

# Asbestos Policy

The Asbestos Policy provides guidance to ensure that all appropriate steps are taken to comply with the duty to manage asbestos and comply with asbestos related legislation, codes of practice and guidance.

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Which Relevant CQC Fundamental Standards?		



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## Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
V1	March 2011	Harmonisation of three predecessor organisations
V2	Sept 2013	Review of document
V3	March 2016	Policy extended due to no legislative updates or changes to arrangements
V4	January 2019	Policy reviewed – Privacy Impact Assessment (Appendix 5) included

**All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.**

Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

### For further information contact:

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## Definitions that apply to this Policy

All procedural documents should have a definition of terms to ensure staff have clarity of purpose (refer to Policy for Policies for assistance)

<b>Action Level</b>	One of the following cumulative exposures to asbestos over a continuous 12-week period, when measured or calculated by a method approved by the Health and Safety Commission, namely: <ul style="list-style-type: none"> <li>a. Where the exposure is solely to chrysotile, 72 fibre-hours per millilitre of air;</li> <li>b. Where exposure is to any other form of asbestos either alone or in mixtures, including mixtures of chrysotile with any other form of asbestos, 48 fibre-hours per millilitre of air; or</li> <li>c. Where both types of exposure occur separately during the 12-week period concerned, a proportionate number of fibre-hours per millilitre of air.</li> </ul>
<b>Adequate</b>	Means adequate having regard only to the nature and degree of exposure to asbestos and "adequately" shall be construed accordingly.
<b>Approved</b>	Means approved for the time being in writing by the Health and Safety Executive.
<b>Asbestos</b>	Means the following minerals; crocidolite, amosite, chrysotile, fibrous actinolite, fibrous anthophyllite or fibrous tremolite or any mixture containing any of those minerals.
<b>Asbestos Management Plan Regulation 4 – Site Document</b>	Is a document generated out of the MICAD Facilities Management software Asbestos Module
<b>Control Limit</b>	Is a maximum concentration of asbestos fibres in the air (averaged over a 4 hour period) that must not be exceeded. The Asbestos Regulations 2012 have a single control limit for all types of asbestos of 0.1 fibres per cm <sup>3</sup> .
<b>Control Measures</b>	<b>Control measure</b> means a measure taken to prevent or reduce exposure to asbestos (including the provision of systems of work and supervision, the cleaning of workplaces, premises, plant and equipment, the provision and use of engineering controls and personal protective equipment).
<b>Designated Person</b>	This person provides the essential senior management link between board and the professional support teams and is identified as the responsible duty holder for the Trust.
<b>Personal Protective Equipment</b>	<b>Personal protective equipment</b> means all equipment (including clothing) which is intended to be worn or held by a person at work and which protects that person against one or more risks to his health, and any addition or accessory designed to meet that objective.
<b>Due Regard</b>	Having due regard for advancing equality involves: <ul style="list-style-type: none"> <li>• Removing or minimising disadvantages suffered by people due to their protected characteristics.</li> <li>• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.</li> <li>• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</li> </ul>

## **Equality Statement**

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

### **1. Summary / Policy Statement**

LPT attaches the greatest importance to the health, safety and welfare of its staff, patients and visitors. It is considered essential that management and staff should work together positively to achieve an environment compatible with the proper provisions of services to patients, and where hazards of health of staff are reduced to a reasonably practicable minimum.

It is accepted that it is the responsibility of management to do all that is reasonably practicable to reduce the risks in the field of construction, operation and maintenance of buildings, plant, equipment and facilities, and to ensure the correct operation of all policies and procedures. Appropriate training and information will be provided by the Estates and Facilities provider.

It is the intention of LPT to ensure effective implementation of the aforementioned statements and to keep them under consideration in all aspects of health practice and decision making.

### **2 Policy Objective**

The objective of this Asbestos Policy is to provide guidance to ensure that all appropriate steps are taken to comply with the duty to manage asbestos within the LPT and to comply with asbestos related legislation, approved codes of practice, guidance and relevant standards. In particular it will seek to prevent exposure and, where this is not reasonably practicable, to minimise the exposure of all persons.

This Asbestos Policy should be read in conjunction with the Asbestos Management Plan.

### **3 Scope**

This Asbestos Policy applies to the control of asbestos containing materials (hereafter ACMs) in all premises owned and operated by LPT and to all employees and contractors involved in the construction, management, design, upgrading, refurbishment, extension, maintenance and operation of plant, equipment, buildings and engineering services.

## **4 Organisational Responsibilities**

Where ACMs are found on the LPT premises, the primary management of risk is the responsibility of the Service Director/General Manager and Site Lead Persons who may, request support from the Authorised Person (Asbestos).

The Trusts contracted maintenance provider will maintain an up-to-date Asbestos Register for each site, listing the location, type, and condition of the identified Asbestos Containing Materials (hereafter ACMs). This information will be held in an electronic format, within the LPT property database asbestos module and shall be accessible via the LPT Intranet. A copy of the Asbestos Management Plan {Regulation 4} Site Document generated from the These records will include a summary of typical activities (either Permitted or Prohibited). This document will be generated from the information contained in the MICAD Module, which is obtainable from the Authorised Person

In order to ensure that Asbestos is managed efficiently within the organisation, the following roles & responsibilities shall be allocated.

### **4.1 Designated Person**

The Designated Person shall be the Chief Executive of the Trust

### **4.2 Responsible Person**

The Responsible Person shall be the Director responsible for Health and Safety. The key responsibilities of the Responsible Person will be to:

- Ensure surveys of LPTs estate are undertaken and take reasonable steps to determine the location of ACMs;
- Ensure that Asbestos Surveys are undertaken and a written record of the locations of identified ACMs and presumed ACMs is maintained;
- Ensure that the risk of asbestos exposure is assessed, and the actions necessary to manage the identified risks is documented.
- To Appoint Authorised Person(s) Asbestos

### **4.3 Authorised Person**

The Authorised Person shall be an appointed qualified technical engineer who has the key operational responsibility for the Management of Asbestos. The person will be qualified and sufficiently experienced and skilled to fully operate the specialist service.

Authorised Person (Asbestos) responsibilities are to:

- Identify and train personnel to oversee the Asbestos Management Plan;
- Update the Asbestos Register, which shall provide a record of the location, condition, maintenance and removal of all ACMs on LPT estate;
- Arrange for the repair, sealing, labelling or removal ACMs, if there is a risk of exposure due to its condition or location;
- Periodically monitor the condition of ACMs, update the Asbestos Register and reassess the risks;

- Make information available to those who may come into contact or disturb ACMs, (information shall be provided in both written and electronic formats and shall be correct on the date it is issued);
- Make arrangements to ensure that any work, which may disturb ACMs, complies with current legislation; and
- Ensure that both the Asbestos Register and information contained in the relevant Risk Assessment are consulted prior to the commencement of works that may have the potential to bring staff into contact with asbestos.

#### **4.4 Service Director/General Manager**

Director of a Service within LPT who is responsible for;

- Identifying Site Lead Persons (Asbestos)
- Liaising with the Responsible Person and Site Lead Persons

#### **4.5 Maintenance Managers**

Operational Maintenance Managers who are responsible for, day to day operational maintenance of LPT properties.

#### **4.6 Site Lead Person**

A Site Lead Person shall be nominated for each property where A.C.M.'s are present, and will have day to day operational responsibility for the property. The role will be to assist in the management of A.C.M.'s and ensure through liaison with Estates and Facilities function (outsourced) to ensure an updated copy of Asbestos Register and Management Plan is available on site at all times. Appropriate training will be provided to enable the individuals to discharge their duty (detailed in section 12). One of the key roles of the individual will be to ensure all contractors carrying out work on their site are aware of any asbestos risk located within their work area.

A list of the Site Lead Person/s will be held centrally within the LPT Estates and Facilities but will remain accessible to all concerned parties. This list will be kept up to date by the Authorised Person with the assistance of Service Director/General Manager, Asbestos Consultant and Appointed independent Consultant who is responsible for:

- Providing support to the appropriate LPT staff;
- Maintaining UKAS, or equivalent, accreditation, license and insurances relevant to instructed tasks;
- When requested, reviewing and commenting on Asbestos Works Specifications and, prior to commencement of the works, on the Contractor's Method Statement;
- Providing quotations for asbestos works including surveys, sampling, and removal supervision which reflect the anticipated project size and analytical requirements;

#### **4.7 Competent Persons**

Assessed and qualified specialist licensed Contractor who will carry out work associated with A.C.M.'s under the direction of the Authorised Person.

## 5 Arrangements

The following arrangements have been put in place for the management of ACMs.

- a. Asbestos must be dealt with on a priority basis, based upon the risk presented by the material. Assessment of risk shall take into account the potential for fibre release, the condition of the material, its location and the likelihood of the material being damaged or disturbed through the normal activity of Trust business
- b. ACMs listed in the Asbestos Register will be assigned a risk classification in order to prioritise the risk. Progressive removal or substitution of ACMs will take place on a priority basis in areas where they are likely to be regularly worked on, disturbed or damaged through the normal activity of Trust business
- c. ACMs which are not considered to be creating a significant risk may be left in-situ and consideration for removal may form part of a planned programme for replacement or upgrading of building stock.
- d. ACMs will be sealed in accordance with 'best practice'. Whenever they receive minor damage they will be resealed or removed as appropriate, it may be necessary to re-assess the Risk assessment in light of damage.
- e. When buildings are shut down for major refurbishment or a change of occupancy, the possibility of more extensive replacement programmes should be considered. A Refurbishment Survey as defined in HSG264 will advise management as the most appropriate action.
- f. Any areas where an asbestos survey has not been carried out will be subject to a 'precautionary approach'. This will entail assuming that all materials contain asbestos, unless there is strong evidence to indicate that they do not.

## 6 Asbestos Labelling

This applies to ACMs that are assessed as being appropriate to be "*left in situ*" and managed. All A.C.M's should be labelled where practicable unless an assessment has been made which would indicate a greater risk would be present if labelling were applied. This assessment should consider the risk of highlighting ACMs to staff and the public which may cause undue stress against the benefit to maintenance and other operatives who may come into contact with these materials

## 7 Monitoring the Condition of Asbestos Materials Identified within the Asbestos Register

All staff have a duty to report any damage to ACMs, or to materials suspected of containing asbestos, to their manager.

The Authorised Person (Asbestos) will ensure that a system for the visual monitoring of ACMs is put in place and maintained. This monitoring will be carried out by a suitably qualified engineer in line with recommendation of the Asbestos Risk Assessment. This activity will be recorded using the LPT Estates and Facilities management software to ensure an audit trail is maintained.

## 8 Purchasing of Asbestos and Asbestos Products

In accordance with the regulations prohibiting the supply, import and use of asbestos and asbestos based products, the *Trust* will not knowingly purchase any

such products or materials as prohibited by the Control of Asbestos Regulations 2012.

- 9 Contractor Procurement** LPTs Policy for the Control of Maintenance and Construction Activities provides the framework for safely procuring and engaging contractors. All contractors who are undertaking Maintenance and Construction activities must be engaged through the Estates and Facilities Function (outsourced) using the management software in order for them to be provided with the required information and management controls so that issues such as asbestos are taken into consideration at the earliest stage.

Work activities where contractors may unexpectedly encounter ACMs include:

- a. Lighting;
- b. Electrical wiring installations;
- c. Security systems;
- d. Information Technology installations;
- e. Installation of scientific/medical equipment and associated pipe work;
- f. Ventilation ducting;
- g. Demolition;
- h. Installation of windows, curtains and blinds;
- i. Heating systems and boilers

This list is not exhaustive and asbestos may be encountered when working in any Trust premises.

## **10 Maintenance and Construction Activities**

It is the responsibility of the LPT management and LPTs maintenance providers to ensure that the work activity required to be undertaken is recorded on the Estates and Facilities Management Software package. This will ensure that a work order is generated which records the work activity and identifies the work area, automatically recording on the work order all known ACM's and provides risk sharing information for both Contractors, maintenance Operatives, site and Clinical management teams.

For larger schemes where there is a defined Construction area that are handed over to the Contractor, the information exchange may be undertaken through Contract Management arrangements (CDM) rather than the Estates and Facilities management Software package.

### **Construction, Alteration, Refurbishment & Demolition**

When undertaking any of the above activities a Refurbishment Survey as defined in HSG264 must be attained. And the advice and guidance of the Authorised person(s) (Asbestos) should be sought.

### **Routine Maintenance**

All Trust premises considered to be at risk of Containing ACMs have been assessed in line with a Type 2 survey with future surveys to be as defined in HSG264 as a Management Survey; as such no routine maintenance should be undertaken without a Work Order from the facilities management software system being issued to the person undertaking the work in order for appropriate ACM information to be shared.

## Non Routine Maintenance activities

Where works of this nature are required the advice of the Authorised person (Asbestos) should be sought to determine the appropriate precautions.

### 11 Encountering Unidentified Suspect Materials

If suspect materials are encountered during the course of normal work activities within LPT premises or one of the activities identifies in Section 10 of this document, then this should be reported immediately and recorded through routine management structures to enable an evaluation of the material to be undertaken and appropriate precautions and actions to be undertaken.

### 12 Training

All members of staff including those with managerial responsibilities for ACMs should also receive training commensurate with their duties.

Role	Training Requirement
Authorised Person	The British Occupational Hygiene Society P405 Management of Asbestos in Buildings
Site Lead Person	Asbestos awareness and in house asbestos management course
Maintenance Managers	Asbestos Awareness
Maintenance Operatives, Contractors	Asbestos Awareness
All other Staff including Designated and Responsible Persons	Asbestos awareness information supplied in leaflet format supplied at induction and mandatory training

### 13 Asbestos Removal

Bulk, or high risk asbestos removal and major work involving ACMs shall only be carried out by licensed contractors who will have received training as detailed in Chapter 4 of HSG247 Asbestos “The Licensed Contractors Guide”. All asbestos remedial works shall be engaged through the *Responsible Person* and the Authorised Person (Asbestos) must be involved in the scoping of the works and the licensed contractor engagement process. The Appointed Person shall be responsible for the supervision of contractors and will ensure that their work is carried out in accordance with the relevant legal requirements and HSE codes of practice. Other low risk asbestos works may be carried out by experienced qualified staff, subject to a suitable and sufficient Risk Assessment, Method Statement and Permit-to-Work.

Prior to the commencement of works by a licensed contractor, the Contract Manager shall notify the Asbestos Authorised Person and consult with the relevant Site Lead Person. The Authorised Person and the Trust Contract Manager shall ensure that arrangements for HSE Notification, Permits-to-Work, Clearance Certificates and environmental monitoring are in place.

Asbestos Survey Reports must be made available to the contractor by the Contract Manager responsible for the proposed work. After the satisfactory completion of the works, the Contract Officer must ensure that all asbestos related information from the project is entered into the Asbestos Register (MICAD) and the details forwarded to the Authorised Person (Asbestos) to ensure that information about the site is kept up to date.

#### **14 Audit of Asbestos left in Situ**

ACMs left in-situ must be managed in accordance with the requirements defined

Within the LPT Asbestos Management Plan Part A and B

- a. Regular checks should be carried out to assess its condition (at least annually, or more frequently if deemed as appropriate);
- b. The Asbestos Management Plan should be reviewed and revised when appropriate
- c. The Asbestos management Plan should be reviewed and revised when changes occur.

The Authorised Person (Asbestos) shall ensure that:

- a. The Asbestos Policy is reviewed routinely,
- b. Records and data held on the MICAD System are both up to date – these records should be made available for inspection by the Health and Safety Executive, if required;

A main audit must be carried out each year which will involve producing a report on compliance. and findings will be distributed to Service Director/General Manager and Site Lead persons

#### **15 Monitor and Review of Asbestos Management Arrangements**

The Authorised Person (Asbestos) will ensure that on a routine basis the Asbestos Policy and accompanying Management Plan Part A are reviewed.

It is also the Authorised Persons responsibility to ensure the effectiveness of the management arrangements, these should be assessed as part of the annual review the results of the Asbestos Audit should be forwarded to the Site Lead Person, or other locality managers and include in the Facilities Consortium Annual report submitted to the Health and Safety Committee.

Every third year the Authorised person will appoint a qualified asbestos Consultant to review and update the records held within the MICAD Asbestos Module Database.

#### **16 Records**

Records relating to asbestos shall be kept for a minimum of the life of the building plus 25 years. Any changes in condition, removal etc shall be recorded; this information will be within the asbestos module of the MICAD database.

The site specific Asbestos Management Plans (MICAD Regulation 4 Document) will be made available to the Site Lead Person and upon request.

Should any works be required to be undertaken these reports should not be considered as the latest edition and condition of the status of ACMs as changes may have occurred following the production of these reports. Always seek advice for the Authorised person (Asbestos).

## **17 Policy Monitoring and Review**

To facilitate the monitoring of this policy, manager's at all levels are responsible for the ongoing monitoring of activities that may impact on Asbestos management within their service/department/area of responsibility.

This policy shall be reviewed at a minimum frequency of annually. It should also be reviewed when substantial changes occur in the organisational structure of the organisation or property portfolio or when significant changes to legislation occur.

**Asbestos Action Card**

Suspect material are encountered –  
 Immediate action stop work and prevent access and prevent airborne contamination – escalate incident to point of contact

Establish if contract is reporting to

Interserve (Capital)

UHL Estates and Facilities

Health Informatics Service (HIS)

Yes

No

Yes

No

Yes

No

No Further Action

No Further Action

No Further Action

Report to Project Manager and LPT Capital Manager

Report to Regional UHL Estates Manager for Site

Report to Project Manager and IT Support and Infrastructure Manager

Escalate LPT Estates and Facilities

UHL Estates and Facilities to inform LPT Estates and Facilities

LPT Health and Safety Compliance Team/Estates and Facilities Team to contact UHL Estates and Facilities to organise air sampling/removal etc.

LPT Estates and Facilities to organise air sampling/removal etc

UHL Estates and Facilities to organise air sampling/removal etc

In all cases of potential release of asbestos or exposure to:

- a) The LPT Health and Safety Compliance Team must be informed at the earliest convenience
- b) An Eirf must be completed
- c) If reportable under RIDDOR the Project Manager to undertake the report

**Policy Monitoring Section**

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements.

*Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance. monitoring any action plans to ensure future compliance.*

Reference	Minimum Requirements to be monitored	Evidence for self assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Not Applicable	Asbestos Surveys to be in place as a minimum this should be a Type 2 and for more recent surveys a Management Survey		<p>Quarterly Statutory Compliance Report received into the Health and Safety Committee from NHS Horizons who monitor KPIs for compliance and performance on behalf of LPT for the external facilities management contract</p> <p><i>Annual Statutory Compliance Report</i> received into the Health and Safety Committee from NHS Horizons who monitor KPIs for compliance and performance on behalf of LPT for the external facilities</p>	Estates and Facilities Providers	<p>Quarterly</p> <p>Annually</p> <p>Annually</p> <p>Annually</p> <p>Annually</p>

			management contract  <i>Corresponding remedial action plans</i>  Authorised Person Annual Review  Reports received through Contract Management Panel		
Not Applicable	Incident Reports		Review of incidents received	Risk Assurance Team	Quarterly
	Appointment of Authorised Person		Authorising Engineer Appointment Record  Authorised Persons report of annual review	Estates and Facilities	Quarterly / Annually

*Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance.*

(please add as many lines as required)

**An explanation of the requirements is as follows:**

**Reference** – NHSLA standard where applicable.

**Minimum Requirements to be monitored** – for NHSLA policies these are laid out in the standards. For all other policies these will have to be determined by the policy owner.

**Evidence for self assessment** – the paragraph references and page numbers for the minimum requirements within the policy.

**Process for monitoring** – how the minimum requirement will be monitored eg audit.

**Responsible Individual / Group** – usually a group; who is responsible for monitoring the minimum requirements.

**Frequency of monitoring**- how often the monitoring should be reviewed.

## Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

<b>Training topic:</b>	Asbestos Policy
<b>Type of training:</b>	<input checked="" type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development
<b>Division(s) to which the training is applicable:</b>	<input checked="" type="checkbox"/> Adult Learning Disability Services <input checked="" type="checkbox"/> Adult Mental Health Services <input checked="" type="checkbox"/> Community Health Services <input checked="" type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Families Young People Children <input checked="" type="checkbox"/> Hosted Services
<b>Staff groups who require the training:</b>	Mandatory Training – basic asbestos awareness for all staff Role specific – for those defined in the policy
<b>Update requirement:</b>	Three yearly
<b>Who is responsible for delivery of this training?</b>	To be confirmed
<b>Have resources been identified?</b>	No
<b>Has a training plan been agreed?</b>	No
<b>Where will completion of this training be recorded?</b>	<input checked="" type="checkbox"/> Trust learning management system <input type="checkbox"/> Other (please specify)
<b>How is this training going to be monitored?</b>	Annual Review

**Due Regard Screening Template**

Section 1		
Name of activity/proposal	Establishment and effective management of asbestos arrangements within Trust premises	
Directorate / Service carrying out the assessment	Health and Safety Compliance	
Name and role of person undertaking this Due Regard (Equality Analysis)	Bernadette Keavney	
To provide guidance to ensure all appropriate steps are taken to comply with the duty to manage asbestos activity within Trust premises.		
Section 2		
Protected Characteristic	Could the proposal have a positive impact (Yes or No give details)	Could the proposal have a negative impact (yes or No give details)
Age	No	No
Disability	No	No
Gender reassignment	No	No
Marriage & Civil Partnership	No	No
Pregnancy & Maternity	No	No
Race	No	No
Religion and Belief	No	No
Sex	No	No
Sexual Orientation	No	No
Section 3		
<p><b>Does this activity propose major changes in terms of scale or significance for LPT?</b></p> <p><b>Is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? If yes to any of the above questions please tick box below.</b></p>		
Yes		<b>No</b>
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.
Section 4		
<p><b>It this proposal is low risk please give evidence or justification for how you reached this decision:</b></p>		
All staff receive appropriate training therefore risks will be eliminated.		

*This proposal is low risk and does not require a full Equality Analysis:*

**Head of Service Signed** Bernadette Keavney

**Date:** 10/01/19

## The NHS Constitution

### NHS Core Principles – Checklist

**Please tick below those principles that apply to this policy**

The NHS will provide a universal service for all based on clinical need, not ability to pay.  
The NHS will provide a comprehensive range of services

<b>Shape its services around the needs and preferences of individual patients, their families and their carers</b>	<input type="checkbox"/>
<b>Respond to different needs of different sectors of the population</b>	<input type="checkbox"/>
<b>Work continuously to improve quality services and to minimise errors</b>	<input type="checkbox"/>
<b>Support and value its staff</b>	<input type="checkbox"/>
<b>Work together with others to ensure a seamless service for patients</b>	<input type="checkbox"/>
<b>Help keep people healthy and work to reduce health inequalities</b>	√
<b>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</b>	<input type="checkbox"/>

### PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.

The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.

<b>Name of Document:</b>	Asbestos Policy		
<b>Completed by:</b>	Bernadette Keavney		
<b>Job title</b>	Head of Trust Health and Safety Compliance	<b>Date</b>	23/01/19
			<b>Yes / No</b>
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			<b>No</b>
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			<b>No</b>
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			<b>No</b>
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			<b>No</b>
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			<b>No</b>
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			<b>No</b>
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			<b>No</b>
8. Will the process require you to contact individuals in ways which they may find intrusive?			<b>No</b>
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786  <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a>            In this case, adoption n of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
<b>IG Manager approval name:</b>			
<b>Date of approval</b>			

Acknowledgement: Princess Alexandra Hospital NHS Trust