of Practice this management plan should be reviewed at intervals of six months (minimum) even if there have been no changes.

- Ensure this plan is referred to in all relevant Hull & East Yorkshire NHS Trust in-house procedures and Safe Systems of Work documents. All other literature relevant to health and safety within the Trust should refer to the asbestos records where relevant.

- Record lessons learned from previous incidents/exposures to asbestos. Should any incidents occur, then they should be documented and the relevant procedures examined so that any necessary changes can be incorporated to prevent the same happening again.

- Ensure changes to the structure of the sites or Hull & East Yorkshire Hospitals NHS Trust are adopted and updated in the plan. This plan must remain relevant and applicable to all site functions, and be updated to incorporate any new procedures.
APPENDICES
APPENDIX A

SURVEY TYPE SPECIFICATION
**MANAGEMENT SURVEY**

A management survey is the standard survey. Its purpose is to locate, as far as reasonably practicable, the presence and extent of any suspect ACMs in the building which could be damaged or disturbed during normal occupancy, including foreseeable maintenance and installation, and to assess their condition.

Management surveys will often involve minor intrusive work and some disturbance. The extent of intrusion will vary between premises and depend on what is reasonably practicable for individual properties, i.e. it will depend on factors such as the type of building, the nature of construction, accessibility etc. A management survey should include an assessment of the condition of the various ACMs and their ability to release fibres into the air if they are disturbed in some way. The ‘material assessment’ will give a good initial guide to the priority for managing ACMs as it will identify the materials which will most readily release airborne fibres if they are disturbed.

The survey will usually involve sampling and analysis to confirm the presence or absence of ACMs. However a management survey can also involve presuming the presence or absence of asbestos.

By presuming the presence of asbestos, the need for sampling and analysis can be deferred until a later time (e.g. before any work is carried out). However this approach has implications for the management arrangements. The duty holder bears potential additional costs of management for some non-ACMs. Any work carried out on ‘presumed’ materials would need to involve appropriate contractors and work methods in compliance with CAR 2012 irrespective of whether the material was actually an ACM or not. Alternatively, before any work starts, sampling and analysis can be undertaken to confirm or refute the presence of asbestos. The results will determine the work methods and contractors to be used. The ‘presumption’ approach has several disadvantages: it is less rigorous, it can lead to constant obstructions and delays before work can start, and it is more difficult to control, see *A comprehensive guide to managing asbestos in premises*. Default presumptions may also lead to unnecessary removal of non-ACMs and their disposal as asbestos waste. Default presumptions may be suitable in some instances, e.g. ‘small’ or simple premises, as part of a client’s management arrangements.

All areas should be accessed and inspected as far as is reasonably practicable. Areas should include under floor coverings, above false ceilings, and inside risers, service ducts, lift shafts etc. **Surveying may also involve some minor intrusive work**, such as accessing behind fascia and panels and other surfaces or superficial materials. The extent of intrusion will depend on the degree of disturbance that is or will be necessary for foreseeable maintenance and related activities, including the installation of new equipment/cabling. Surveyors should come prepared to access such areas (i.e. with the correct equipment etc). Management surveys are only likely to involve the use of simple tools such as screwdrivers and chisels. Any areas not accessed must be presumed to contain asbestos. The areas not accessed and presumed to contain asbestos must be clearly stated in the survey report and will have to be managed on this basis, i.e. maintenance or other disturbance work should not be carried out in these areas until further checks are made.
Management surveys should cover routine and simple maintenance work. However it has to be recognised that where ‘more extensive’ maintenance or repair work is involved, there may not be sufficient information in the management survey and a localized refurbishment survey will be needed. A refurbishment survey will be required for all work which disturbs the fabric of the building in areas where the management survey has not been intrusive. The decision on the need for a refurbishment survey should be made by the duty holder.

**REFURBISHMENT & DEMOLITION SURVEY**

A refurbishment and demolition survey is needed before any refurbishment or demolition work is carried out. This type of survey is used to locate and describe, as far as reasonably practicable, all ACMs in the area where the refurbishment work will take place or in the whole building if demolition is planned. The survey will be fully intrusive and involve destructive inspection, as necessary, to gain access to all areas, including those that may be difficult to reach. A refurbishment and demolition survey may also be required in other circumstances, e.g. when more intrusive maintenance and repair work will be carried out or for plant removal or dismantling.

There is a specific requirement in CAR 2012 (regulation 7) for all ACMs to be removed as far as reasonably practicable before major refurbishment or final demolition. Removing ACMs is also appropriate in other smaller refurbishment situations which involve structural or layout changes to buildings (e.g. removal of partitions, walls, units etc). Under CDM, the survey information should be used to help in the tendering process for removal of ACMs from the building before work starts. The survey report should be supplied by the client to designers and contractors who may be bidding for the work, so that the asbestos risks can be addressed. In this type of survey, where the asbestos is identified so that it can be removed (rather than to ‘manage’ it), the survey does not normally assess the condition of the asbestos, other than to indicate areas of damage or where additional asbestos debris may be present. However, where the asbestos removal may not take place for some time, the ACMs’ condition will need to be assessed and the materials managed.

Refurbishment and demolition surveys are intended to locate all the asbestos in the building (or the relevant part), as far as reasonably practicable. It is a disruptive and fully intrusive survey which may need to penetrate all parts of the building structure. Aggressive inspection techniques will be needed to lift carpets and tiles, break through walls, ceilings, cladding and partitions, and open up floors. In these situations, controls should be put in place to prevent the spread of debris, which may include asbestos. Refurbishment and demolition surveys should only be conducted in unoccupied areas to minimize risks to the public or employees on the premises. Ideally, the building should not be in service and all furnishings removed. For minor refurbishment, this would only apply to the room involved or even part of the room where the work is small and the room large. In these situations, there should be effective isolation of the survey area (e.g. full floor to ceiling partition), and furnishings should be removed as far as possible or protected using sheeting. The’ surveyed’ area must be shown to be fit for reoccupation before people move back in. This will require a thorough visual inspection and, if appropriate (e.g. where there has been significant destruction), reassurance air sampling with disturbance. Under no
circumstances should staff remain in rooms or areas of buildings when intrusive sampling is performed.

**ASSESSMENTS**

Whereas it is possible to extrapolate the location of asbestos within a premises the assessment should relate to the individual item of asbestos, i.e. it is possible that an asbestos door panel recurs throughout a building and it is equally possible that in one room the panel is in a safe condition but in the room next door that the panel is broken and in a poor condition.
APPENDIX B

ASSESSMENT ALGORITHMS

Material & Priority Assessments
## MATERIAL ASSESSMENT

<table>
<thead>
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<th>Product Type</th>
<th>Score</th>
<th>Examples</th>
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<tr>
<td></td>
<td>1</td>
<td>Etonite, cement, lino, paints, artex etc</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>AIB boarding, gaskets, ropes, textiles etc</td>
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<tr>
<td></td>
<td>3</td>
<td>Thermal insulation</td>
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<table>
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<tr>
<th>Condition</th>
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<th>No visible damage</th>
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<tr>
<td></td>
<td>1</td>
<td>Low damage – e.g. scratches</td>
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<tr>
<td></td>
<td>2</td>
<td>Medium damage – e.g. breakage of material revealing fibres</td>
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<td>3</td>
<td>High damage – visible debris</td>
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<th>Treatment</th>
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<td>1</td>
<td>Enclosed sprays and lagging, encap. AIB, unsealed AC</td>
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<td>2</td>
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<td>3</td>
<td>Unsealed lagging and sprays / debris</td>
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<th>Asbestos Type</th>
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<td>2</td>
<td>Amphibole asbestos excluding Crocidolite</td>
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<td>3</td>
<td>Crocidolite</td>
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### PRIORITY ASSESSMENT

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<th>Score</th>
<th>Assessment</th>
<th>Examples of score variables</th>
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<td>Normal occupant activity</td>
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<td>Rare disturbance activity (e.g. little used site room)</td>
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<td>1</td>
<td>Low disturbance activities (e.g. office type activity)</td>
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<td>2</td>
<td>Periodic disturbance (e.g. industrial or vehicular activity which may contact ACMs)</td>
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<td>3</td>
<td>High levels of disturbance, (e.g. Fire door with AIB sheet in constant use)</td>
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<td>Secondary activities for this area</td>
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<tr>
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<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Exposure Potential</td>
</tr>
<tr>
<td>Number of occupants</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Frequency of use</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Average time each use</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Average Score |
### Maintenance Activity

<table>
<thead>
<tr>
<th>Type of maintenance activity</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor disturbance (e.g. possibility of contact when gaining access)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low disturbance (e.g. changing light bulbs in AIB ceiling)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium disturbance (e.g. lifting one or two AIB ceiling tiles to access a valve)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High levels of disturbance (e.g. removing a number of AIB ceiling tiles to replace a valve or for recabling)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Frequency of maintenance activity

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACM unlikely to be disturbed for maintenance</td>
<td>≤1 per year</td>
<td>&gt;1 per year</td>
<td>&gt; 1 per month</td>
</tr>
</tbody>
</table>

### Average Score

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
### Category Codes - Material Assessment:

<table>
<thead>
<tr>
<th>Cumulative score</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 - 12</td>
<td>This is allocated to those items requiring urgent attention as they currently, or in the foreseeable future, present an unacceptable risk. That is to say that fibre concentrations could rise above 0.01 fibres/ml.</td>
</tr>
<tr>
<td>7 - 9</td>
<td>These are items which as single entities have a high risk of being damaged/ disturbed or where there is an accumulation of asbestos materials in a single location that when examined as a whole have a high risk of being damaged/ disturbed. The main difference between Cat A and Cat B is that Cat A materials are currently in a state likely to expose people whereas Cat B items may show signs of historic damage but this damage has been made good and debris cleared up.</td>
</tr>
<tr>
<td>4 - 6</td>
<td>These are items that have no, or very little, sign of historical damage and are usually board or panels, which are not easily accessed.</td>
</tr>
<tr>
<td>0 - 3</td>
<td>This covers asbestos cement, resins, artex, plastics, rubber etc containing asbestos, which do not generally present a significant risk.</td>
</tr>
</tbody>
</table>

### Category Codes - Priority Assessment:

<table>
<thead>
<tr>
<th>Cumulative score</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 - 12</td>
<td>This is allocated to those items found in locations that present an unacceptable risk to occupiers etc.</td>
</tr>
<tr>
<td>7 - 9</td>
<td>These are items situated in high use, readily accessible positions, which may also be located in an area accessed on a routine basis for maintenance.</td>
</tr>
<tr>
<td>4 - 6</td>
<td>These are items that will very rarely be disturbed through normal occupation or maintenance, or are in locations or extents that if disturbed would lead to a minimal fibre release.</td>
</tr>
<tr>
<td>0 - 3</td>
<td>This covers items that are in locations not readily accessible and are unlikely to be disturbed.</td>
</tr>
</tbody>
</table>
Risk Assessment Summary

The MATERIAL ASSESSMENT score for each ACM + PRIORITY ASSESSMENT score for each ACM

= RISK ASSESSMENT score for each ACM

<table>
<thead>
<tr>
<th>Material Assessment</th>
<th>Priority Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key

- **High risk** (Total score = 19-24)
- **Medium risk** (Total score = 13-18)
- **Low risk** (Total score = 8-12)
- **Very low risk** (Total score = 0-7)

N.B. The colours used on this chart should be used as an additional guide; the Risk Assessment score of a particular item of asbestos should be the basis for assessing possible asbestos management options.
APPENDIX C

PROCEDURES FOR CONSULTING THE ASBESTOS REGISTER/DATABASE
SURVEY HAS BEEN COMPLETED AND A REGISTER IS AVAILABLE, ASBESTOS IS PRESENT BUT NOT ALL AREAS WERE ACCESSIBLE DURING THE SURVEY

In 2008 Redhills undertook a reinspection survey of Hull and East Yorkshire Hospitals NHS Trust's sites. Annual reinspections have been undertaken since 2008. These surveys were undertaken as in accordance with MDHS 100 and UKAS accreditation. During the re-inspection both the Material Assessment score and the Priority Assessment score were updated for each positively identified ACM (as in accordance with MDHS 100 and the Health & Safety Guidance Note HSG 227, A comprehensive guide to managing asbestos in premises).

Please note all future surveys will be carried out in accordance with HSG 264 Asbestos: The survey guide that superseded MDHS 100 in 2010.

Reinspection surveys only assess previously identified asbestos; it is possible that asbestos remains in areas previously inaccessible or in areas outside the scope of original surveys. Before relying on this information you should check that the original scope includes the area in question.

The reinspection survey was based upon the original Type 2 asbestos survey undertaken by Casella Hazmat in 2004. A full list of the identified ACMs during the reinspection survey can be found in the MICAD database.

Any work completed in areas where ACM are known to be present (or presumed to be present) is subject to a special working procedure that will be detailed to you by the Asbestos Manager.

A permit to work system shall be set up for all work that will be based on the following procedure:

• The work should not proceed until the register has been consulted to determine if any asbestos containing materials are within the intended work area.

• An assessment will be made as to whether these are likely to be disturbed by the proposed works and a risk assessment carried out.

• All precautions that must be employed in the works should be set out in a written method statement.

The register also details areas of the location that were not subject to survey. This may have been due to areas being inaccessible.
If you are working in an area that has not been surveyed you should assume that asbestos containing material is present and adopt the following procedure:

• The work should not proceed until an inspection has been made for any ACM within the intended work area

• An assessment will be made as to whether these are likely to be disturbed by the proposed works and a risk assessment carried out.

• All precautions that must be employed in the works should be set out in a written method statement.

• If during the course of your work you identify any substance that may contain or may be asbestos, you must stop work immediately and contact the Asbestos Manager.
APPENDIX C (i)
DISCOVERY OF SUSPECTED ACM

Any person discovering a material that is suspected to contain asbestos should report this at once to the Asbestos Manager, or in his absence Alan Parry on 624220 or Hedley Wilson on 675600.

Once the Asbestos Register has been consulted, the Asbestos Manager will decide whether to sample the material for laboratory analysis. Advice may be sought from external consultants regarding the nature and extent of the sampling exercise.

The results of any sampling, monitoring and remedial activities shall be added to the Asbestos Register where appropriate.

Please refer to the flow chart overleaf for a step by step guide to what needs to be done upon discovery of a suspected ACM.
Discovered or damaged materials that could contain asbestos?
Stop work immediately, and

Keep everyone else out of the area

Contact the Asbestos Manager
HRI 4488
or his deputies CHH 4220 or HRI 5600

Lock off area and put up a warning notice “Possible Asbestos Contamination”

Asbestos Manager to contact asbestos consultant and arrange for samples to be taken

Results received

Asbestos Non-asbestos

Area to be cleaned and decontaminated by HSE approved contractor

Update register and record actions taken

Is there dust or debris on clothing?

A little eg dust on sleeve, on shoe

Call for help. All to wear RPE

Wipe down with damp rags

Undress, shower & wash hair

Put contaminated clothes / towels etc in a plastic bag for specialist laundry. Leave washing facilities clean

Dispose of rags as asbestos waste

A lot eg contaminated clothes, hair, footwear

Stay put

Call for help. Helper to wear RPE & PPE and bring RPE for person to put on

Wipe down with damp rags

Put contaminated clothes / towels etc in a plastic bag for specialist laundry. Leave washing facilities clean

Update register and record actions taken
APPENDIX C (ii)
DAMAGE TO KNOWN OR SUSPECTED ACM

Any person discovering damage to material that is known or suspected to contain asbestos should report this immediately to the Asbestos Manager.

Once the Asbestos Register has been consulted, the Asbestos Manager will take the decision either to conduct reassurance sampling and/or evacuate the area.

A procedure of sampling, analysis and remedial action will then be put in place in agreement from the appointed external consultants, if appropriate.

If contamination of an area is considered to have occurred Health and Safety and Trades Union representatives will be made aware of such activities.

Records will be kept of actions taken including documenting the details of any persons who may have been exposed using the form overleaf.

Copies of completed forms should be sent to and/or retained by:

- Occupational Health Department
- Estates Department
- Personnel Department (for personal file)

NHS Trust Staff may obtain advice and support from Occupational Health Department.

The results of any sampling, monitoring and remedial activities shall be added to the Asbestos Register where appropriate.
ASBESTOS EXPOSURE RECORD FORM

The person named below was/may have been exposed to airborne asbestos dust in the course of his/her work. The circumstances are detailed below for record purposes.

Name……………………………………               Date of birth…………………………

Department…………………………….                Job title……………………………

Area where incident occurred…………………………………………………………………………..

Description of events

Date of exposure………………..   Time……………………….   Duration……………..

Activity at time of exposure

Respiratory protective equipment in use         Yes/No

Nature of product   Insulation/Gasket/Cement/Insulation board/Spray coating/Other (specify)

Type of asbestos   Brown/Blue/White/Other (specify)

Air test/Analytical result attached   Yes/No

Witnesses
(Name/Department)………………………………………………………………………...
APPENDIX C (iii)
CONTROL OF BUILDING WORK / MAINTENANCE TASKS

The following form and flow chart are to be used to assist maintenance staff and contractors to ensure they follow correct procedures in identifying any potential risks from asbestos before works start and should be used with every works request.

Building / location of works........................................................................................................

I confirm that:

• I have gone through the Asbestos Control of Building Work / Maintenance Tasks Flow chart

• That the asbestos register has been checked

• That my work will not disturb any asbestos containing materials

• That I am asbestos awareness trained

• I also confirm that should I notice any suspect or damaged (labelled asbestos containing materials) I shall immediately report this to the Asbestos Manager or his Deputies and leave the area.

Signed …………………………………..Date……………………………………..

Company…………………………………………………………………………………

ASBESTOS
Control of building work / maintenance tasks

Initial work request / order received

Check the scope of the planned task against the asbestos database. If unsure as to how to do this the Estates Dept MUST be contacted before proceeding with works

Has the area where works are to be undertaken been surveyed?

Does the work involve major refurbishment / demolition?

Has asbestos been identified in the work area?

Will planned works be affected by known or suspected asbestos?

Is it possible to amend scope of works to avoid asbestos?

Proceed with works with due care and attention

Contact Asbestos Manager for further advice on CHH 623273

Contact the Asbestos Manager who will arrange further investigation (e.g. bulk sampling, local survey, R&D survey)
APPENDIX C (iv)
NOTIFICATION OF BUILDING ALTERATION, REFURBISHMENT OR DEMOLITION WORKS

The following form should be used to ensure that the appropriate checks and request for information are made with regards to asbestos for any building alteration, refurbishment or demolition works.
Notification of Building Alteration, Refurbishment or Demolition works to be sent to the Asbestos Manager, prior to any work starting on any building built prior to the year 2000

Description of proposed work

Location of work

<table>
<thead>
<tr>
<th>Site.........</th>
<th>Block ........</th>
<th>Floor level</th>
<th>Rooms........</th>
<th>Department</th>
<th></th>
</tr>
</thead>
</table>

Stage of scheme:  Feasibility ☐ Design ☐ Construction ☐

Project Officer in charge of scheme

Main Contractor for the works

Contacts

For information only

Request for:

- Asbestos Register to be checked ☐
- Refurbishment/ Demolition Survey to be carried out ☐
- Management Survey ☐
- Air Monitoring ☐
- Bulk Sampling ☐
- Asbestos Removal works ☐
- Encapsulation works ☐
- Asbestos Consultant for Project ☐

Requested by……………………..Codes to book work to………………………

NOTE: No Refurbishment / Demolition work must be started without first having the results of an Asbestos Refurbishment / Demolition survey.
APPENDIX C (v)
EMERGENCY PROCEDURES & OUT OF HOURS CONTACTS

In the event that the Asbestos Manager and his Deputy are not available then in the first instance contact the Operational Estates department or, if out of normal office hours, the Estates Officer on call via the hospital switchboard.

If the Estates Officer feels unable to offer sufficient help then he will contact those listed below for Emergency Advice:

Asbestos Consultants

Redhills, tel. 01482 644632

Brian Archer 07879 631059
Dave Cooper 07786 333720

Redhills, tel. 0161 684 2333

Andy Brown 07753 755938
Russell Roberts 07843 598399

MIS Environmental Ltd

Ben Gilhespy 07957 871097

Asbestos Removal Contractors

Grade 3, tel. 01482 330525, contact Graham Gardner.

Rhodar Ltd, tel. 01482 212723, contact Dave Hart.

Colt Industrial Services Ltd, tel. 01482 214244, contact Kevin Urry.