

Asbestos Management Policy

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Policy Author/Originator - Any comments on this document should, in the first instance be addressed to the author.	Head of Projects (EFM)		
Implementation Lead	Head of Projects (EFM)		
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Equality Impact

Great Western Hospitals NHS Foundation Trust strives to ensure equality of opportunity for all service users, local people and the workforce. As an employer and a provider of health care, the Trust aims to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed in line with current legislation to ensure fairness and consistency for all those covered by it regardless of their individuality. This means all our services are accessible, appropriate and sensitive to the needs of the individual.

Special Cases

This policy applies to all parts of the Trust's estate without exception where asbestos is present.

Our Values

Service Teamwork Ambition Respect

Contents

1	Instant Information - Asbestos Policy Summary	4
2	Document Details	5
2.1	Introduction and Purpose of the Document	5
2.2	Glossary/Definitions	5
3	Main Policy Content Details	6
3.1	Risk Assessment: - Identification & Management of Asbestos Containing Materials (ACM's) & the Asbestos Management Survey	6
3.1.1	Finding ACM's & Assessing their Condition	6
3.1.2	Surveys and Material Assessments	6
3.1.3	Existing Surveys	7
3.1.4	Priority Assessment	7
3.1.5	Management Options	7
3.1.6	Review and Re-inspection	8
3.2	Asbestos Survey	9
3.2.1	Building Asbestos Survey Details	9
3.3	Method of Complying with the Recommendations of the Registers	9
3.4	Responsibility for Updating the Registers	9
3.5	Health and Safety Compliance	9
3.6	Procedures for the Removal of Asbestos	10
3.6.1	General	10
3.6.2	Permit to Work	10
3.6.3	Refurbishment or Demolition	11
3.6.4	Minor Maintenance	11
3.6.5	Use of Consultants/Analytical Laboratories/Contractors	11
3.6.6	Consultants	12
3.6.7	Analytical Laboratories	12
3.6.8	Asbestos Removal Contractors	12
3.7	Labelling of ACM	12
3.8	Arrangements to Deal with Accidents, Incidents and Emergencies	12
3.9	Use of Personal Protective Equipment (PPE) & Respiratory Protective Equipment (RPE)	13
3.10	Training	13
3.11	Monitoring and Review of the Asbestos Management Plan	14
3.12	Summary of Procedures and Responsibilities	15
3.12.1	Compliance with Asbestos Survey Recommendations	15
3.12.2	Updating Surveys	15

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3.12.3 Providing Information..... 15

3.12.4 Refurbishment and Demolition..... 15

3.12.5 Planned Removal Work 15

3.12.6 Routine Maintenance..... 15

3.12.7 Management and Retention of Records..... 15

3.12.8 Contact List 16

4 Duties and Responsibilities of Individuals and Groups..... 16

4.1 Chief Executive..... 16

4.2 Deputy Divisional Directors..... 16

4.3 Director of Estates and Facilities..... 16

4.4 Asbestos Manager..... 16

4.5 Maintenance Manager 16

4.6 Estates Officers, Project Officers, Project Managers, Maintenance Officers and
Maintenance Supervisors 17

4.7 Electronic Data Base 17

4.8 Health and Safety Advisor 17

4.9 Health and Safety Committee & Facilities Risk Management Group..... 17

4.10 Asbestos Consultant..... 17

4.11 Asbestos Analyst 17

4.12 Asbestos Removal Contractor 17

4.13 Document Author and Document Implementation Lead..... 18

4.14 Target Audience – As indicated on the Cover Page of this Document 18

5 Monitoring Compliance and Effectiveness of Implementation 18

6 Review Date, Arrangements and Other Document Details..... 18

6.1 Review Date 18

6.2 Regulatory Position..... 18

6.3 References, Further Reading and Links to Other Policies..... 19

6.4 Consultation Process..... 20

Appendix A – Equality Impact Assessment 21

Appendix B – Quality Impact Assessment Tool 22

Appendix C – Management Structure Flowchart 23

Appendix D – Removal of Asbestos/Notification Form OR Permit to Work (delete as
required) 24

Appendix E – Material Assessment Algorithm 25

Appendix F – Priority Assessment Algorithm..... 26

Appendix G – Priority Assessment Algorithm Example 28

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1 Instant Information - Asbestos Policy Summary

The Great Western Hospitals NHS Foundation Trust (the Trust) asbestos policy conforms to the Control of Asbestos Regulations 2012 (Asbestos Regulations). Approved Code of Practice and Guidance L127 (Ref 7).

The policy, plan and procedures apply to all parts of the Trust's estate without exception where asbestos is present.

Trust policy is to:

- Provide a safe environment by preventing exposure to the hazards associated with asbestos containing materials.
- To promote awareness of the hazards of asbestos containing materials and the Trust's asbestos policy, plan and procedures, through training of employees.
- To provide and maintain an asbestos management survey (Ref 18) for each site within the Trust's estate.
- To freely provide information on asbestos.
- To implement an effective asbestos containing materials management plan so that appropriate measures, such as monitoring, encapsulation, sealing, labelling, inspection or removal of the material are undertaken.
- To regularly review the Trust's asbestos policy, asbestos management plan (Ref 19) and procedures.

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2 Document Details

2.1 Introduction and Purpose of the Document

The Trust has a statutory responsibility to ensure, so far as is reasonably practicable, the health and safety at work of all its employees, patients and other visitors to its premises. The Trust is to ensure that the risks associated with the management of asbestos within its estate is managed so that the Trust complies with its legal responsibilities under the Health and Safety at Work Act 1974 (Ref 3) and with other relevant statutory regulations.

This policy sets out the principals in place to manage asbestos within the estate in a safe, controlled way, to ensure compliance with statutory requirements and best practice. This does not include the Trust's Great Western Hospital site, as it was constructed after the year 2000 watershed where asbestos was withdrawn from use in construction materials.

The presence of asbestos containing materials (ACM's) does not in itself constitute a danger. However, it is hazardous when disturbed or damaged and must be treated accordingly. Activities which give rise to airborne dust, eg. abrasion, breaking, sawing, cutting, drilling or machining ACM's, are most likely to present risks.

Employees and contractors are not expected to work with or be exposed to asbestos on Trust sites. A limited number of employees whose normal duties may bring them into contact with existing asbestos containing materials (eg. electrical, mechanical or building maintenance employees) will be trained in asbestos awareness.

This policy specifies safe procedures to ensure employees, patients and visitors to Trust sites are provided with a safe and healthy working environment, in accordance with statutory compliance and legislation and managing health and safety risks. This policy will be implemented on all premises owned or managed by the Trust.

2.2 Glossary/Definitions

The following terms and acronyms are used within the document:

ACM	Asbestos Containing Material
AM	Asbestos Manager
ARCA	Asbestos Removal Contractor Association
CA	Contract Administrator
CDM	Construction, Design & Management Regulations 2015
COSHH	Control of Substances Hazardous to Health
GWH	Great Western Hospital
HSE	Health and Safety Executive
HSG	Health and Safety Guidance
IR1	Trust Incident Reporting form available electronically
LARC	Licensed Asbestos Removal Contractor
PPE	Personal Protective Equipment
RIDDOR	Reporting of Injuries, Diseases, Dangerous Occurrences Regulations 2013
RPE	Respiratory Protective Equipment
TICA	Thermal Insulation Contractors Association

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UKAS	United Kingdom Accreditation Service
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3 Main Policy Content Details

3.1 Risk Assessment: - Identification & Management of Asbestos Containing Materials (ACM's) & the Asbestos Management Survey

The Trust will ensure that suitable and sufficient assessments are carried out as to whether asbestos is liable to be present in all Trust locations in line with the requirements of Regulation 4(3) of the Control of Asbestos Regulations 2012 and the Management of Health and Safety at Work Regulations 2012 (Ref 4). The assessments will identify where asbestos is contained, determine condition and the relevant action to be taken.

3.1.1 Finding ACM's & Assessing their Condition

The Trust will ensure that Asbestos Management Surveys are carried out in respect of each building, likely to contain asbestos it maintains or occupies. Surveys or sampling will be undertaken by an asbestos consultant in liaison with an analyst, in accordance with HSG 264 Asbestos: The Surveyors Guide (Ref 14).

The Trust will use external consultants to undertake all asbestos surveys and will ensure their competence before appointment, in accordance with HSG 264.

Where ACM's are identified, a risk assessment will be carried out by the Consultant to assist in deciding on the appropriate action and formulating a management plan, in accordance with HSG 264.

The risk assessments are carried out in two parts: the first is a material assessment which assesses the condition of the material and the likelihood of it releasing fibres if disturbed; the second part is a priority assessment which takes into account maintenance activities, likelihood of disturbance, human exposure potential, occupant activity or visitors. This will be carried out by the Trust wherever possible.

Specialist algorithms are used to score each item, which results in an overall risk assessment score. It should be noted that the algorithms used are different to the Trust's risk scoring matrix.

3.1.2 Surveys and Material Assessments

All new surveys will be undertaken in accordance with HSG 264 published by the Health and Safety Executive and in particular, they will include a Material Assessment Algorithm as set out in HSG 264 and set out in Appendix E.

Four main parameters will determine the amount of possible fibre release from an ACM when subject to a standard disturbance.

Each parameter is scored as: high = 3, medium = 2 or low = 1; two categories also allow a nil score. The value assigned to each of the four parameters is added together to give a total score of between 2 and 12. Materials with assessment scores of 10 or more are regarded as having a high potential to release fibres, if disturbed. Scores of between 7 and 8 are regarded as having a medium potential, and between 5 and 6 a low potential. Scores of 4 or less have a very low potential to release fibres. Non-asbestos materials are not scored.

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<p>Version 1.0 Printed on 23/05/2019 at 10:59 AM</p>	<p>Page 6 of 30</p>

Parameter	High	Medium	Low	Nil
Product type				
Extent of damage or deterioration				
Surface treatment				
Asbestos type				
Total				

3.1.3 Existing Surveys

The Trust has had a well-established programme of undertaking surveys in order to identify asbestos containing materials in each building it maintains and occupies. These surveys are Asbestos Management Surveys carried out and produced by United Kingdom Accreditation Service (UKAS) -accredited consultants.

The Asbestos Manager will, as the need arises, review the validity of each survey given the passage of time and carry out a review of the risk assessment and management options implemented to consider whether the present measures being taken for managing the risk associated with the asbestos product are adequate. This review may require a new materials assessment to be performed in accordance with HSG 264.

3.1.4 Priority Assessment

The material assessment identifies the high-risk materials, that is, those that will most readily release airborne fibres if disturbed. However, the appropriate management plan must be determined through a risk assessment. This will be undertaken by the Asbestos Consultant or Asbestos Manager taking into account the materials assessment, and recommendations made by the surveyor and:

- Occupant activity.
- Maintenance activity.
- Likelihood of disturbance.
- Human exposure potential.

This assessment will be undertaken by scoring the above activities using the Priority Assessment Algorithm tool found at Appendix F.

3.1.5 Management Options

Once an ACM has been risk assessed the Asbestos Manager will facilitate the formulation of a management plan. There are several management options for known ACM's:

Monitor ACM's which are on good condition, sealed and/or repaired, and are unlikely to be disturbed, maybe left in place. If ACM's are left in place the condition of the ACM's will be monitored regularly and the results recorded in the register.

Label All asbestos that is to remain in place is to be labelled. However, labelling is not to be relied upon as a control measure in itself and should be seen as a back up. The procedures outlined in this policy should be followed. **ALWAYS CHECK THE REGISTER.**

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Protect/Enclose	Protecting ACM's means the construction or placing of a physical barrier to prevent accidental disturbance. Enclosing the ACM involves the erection of a barrier around it that should be as airtight as possible to prevent the migration of asbestos fibres.
Seal/Encapsulate	There are two types of encapsulants: bridging encapsulants which form a durable layer adhering to the surface of the ACM; and penetrating encapsulants which are designed to penetrate into the ACM before hardening and locking the material together. Licensed Contractors must carry out the encapsulation.
Repair	Repair will only be taken if the damage is slight. There are a number of methods including filling, wrapping and isolated encapsulation. All repairs will be carried out using non-asbestos materials. Licensed Contractors only will carry out repair.
Remove	The HSE recommend against removal of asbestos since if removal is undertaken without due consideration there is a potential to increase the risk of harm. ACM's will be removed where it is found to be in poor condition and repair etc. or maintenance works cannot be carried out without disturbing the ACM's. Due to an active period of capital works much of the available asbestos material has been removed.

The Trusts Asbestos Management Plan is designed so that asbestos is managed according to its needs and the option chosen is reviewed following re-inspection. Each inspection should be recorded and photographs taken if necessary.

The management option chosen should be recorded in the Asbestos Management Survey. Remedial work should be recorded together with the results of each re-inspection.

3.1.6 Review and Re-inspection

All asbestos remaining in place will be subject to periodic re inspections triggered by one of the following:

- As soon as there is reason to suspect that the assessment is no longer valid; or,
 - There has been significant change in the premises to which the assessment relates.
 - A maximum of 24 months has elapsed since the last inspection.

On the basis of previous surveys action has already been taken in respect of ACM's. Where these surveys and management options are reviewed in the material assessment and priority assessment will be re-scored in line with 3.1.2 and 3.1.4 above.

Where an Asbestos Survey is reviewed under this section the Asbestos Manager will consider whether the survey is still sufficiently accurate as to identify the presence and condition of ACM's and if not, shall commission a new survey in accordance with 3.1 above.

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3.2 Asbestos Survey

The Asbestos Survey details for each building (for which the Trust is a duty holder), will be recorded electronically and held on line with the host. It will comprise of the following documentation:

- The Asbestos Survey.
- The materials assessments for each ACM identified.
- The priority assessment for each ACM identified.
- The management plan for each ACM identified.
- Record of work undertaken in respect of each ACM identified.
- Evidence of compliance with the management plan for each ACM identified.

3.2.1 Building Asbestos Survey Details

One hard copy of the Asbestos Survey will be placed in the site fire log book box. An electronic copy of each Building Asbestos Survey and the Asbestos Management Plan are kept on reception computers at all relevant Trust sites in an Estates folder. They are also available electronically from the Trusts' Estates and Facilities Management offices at GWH and Melksham Hospital.

3.3 Method of Complying with the Recommendations of the Registers

Where removal is recommended it is the responsibility of the Asbestos Manager to arrange funding and authority from the Director of Facilities, and then to arrange to have the ACM's removed within the recommended timescale.

Where re-inspection is required, the Asbestos Manager will be responsible for arranging for the re-inspecting of the building and re-calculating the risk assessment algorithm value for any identified ACM, using current assessment parameters. It will then be the responsibility of the Asbestos Manager to ensure that further inspections are carried out at the appropriate intervals or that any remedial work identified by the inspection and assessment is actioned.

The recommendations made following the re-inspection will be dealt with as section 3.12.1 or 3.12.2, as appropriate. If, following re-inspection, the asbestos has deteriorated and needs removal then the Asbestos Manager shall deal with it.. The Asbestos Manager will decide when a further inspection is due.

The Asbestos Manager will monitor the action plans on a regular basis by discussing any outstanding recommendations not actioned and any re-inspections which may be overdue. The Director of Facilities will take appropriate action to ensure that the program is maintained.

3.4 Responsibility for Updating the Registers

It is the responsibility of the Asbestos Manager to notify the register host upon the removal of any ACM and to pass on all relevant supporting documentation as set out in section 3.6.5.

The Asbestos Manager will update the on site copy of the Asbestos Management Survey following any removal work.

3.5 Health and Safety Compliance

All contractors and consultants employed by the Trust are required to confirm agreement to the Trusts 'Safe Working for Contractors Procedures' (Ref 20).

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(This policy ensures that the Trust advises the contractor as to the required H&S standards to be worked to and details of known or suspected asbestos as described in the Asbestos Survey, and that the Asbestos Survey be consulted before any work starts.) They also explain what to do if asbestos is encountered unexpectedly, see also section 3.7).

The Asbestos Manager or other person in control of the work is responsible for ensuring that contractors, consultants or employee have all the relevant information and are aware of requirements before any work is started.

The Asbestos Manager will ensure the Construction Design and Management (CDM) Regulations are provided for, working with the Designer. Contributing to a Pre-Construction Plan and will ensure that any requirements of the Asbestos Management Plan are incorporated into it.

The Asbestos Manager or the Project Manager responsible for the work will notify the site manager and the building maintenance provider(s) of the work being carried out.

3.6 Procedures for the Removal of Asbestos

3.6.1 General

It is Trust policy that work on ACM's will only be undertaken by approved licensed removal contractors, licensed by the Health and Safety Executive (LARC's). Should removal of ACM's be required, Estates/Project Officers, Maintenance Officers and Supervisors should consider the flowchart at Appendix H, and be guided by it. Should removal of ACM's be required, the Estates/Project Officers, Maintenance Officers and Supervisors complete the form at Appendix D and send this to the Asbestos Manager, who will action the work requested. In the absence of the Asbestos Manager, the Maintenance Manager will undertake this role.

The Trust uses an approved HSE-licensed contractor (LARC) and a UKAS-accredited firm of analysts. The general principle is that an HSE-licensed contractor who complies with the requirements detailed in 3.6.6 must carry out work on ACM's.

Should any specialist advice be required it will be the responsibility of the Asbestos Manager to obtain this by using consultants on the designated list appointed by the Trust. Consultants will, in addition, provide a laboratory analysis for bulk samples, and undertake independent air-tests on-site when required.

3.6.2 Permit to Work

The Asbestos Manager or Asbestos Consultant will use a Permit to Work (see Appendix D,) for any work on ACM's, or where there is a risk that ACM's may be disturbed during the course of any works. As a minimum, the Asbestos Manager will ensure that before a permit is issued:

- i. The Asbestos Manager or Project Manager has carried out an appropriate risk assessment. This risk assessment should also cover the risk to those persons near the works. This may be provided by the Licensed Asbestos remover.
- ii. All appropriate trust procedures have been followed, including notification to the Asbestos Manager (Appendix D); *and*
- iii. There is an acceptable written plan of work, which includes the arrangements in place for the disposal of asbestos containing materials, usually provided by the Licensed Asbestos remover.

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- iv. The Asbestos Manager or Project Manager has informed all affected parties. In each case more detailed information may be needed, dependent on the extent of works.

Contractors are required to report to The Asbestos Manager, Project Manager or Asbestos Consultant during normal working hours to collect a contractor's pass where required and any necessary permits at the start of any work. At this stage they should be reminded by the Project Manager of the need to comply with the Trust's rules and procedures for ACM's. If there is any doubt about the contractor's understanding of arrangements, a permit must not be issued.

3.6.3 Refurbishment or Demolition

Where proposed refurbishment or demolition will entail exposure of parts of the structure or fabric that could not have been seen during the Asbestos Survey (see section 3.2). The Project Manager or other person in control of the work must have a Refurbishment or demolition Survey carried out, and must ensure that the recommendations and findings of that survey are made known to the contractor before any refurbishment takes place. Any ACM that is liable to be disturbed by a demolition or refurbishment project is likely to be removed prior to the main work of that project commencing. A UKAS-accredited firm, in accordance with the HSG 264 must carry out the survey. The Asbestos Manager or Project Officer may instigate the survey.

3.6.4 Minor Maintenance

Where minor maintenance is to be carried out in an area where there is a risk that ACM's might be disturbed. It is the person who is raising the order, ie Estates/Project Officers, Maintenance Officers and Supervisors, who have responsibility to ensure that a check of the Asbestos Management Survey is made. They must ensure that the work envisaged is carried out so as not to expose the person undertaking the work to any risk. The Officer or other competent person in control of the work, must complete a written risk assessment. The Asbestos Manager or deputy must issue a permit. (Appendix D).

Notwithstanding the above maintenance employees are made aware of the location of the register on site which may be referenced at any time. i.e a copy within the fire log book or electronically on the reception computer in the Estates folder.

No work will be carried out that risks damage to known ACM. The Project Officer, Maintenance Officer or Supervisors must contact the Asbestos Manager and make a request for controlled removal by licensed contractors.

If there is any doubt about the information contained on the order, or the undertaking of the work, then the work should not be done and should be queried in the first instance with the Maintenance Manager, Maintenance Officer or Supervisor in charge, who will refer the matter to the Asbestos Manager or deputy for advice.

If the work requires the removal of ACM's, then the removal process is as provided below.

3.6.5 Use of Consultants/Analytical Laboratories/Contractors

The Trust will use competent specialist contractors/consultants for the provision of specialist advice and/or removal arrangements in relation to ACM's, subject to the Trust's requirements for the selection of contractors.

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3.6.6 Consultants

Consultants must be competent and have appropriate accreditation.

3.6.7 Analytical Laboratories

Any laboratory must be accredited by UKAS and to ISO 17025 for air sampling fibres in the air.

3.6.8 Asbestos Removal Contractors

Contractors must be members of the Asbestos Removal Contractors Association (ARCA) or Asbestos Control and Abatement Division of the Thermal Insulation Contractors Association (TICA) and, in order to demonstrate their competence, must provide a copy of their HSE Asbestos License, current insurance details and up to date training records for all employee (operatives, supervisors etc.)

3.7 Labelling of ACM

The Trust may label ACM's where they are known to exist. A sample of the standard Asbestos 'Hazard Warning' label is at Appendix I. **The absence of any labels indicating asbestos is present is not conclusive proof that none exists**, and if there is any doubt about the type of material, a specialist analysis must be undertaken instructed by the Asbestos Manager.

3.8 Arrangements to Deal with Accidents, Incidents and Emergencies

In the event of an unplanned release of asbestos or material suspected to be asbestos, the following steps will be taken to mitigate the effects of the event including the advice at all stages of a competent person:

- 1 The Asbestos Manager or in his absence the Maintenance Manager, must be notified.
- 2 The area shall be vacated and sealed, and access to the affected area will be restricted to those dealing with the emergency.
- 3 Employee or Contractors entering the area will wear appropriate respiratory protective equipment and protective clothing. As a minimum a disposable face mask is to be worn (with P3 filter) in conjunction with disposable particle tight overalls (category 3, type 5 & 6).
- 4 The area will be cleaned of dust and fibres in accordance with HSE Guidance.
- 5 Suspect material will be bulk sampled and tested for asbestos.
- 6 Clothing and tools used during the clean up, and clothes worn by those personnel exposed by the event will be double-bagged in approved asbestos waste bags and tagged pending the outcome of the test sample.
- 7 If the results of the analysis of the bulk sample are negative for asbestos, then clothing may be returned to its owner.
- 8 Personnel exposed by the event and during the clean up will carry out appropriate personal decontamination. Clothing to be double bagged as hazardous waste until sampling of material confirms categorisation.

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- 9 An air test of the area will be undertaken to ensure there are no airborne fibres present.
- 10 Reoccupation of the area will not be allowed until the reported airborne fibre concentration is <0.010 fibres/ml and has been agreed by a competent person who will raise a site clearance certificate.
- 11 A record of exposure will be kept by the Occupational Health Department, in the Asbestos Exposure Record.
- 12 Health surveillance (and counselling if necessary) will be offered to exposed employee if appropriate.
- 13 An investigation will be carried out by the AM to establish why the event occurred.
- 14 The Asbestos Management Plan and the risk assessment will be reviewed on a yearly cycle and revised as appropriate to prevent further similar incidents.
- 15 Person in charge should compile a list of anyone who has been exposed to asbestos, record what action has been taken, and notify the HSE in line with the requirements of the Trust's RIDDOR Reporting Procedure (Ref 21).
- 16 In the case of fire, the local manager with site responsibility is responsible for ensuring that the Asbestos Management Survey is shown to the emergency services.

3.9 Use of Personal Protective Equipment (PPE) & Respiratory Protective Equipment (RPE)

In certain routine maintenance tasks the wearing of PPE and RPE is required. Examples are:

- Tasks where a risk assessment had identified the need for PPE and/or RPE;
- If a visual inspection of an area is required in order to establish if any ACM's are concealed (eg ducts).

Guidance as to when and where PPE/RPE is to be used will be issued separately and be included in the Maintenance Operatives Handbook.

Training is provided regarding the maintenance and use of RPE and PPE. Personnel who are trained and competent in its use will only use RPE, masks to have a P3 filter and disposable particle-tight overalls (category 3, type 5 & 6).

3.10 Training

Training will be provided for those involved in the operation of the Asbestos Management Plan. The Asbestos Manager, in conjunction with the Estates Maintenance Manager, is responsible for identifying, monitoring and coordinating the EFM services training. The aim is to ensure that all employee and contractors understand how asbestos is managed in the workplace. Training records will be kept on the employees file.

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All Estates and Facilities employees are to be provided with general awareness training to cover:

- Understanding of the use of asbestos in buildings.
- How to avoid exposure.
- Risk posed to employee.
- What to do if they find asbestos.
- What to expect from maintenance employee and contractors.

All Project Officers and maintenance employees will be trained to ensure a thorough knowledge of section 3 above and in addition:

1. What asbestos products are and where they are likely to be found;
2. How to ensure that work is not undertaken on any material without knowing if it contains asbestos;
3. The procedures to follow before any work is commenced where asbestos material could be disturbed;
4. What work can or cannot be done on ACMs;
5. How to undertake an individual risk assessment.

Maintenance employees are to be trained in asbestos awareness and the care and use of RPE and PPE, as a part of induction or on a two yearly basis for employee in post.

Contractors and Consultants will be required to familiarise themselves with the Asbestos Management Plan, Safe Working for Contractors Procedures and to adhere to their requirements.

3.11 Monitoring and Review of the Asbestos Management Plan

The Asbestos Management Plan will be monitored or reviewed:

1. By the Asbestos Manager as part of reference for new projects.
2. In conjunction with any proposed works involving asbestos.
3. In consideration of the condition of ACM's left in situ and the adequacy and frequency of re-inspections and compliance with the recommendations of the asbestos survey.
4. To consider the effectiveness of the procedures for the removal of asbestos.
5. The requirement to label ACM's.
6. To consider training requirements.
7. To review the recording of any incidents or accidents connected with asbestos management.

The effectiveness of the Asbestos Management Plan will be formally reviewed every year unless changes to legislation or working practices deem an earlier review date. The review will be conducted with the Maintenance Manager and Site Co-ordinators.

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3.12 Summary of Procedures and Responsibilities

3.12.1 Compliance with Asbestos Survey Recommendations

- The Asbestos Manager is to obtain budget authority and initiate any project concerning removal or other remedial action concerning asbestos.
- AM to arrange re-inspections and advise the Maintenance Manager of the outcome.

3.12.2 Updating Surveys

- Asbestos Manager to update the electronic register via the host.
- AM to update the hard copies in the site fire log book holders.
- AM to update surveys held on site receptions.

3.12.3 Providing Information

- Project Officer, Supervisor or other person in control of work are to ensure registers have been checked for any known ACM's before work commences.
- AM or Project Officer to notify Site Manager/Locality Manager of planned works on ACM's.

3.12.4 Refurbishment and Demolition

- Refurbishment and Demolition Surveys commissioned as necessary.
- AM or Project Officer to ensure compliance with recommendations that follow from the survey.
- AM and Project Officer to ensure CDM regulations are adhered to.

3.12.5 Planned Removal Work

- AM or Project Officer to instruct consultants, analysts and contractors as necessary.
- AM or Project Officer to ensure that contractors prepare risk assessments and method statements and give notice to the HSE.
- AM or Project Officer ensures use of Permit when required.
- After removal of ACM's, Asbestos survey is to be updated.

3.12.6 Routine Maintenance

- Trust Employee supervisor to ensure that safe practices (eg PPE) are followed as necessary.
- Consult with AM where necessary.
- A permit is required from the AM if working on ACM's. This is highly unlikely as it is discouraged as a practice and left to licensed contractors.
- Following remedial works, Asbestos Survey to be updated.

3.12.7 Management and Retention of Records

In consideration of this document it is key that the Trust will do all it can for employees, patients and visitors not to expose them to any hazardous levels of asbestos contamination. If for any reason a member of staff should be exposed to contamination above the control level in accordance with the Control of Asbestos Regulations 2012 the following records will be retained:

The record required by paragraph (3) or a suitable summary thereof must be kept:

- a) in a case where exposure is such that a health record is required to be kept under regulation 22, for at least 40 years or;
- b) in any other case, for at least 5 years

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The record required by paragraph (3) is:

The employer must keep a suitable record of (a) monitoring carried out in accordance with paragraph (1) or (b) where it is decided that monitoring is not required because paragraph (2) (b) applies, the reason for that decision.

3.12.8 Contact List

Director of Estates and Facilities – 01793 604153
Asbestos Manager – 01793 604058 / 01225 701095
Maintenance Manager – 01225 701012
Projects Officer – 01225 701077
Out of Hours On-Call Manager – 07966 203590

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

4.2 Deputy Divisional Directors

All Deputy Divisional Directors are to ensure that the list of new or revised policies, competencies, clinical guidelines, strategies, plans, protocols or procedural documents published each month is on the agenda at Divisional meetings to ensure that the documents are drawn to the attention of managers and general users. All Deputy Divisional Directors must ensure that employees within their area are aware of the document; able to implement the document and that any superseded documents are destroyed.

4.3 Director of Estates and Facilities

The Director of Estates and Facilities has overall responsibility for the procedures and practices and overall strategic management of asbestos.

4.4 Asbestos Manager

The Asbestos Manager is the person responsible for the management of asbestos and is required to manage the day-to-day process of the Asbestos Management Plan. The Asbestos Manager is responsible for ensuring compliance with these procedures by monitoring the effectiveness of the Asbestos Management Plan, issuing permits to work where appropriate, organising and dealing with asbestos removal contractors, consultants and analysts.

The Asbestos Manager ensures that records are kept up to date. The Asbestos Manager provides information and advice to employee, contractors, building managers and external consultants carrying out building work. All asbestos work MUST be routed through the Asbestos Manager before work is commenced on site.

4.5 Maintenance Manager

The Maintenance Manager is the liaison for asbestos management between the Asbestos Manager and the Maintenance Team.

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4.6 Estates Officers, Project Officers, Project Managers, Maintenance Officers and Maintenance Supervisors

The Estates Officers, Project Officers, Project Managers, Maintenance Officers and Maintenance Supervisors have responsibility for undertaking a variety of maintenance tasks, from minor and reactive maintenance through to significant projects. They are involved in identifying work, preparing specifications, obtaining prices and raising purchase orders for work. They are the first to assess any works that might involve the disturbance of asbestos. They must have full knowledge of all relevant procedures, and will consult the Building Asbestos Survey and Asbestos Management Plan as part of their assessment. Persons cited within this paragraph should consult the Asbestos Manager before any work is undertaken to confirm the presence of ACM's.

4.7 Electronic Data Base

The Asbestos Manager will ensure the Asbestos Management Surveys are kept available via an on-line host.

4.8 Health and Safety Advisor

The Health and Safety Advisor will facilitate audits to ensure compliance with the Asbestos Management Plan (AMP) and the Health and Safety Management System. The results of the audits will be fed through to the Health and Safety Committee.

4.9 Health and Safety Committee & Facilities Risk Management Group

The Health and Safety Committee has responsibility for the promotion of health and safety within the Trust including monitoring the effectiveness of health and safety policy, analysing Trust wide accident rates and raising the profile of health and safety within the organisation. Also to analyse accident and incident statistics provided by the Risk Management & Litigation Department, encouraging the dissemination of Health and Safety information to employee and others.

4.10 Asbestos Consultant

The Asbestos Consultant is the consultant appointed to provide advice to the Trust on the safe removal of asbestos, and may also be the Asbestos Analyst. The Analyst will be United Kingdom Accreditation Service (UKAS) accredited in accordance with Health and Safety Guidance 264.

4.11 Asbestos Analyst

The Asbestos Analyst is the analyst who will undertake the sampling and analysis of samples suspected of containing asbestos (bulk samples), and to undertake air testing when required. The Asbestos Consultant may also undertake the duties of the Asbestos Analyst. Neither shall be an Asbestos Removal Contractor. The Asbestos Analyst must have satisfactory competencies in accordance with HSG 264 and work to HSG 248: The Asbestos Analyst Guide (Ref 13).

4.12 Asbestos Removal Contractor

The Asbestos Removal Contractor is the successful contractor following a tender or quotation process, appointed by the Trust to carry out the safe removal of asbestos and will be appointed in line with the Trust's Standard Financial Instructions. The responsibility chart is shown at Appendix C (page 24) Work is to be carried out in accordance with HSG 247: Asbestos – The Licensed Contractors Guide (Ref 12).

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4.13 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

4.14 Target Audience – As indicated on the Cover Page of this Document

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

5 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring / audit method	Monitoring responsibility (individual / group /committee)	Frequency of monitoring	Reporting arrangements (committee / group to which monitoring results are presented)	What action will be taken if gaps are identified?
Evidence of Asbestos Survey	Annual checks	Asbestos Manager / Project Manager	Annual	Failures to be reported to Director of Estates & Facilities	Surveys will be re-taken
Assurance of current Asbestos Management Plan	Regular checks	Asbestos Manager / Project Manager	Annual	Failures to be reported to Director of Estates & Facilities	Plan will be re-assessed

6 Review Date, Arrangements and Other Document Details

6.1 Review Date

This document will be fully reviewed every three years in accordance with the Trust’s agreed process for reviewing Trust -wide documents, subject to statutory alterations. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

6.2 Regulatory Position

Control of Asbestos Regulations 2012.

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6.3 References, Further Reading and Links to Other Policies

This policy is available electronically by request. The following is a list of other policies, procedural documents or guidance documents (internal or external) which employee should refer to for further details:

Ref. No.	Document Title	Document Location
1	Managing Construction Projects Policy	Intranet
2	Information Governance Strategy and Policy	Intranet
3	Health and Safety at Work Act 1974	www.hse.gov.uk
4	Management of Health & Safety at Work Regulations 2012. Approved Code of Practice and Guidance L21	www.hse.gov.uk
5	Construction Design & Management Regulations 2015 (CDM). Approved Code of Practice and Guidance L144	www.hse.gov.uk
6	Control of Substances Harmful to Health Regulations 2004	www.hse.gov.uk
7	Control of Asbestos Regulations 2012 (Asbestos Regulations). Approved Code of Practice and Guidance L127	www.hse.gov.uk
8	Approved Code of Practice (ACOP) L143 Working With Materials Containing Asbestos	www.hse.gov.uk
9	Approved Code of Practice (ACOP) L127 The Management of Asbestos in Non-Domestic Buildings	www.hse.gov.uk
10	Health and Safety Guidance HSG213 Asbestos Essentials	www.hse.gov.uk
11	Asbestos Essentials Task Manual: Task Guidance sheets for the Building Maintenance and Allied Trades HSG210	www.hse.gov.uk
12	Health and Safety Guidance HSG247 Asbestos - The Licensed Contractors Guide	www.hse.gov.uk
13	Health and Safety Guidance HSG248 The Asbestos Analyst Guide	www.hse.gov.uk
14	Health and Safety Guidance HSG264 Asbestos: The Surveyors Guide	www.hse.gov.uk
15	The Hazardous Waste (England and Wales) Regulations 2005	www.hse.gov.uk
16	Working with Asbestos Cement HSG189/2	www.hse.gov.uk
17	A Comprehensive Guide to Managing Asbestos in Premises HSG227	www.hse.gov.uk
18	Asbestos Management Survey	Available on-site (Reception) or via EFM / Asbestos Manager

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Ref. No.	Document Title	Document Location
19	Asbestos Management Plan	Available via EFM or Asbestos Manager
20	Safe Working For Contractors Procedure	Intranet
21	RIDDOR Reporting Procedure	Intranet

6.4 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
H & S/Fire Officer, Health & Safety	10/12/15
Head of Estates, Maintenance / EFM	10/12/15
Lead Nurse, Infection Control	24/09/15
Projects Officer, Maintenance / EFM	08/12/12

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Appendix A – Equality Impact Assessment

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Employee Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Great Western Hospitals NHS Foundation Trust wants its services and opportunities to be as accessible as possible, to as many people as possible, at the first attempt.



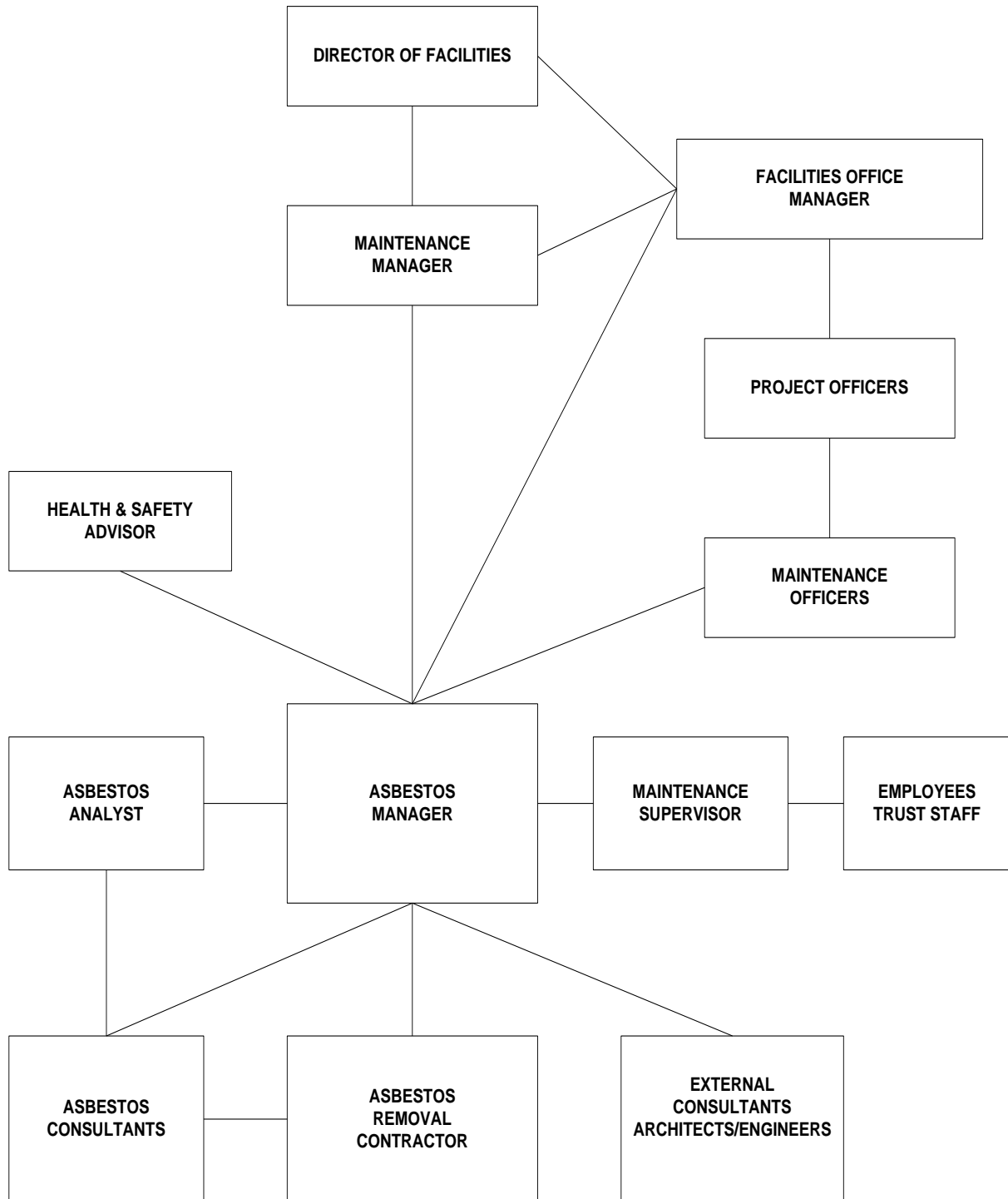
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Appendix B – Quality Impact Assessment Tool

<p>Purpose</p> <p>To assess the impact of individual policies and procedural documents on the quality of care provided to patients by the Trust both in acute settings and in the community.</p>		
<p>Process</p> <p>The impact assessment is to be completed by the document author. In the case of clinical policies and documents, this should be in consultation with Clinical Leads and other relevant clinician representatives.</p> <p>Risks identified from the quality impact assessment must be specified on this form and the reasons for acceptance of those risks or mitigation measures explained.</p>		
<p>Monitoring the Level of Risk</p> <p>The mitigating actions and level of risk should be monitored by the author of the policy or procedural document or such other specified person.</p> <p>High Risks must be reported to the relevant Executive Lead.</p>		
<p>Impact Assessment</p> <p>Please explain or describe as applicable.</p>		
1.	Consider the impact that your document will have on our ability to deliver high quality care.	Will ensure patients, public and employee are always considered wherever asbestos may be present.
2.	The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care).	Impact is positive
3.	Consider the overall service - for example: compromise in one area may be mitigated by higher standard of care overall.	N/A
4.	Where you identify a risk, you must include identify the mitigating actions you will put in place. Specify who the lead for this risk is.	N/A
<p>Impact on Clinical Effectiveness & Patient Safety</p>		
5.	Describe the impact of the document on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm.	Impact is positive
<p>Impact on Patient & Carer Experience</p>		
6.	Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment.	Impact is positive
<p>Impact on Inequalities</p>		
7.	Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language).	N/A

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Appendix C – Management Structure Flowchart



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Appendix D – Removal of Asbestos/Notification Form OR Permit to Work (delete as required)

Attn of Asbestos Manager:			
Property:			
Location of Asbestos:			
Register Identification Code:			
Proposed Plan of Work: (continue overleaf if insufficient space)			
Is area safe to occupy before works?	YES / NO		
Risk Assessment:	YES / NO		
Start Date:		Duration:	
Originator:		Date:	
AUTHORISATION SECTION			
Particular Precautions:			
Funding Cost Code:			
Permission to proceed:	Signed:		Date:
Return copy to originator			Date:
Confirmation of work completed	Signed: Originator		Date:
Works complete Certificate obtained	Signed: Asbestos Mgr		Date:
Asbestos Management Survey updated	Signed: Facilities Office Mgr		Date:

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Appendix E – Material Assessment Algorithm

Sample variable	Score	Example
Product type (or debris from product)	1	Asbestos reinforced composites (plastics, resins, mastics, roofing felts, vinyl floor tiles, semi-rigid paints or decorative finishes, asbestos cement etc)
	2	Asbestos insulation board, mill boards, other low-density insulation boards, asbestos textiles, gaskets, ropes and woven textiles, asbestos paper and felt.
	3	Thermal Insulation (eg pipe and boiler lagging) sprayed asbestos, loose asbestos, asbestos mattresses and packing.
Extent of Damage/deterioration	0	Good condition: no visible damage.
	1	Low damage: a few scratches or surface marks; broken edges on boards, tiles etc.
	2	Medium damage: significant breakage of materials or several small areas where material has been damaged revealing loose asbestos fibres.
	3	High damage or delamination of materials, sprays and thermal insulation. Visible asbestos debris.
Surface treatment	0	Composite materials containing asbestos: reinforced plastics, resins, vinyl tiles.
	1	Enclosed sprays and lagging. AIB (with exposed face painted or encapsulated) asbestos cement sheets etc.
	2	Unsealed AIB, or encapsulated lagging and sprays.
	3	Unsealed lagging and sprays.
Asbestos type	1	Chrysotile
	2	Amphibole asbestos excluding Crocidolite
	3	Crocidolite
Total		

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Appendix F – Priority Assessment Algorithm

Assessment factor	Score	Examples of score variables
Normal occupant activity		
Main type of activity in area	0	Rare disturbance activity (eg little used store room)
	1	Low disturbance activities (eg office type activity)
	2	Periodic disturbance (eg industrial or vehicular activity which may contact ACM's)
	3	High levels of disturbance, (eg fire door with asbestos insulating board sheet in constant use)
Secondary activities for area	As above	As above
Likelihood of disturbance		
Location	0	Outdoors
	1	Large rooms or well-ventilated areas
	2	Rooms up to 100 m ²
	3	Confined spaces
Accessibility	0	Usually inaccessible or unlikely to be disturbed
	1	Occasionally likely to be disturbed
	2	Easily disturbed
	3	Routinely disturbed
Extent/amount	0	Small amounts or items (eg strings, gaskets)
	1	≤10 m ² or ≤10 m pipe run.
	2	>10 m ² to ≤50 m ² or >10 m to ≤50 m pipe run
	3	>50 m ² or >50 m pipe run

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Appendix F – page 2

Human exposure potential

Number of occupants	0	None
	1	1 to 3
	2	4 to 10
	3	>10
Frequency of use of area	0	Infrequent
	1	Monthly
	2	Weekly
	3	Daily
Average time area is in use	0	<1 hour
	1	>1 to <3 hours
	2	>3 to <6 hours
	3	>6 hours

Maintenance activity

Type of maintenance activity	0	Minor disturbance (eg possibility of contact when gaining access)
	1	Low disturbance (eg changing light bulbs in asbestos insulating board ceiling)
	2	Medium disturbance (eg lifting one or two asbestos insulating board ceiling tiles to access a valve)
	3	High levels of disturbance (eg removing a number of asbestos insulating board ceiling tiles to replace a valve or for recabbling)
Frequency of maintenance activity	0	ACM unlikely to be disturbed for maintenance
	1	≤1 per year
	2	> 1 per year
	3	> 1 per month

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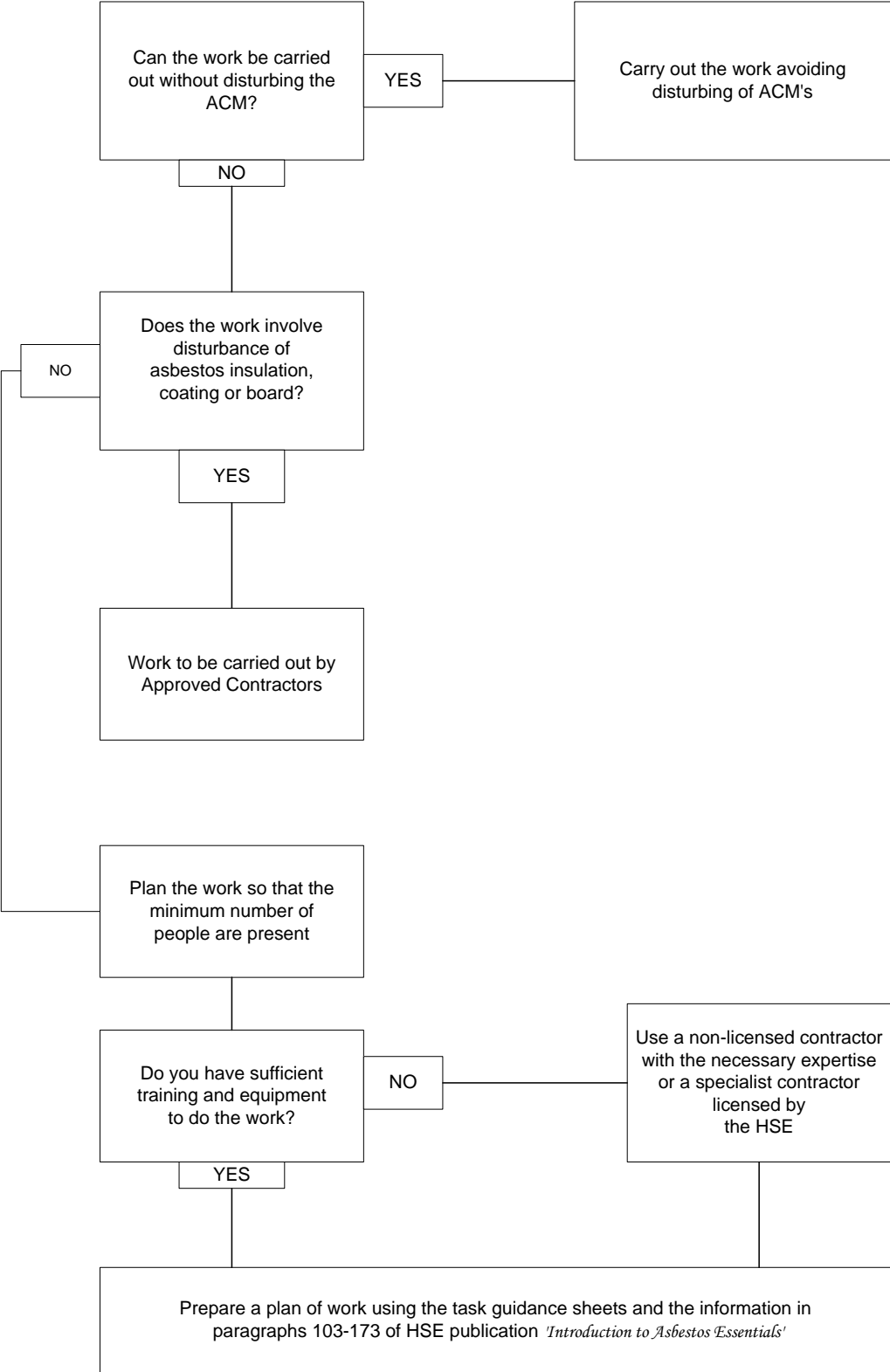
Appendix G – Priority Assessment Algorithm Example

Worked Example - Priority assessment algorithm for lagging on the boiler and associated pipework in the boiler room

<i>Assessment factor</i>	Priority assessment algorithm Variable(s) selected	Score for each variable	Overall score
NORMAL OCCUPANT ACTIVITY			
Main type of activity in area	Low disturbance activities (checking safety controls on boiler once per day)	1	1
LIKELIHOOD OF DISTURBANCE			
Location	Rooms up to 100 m ² - boiler room 6m x 7m	2	
Accessibility	Occasionally likely to be disturbed - don't need to disturb ACM to carry out checks but may inadvertently disturb	1	
Extent/amount	Small boiler and single 10 m pipe run	2	average = 2
HUMAN EXPOSURE POTENTIAL			
Number of occupants	None	0	
Frequency of use of area	Daily - daily safety control checks	3	
Average time area is in use	<1 hour - few minutes once a day	0	average = 1
MAINTENANCE ACTIVITY			
Type of maintenance activity	Minor disturbance - potential for disturbance during annual servicing of boiler	0	
Frequency of maintenance activity	>1 per year - annual service + 1 breakdown visit per year	2	average = 1
Total priority assessment score			5
Material assessment score - see survey			
Total of material and priority assessment scores			

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Appendix H – Decision Making Flowchart



Appendix I - Labels



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