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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Asbestos Management Plan and Register

## Glangwili General Hospital

Site Address:	Glangwili General Hospital Dolgwili Road Carmarthen Carmarthenshire SA31 2AF
Site code:	GGH
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## Contents

1.0	Introduction.....	3
2.0	Statement of intent .....	4
3.0	Management structure and responsibilities .....	7
4.0	Identification and location of ACMs .....	14
5.0	Material assessments, priority assessments & risk factors.....	16
6.0	Location of the Asbestos Management Plan and Register.....	18
7.0	Electronic asbestos register.....	18
8.0	Responsibility for updating the registers .....	18
9.0	Procedures for providing information to those who need it .....	18
10.0	Asbestos remedial work .....	19
11.0	Risk assessment and the control of contractors .....	19
12.0	Use of asbestos consultants / laboratories and licenced asbestos removal contractors .....	20
13.0	Labelling of ACMs .....	21
14.0	Use of Personal Protective Equipment (PPE) and Respiratory Protective Equipment (RPE) .....	22
15.0	Information and Training.....	23
16.0	E-Learning for General Staff .....	23
17.0	Monitoring and Review of the Asbestos Management Plan.....	24
18.0	Incidents and Emergency procedures .....	25
19.0	Regarding asbestos within the ground.....	27
20.0	Dealing with fly-tipped ACMs.....	28
21.0	Asbestos Policy .....	29
	Appendix 1: Document History .....	30
	Appendix 2: Asbestos Register .....	33
	Appendix 3: Asbestos Register Site Plans .....	34

## 1.0 Introduction

*Asbestos* is the name given to a group of naturally occurring fibrous minerals which exhibit similar properties, and is a category 1 human carcinogen. Asbestos is known to have been used as, or added to, approximately 4000 materials and products historically available within the UK. Asbestos-containing materials (ACMs) were used for a wide range of construction purposes in new and refurbished buildings until 1999 when almost all use of asbestos was banned. Buildings constructed after year 2000 can normally be regarded as being asbestos-free.

Where ACMs are in good condition and unlikely to be disturbed they do not present a risk. However, where materials are in poor condition, or are disturbed or damaged, asbestos fibres are released into the air, which, if breathed in, can cause serious lung diseases including cancers.

Hywel Dda University Health Board (*the Health Board*) fully acknowledges its duty to manage asbestos and is committed to ensuring that asbestos is effectively managed in full compliance with current and future statutory obligations.

This asbestos management plan (AMP) should be read in conjunction with the Health Board's Asbestos Policy.

The purpose of this AMP is:

- to confirm who is responsible for managing asbestos on this site on behalf of the Health Board;
- to show the current asbestos register for this site;
- to include plans, where applicable, for remedial work on asbestos materials;
- to show the schedule for monitoring the condition of each known ACM within this site; and
- to inform people about decisions made regarding the ACMs within this site.

The Health Board has a wide range of freehold properties ranging from large major acute hospitals, to small community health centres, all of which have been subject to non-intrusive asbestos management surveying (known previously as 'Type 2' surveying) undertaken by external specialist asbestos consultants. The Health Board also occupies a number of leasehold properties, and likewise the Health Board-managed parts of these properties have been surveyed in cases where the Health Board has the legal duty to manage asbestos (as determined by the lease agreement). This detailed survey information has enabled the Health Board to collate a comprehensive risk-assessed list of identified asbestos-containing materials (ACMs).

The Health Board acknowledges the importance of the asbestos register information and the Operations Compliance Team ensure that the information is updated in-line with the specific recommendations given. The registers are made available to all relevant staff and contractors who may require access to specific locations within Health Board premises.

The Control of Asbestos Regulations 2012 (CAR 2012), the Health Board's Health and Safety Policy, and the Health Board's Asbestos Policy, set the framework within which the AMPs operate. Both policy documents are available on the internal intranet.

The ACMs within the Health Board's premises are managed by the Operations Compliance team in line with the Health Board's Asbestos Policy and CAR 2012. Asbestos management actions

include the labelling of higher risk materials, the encapsulation or enclosing of materials to prevent damage, and the periodic re-inspection of their condition. Removal is considered only if other management options are deemed unsuitable due to the inherent risks from asbestos removal work, cost implications, and the inevitable disruption to services. ACMs are removed however when found to prevent essential maintenance or refurbishment work; normally by commissioning specialist (HSE-licensed) contractors, although lower-risk materials can be removed by trained Site Operations personnel as non-licensable asbestos work.

## 2.0 Statement of intent

The Health and Safety at Work etc. Act (HASAWA) 1974 is the primary piece of legislation covering occupational health and safety in the UK. It has over 100 delegated regulations under it, many of which are applicable to the healthcare working environment, including CAR 2012. CAR 2012 provides the legal framework which defines what is meant by the term *Asbestos*, the requirements for duty holders to manage it within their premises, and the controls and necessities required to work with it.

The Health Board acknowledges its duties under CAR 2012, in particular under regulations 4, 5, and 10, and regulations 11, 12, 13, 14, and 15.

The Health Board acknowledges that it is the duty holder under CAR 2012 regulation 4 (the duty to manage asbestos in non-domestic premises) for its freehold properties and for some of its leasehold properties depending upon lease agreements. Non-domestic properties are defined as being all buildings other than private houses and multi-occupancy properties such as flats (although communal areas are covered by this regulation). This regulation was first introduced in 2002 (imposed in 2004) and places a legal duty for the duty holder to manage the risk from asbestos within its properties.

It is the intention of the Health Board to ensure that good practice and approved protocols are adopted for the management of ACMs, and to prevent and reduce the exposure to asbestos for staff, patients, visitors, contractors, and any other persons entering its premises, as far as is reasonably practicable. This shall be achieved by:

- Taking reasonable steps to locate materials likely to contain asbestos and to assess their condition.
- Presuming that materials contain asbestos unless there is strong evidence to suppose otherwise.
- Recording the findings of the above in an up-datable form.
- Regularly assessing the risk of exposure to airborne fibres from ACMs to employees, contractors, patients and visitors.
- Implementing appropriate control and management actions with respect to presumed or identified ACMs in order to:
  - Ensure that these materials are maintained in a good state of repair.
  - Ensure that all necessary information is given to anyone potentially at risk of exposure, and to the emergency services.
  - Prevent uncontrolled work on ACMs or presumed ACMs.

## Asbestos Management Plan and Register: **Glangwili General Hospital**

Furthermore, the Health Board shall ensure through its Asbestos Policy and supporting managerial controls that:

- Health Board staff shall not work on or with any ACM or presumed ACM unless specifically trained to do so. Under no circumstances shall staff work with or in close proximity to asbestos if they believe it breaches CAR 2012. All concerns must be reported immediately to the relevant Senior Estates Officer or Site Operations management team, and/or to the Operations Compliance Manager or Operations Compliance Asbestos Lead Officer.
- Health Board staff who may be liable to disturb ACMs during their work shall receive Asbestos Awareness training in compliance with CAR 2012 regulation 10.
- All contractors engaged by the Health Board shall adhere to its Asbestos Policy, including the requirement to have received Asbestos Awareness training in compliance with CAR 2012 regulation 10.
- The Health Board will not use any product or material containing asbestos in future work on their properties, or in the provision of services.
- The Health Board will allocate sufficient budgetary resources with respect to any work in the application of this Plan. High risk ACMs will be recorded and placed on the risk register for funding to address the risk.
- No work will commence on any Health Board premises until all asbestos implications have been considered; CAR 2012 imposes a legal duty on duty holders to identify the presence of asbestos prior to any refurbishment work or other work which may disturb the fabric of a building, and to provide information and instruction to staff regarding asbestos.
- The Health Board shall utilise only HSE-licensed asbestos removal contractors to conduct licensed asbestos work.
- The Health Board will only engage persons or organisations that can demonstrate competence, independence and impartiality in the fields of inspection, testing and analysis, and asbestos management and consultancy in accordance with CAR 2012 and its approved code of practice and guidance. The Health Board acknowledges that although such tasks may be delegated, their legal responsibility cannot.
- Contractors engaged to carry out non-licensed asbestos work shall comply with the applicable requirements of CAR 2012, including the requirement to produce a formal risk assessment and plan of work for all such works.
- The Health Board shall provide training to all frontline staff and any others who it considers may receive contacts from concerned persons in relation to asbestos.
- No property shall be acquired unless suitable asbestos surveys have been conducted and an up to date asbestos register is available from the vendor.

## Asbestos Management Plan and Register: **Glangwili General Hospital**

- When disposing of property, all relevant information regarding asbestos shall be passed on to the buyer.
- Where premises are occupied under a leasehold agreement and the Health Board is not the duty holder, it shall cooperate with the duty holder for that premises. If the duty holder is not meeting their obligations under CAR 2012, the Health Board will step in to make sure that the risk from asbestos is managed appropriately. The extent of responsibility for maintenance shall be determined by the terms of the lease. Anyone who is not a duty holder, but has information on or control of the premises, must help the duty holder, as far as necessary, to comply with the duty.

This Plan shall be reviewed and up-dated on an annual basis or if there are major changes to the current asbestos legislation, HSE Approved Codes of Practice, or guidance.

### 3.0 Management structure and responsibilities

The management hierarchy and a summary of responsibilities are detailed within the Health Board’s Asbestos Policy (see Section 19 of this AMP for the intranet hyperlink to this policy), and as shown below.

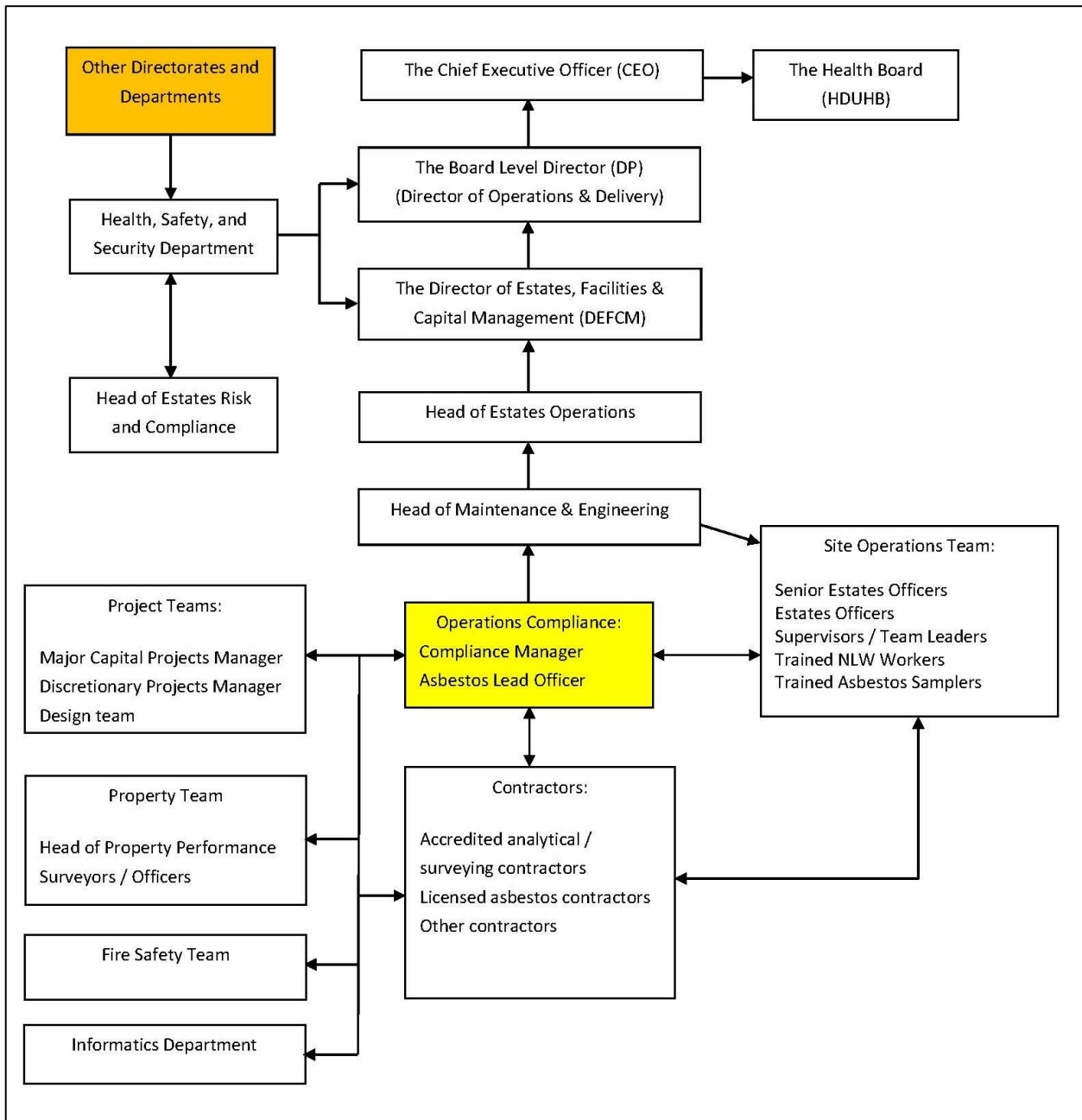


Fig 1 Asbestos management hierarchy organogram

The following is a summary of the roles and responsibilities of key personnel in relation to the management of asbestos.

#### The Health Board (H DUHB)

The Health Board as employers have a general duty under The Health and Safety at Work etc. Act 1974 (HSWA), in particular Section 2 to ensure, so far as is reasonably practicable, the health,

safety and welfare of all their employees and others who may be affected by their undertaking e.g. patients and visitors.

### **Chief Executive Officer**

The Chief Executive Officer (CEO) has overall responsibility for all aspects of the management of asbestos within all premises occupied by the Health Board where the Health Board is the duty holder under CAR 2012. The CEO is responsible for ensuring that adequate resources are in place to meet all statutory requirements and that appropriate policies and procedures are implemented.

### **Board Level Director (Director of Operations and Delivery)**

The Board Level Director (Director of Operations and Delivery) is accountable to the CEO and will take the lead on all operational and estates governance issues under their control.

### **The Director of Estates, Facilities and Capital Management**

The Director of Estates, Facilities and Capital Management will assume responsibility for ensuring an Asbestos Management Plan is in place.

### **Site Operations Management**

The Site Operations manager and officers at each acute site have the delegated day-to-day operational responsibility for maintaining the buildings and building services on-site and ensuring controls are in place for work which may potentially disturb asbestos.

They are responsible for ensuring all directly employed and contracted personnel engaged in any works under their control are informed of the presence of any ACMs prior to work commencing. They should also monitor throughout the duration of the works to ensure compliance with the Health Board's Asbestos Policy and all relevant legislation.

They will provide information to the Operations Compliance Team to enable the update of the Master Asbestos Register and supporting records where any ACMs are discovered, disturbed or removed.

They should also ensure that the relevant asbestos register is checked and that all risk assessments and method statements are checked and approved prior to authorising work which may disturb the fabric of a building.

In addition, Estates Managers and Estates Officers are expected to:

- Undertake asbestos training with subsequent refresher training;
- Ensure that a suitable assessment is undertaken to determine whether any works will affect or be affected by asbestos prior to commencing works;
- Undertake works with due care and attention following asbestos safe working procedures;
- Inform the Operations Compliance Team if they find any damaged asbestos or if they know that the condition of any ACM has changed;
- Assist the Operations Compliance Team to maintain compliance with asbestos legislation and achieve effective asbestos management;
- Direct any questions or queries regarding asbestos to the Operations Compliance Team;
- To check that contractors have received / seen relevant asbestos register and supporting information during the signing-in procedure.

## Asbestos Management Plan and Register: Glangwili General Hospital

The following flowchart illustrates the points at which the presence of ACMs should be considered by Site Operations management when managing maintenance work:

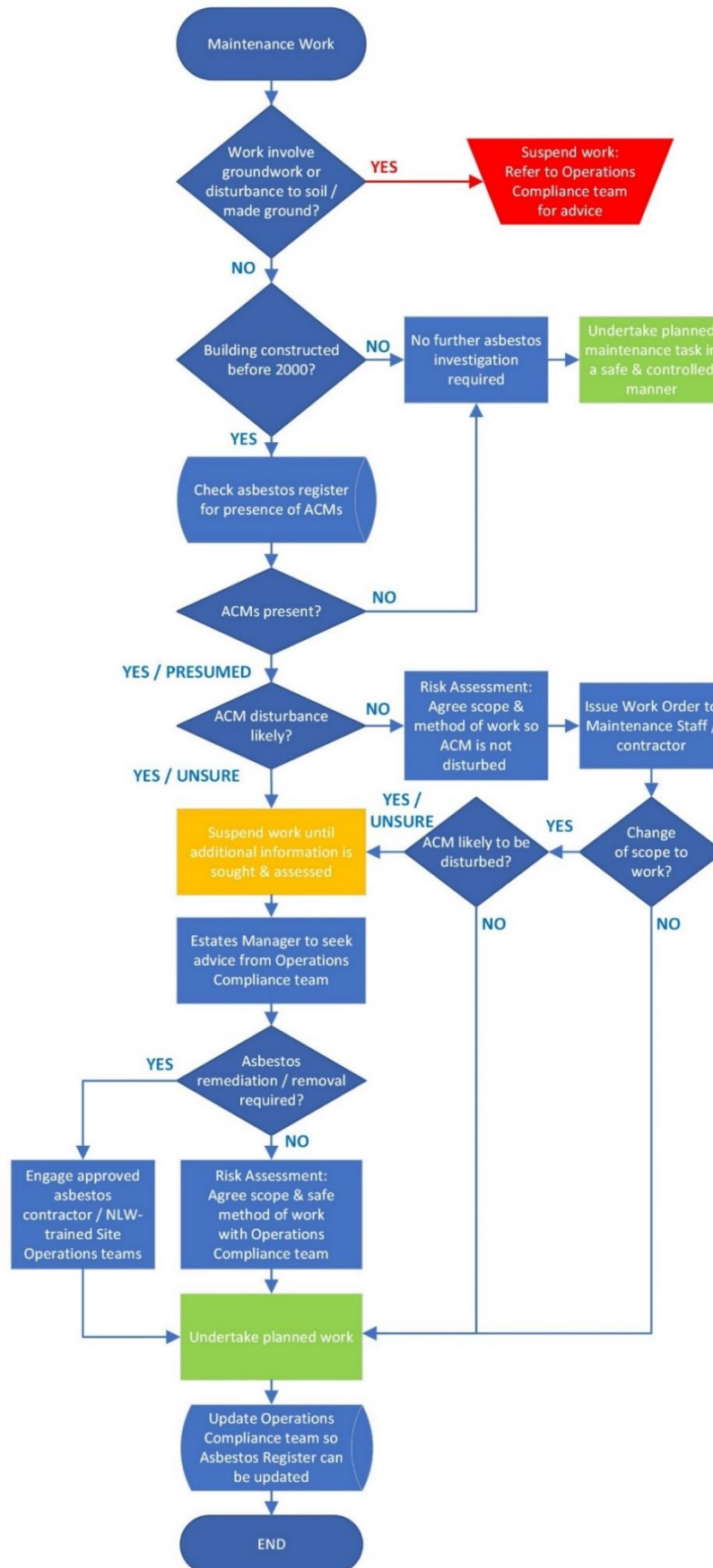


Fig 2 Asbestos decision flowchart for maintenance work

### **Operations Compliance Team**

The Operations Compliance team, in particular the Operations Compliance Asbestos Lead Officer under the authority of the Operations Compliance Manager, is responsible for the day-to-day administration of the Asbestos Management Plans (AMPs). They are responsible for monitoring general compliance with the AMPs and should liaise with stakeholders to ensure all documented procedures are followed, and for ensuring that the Asbestos Register is kept up to date.

The role of the Operations Compliance Asbestos Lead Officer includes, but is not limited to:

- To inform all relevant parties of the Health Board's Asbestos Policy and supporting systems, and of their responsibilities in these regards;
- To ensure that all ACMs are subject to periodic re-inspection and risk assessment in compliance with CAR 2012 regulation 4.
- To review the Health Board's Asbestos Policy within the agreed period;
- To review the Health Board's Asbestos Management Plan documents annually;
- To ensure that the Master Asbestos Register is updated as required following the receipt of new surveying / sampling / inspection data, and/or asbestos remedial / removal work;
- To collate and issue the relevant site-specific AMP documents to the Site Operations Team at each acute site, and to each community site;
- To ensure all asbestos work commissioned by the Operations Compliance Team complies with current regulations and best practice, and to advise other Health Board Employing Managers in this respect;
- To inform and remind Health Board Employing Managers that approved contractors must have undertaken asbestos awareness training in compliance with CAR 2012 regulation 10; and
- To act as the main point of contact for all questions and queries relating to asbestos within the Health Board.

### **Major Capital and Discretionary Projects / Design Teams**

The Major Capital and Discretionary Projects / Design Teams must ensure that the presence of asbestos is considered when planning all works. They should consult all existing asbestos information, liaising with the Operations Compliance team for advice as required, and if required, commission a UKAS accredited consultancy to undertake a Refurbishment and Demolition Asbestos Survey prior to the work (see section 4 of this document for further guidance). Where reasonably practicable, all ACMs should be safely removed from an area before or during a refurbishment scheme.

The Fig 3 flowchart below illustrates the points at which the presence of ACMs should be considered by during the management of a scheme involving construction work.

### **Employing Departments / Employing Managers**

In the context of schemes involving construction work, an Employing Department is the department which engages a contractor to work within Health Board premises, and who is ultimately in charge of the contractor during the work. An Employing Manager is the nominated individual who represents that department during the scheme. Construction work includes any work which involves building or demolition, but also includes refurbishment and redecoration, installation of services (including IT cabling), and some maintenance and repair work. Employing Managers may therefore be from any one of the Estates Departments, such as the Major Capital and Discretionary Projects / Design teams, the Site Operations team, the Property team, or the

## Asbestos Management Plan and Register: **Glangwili General Hospital**

Environmental team, or from a department outside of Estates such as the Digital Services team or a clinical department.

Employing Managers are responsible for ensuring all contractors under their control are informed of the presence of any ACMs prior to work commencing. They should consult all existing asbestos information, liaising with the Operations Compliance team / Operations Compliance Asbestos Lead Officer for advice as necessary, and if required, commission a UKAS accredited consultancy to undertake a Refurbishment and Demolition Survey prior to the work (see section 4 of this document for further guidance). Where reasonably practicable, all ACMs should be safely removed from an area before or during a refurbishment scheme.

Employing Managers should monitor, throughout the duration of the works to ensure compliance, with the Health Board's Asbestos Policy and relevant legislation, and provide information to the Operations Compliance team / Operations Compliance Asbestos Lead Officer to enable the Master Asbestos Register to be updated where any ACMs are discovered, disturbed or removed.

The duties of the Employing Manager include, but are not limited to:

- To obtain all relevant asbestos information from the Operations Compliance team / Operations Compliance Asbestos Lead Officer at the planning stage of the proposed work;
- To assess the available asbestos information for sufficiency and accuracy, and to commission a Refurbishment and Demolition Asbestos Survey if required (see Section 4 of this document);
- To coordinate asbestos remediation works together with the Operations Compliance Asbestos Lead Officer in compliance with the Health Board's Asbestos Policy and relevant legislation;
- To inform the Operations Compliance Asbestos Lead Officer if they find any damaged asbestos or if they know that the condition of any ACM has changed in anyway;
- To direct any questions or queries regarding asbestos to the Operations Compliance Asbestos Lead Officer.
- To ensure that contractors have undertaken asbestos awareness training in compliance with CAR 2012 regulation 10.

The following flowchart illustrates the points at which the presence of ACMs should be considered during the management of a scheme involving construction work:

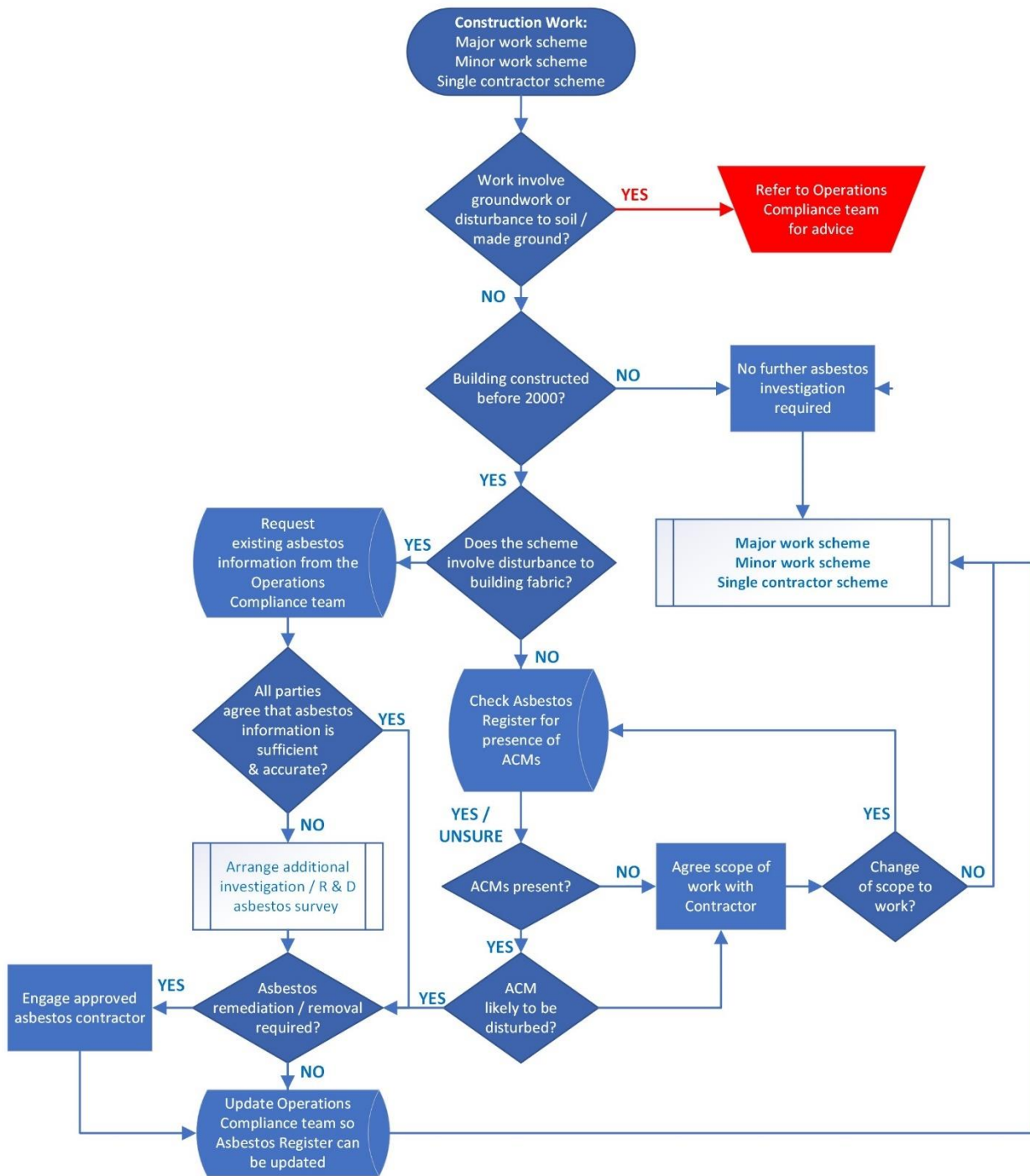


Fig 3 Asbestos decision flowchart for construction work schemes

### Directly Employed Maintenance Staff

Directly employed maintenance staff have a responsibility to ensure they review relevant asbestos information as provided by their manager before the commencement of any maintenance works.

They must ensure compliance with the Health Boards Asbestos Policy and AMP documents, and provide information to the Operations Compliance Asbestos Lead Officer of the discovery, disturbance or removal of any ACMs occurring during the course of their work.

## Asbestos Management Plan and Register: **Glangwili General Hospital**

Duties include (but are not limited to):

- To undertake asbestos awareness training with subsequent annual refresher training.
- To undertake work with due care and attention following asbestos safe working procedures where applicable.
- To inform their Site Operations management team if they find any damaged asbestos or if they know that the condition of any ACM has changed.

### **Contractors**

All contractors have a responsibility to ensure that their site personnel have undertaken asbestos awareness training in compliance with CAR 2012 regulation 10, and to ensure that they received the relevant asbestos information from the Health Board's Engaging Manager prior to any works.

Contractors are expected to:

- Comply with the Health Board's Asbestos Policy during the planning and execution of their work.
- Ensure that they are satisfied with the sufficiency and accuracy of the asbestos information received / obtained, and that they are able to interrogate and understand the information.
- Provide evidence to the Employing Manager that their site personnel have undertaken asbestos awareness training.
- Ensure that all relevant asbestos related risks have been considered, assessed, and suitably mitigated, and that this is recorded within their Risk Assessment and Method Statement documentation as applicable.
- Provide information to the Employing Manager regarding the discovery, disturbance or removal of any ACMs during the course of their work.
- Reassess asbestos risks if their plan of work changes prior to continuing work.
- Stop work IMMEDIATELY and inform the Employing Manager if they encounter any previously unidentified materials suspected of containing asbestos or damaged ACMs.
- Consult with the Employing Manager regarding any queries relating to asbestos.

### **Asbestos Consultants (including analysts and surveyors)**

Asbestos Consultants are expected to:

- Maintain UKAS accreditation to the international standard(s) ISO17020 and/or ISO17025 as relevant to the services provided.
- Maintain adequate insurance cover for the tasks to be undertaken.
- Report to the Employing Manager any aspects of asbestos management encountered on site which could give rise to health risks e.g. breaches of the Health Board's Asbestos Policy, unidentified materials suspected of containing asbestos, or damaged ACMs.
- Ensure all reports submitted to the Health Board have the relevant Health Board room references.

For further information regarding asbestos consultants, surveyors and analysts, please see section 11 of the Health Board's Asbestos Policy (see Section 19 of this AMP for the intranet hyperlink to this policy).

### **Licensed Asbestos Removal Contractors**

Licensed Asbestos Removal Contractors (LARCS) are expected to:

- Maintain a current license from the HSE to work with asbestos.
- Have in place current and adequate insurance cover for the asbestos works to be undertaken.
- Ensure working practices are in compliance with current legislation and all associated Approved Codes of Practice (ACoP) and Guidance.
- Provide written Risk Assessment and Plan of Work documentation to the Employing Manager prior to works commencing.
- Provide statutory notice to the Health and Safety Executive (HSE), as may be required, prior to the commencement of any asbestos related work.
- Arrange transportation and disposal of asbestos waste materials in accordance with legislative requirements and provide copies of all consignment notes, carrier's registration(s) and waste management licence(s) to the Employing Manager.

For further information regarding licensed Asbestos Removal Contractors, please see section 16 of the Health Board's Asbestos Policy (see Section 19 of this AMP for the intranet hyperlink to this policy).

## **4.0 Identification and location of ACMs**

The Health Board has attained the Type 2 asbestos survey reports (as defined in the HSE's former methodology and guidance document MDHS100) commissioned by the three former NHS Trusts which combined to form the Health Board, between 2002 and 2004 to form the basis of a register of ACMs for all of its sites.

New surveys have been commissioned where information has been found to be incomplete or insufficient, and intrusive surveys (refurbishment and demolition surveys, or formally Type 3 surveys) commissioned prior to refurbishment and construction schemes to identify hidden ACMs as required by CAR2012 regulation 5 and the Construction (Design and Management) Regulations (CDM) 2015.

All information has been collated to form a register of ACMs (known as an *asbestos register*), and new information continues to be added as new scheme-specific surveys are commissioned.

Where the presence of ACMs cannot be confirmed or refuted, such location / items are recorded within the register as being presumed to contain asbestos.

The physical condition of each ACM (confirmed or presumed) is assessed and awarded a numeric score, and this combined with a scoring matrix for the usage and occupation of the affected room produces a risk assessment score to assist within the prioritising of control and remedial actions.

The location of ACMs within each building is also recorded on site-specific CAD drawings. All ACMs are subject to a re-inspection by a competent person at a normal frequency of every 12 months, and the risk assessment scores re-assessed.

## Asbestos Management Plan and Register: **Glangwili General Hospital**

The asbestos register for each site is presented within an Asbestos Management Plan document (AMP), written for each of the Health Board's sites, and includes a copy of the marked-up CAD plan(s).

*This document is the AMP for this site.*

Control actions such as closing-off areas found to be affected by debris or other high-risk ACMs, and remedial actions such as encapsulation / protecting or removing ACMs vulnerable to damage, are prioritised using the risk assessment scoring within the asbestos register / AMP documents.

### **CAR 2012 Regulation 5 duties:**

CAR 2012 regulation 5 requires employers to identify the presence of asbestos and its type and condition before any building maintenance, refurbishment, demolition or other work, liable to disturb asbestos, begins. It also sets out the requirement to arrange asbestos surveying if existing information on the presence of asbestos in the premises is incomplete or appears unreliable.

For work and schemes involving contractors, the duty holder is normally the principle contractor and their subcontractors, although under CDM 2015 duties may also fall on the Principle Designer and the Client (normally the Health Board).

### **When is a Refurbishment and Demolition Asbestos Survey required?**

Before any work which is liable to disturb the fabric of the building, all parties are required to review the available information and assess whether it is suitable, sufficient, and reliable to form the basis of a risk assessment for the presence of asbestos to allow the work to start.

In addition to asbestos register information, the Operations Compliance team maintain a library of contemporary and historic asbestos survey and sampling reports which are available for scrutiny upon request.

If there is any doubt about the sufficiency, accuracy, or relevance of the available information, then further intrusive investigation will be necessary. In most circumstances a *refurbishment and demolition asbestos survey* will be required, although in some scenarios targeted investigative sampling may suffice. Refurbishment and demolition asbestos surveying must be conducted in compliance with HSE guidance HSG 264 by an asbestos consultancy accredited by UKAS for this type of surveying in compliance with the international standard ISO17020.

Further information and advice can be obtained from the Operations Compliance Asbestos Lead Officer.

## 5.0 Material assessments, priority assessments & risk factors

In compliance with HSE guidance, all identified ACMs are risk-assessed using the following numerical rating systems:

- Material Assessment
- Priority Assessment
- Total Risk

### Material Assessment

Each material is assessed regarding its material-type, condition (extent of any damage), surface treatment, and its asbestos fibre type, to give a numerical score. The higher the number, the higher the risk as shown below:

Material Assessment score	Material Risk Rating
10 - 12	High risk
7 - 9	Medium risk
5 - 6	Low risk
2 - 4	Very low risk

ACMs with high material risk scores will normally warrant urgent consideration for remedial action, such as the immediate segregating of the affected area prior to decontamination / removal work.

Medium material risk ACMs will normally require consideration for remedial removal or repair (encapsulation) work within the near-future, so to prevent any deterioration in condition or circumstance that would increase the risk. Timescales for the work will appropriate to each circumstance but in any event would not normally exceed 12 months.

Low material risk and very low material risk ACMs normally require periodic monitoring as deterioration will occur within the passage of time.

### Priority Risk Assessment

The priority risk assessment looks at the likelihood of someone disturbing the ACM whereas the aforementioned material assessment looks at the type and condition of the ACM and the ease with which it will release fibres if disturbed. It is the responsibility of the duty holder to undertake the priority risk assessment as the risk assessment can only be carried out with detailed knowledge of the site(s). The priority risk assessment takes into account the following factors:

- Normal occupant activity
- Likelihood of disturbance
- Human exposure potential
- Maintenance activity

Scoring to be used for both the material assessments and the priority assessments shall be as per the algorithms in HSE Publication HSG227, *A comprehensive guide to Managing Asbestos in premises*.

### **Total Risk**

For each ACM, the Material Assessment score is combined with the Priority Assessment score to attain a Total Risk score, to establish the overall risk posed. Each numeric score will be between 2 and 24; the higher the number, the higher the risk as shown below:

<b>Total Risk score</b>	<b>Total Risk Rating</b>
19 - 24	High risk
13 - 18	Medium risk
7 - 12	Low risk
1 - 6	Very low risk

It is acknowledged that whilst the Material Risk scores and the Total Risk scores are useful aid in the prioritising of asbestos management actions, they are “best guesses”, and other factors may need to be considered, and case-by-case judgements needed to be made.

### **Managerial and Control Actions**

It is the responsibility of the Operations Compliance asbestos lead officer, under the authority of the Operations Compliance Manager, to consider Material Risk scores, Total Risk scores, and all such other factors when prioritising actions. Typical considerations and actions are as follows:

- Very low risk and low risk ACMs are not normally considered for immediate removal unless likely to be disturbed by forthcoming work, and so can be labelled with an Estates warning label (if appropriate) and the materials’ condition monitored within the asbestos re-inspection programme. The re-inspection programme involves a periodic visual inspection of each ACM and subsequent re-scoring of the risk and a review of the control actions if its condition or human environment has changed.
- For medium risk level ACMs, encapsulation, enclosing, or removal within suitable timescales may be required. In the interim, affected areas are labelled as being asbestos “Hot Spots” and subject to local access-prohibition as required to prevent further disturbance and exposure.
- For high risk ACMs, the affected area may require immediate segregation and access prohibition or restrictions until the ACM can be repaired / encapsulated or removed, and the affected area decontaminated. Air testing to determine the spread of contamination and the ambient airborne fibre levels may also be commissioned. In some circumstances it may not be feasible to encapsulate / remove the ACM entirely due to the nature of the building and its plant, and without causing significant disruption to the hospital’s operations. In such cases, the risk levels will require a more comprehensive review supported by additional and on-going periodic re-inspection / sampling and air testing, and the implementation of local work and access restrictions and prohibitions to prevent disturbance to, and exposure from the ACM, until an opportunity arises to fully remediate the situation.

## 6.0 Location of the Asbestos Management Plan and Register

A printed hard-copy of the relevant AMP will be held at the site to which it relates.

For community sites, a second printed hard-copy of the AMP is kept at the relevant locality acute site and is held by the relevant Site Operations management team.

It is the responsibility of the Operations Compliance asbestos lead officer, under the authority of the Operations Compliance Manager, to distribute current versions of AMP documents to the relevant sites.

## 7.0 Electronic asbestos register

As of May 2024 all asbestos register data is hosted and maintained within an MS Access database called the Master Asbestos Register, by the Operations Compliance team.

## 8.0 Responsibility for updating the registers

It is the responsibility of the Operations Compliance asbestos lead officer, under the authority of the Operations Compliance Manager to ensure that the PDF and printed hard-copies of the AMP documents are updated in a timely manner following re-inspection, or removal / remediation of any ACM, and/or following the identification of previously unknown ACMs.

## 9.0 Procedures for providing information to those who need it

All contractors employed by the Health Board are required to comply with the Estates, Facilities and Capital Management Department *Code of Safe Practice and Procedures Manual*, which provides details on the Health Board's Asbestos Policy and asbestos registers.

Employing Managers and/or Site Operations management must ensure that all contractors undertaking works of any nature are informed of the presence of asbestos, shown a copy of the asbestos register, and ensure that contractors have signed to confirm that they have read and understood the register prior to being allowed to start any work (normally by means of the signing-in process). If there is any question in relation to the accuracy of the registers, or if there is an element of uncertainty, then work must not commence until further investigation or surveying has been undertaken within the affected areas.

PDF copies of the current AMP documents, in addition to PDF copies of site / scheme specific asbestos survey reports are held on the Health Board's F-drive, or can be obtained from the Operations Compliance asbestos lead officer. Printed hard-copies of the relevant AMP is held as each site.

## 10.0 Asbestos remedial work

All asbestos remedial work within Health Board premises, whether licensed, non-licensed, or notifiable non-licensed work, must be planned, managed and conducted in compliance with the Health Board's Asbestos Policy, and with the applicable requirements of CAR 2012.

Specialist advice can be obtained from the Operations Compliance asbestos lead officer.

## 11.0 Risk assessment and the control of contractors

In addition to contractual / technical requirements and statutory regulatory and health and safety requirements, the engagement of contractors and the management and execution of their work must comply with the following Health Board documents:

- The Estates, Facilities and Capital Management Department Code of Safe Practice and Procedures Manual.
- Asbestos Policy (policy reference 020).
- Contractor Control Policy (policy reference 541).
- CDM Procedures Manual.
- All other applicable Health Board policies.

This includes the statutory requirement for duty holders (normally the Principal Contractor and subcontractors, the Principal Designer, and the Health Board as CDM client) to assess the risk of the presence of ACMs that may be disturbed by the proposed work.

The risk assessment may lead to the consideration of the following actions:

- Additional sampling of suspect materials by a UKAS-accredited asbestos consultant / laboratory or by Health Board personnel trained for asbestos sampling.
- Refurbishment and Demolition asbestos surveying by a UKAS-accredited asbestos consultant / laboratory.
- Re-design of the work to avoid disturbance to ACMs.
- Removal or repair (encapsulation) of ACMs prior to the work.

Specialist advice can be obtained from the Operations Compliance asbestos lead officer.

## 12.0 Use of asbestos consultants / laboratories and licenced asbestos removal contractors

Where required, the Health Board will contract the services of asbestos consultants / laboratories, and licensed asbestos removal contractors, for the provision of specialist services and advice and/or asbestos remediation arrangements. Where applicable, safety representatives shall be consulted about such arrangements.

### **Asbestos consultants / laboratories**

In addition to the requirements of Section 12 of this AMP, the following will also apply:

- The company must be currently accredited by UKAS for compliance with HSE guidance HSG 248 and the international standard ISO17025 for the following services:
  - Sampling and/or analysis of bulk materials for asbestos.
  - Air testing for asbestos (i.e. air sampling and fibre counting).
  - 4-stage clearance testing.
- The company must be currently accredited by UKAS for compliance with HSE guidance HSG 264 and the international standard ISO17020 for the following services:
  - Management surveying
  - Refurbishment surveying

It should be noted that accreditation is awarded based upon premises-type (i.e. domestic, commercial, and industrial type premises) as well as upon survey type (i.e. management, refurbishment, or demolition surveying). Most Health Board sites will be deemed as commercial type, although many will have both domestic elements (e.g. residences) and industrial elements (e.g. boiler rooms and ducts) . The accreditation of the company should therefore be scrutinised to check it is suitable for the requested survey.

- Accreditation for the provision of asbestos re-inspection services (i.e. re-inspection surveying) is not mandatory, but unaccredited companies must be approved by the Operations Compliance asbestos lead officer prior to engagement.
- Asbestos Awareness training and non-licensed asbestos work training must be delivered in accordance with CAR 2012 regulation 10 and its approved code of practice and supporting guidance. Whilst the role of UKATA in providing accreditation for asbestos training providers is recognised, in addition to the roles of other organisations including IOSH, RoSPA, and IATP, accreditation for the provision of asbestos training is not mandatory, although unaccredited companies must be approved by the Operations Compliance asbestos lead officer prior to engagement.

Accreditation schedules of UKAS-accredited consultancies / laboratories can be checked here:

<https://www.ukas.com/>

### **Licensed asbestos removal contractors**

The HSE's Asbestos Licensing Unit (ALU) operates a permissioning regime that issues licences to carry out licensable work with asbestos as defined in CAR 2012 regulation 2. Licenses are granted only to organisations that can demonstrate the necessary skills, competency, expertise, knowledge and experience of work with asbestos, together with excellent health and safety management systems.

In addition to the requirements of Section 11 of this AMP, the following will also apply:

- It is a regulatory requirement for contractors conducting licensable asbestos work to hold a current HSE asbestos licence covering the period of work. A copy of the current license must be requested and scrutinised by the Engaging Officer before engagement. In lieu of the HSE's asbestos license holder database no longer being available online, asbestos licence holders can be checked here: <https://www.ukata.org.uk/library/hse-licensed-asbestos-removal-contractors-register/>

The following should be noted:

- The HSE award "ancillary" licenses to organisations such as scaffolding companies who provide access for asbestos removal operations. This type of licence is required for such ancillary companies engaged by the Health Board, but is not suitable for a contractor removing / repairing ACMs.
  - Licensed can be awarded for *any* period up to a maximum of 3 years and therefore the license holding period should be checked so that it covers the dates of the proposed work prior to engagement.
  - Licences are often granted with conditions which may prohibit the contractor from working with specific ACMs or in specific circumstances. Such details are printed on the license and must be scrutinised by the Engaging Manager prior to engagement.
- The role of asbestos abatement industry associations such as ARCA, ACAD, and TICA is acknowledged although membership is not mandatory. Licensed contractors who are not members of any trade associations must be approved by the Operations Compliance asbestos lead officer prior to engagement.

## **13.0 Labelling of ACMs**

Wherever practical, ACMs have been labelled with Compliance Team-approved proprietary warning labels, and where deemed appropriate, with standard asbestos warning labels. This has been done on a risk-basis. The presence of labels is checked and replaced where required during the asbestos re-inspection programme.

It should be noted that not all ACMs have been labelled, normally due to practical constraints such as floor coverings and bitumen mastics and sealants, and such as windowsills found throughout the hospitals.

The absence of any warning label should not be regarded as conclusive proof that the material or feature does not contain asbestos. The asbestos register must be consulted, and if necessary, samples taken for analysis to confirm or refute the presence of asbestos.

### **14.0 Use of Personal Protective Equipment (PPE) and Respiratory Protective Equipment (RPE)**

Where risk assessment indicates that PPE and RPE is required for certain routine maintenance or other work due to the risk of asbestos exposure, the selection, fit-testing (for RPE), wearing and maintenance of such equipment must be in compliance with all applicable Health Board policies, and with HSE requirements including:

- HSG 53 Respiratory protective equipment at work: A practical guide.
- INDG479 Guidance on respiratory protective equipment (RPE) fit testing.
- CAR 2012 and its code of practice and supporting guidance.

Personnel who are required to wear and maintain PPE and RPE must receive appropriate training by the Risk Management Team.

Personnel required to wear RPE must be face-fitted for the make, model, and size or respirator / mask that they intend to wear.

#### **Entry into “live” enclosures by Estates personnel for emergency repair / maintenance**

Entry by Estates personnel into “live” enclosures or designated work areas for licensed asbestos work is not normally permissible. HSE guidance does however allow such entry for “other trades” to conduct emergency repairs or maintenance but only in certain circumstances and where strictly supervised by the licensed contractor. In circumstances where there may be such a foreseeable need, the Site Operations management team or Engaging Manager must seek guidance from Operations Compliance asbestos lead officer.

The following conditions must be met prior to entry:

- The nominated personnel must receive suitable training based upon the HSE-published *Appendix 4/15 Minutes of the 16th meeting of the ALG Technical Working Group, 10th June 2015 entitled “Other Trades” Entering Asbestos “Live Enclosures” and “Licensed Site Work Areas for Soil Removal”*. The training must include a practical demonstration of how to check, put on, use, clean, and take off the selected RPE, in addition to how to put on / take off PPE, and decontamination arrangements.
- The nominated personnel will be required to wear one of the following RPE options:
  - Full-face mask conforming to BS EN 136 and P3 filter conforming to BS EN 143

## Asbestos Management Plan and Register: **Glangwili General Hospital**

- Power-assisted full-face mask and P3 filter conforming to BS EN 147 / EN 12942
- Powered hood and P3 filter conforming BS EN 146 / EN 12942 and EN 12941

The licensed contractor may be able to supply full-face mask RPE but it should be noted that wearers will need to be face-fitted prior to using, and that they are not suitable for persons with facial hair. The Compliance team has a powered respirator hood with P3 filter conforming BS EN 146 / EN 12942 and EN 12941 which does not require a face-fit test, and can be worn with facial hair.

- The licensed contractor gives a practical demonstration on how to use the asbestos decontamination unit (DCU) facility.
- Where required, suitable arrangements are made with the licensed contractor for out-of-hours site attendance so that the nominated personnel can be escorted into and out of the enclosure, and through the decontamination unit, under their supervision.

### 15.0 Information and Training

All Health Board personnel who are at risk of disturbing asbestos during their work must receive Asbestos Awareness Training in compliance with the requirements of CAR 2012 regulation 10. The training syllabus must comply with the requirements of HSE approved code of practice L143 paragraph 235.

Health Board personnel nominated to take samples of materials suspected of containing asbestos for analysis by a UKAS accredited analytical laboratory must receive training in compliance with the requirements of CAR 2012 regulation 10. The training syllabus must be based upon the applicable requirements for non-licensed asbestos work as detailed the HSE approved code of practice L143 paragraph 243.

Health Board personnel nominated to undertake non-licensed asbestos work must receive training in compliance with the requirements of CAR 2012 regulation 10. The training syllabus must comply with the requirements of HSE approved code of practice L143 paragraph 243, and include a demonstration of how to complete a Health Board Asbestos Plan of Work / Risk Assessment (POW/RA) prior to commencing any work with ACMs, using the Compliance Team templates.

Training shall also be considered and managed by the Compliance Team and Health and Safety Advisor for those involved in the operation of the Asbestos Management Plan.

### 16.0 E-Learning for General Staff

An E-Learning Basic Asbestos Awareness course is available to all Health Board staff on the intranet via the Learning and Development page. The 15 min course is aimed at providing a general understanding for those employees whose work does not foreseeably disturb the fabrics of a building and expose them to asbestos. It is not regarded as full Asbestos Awareness training in compliance with CAR 2012 regulation 10.

## 17.0 Monitoring and Review of the Asbestos Management Plan

The Asbestos Management Plan shall be monitored during the following processes:

- During periodic Compliance Team meetings.
- Periodic monitoring by the Health and Safety Advisor;
- Periodic monitoring by the Operations Compliance asbestos lead officer and Operations Compliance Manager.

Monitoring shall include consideration to the following:

- The level of information provided in the asbestos register and how it is being updated.
- The condition of ACMs left in situ and the adequacy and frequency of re-inspection and compliance with the recommendations of the asbestos register.
- The provision of information to those who need it;
- The effectiveness of the procedures for the removal of asbestos.
- Communication with and training of Estates and Maintenance staff, relevant managers and Contractors.
- Effectiveness of training and awareness for all staff.
- Recording of incidents and accidents and lessons learned.
- Effectiveness of arrangements and procedures for managing asbestos.

The effectiveness of the Asbestos Management Plan will be reviewed by the Operations Compliance asbestos lead officer after every 12 months, following each premises re-inspection or after any change in the legislation, work practices etc.

## 18.0 Incidents and Emergency procedures

Any incident with asbestos must be reported immediately to the Health and Safety Advisor and Operations Compliance Asbestos Lead Officer and reported in accordance with the Health and Safety Policy using the appropriate IR2 forms.

### **If damaged ACMs are encountered during normal site operations**

If damaged ACMs are encountered during normal site operations, staff are required to immediately report the situation to their manager and to the Responsible Person on site, so that the affected area can be segregated to prohibit access. The Responsible Person shall inform the Operations Compliance Asbestos Lead Officer of the incident and seek advice from the officer as required so that arrangements for remedial action / work can be made.

### **If damaged ACMs are encountered during maintenance or construction work**

If damaged ACMs are encountered during maintenance or construction work, the affected Estates personnel and/or contractors are required to

- stop work immediately;
- segregate the affected area to prohibit further access; and
- inform the Responsible Person on site and the Employing Manager in control of the work.

The Employing Manager in control of the work shall inform the Operations Compliance Asbestos Lead Officer of the incident, and seek advice from the officer as required so that arrangements for remedial action / work can be made.

### **Emergency Procedures in the event of an unplanned release of asbestos**

In the event of an unplanned release of asbestos affected health board staff shall follow the appropriate following emergency procedures. The procedures may also be adopted by contractors although those working upon the building fabric are expected to have their own emergency procedures.

If an unknown ACM is uncovered but has not been significantly disturbed, workers shall

1. Stop work.
2. Isolate the affected area.
3. Report the incident to their manager.
4. Put up warning signs "Do Not Enter - Possible Asbestos Contamination".
5. Have the material sampled by a competent person for analysis.
6. On receipt of result decide on course of action.
7. If the material contains asbestos, apply the appropriate controls using a licensed contractor if required, and inform the Operations Compliance Asbestos Lead Officer of the incident.

If the ACM has been disturbed and there is visible dust or debris on the workers' clothing, workers shall follow the procedure most appropriate to the situation.

▪ **Situation # 1** - If there is only a small amount of dust or debris seen, e.g. a little dust on sleeve or shoes:

1. Wipe down clothing and footwear with damp rags wet wipes.
2. Bag and dispose of rags wipes as asbestos waste.
3. Report the incident to their manager.
4. Decide if work requires a licensed contractor.
5. Inform the Operations Compliance Asbestos Lead Officer of the incident.
6. Keep a record of the incident.

▪ **Situation #2** - If there is a large amount of dust or debris seen, e.g. contaminated clothes, hair, footwear:

1. Stay put, but move away from the source.
2. Call for help. Ask helper to bring RPE and coveralls.
3. All put on RPE.
4. Helper put on coveralls.
5. Wipe down hair / head and any other exposed skin with damp wipes / wet wipes until visually clean. Helper to assist if required.
6. Wipe down clothing and footwear with damp rags / damp wipes / wet wipes until visually clean, and remove outer clothing. Helper to assist if required.
7. Bag contaminated clothing and rags / wipes for disposal as asbestos waste. A judgement call will need to be made regarding footwear – remove and bag for disposal as asbestos waste if there is a risk of still being contaminated.
8. Put on coverall and decide whether to wash hair and shower.
9. Helper to remove their coverall and RPE, and bag for disposal as asbestos waste.
10. If showering, locate a suitable shower facility and bring additional coveralls. Helper to put a sign on the door prohibiting access to other persons.
11. Enter shower still wearing RPE and start lathering hair, exposed skin and coverall. Remove coverall and underwear during showering process but only when fully wetted; remove RPE last. Finish showering and bag coverall, RPE, and underwear for disposal as asbestos waste.
12. Clean shower facility with wetted rags and bag for disposal as asbestos waste.
13. If no clean clothes are available, put on clean coveralls.
14. Report the incident to their manager.
15. Decide if work requires a licensed contractor.
16. Inform the Operations Compliance Asbestos Lead Officer of the incident.
17. Keep a record of the incident.

### **In the event of a fire or other serious incident**

In the event of a fire or other serious incident, the Asbestos Management Plan and Register for the site (*this document*) must be made available to the emergency services by the Site Operations management team, Responsible Person, or appointed deputies. Out of hours on-call engineers can be contacted via the relevant switchboards.

PDF copies of the Asbestos Management Plan and Registers for applicable health board sites are currently hosted on the health board F-drive.

## 19.0 Regarding asbestos within the ground

Unless specifically mentioned within Appendix 1, the ground beneath this property and to its curtilage has not been surveyed for asbestos within.

Whilst naturally occurring deposits of asbestos are thankfully limited and rare within the UK, soil and made ground can contain asbestos due to the following reasons:

- Waste and discarded materials; such as around former ACM manufacturing sites, but also any site where waste ACMs used in its construction may have been buried in its grounds, or “brownfield” sites where previous buildings contained or used ACMs.
- Contaminated construction and demolition materials within made ground; construction and demolition materials brought in from other sites may have been contaminated with asbestos.
- Fly-tipped ACMs (see section 20 of this document).

The nature of ACMs in soils is often significantly different from those in buildings. Asbestos products in soils are often not intact but exist in various stages of decomposition or degradation. Bonded materials may retain their inherent product integrity, but over time there will be a tendency for the material matrix to deteriorate and asbestos fibres to become free of the parent material. These free fibres are normally retained within the damp soil matrix, but in certain conditions and circumstances could be released into the air, such as during groundwork without suitable controls, resulting in asbestos exposures for site workers, occupants of nearby properties, and the nearby public in general.

The current legal position is summarised as follows (from HSE guidance HSG 248 second edition): *A survey to identify the presence of asbestos in soils and made ground is required only where there is a reasonable expectation that asbestos could be present and could present a risk to workers (i.e. only where there is existing knowledge to suggest that asbestos may be present in areas to be developed or redeveloped). There is no blanket requirement for surveying, soil sampling and analysis for asbestos during land development under the Control of Asbestos Regulations (CAR) 2012. The survey requirement under CAR only applies where there is a work context. CAR does not require asbestos surveys for environmental risk assessments or for public health reasons. It should be noted however that other legislation may require the need for an asbestos soil survey.*

Whilst there is not normally a requirement to survey soil / made ground under the duty to manage asbestos, if there is a reasonable expectation that there may be asbestos in the ground and there is work planned which might disturb it, then a specialist asbestos survey *is* likely to be required.

Surveying for asbestos within soil and made ground is significantly different to that within buildings and requires careful consideration to sampling strategies and methods, and complex sample preparation and analysis techniques. Further advice can be obtained from:

<https://www.claire.co.uk/projects-and-initiatives/asbestos-in-soil>

[https://www.ciria.org/CIRIA/Resources/Free\\_publications/sp168\\_asbestos.aspx](https://www.ciria.org/CIRIA/Resources/Free_publications/sp168_asbestos.aspx)

<https://www.hse.gov.uk/pubns/priced/hsg248.pdf>

Please contact the Operations Compliance asbestos lead officer for further information if required.

## 20.0 Dealing with fly-tipped ACMs

All instances of fly-tipped materials suspected of containing asbestos should be reported immediately to the relevant Site Operations management team so that arrangements can be made to segregate, remove, and dispose of the materials in a timely manner.

The relevant Site Operations management team should initially visually assess the waste, liaising with the Operations Compliance team to determine the likely asbestos form and content (sampling and analysis for asbestos may be required to confirm or refute the presence of asbestos fibres), and with the Environmental team if other hazardous waste materials are likely to be present.

Photographic and other relevant evidence should be taken, and the Health, Safety, and Security team informed in writing (email) of the occurrence.

Natural Resources Wales (NRW) may need to be informed if:

- The fly-tipping of the waste is possibly linked to criminal business activity or organised crime; and/or
- The waste materials are likely to be 5 cubic metres or more of fibrous asbestos (or 75 litres of potentially hazardous waste in drums or containers); refer to the Environmental team for advice.

The Health and Safety Executive (HSE) may need to be informed if asbestos is found to be present within the waste; refer to the Health, Safety, & Security team for advice.

### Procedures

- The affected area should be marked out as an exclusion zone and segregated using appropriate barriers such as hazard-warning tape, portable safety barriers, or Heras fencing, with appropriate warning notices.
- Large amounts of waste material should be carefully covered securely with 1000-gauge polythene sheets and pegged down with tent pegs (or similar), and appropriate warning signs / stickers attached. This should be done only by Site Operations or Operations Compliance team personnel who are authorised to conduct non-licensed asbestos work, or by an approved licensed asbestos removal contractor.
- If the waste is spread around or mixed with non-asbestos material it should be removed and disposed of only by an approved licensed asbestos removal contractor.
- Small amounts of waste may be removed and disposed of in accordance with HSE guidance Asbestos Essentials task sheet a38 How to deal with fly-tipped asbestos waste and the Health Board's Asbestos Policy and Waste Management Policy, but only by Site

## Asbestos Management Plan and Register: **Glangwili General Hospital**

Operations or Operations Compliance team personnel who are authorised to conduct non-licensed asbestos work, or by an approved licensed asbestos removal contractor.

### 21.0 Asbestos Policy

The Health Board's Asbestos Policy can be viewed here:

<https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/asbestos-policy/>

## Appendix 1: Document History

Date	Reference	Comments
26/11/2013	HDHB/WWGH/AMP/001	Initial issue Asbestos Management Plan
17/12/2014	HDHB/WWGH/AMP/002	Asbestos Management Plan update following re-inspection
13/07/2016	HDUHB/WWGH/AMP/003	AMP update following new Asbestos Policy issue
05/08/2016	HDUHB/WWGH/AMP/004	Asbestos Management Plan update following re-inspection
17/05/17	HDUHB/WWGH/AMP/005	Asbestos Management Plan update following re-inspection
20/08/2018	HDUHB/WWGH/AMP/006	Asbestos Management Plan update following re-inspection and R & D Survey of Block 8 underground duct
29/11/2019	HDUHB/WWGH/AMP/007	Asbestos Management Plan update following re-inspection
13/08/2020	HDUHB/WWGH/AMP/008	Asbestos Management Plan update following re-inspection
26/04/2023	HDdUHB/WWGH/AMP/009	Revised Asbestos Management Plan in new format following re-inspection and annotation by the Operations Compliance Asbestos Lead Officer
20/10/2024	HDUHB/ GGH /asbestos register	Site code changed to GGH. Revised Asbestos Management Plan (version 03). Revised site-specific asbestos register and site plans following re-inspection.

Current printed version date: 20/10/2024			
Block number	Floor level	Current asbestos register issue date	Current asbestos register reference
01	Ground floor	27/09/2024	10
01	First floor	27/09/2024	10
01	Second floor	27/09/2024	10
01	Roof level	27/09/2024	10
02	Roof level	27/09/2024	10
02	Ground floor	27/09/2024	10
02	First floor	27/09/2024	10
02	Second floor	27/09/2024	10
03	Roof level	27/09/2024	10
03	First floor	27/09/2024	10
03	Ground floor	27/09/2024	10
03	Second floor	27/09/2024	10
04	Ground floor	30/09/2024	10
04	First floor	30/09/2024	10
04	Second floor	30/09/2024	10
04	Third floor	30/09/2024	10
04	Roof level	30/09/2024	10
04	Basement level	26/04/2024	10
05	Roof level	04/05/2024	10
05	Ground floor	04/05/2024	10
05	Second floor	04/05/2024	10
05	First floor	04/05/2024	10

## Asbestos Management Plan and Register: Glangwili General Hospital

06	Second floor	04/05/2024	10
06	First floor	04/05/2024	10
06	Roof level	04/05/2024	10
06	Ground floor	04/05/2024	10
07	Roof level	04/05/2024	10
07	First floor	04/05/2024	10
07	Ground floor	04/05/2024	10
08	Ground floor	16/09/2024	10
08	First floor	16/09/2024	10
09	Ground floor	22/09/2024	10
09	First floor	22/09/2024	10
09	Roof level	22/09/2024	10
10	Ground floor	28/08/2024	10
10	First floor	28/08/2024	10
10	Second floor	28/08/2024	10
10	Third floor	28/08/2024	10
11	Second floor	12/04/2024	01
11	Third floor	12/04/2024	10
11	Roof level	12/04/2024	01
11	First floor	12/04/2024	10
11	Ground floor	12/04/2024	10
12	Ground floor	26/04/2024	10
13	Ground floor	26/04/2024	10
14	Second floor	11/04/2024	10
14	Third floor	11/04/2024	10
14	Ground floor	11/04/2024	10
14	Fourth floor	11/04/2024	10
14	First floor	11/04/2024	10
15	First floor	26/09/2024	10
15	Ground floor	26/09/2024	10
16	Ground floor	26/09/2024	10
18a	Ground floor	07/08/2024	10
18a	Roof level	07/08/2024	10
18b	Ground floor	16/05/2024	10
18b	Roof level	16/05/2024	01
18c	Roof level	16/05/2024	01
18c	Ground floor	09/05/2024	10
18d	Roof level	09/05/2024	10
18d	Ground floor	09/05/2024	10
19	Ground floor	26/04/2024	10
19	First floor	26/04/2024	10
20	Ground floor	07/05/2024	01
21	Ground floor	07/05/2024	01
21	Roof level	07/05/2024	10
22	Ground floor	07/05/2024	01
23	Ground floor	17/06/2024	03
23	Roof level	17/06/2024	03
25	Ground floor	07/05/2024	10

Asbestos Management Plan and Register: **Glangwili General Hospital**

26	Ground floor	07/05/2024	01
27	Ground floor	07/05/2024	01
27	First floor	07/05/2024	01
30	Second floor	07/05/2024	01
30	First floor	07/05/2024	01
30	Ground floor	07/05/2024	01
31	All levels	07/05/2024	01
32	All levels	07/05/2024	01
33	All levels	07/05/2024	01
35	All levels	07/05/2024	01
Ducts	Basement level	26/04/2024	10

## Appendix 2: Asbestos Register

### **Standard Management (formerly Type 2) surveying caveats**

Please note that Asbestos Management (formerly Type 2) surveying typically excludes areas and items such as the following (non-exhaustive) list:

- Some gaskets to pipe flanges and/or plant
- Voids above fixed ceilings
- Wall cavities
- Inside sealed boxing
- Behind sealed panelling
- Inside fire doors
- Floor voids
- Floor surfaces covered by fixed coverings
- Live electrical and gas equipment
- Kitchen equipment including ovens, hobs, and bain maries

Such areas and items should be presumed to contain asbestos until proven otherwise.

### **Additional re-inspection requirements:**

Not applicable for this site

## Appendix 3: Asbestos Register Site Plans