

# **Asbestos Management Policy**

**V1.0**

**August 2024**

## Summary

The Royal Cornwall Hospitals NHS Trust is committed to meeting all the duties placed upon it under:

- Control of Asbestos Regulations 2012.
- Health and Safety at Work etc. Act 1974.
- HSE Health and Safety guidance note HSG227-A Comprehensive Guide to Managing Asbestos in Premises.
- HSE Health and Safety guidance note HSG264-Asbestos: The Survey Guide.
- Construction Design Management 2015.

Specifically, the Trust will protect, so far as reasonably practicable, all staff, contractors and users of the Trust's properties from exposure to asbestos fibres:

- Provide adequate resources to effectively deliver the [Asbestos Management Plan](#).
- Identify, so far as reasonably practicable, all Asbestos Containing Materials (ACMs) in the Trust's buildings.
- Maintain an asbestos register of identified ACMs and make it accessible to staff, contractors and any other party that undertakes work on Trust properties.
- Implement and maintain an effective Asbestos Management Plan (AMP) to ensure that all ACMs identified are maintained in a safe condition, isolated or removed.
- Raise the understanding of the risks of ACMs, the Trust's AMP and the process and procedures for dealing with ACMs through training and ongoing awareness for relevant staff, contractors and any other interested party.
- Remove all asbestos from areas where major refurbishment is taking place.
- Appoint a competent and suitably qualified person to undertake the role of Asbestos Co-ordinator.
- Ensure that only appropriately trained, qualified and competent persons undertake work with ACMs.

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### **Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.**

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust      [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

# 1. Introduction

- 1.1. This document, the Asbestos Management Policy and the [Asbestos Management Plan](#) (AMP), sets out the Royal Cornwall Hospitals NHS Trust's policy, organisation and arrangements for managing the risks from Asbestos Containing Materials (ACMs) in all its premises. For the Trust this document will be used as Policy, under the Control of Asbestos Regulations the Trust has a duty to have an up-to-date management plan for compliance. This document will be one and the same. This version supersedes any previous versions of this document.
- 1.2. How the Trust sets out to maintain its duties under Control of Asbestos Regulations, is explained in the [Asbestos Management Plan](#).

# 2. Purpose of this Policy/Procedure

This document and [Asbestos Management Plan](#), details the steps that will be taken by the Trust to ensure that the risk from known or suspected Asbestos Containing Materials (ACMs) within Trust owned or controlled buildings is managed in accordance with the Control of Asbestos Regulations (2012), and that so far as reasonably practicable no one can come to any harm from asbestos.

# 3. Scope

The Policy and the [Asbestos Management Plan](#), apply to all Trust employees and contractors across all Trust properties.

# 4. Definitions / Glossary

As outlined in the [Asbestos Management Plan](#):

- ACM - Asbestos Containing Materials.
- AMP - Asbestos Management Plan.
- CAR2012-Control of Asbestos Regulations 2012.
- Accredited- Company Accredited to UKAS ISO 17020 and ISO 17025.
- ACOP-Approved Code of Practice: E.g., HSG227 Managing Asbestos in Premises.
- Appointed person- Asbestos Coordinator.

## **5. Ownership and Responsibilities**

### **5.1. Role of the Trust**

The Trust recognises its responsibility to provide adequate resources to fully implement the appropriate codes of practice and legal compliance, in order to properly control the asbestos within the environment of the hospital – including risk assessments, remedial actions and training. See [Asbestos Management Plan](#) for further details.

### **5.2. Role of All Staff**

All members of staff involved in works involving the cutting, penetrating or abrasion of the fabric of all buildings within the Trust have a responsibility to ensure that they have the relevant training to recognize the existence of Asbestos containing materials and know when to stop work to seek advice from their supervisor or contact the Asbestos Coordinator. For further information refer to the [Asbestos Management Plan](#).

### **5.3. Role of the Managers**

Line managers are responsible for the safety of their staff and should pass on any concerns to the Asbestos Co-ordinator of guidance.

### **5.4. Role of Individual Staff**

All staff members are responsible for their own safety and should pass on any concerns to their Line Manager.

## **6. Standards and Practice**

The Royal Cornwall Hospitals NHS Trust will abide by the guidance set out in the Health and Safety Executive Approved Code of Practice documents:

- Control of Asbestos Regulations 2012.
- Health and Safety at Work etc. Act 1974.
- HSE Health and Safety guidance note HSG227-A Comprehensive Guide to Managing Asbestos in Premises.
- HSE Health and Safety guidance note HSG264-Asbestos: The Survey Guide.
- Construction Design Management 2015.

## **7. Dissemination and Implementation**

- A copy of the policy will be stored electronically in the Estates and Facilities folder on the Trust's document library.

- A copy of the policy will be circulated to all Managers in Estates, Facilities and CITS to enable them to participate in and support the implementation of the policy.
- All new staff members must be made aware of the policy during induction and line managers must reinforce awareness in more detail at local induction, particularly in respect of any departmental rules that may apply.

## 8. Monitoring compliance and effectiveness

| Information Category                               | Detail of process and methodology for monitoring compliance                                                                                                                      |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Element to be monitored</b>                     | Compliance with the Policy                                                                                                                                                       |
| <b>Lead</b>                                        | Asbestos Co-Ordinator for Estates                                                                                                                                                |
| <b>Tool</b>                                        | Asbestos Register, training, compliance checks and permits-to-work.                                                                                                              |
| <b>Frequency</b>                                   | Yearly or when the need is required from alterations to the Asbestos on site.                                                                                                    |
| <b>Reporting arrangements</b>                      | Reported to the Asbestos Management/ Safety Group, with exception reports to the Health and Safety Committee as required.                                                        |
| <b>Acting on recommendations and Lead(s)</b>       | Head of Estate Operations will be responsible for ensuring all actions are completed and will report to the Estates and Facilities Performance and Governance Group as required. |
| <b>Change in practice and lessons to be shared</b> | Lessons shared to be disseminated through to other relevant parties, for example CITS and Major Capital Projects.                                                                |

## 9. Updating and Review

The Trust will review the Policy at regular intervals in order to ensure that the Plan and Policy remains relevant and effective. The review will be undertaken by the Asbestos Coordinator in consultation with Head of Estates and the Head of Health and Safety. The review is to assess the effectiveness of the Policy in the following key areas:

- Organisational Responsibilities.
- Identification and recording of asbestos containing materials.
- Assessing and managing risk.
- Communication.
- Risk assessment and method statements; Information, instruction and training.

- The review will be carried out annually (in line with the Control of Asbestos Regulations 2012) or sooner if in response to:
  - A significant incident involving an uncontrolled release of asbestos fibres.
  - A change in the Control of Asbestos Regulations.
  - If the AMP is no longer considered adequate.

The Head of Health and Safety will periodically audit compliance with this Policy across the Trust Departments. The audit programme will be agreed on an annual basis but will be flexible in order to react to areas of concern as they arise.

## **10. Equality and Diversity**

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

| Information Category                                                                                | Detailed Information                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Document Title:</b>                                                                              | Asbestos Management Policy V1.0                                                                                                                                                                                                                                                                                                                                |
| <b>This document replaces (exact title of previous version):</b>                                    | New Document                                                                                                                                                                                                                                                                                                                                                   |
| <b>Date Issued/Approved:</b>                                                                        | 20 August 2024                                                                                                                                                                                                                                                                                                                                                 |
| <b>Date Valid From:</b>                                                                             | August 2024                                                                                                                                                                                                                                                                                                                                                    |
| <b>Date Valid To:</b>                                                                               | August 2027                                                                                                                                                                                                                                                                                                                                                    |
| <b>Author / Owner:</b>                                                                              | Scott Pateman, Senior Manager Projects                                                                                                                                                                                                                                                                                                                         |
| <b>Contact details:</b>                                                                             | 01872 252352                                                                                                                                                                                                                                                                                                                                                   |
| <b>Brief summary of contents:</b>                                                                   | This document details the steps that will be taken by the Trust to ensure that the risk from known or suspected Asbestos Containing Materials (ACMs) within Trust owned or controlled buildings is managed in accordance with the Control of Asbestos Regulations (2012), and that so far as reasonably practicable no one can come to any harm from asbestos. |
| <b>Suggested Keywords:</b>                                                                          | Asbestos, Health and Safety, Estates, Occupational Health, Project Management, Contractors, COSHH                                                                                                                                                                                                                                                              |
| <b>Target Audience:</b>                                                                             | <b>RCHT:</b> Yes<br><b>CFT:</b> No<br><b>CIOB ICB:</b> No                                                                                                                                                                                                                                                                                                      |
| <b>Executive Director responsible for Policy:</b>                                                   | Director of Estates and Facilities                                                                                                                                                                                                                                                                                                                             |
| <b>Approval route for consultation and ratification:</b>                                            | Health and Safety Committee.<br>Asbestos Safety Group.                                                                                                                                                                                                                                                                                                         |
| <b>General Manager confirming approval processes:</b>                                               | Richard Parris, Head of Estates                                                                                                                                                                                                                                                                                                                                |
| <b>Name of Governance Lead confirming approval by specialty and care group management meetings:</b> | Phil Bond, Performance Improvement, Governance and Compliance Manager                                                                                                                                                                                                                                                                                          |

| Information Category                                                             | Detailed Information                                                        |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Links to key external standards:                                                 | HSE-Approved Code of Practice-Control of Asbestos Regulations 2012          |
| Related Documents:                                                               | Management of Contractors, Health & Safety Policy, Asbestos Management Plan |
| Training Need Identified?                                                        | Yes                                                                         |
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet and Intranet                                                       |
| Document Library Folder/Sub Folder:                                              | Estates and Facilities / Estates                                            |

### Version Control Table

| Date     | Version Number | Summary of Changes | Changes Made by                               |
|----------|----------------|--------------------|-----------------------------------------------|
| 30/11/23 | V1.0           | Initial issue      | Scott Pateman,<br>Senior Manager-<br>Projects |

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

### Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team  
[rcht.inclusion@nhs.net](mailto:rcht.inclusion@nhs.net)

| Information Category                                                                                                                | Detailed Information                   |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>Name of the strategy / policy / proposal / service function to be assessed:</b>                                                  | Asbestos Management Policy V1.0        |
| <b>Directorate and service area:</b>                                                                                                | Estates                                |
| <b>Is this a new or existing Policy?</b>                                                                                            | New                                    |
| <b>Name of individual completing EIA</b><br>(Should be completed by an individual with a good understanding of the Service/Policy): | Scott Pateman, Senior Manager Projects |
| <b>Contact details:</b>                                                                                                             | 01872 252352                           |

| Information Category                                                                                                                  | Detailed Information                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>1. Policy Aim - Who is the Policy aimed at?</b><br>(The Policy is the Strategy, Policy, Proposal or Service Change to be assessed) | All Staff.                                                                    |
| <b>2. Policy Objectives</b>                                                                                                           | To manage Asbestos across the Trust.                                          |
| <b>3. Policy Intended Outcomes</b>                                                                                                    | Ensure that there is no unintended exposure to Asbestos Containing Materials. |
| <b>4. How will you measure each outcome?</b>                                                                                          | Reported incidents.                                                           |
| <b>5. Who is intended to benefit from the policy?</b>                                                                                 | All Staff, Visitors, Contractors, and Patients.                               |

| Information Category                                                                     | Detailed Information                                                                                                                                                                                |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6a. Who did you consult with?</b><br>(Please select Yes or No for each category)      | <ul style="list-style-type: none"> <li>Workforce: Yes</li> <li>Patients/ visitors: No</li> <li>Local groups/ system partners: No</li> <li>External organisations: Yes</li> <li>Other: No</li> </ul> |
| <b>6b. Please list the individuals/groups who have been consulted about this policy.</b> | <b>Please record specific names of individuals/ groups:</b><br>Authorising Engineer (Asbestos).<br>Health and Safety Committee.<br>Asbestos Safety Group.                                           |
| <b>6c. What was the outcome of the consultation?</b>                                     | Guidance and confirmation of procedures.                                                                                                                                                            |
| <b>6d. Have you used any of the following to assist your assessment?</b>                 | <b>National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:</b><br>No.                                                                           |

## 7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

| Protected Characteristic                                                                            | (Yes or No) | Rationale |
|-----------------------------------------------------------------------------------------------------|-------------|-----------|
| <b>Age</b>                                                                                          | No          |           |
| <b>Sex</b> (male or female)                                                                         | No          |           |
| <b>Gender reassignment</b><br>(Transgender, non-binary, gender fluid etc.)                          | No          |           |
| <b>Race</b>                                                                                         | No          |           |
| <b>Disability</b> (e.g. physical or cognitive impairment, mental health, long term conditions etc.) | No          |           |
| <b>Religion or belief</b>                                                                           | No          |           |

| Protected Characteristic                                               | (Yes or No) | Rationale |
|------------------------------------------------------------------------|-------------|-----------|
| <b>Marriage and civil partnership</b>                                  | No          |           |
| <b>Pregnancy and maternity</b>                                         | No          |           |
| <b>Sexual orientation</b> (e.g. gay, straight, bisexual, lesbian etc.) | No          |           |

**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Scott Pateman, Senior Manager Projects

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**  
[Section 2. Full Equality Analysis](#)