

Facilities - Asbestos Management Documents
Proactive Release: 05 March 2020

03 March 2020

9(2)(a)

Email: 9(2)(a)

Dear 9(2)

Official Information Act (1982) Request

I write in response to your Official Information Act request, received by us on 31 January 2020. You requested the following information:

Pursuant to the Official Information Act 1982 please provide copies of:

- **All Asbestos Management Plans, prepared under Regulation 13(2) of the Health and Safety at Work (Asbestos) Regulations 2016 for all workplaces occupied, or from time to time occupied by the District Health Board, where asbestos or ACM (Asbestos Containing Material) is suspected to be or has been identified at the workplace.**

As context for this response, Counties Manukau Health (CM Health) provides health and support services to people living in the Counties Manukau region (approx. 569,400 people), as well as regional and supra-regional specialist services (Burns, Plastics and Orthopaedics). Our services are delivered via hospital, outpatient/ ambulatory and community-based models of care provided across seven main sites, and at a range of community clinics and bases.

A copy of the current CM Health Asbestos Management Plan, along with copies of all completed CM Health site asbestos management surveys are accessible in the following link:

<https://hanz.sharefile.com/share/getinfo/s149bcb09ce443beb>

The current CM Health Asbestos Management Plan is **attached** to this response for reference.

The site survey reports are held in electronic and hard copy by CM Health Engineering Department, and are available for further inspection via the department, located at Building 27, Middlemore Hospital. We are currently working with our contracted asbestos consultants and removal companies to address/ remediate any areas to eliminate or significantly reduce those areas within our facilities.

We note that staff employed by CM Health can work at sites across the metro Auckland region, including those managed by other DHBs, and other DHB staff work at some of our facilities. Documents related to facilities managed by other DHBs will be available from that DHB.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'F. Apa', with a light blue horizontal line underneath.

Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health

Overarching Asbestos Management Plan

July 2018

Released under Official Information Act - 03032020

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|-------------------------|---|--------------------|------------|
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| Counties Manukau Health | | | |

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1. Forward

Exposure to asbestos containing material (ACM) is recognised worldwide to pose health risks. The greatest risk to health occurs from inhalation of asbestos fibres. Counties Manukau Health (CM Health) acknowledges these risks and its duties in relation to these risks under New Zealand law, to keep all persons safe.

As a responsible employer, CM Health manages asbestos in accordance with the requirements outlined in New Zealand Law. These requirements are observed in CM Health policy, procedure and the CM Health Asbestos Management Plan (AMP).

The AMP provides an overview of asbestos management undertaken by CM Health. The plan outlines information needed to manage asbestos including the following aspects:

Responsibilities for managing Asbestos

Processes and methods necessary to ensure asbestos is identified, appropriately risk assessed, and asbestos risks are controlled and safely managed
Processes and methods necessary for managing incidents and emergencies involving asbestos.

More specific detail is located in additional CM Health documentation associated with the management of asbestos and facility operations.

In accordance with this plan, CM Health continues to assess its facilities to ensure any asbestos containing materials present are identified and effectively controlled. Assessment, which includes appropriate survey, is currently prioritised and underway to those areas or facilities constructed before 2003;

Known or likely to contain ACM; or undergoing refurbishment or demolition.

Facilities constructed post 2003, are deemed a lesser risk and will be progressively surveyed unless; planned work is scheduled before a planned survey or, a risk of ACM being present has been identified.

Where practical to do so, CM Health will remove ACM identified. Where this is not practical, alternate measures are taken to minimise environment risk and maximise safety, including:

Encapsulation of the ACM

Segregation/Isolation of the ACM source and restricting access

Other controls to manage ACM sources in situ.

CM Health ensures appropriate asbestos information and training is readily available to all persons who require knowledge of, occupy areas containing and or work on ACM, to work safely.

The safe management of asbestos is supported by the AMP, all managers and workers throughout the organisation.

2. Asbestos Overview

Asbestos has been used for centuries by many nations for its water, fire and electrical resistant properties. Products manufactured from asbestos included a variety of construction and insulation materials, clothing, cloth and brakes.

Asbestos in New Zealand

New Zealand began importing raw asbestos around the early 1940's with quantities of imported asbestos greatly increased during the mid to late 1960's.

Imported asbestos was predominantly used to make bonded products for use in construction such as cement roofing (e.g. Super 6) and fibre boards (e.g. cement sheeting). Other common manufactured products included fireproofing material and textured coatings.

Use of raw asbestos fell when New Zealand imposed restrictions on the importation and its use during 1984 and 1999. These restrictions did not completely stop the importation or use of ACM across New Zealand.

In November 2016 New Zealand imposed further restrictions banning the importation of ACM. However these increased restrictions do not completely ban ACM importation, some products may still be imported under special license.

Many buildings constructed, and equipment imported, prior to 2016 may potentially contain ACM. The greatest likelihood of a building or equipment containing ACM exists prior to 2003.

What is Asbestos?

Asbestos is the name given to a group of naturally occurring fibrous minerals. There are more than six types of asbestos minerals split into 2 mineral subclasses, Serpentine and Amphibole.

Serpentine minerals have a curly fibrous structure. Chrysotile, commonly referred to as white asbestos, is the only asbestos in this subclass. It was extensively used in the manufacture of:

Building materials including vinyl flooring, adhesives and cements, drywall, and brake pads, fire proofing materials e.g. fire blankets, textured ceilings (Stucco)

Amphibole minerals have fine fibrous needle-like structures. The most common of the 5 known asbestos types used are Amosite and Crocidolite, commonly referred to as blue and brown asbestos respectively. They were extensively used in the manufacture of:

Reinforced material including cement sheeting and roofing (Super 6), insulation board, cement piping, and pipe lagging, gaskets, insulation, sound proofing and fire retardants

Types of Asbestos Containing Materials

There are 2 forms of manufactured asbestos containing materials:

Those that contain tightly bound asbestos fibres (bonded asbestos) are deemed Non-Friable. Bonded products are generally strong, rigid and cannot easily release asbestos fibres by hand pressure. Bonded products include vinyl flooring, cement sheet and roofing.

Asbestos products that can be easily crushed or release fibres through hand or light pressure

are deemed Friable. These products pose the greatest risk to health due to their ability to release airborne fibres. Examples include pipe lagging, fibrous and sprayed on insulation. Note: Bonded ACM can break down over time, through weathering and or mechanical abrasion, enabling the release of asbestos fibres deeming products to be friable.

3. Asbestos Management Plan

ACM, left undisturbed, are considered to present minimal health and organisational risks. ACM, in particular sources considered in poor and or friable condition, having a potential to or undergo damage or disturbance and result in the generation of airborne asbestos fibres, present the greatest risks to health and organisational operation. CM Health acknowledges these significant risks.

In an attempt to effectively and safely reduce these risks, CM Health has developed and implemented an Asbestos Management Plan (AMP).

The AMP provides a level of overarching strategy on how CM Health identifies, assesses and controls potential asbestos health risks and hazards present in its buildings; and, during all activities conducted by or on behalf of CM Health that may or are known to involve asbestos.

The AMP provides a level of detail indicating the systems that are in place to check review and verify asbestos management for each CM Health worksite.

The AMP will be available to all CM Health workers, officers, associated contractors and, to other interested parties upon request. The plan is accessible via CM Health's intranet and, the electronic document management system, OBJECTIVE.

A review and update of asbestos controls and remediation plans for each asbestos source recorded in the CM Health asbestos register (identified and managed through this Plan) shall occur if;

An asbestos management control changes

Additional asbestos containing material is identified

The asbestos source identified is removed, modified (including sealed or enclosed, or disturbed (not minor disturbance), as part of asbestos related works.

The AMP must be read in conjunction with the CM Health Asbestos register, asbestos site survey reports and associated CM Health policy and safe work procedures.

The AMP will be reviewed as a minimum every 5 years or;

When it is deemed inadequate

It is recommended following asbestos incident

Following reasonable request made by a worker or, health and safety representative.

4. Purpose and Commitment

CM Health is committed to ensuring no person is harmed from an exposure to asbestos; and all services, organisational operation and reputation are maintained.

Purpose

The purpose of the AMP is to provide a level of guidance and instruction to ensure asbestos is effectively and safely managed, and to ensure;

- ACM is identified, risk assessed and all reasonably practicable steps are taken to eliminate or manage exposure to airborne asbestos
- The location, condition and management of ACM, is effectively communicated, and personnel are trained to manage asbestos safely
- Development and implementation of safe systems of work including an effective strategy for maintenance and management of assets
- Active audit and reporting occurs, including contractor management
- An effective exposure prevention programme is developed and implemented which includes health monitoring and advice.

Scope

The AMP forms an integral part of CM Health's strategy for keeping people healthy and safe. The AMP is to be read in conjunction with associated policy, safe procedures, asbestos register and reports prepared for CM Health sites.

The plan applies across our entire business and includes;

- Every CM Health workplace, including those not owned or managed by CM Health where workers attend whilst deemed 'at work' e.g. schools
- All work having a known or potential to involve ACM including facility and plant maintenance, repair or removal of ACM
- All workers including contractors and associated persons who have a known or possible risk of exposure to ACM
- Other persons who may utilise CM Health facilities for business or welfare; and may be at risk of being exposed to or affected by ACM as a result of asbestos work undertaken by CM Health.

Where guidance indicates a requirement, including 'must' or 'shall', these are to be adhered to. Where an item indicates 'may' or 'should', it is highly recommended.

Commitment

CM Health is committed to ensuring a safe working environment is maintained for all and any asbestos present does no harm.

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5. Management Strategy

Safe and effective management of asbestos is reliant on accurate identification of asbestos containing materials (ACM) and, effective risk assessment and management controls.

A review of asbestos and associated records, including those provided following previous asbestos remediation work indicated inconsistencies and

gaps in information available. As a result, a staged asbestos management strategy has been developed and initiated across all CM Health sites to ensure:

- Accurate asbestos records are established and maintained
- Effective and consistent safe management of asbestos is achieved

All ACM identified will be appropriately monitored and managed until such time it can be removed safely.

An overview of each stage is described below.

1.1 Interim Stage

The interim stage consists of initial system improvement, ongoing asbestos identification and management of known asbestos risks.

Initial improvements include the development and implementation of improved safe systems of work including the implementation of interim safe work procedures; and improvements in the identification and management of ACM, training and, the selection and implementation of an electronic asbestos management system.

Work in areas previously cleared of asbestos or where accuracy and validity of asbestos records are questionable will not be permitted unless:

- Recent asbestos survey (post 2014) of the proposed work area confirms no asbestos identified, or
- The worksite is re-surveyed and provides confirmation no asbestos identified for the work being carried out, or
- Where the presence of asbestos is known or there is uncertainty that it may be present, agreement from the facilities management team is obtained before work may commence; and
- Safe Asbestos Work Procedures including Permit to Work are followed and strictly adhered to.

Areas undergoing major refit or, demolition and rebuild will continue to have a destructive survey carried out before any work commences. If ACM is identified, clearance or remediation of ACM will occur before proposed demolition or refurbishment is commenced.

Progressive Stage

The progressive stage will focus on further improvements in organisational asbestos management including attaining a global overview of ACM locations. Aspects that will be covered in this stage include;

- Ensuring all CM Health sites undergo suitable asbestos survey and all ACM identified is risk assessed, provided with a management and remediation action plan outlining action to

be undertaken including removal, encapsulation, monitoring or other.

- Implementation of an effective communication programme providing appropriate information on asbestos and its management.
- Further development of asbestos training elements including induction and asbestos awareness.
- Further development and implementation of Safe Systems of Work including development of prescribed safe work procedures and risk assessment.
- Improved contractor management ensuring all contractors work safely, are adequately trained, appropriately supervised and managed.

Note: CM Health is currently progressing through the 'Progressive Stage' of the asbestos management strategy.

Maintenance Stage

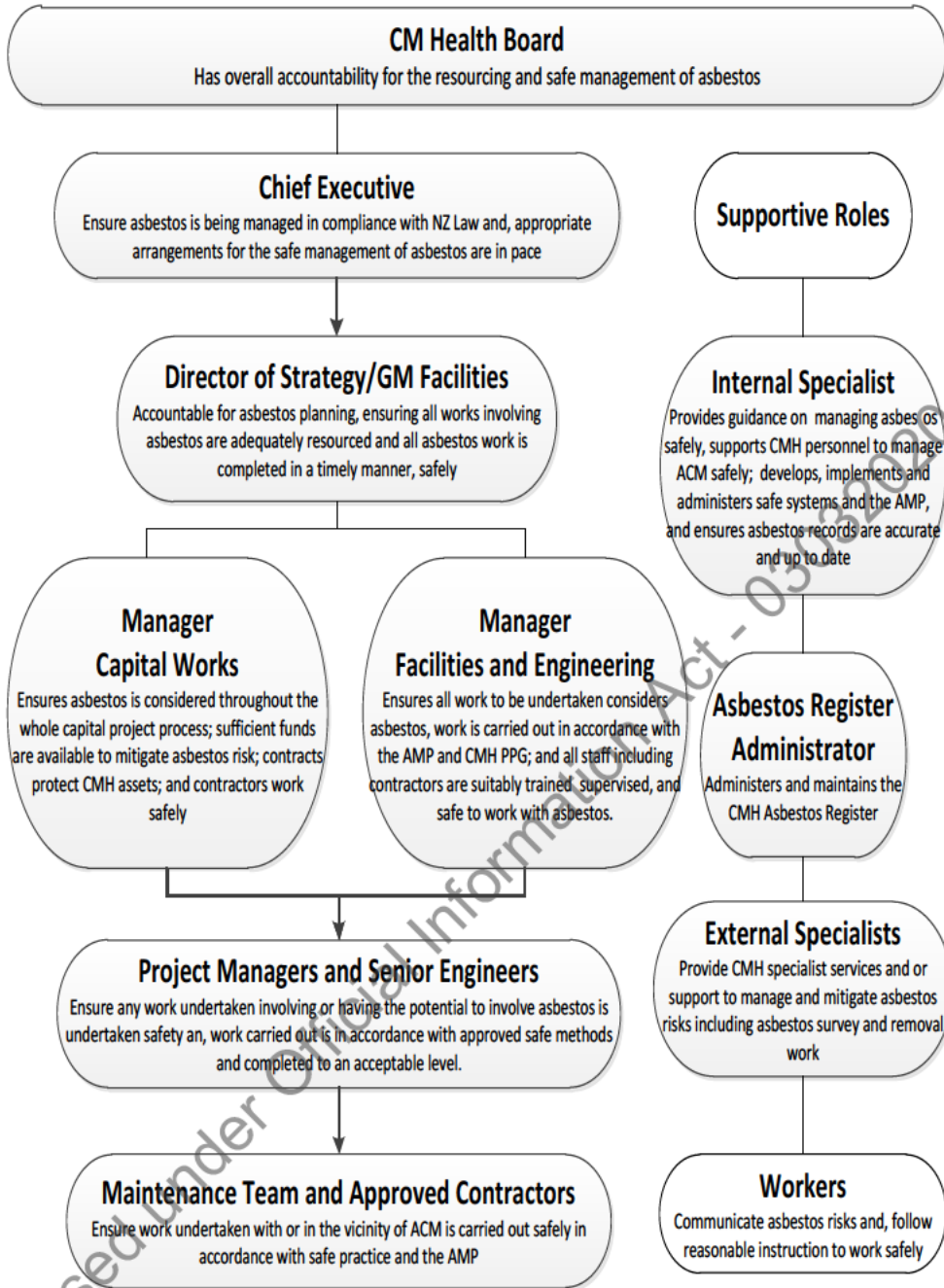
Following completion of the 'Progressive Stage' CM health shall enter a program of maintenance, 'Maintenance Stage'.

The maintenance stage will focus on ensuring ongoing review and management of identified ACM occurs in accordance to the AMP, audit and inspection; and opportunities for further improvement are identified and progressed.

6. Roles and Responsibilities

Under current New Zealand law every person has a duty to work safely. The level and extent of this obligation differs according to a person's role, their accountabilities within an organisation and work undertaken. Roles and key responsibilities for managing asbestos at CM Health are summarised below;

Overview of the Governance and Responsibilities for Managing Asbestos



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1.2 CM Health Board, Executive and Senior Management

CM Health's Board, Chief Executive, Executive and Senior Management are responsible for ensuring asbestos is managed safely throughout the organisation.

1.2.1 CM Health Board

Overall governance and accountability for managing asbestos, and ensuring sufficient resource is available sits with CM Health's Board.

1.2.2 Chief Executive and Executive Leadership Team

The Chief Executive and Executive Leadership Team set the strategic direction for asbestos management, approve the AMP and ensure;

- Asbestos management is undertaken in compliance with NZ law
- Arrangements for managing and controlling asbestos safely are developed, delivered, implemented, monitored and effectively resourced

1.2.3 General Manager (GM) Facilities

The GM Facilities ensures the management of asbestos is undertaken in alignment with strategic direction and according to NZ law; and

- Sufficient resources are made available to enable all asbestos work to be completed safely and in a timely manner
- Informing the Chief Executive of any compliance risk, safety concerns or incidents involving asbestos
- The AMP is implemented across all works involving any aspect of CM Health estates or infrastructure, utilities and services.

Engineering, Property and Facility Service

The day to day management of asbestos throughout CM Health sits with the Engineering, Property and Facility Service. Estates and assets containing or suspected of containing ACM are managed in accordance with the AMP.

Manager Facilities and Engineering:

The manager of Facilities and Engineering ensures the day to day operational safe management of asbestos across all estate and plant, including;

- All maintenance, repair and asbestos associated work is carried out in accordance with the AMP, safe work procedures and policy
- Safe work procedures are developed, regularly reviewed and updated
- Facilities staff, and contractors, are suitably trained, competent, and where required licenced, to work safely with asbestos material and when undertaking related activities
- PPE is made available to all CM Health facility workers for the safe management of asbestos and, it is used and maintained
- All facilities personnel and contractors are informed of CM Health's asbestos management requirements, and where required supervised.

1.2.4 Manager Capital Works:

The manager of Capital Works ensures asbestos is considered throughout the entire 'Project', including design, procurement and construction phase; and

- All project personnel where such information is required are fully informed of potential or known asbestos risk(s)
- Projects include sufficient provisions for asbestos survey, removal and or remediation
- No construction material or procured commercial product contains asbestos
- No site work commences without appropriate safe systems in operation, CM Health approval and, employment of appropriately trained and licenced personnel.

1.2.5 Hazardous Substances, Safety and Compliance

The manager of Hazardous Substances, Safety and Compliance oversees asbestos compliance with safe systems and regulation, including ensuring;

- CM Health worksites are surveyed for asbestos and where it is identified, risk assessed, managed and/or monitored
- Asbestos records are managed, reviewed and maintained
- Safe work systems including management controls, AMP, training and assessments are developed, implemented and maintained
- Asbestos reports and information is accessible to all workers for the purposes of being able to perform their duties safely
- Appropriate programmes for monitoring facilities and CM Health personnel are developed and maintained
- Remediation and control of asbestos is prioritised and undertaken in accordance with NZ law.

Project and Senior Engineers

Project and senior engineers ensure all allocated work is carried out in accordance with the AMP, and;

- Monitor and supervise all work carried out for or on behalf of CM Health, ensuring all work is completed safely, on time and to an acceptable level
- Allocating and approving work, including work permits and other permissions are obtained before any work commences
- Workers including contractors receive required information including training, before commencement of any work.

CM Health Maintenance and Contractor Personnel

CM Health maintenance and contractor personnel are responsible for ensuring;

- All work is carried out in accordance with NZ law, NZ Codes of Practice, documented safe work practice and correct approvals
- Where PPE including RPE has been assigned for use with asbestos, is used and maintained
- Any incident involving asbestos is promptly notified.

Others

Limited responsibilities sit with all remaining personnel regarding the management of asbestos.

Managers (including Service and Line Managers)

Managers of work locations where ACM has been identified ensure;

- Information on identified ACM is communicated to work personnel informing them of risks, controls and safe processes;
- Damage to asbestos containing material is promptly reported to the F&E service for repair, remediation and or control
- All workplace personnel perform their asbestos duties in accordance with the AMP.

Workers (General – including CMH employees, contractors, students etc.)

Workers are responsible for ensuring;

- No action or inaction harms themselves or other persons whilst at work
- Asbestos risks are communicated immediately to their manager, or if delegated, directly to the facilities service
- All reasonable instruction for the safe management of asbestos is followed including the use of any PPE supplied or recommended.

Others

Others personnel including patients, visitors and other workers not undertaking work for or on behalf of CM Health are responsible for ensuring they follow the direction of delegated CM Health personnel when instructed, including where required the use of PPE.

7. Identifying and Assessing Asbestos

To effectively manage asbestos, an understanding of where ACM is located, its condition and the risks it poses must first be determined.

Identification and robust risk assessment of ACM assists appropriate corrective actions and controls to be determined, prioritised and implemented, ensuring the safe management of ACM identified.

1.3 Identifying Asbestos

Identifying asbestos cannot be achieved by a simple visual inspection. Specialist knowledge and, testing of materials and substances thought to contain asbestos are required to ensure ACM is correctly identified.

1.3.1 Asbestos Survey

The formal assessment of materials suspected to contain asbestos is achieved by way of asbestos survey. Surveys are performed by and in accordance with a survey plan developed by a licensed asbestos assessor to provide, with reasonable assurance, confirmation of the presence or not of ACM.

Asbestos survey may only be undertaken following approval by the manager Hazardous Substances, Safety and Compliance; and must be carried out a competent and suitably qualified assessor in a manner that poses no harm to any person, creates operational disturbance or distress. Where necessary, surveys may be performed after hours including weekends.

There are 2 types of survey;

Asbestos Management (Partially Intrusive) Survey:

A management survey assessment is the minimum requirement for all facilities, consisting of a visual and partially intrusive inspection (taking samples for laboratory assessment) to, so far as reasonably practicable, identify the presence of ACM.

Management surveys have been completed for all CM Health owned facilities. Surveys were performed on a priority basis, prioritised to those buildings constructed prior to 2003 or, where planned works were to be carried out. (*CM Health Asbestos Site Summary – Feb 2018* , pg. 48)

Areas that were unable to be assessed shall, until such time a management or other survey can be performed, be considered to 'contain' ACM.

Persons in control of property leased to CM Health shall provide evidence of appropriate management survey and AMP.

Refurbishment / Pre-Demolition (Fully Intrusive) Survey:

A more extensive invasive survey is required to be performed on any CM Health property prior to any facility refurbishment or demolition involving the removal of plant, structures and or building material.

Fully intrusive surveys shall be undertaken in consideration of a proposed scope of work to ensure all potential material and equipment that may contain asbestos, is reviewed and identified.

Where ACM is identified it shall be appropriately remediated prior to any proposed work commencing or, require the scope of work to be modified.

Repeat or additional intrusive survey shall be performed where a change in work scope occurs or, a period of 6 months has elapsed from the original survey without commencement of proposed work.

Survey Reports

Survey reports shall be provided to CM Health in a format providing consistent detail and terminology, and the information provided is accurate. Copies of all survey reports are freely available to all workers, including contractors, in hard copy (paper) and electronic format.

Specific detail from all surveys is transcribed into the CM Health electronic asbestos register.

1.3.2 Asbestos Samples

Samples of materials suspected to contain asbestos, including air and dust samples, may be collected during an asbestos survey, asbestos remediation, part of health monitoring or other work activities.

The number and frequency of samples required, as part of asbestos survey or removal works, is the responsibility of a licensed asbestos assessor.

Samples from other activities may be collected by suitably trained personnel and tested following approval from the manager Hazardous Substances, Asbestos and Compliance.

All asbestos material and air samples are submitted to, and analysed by, an accredited laboratory approved by CM Health; and, must be accompanied by documentation providing the assessing laboratory a required level of detail. Information must be clear, accurate and include but not limited to;

- Description of material and location obtained

- Date and time sample collected, and by who.

A record of sample collection must be recorded in CM Health's asbestos register and or survey report; and include a photographic image of material and its physical sample location.

Material Samples

All material and dust samples are collected following defined safe sampling methodology and in accordance with any laboratory requests.

Air Samples

Air monitoring provides a level of assurance asbestos management and controls are effective and, environmental airborne asbestos fibre levels are below the minimum prescribed level of **0.01** f/ml, trace. Air monitoring also provides opportunity to review and modify controls where this level is exceeded.

Air monitoring may be performed during asbestos work and other associated activities including asbestos related work, post asbestos incident, specialist recommendation; and, to provide reassurance to workers occupying spaces identified to contain ACM.

Air sampling carried out during licensed asbestos work and as part of the 4 stage asbestos clearance process, is undertaken by a CM Health approved independent licensed asbestos assessor. Background, assurance and personal air monitoring may be performed by a licensed asbestos assessor or, the manager Hazardous Substances, Asbestos and Compliance.

Laboratory Assessment

All asbestos samples must be tested by an Australian or New Zealand accredited laboratory (IANZ).

Laboratory results are to be received within agreed timeframes from receipt of samples. Laboratory test reports supplied must provide detail consistent with information required to effectively complete the CM Health asbestos register.

Where an air sample is identified to exceed trace, the Manager Hazardous Substances Safety and Compliance shall liaise with the testing laboratory to approve further assessment at a specialist laboratory. A process of escalation and notification shall also be undertaken (refer to section 10).

1.3.3 Survey Reports

Asbestos survey reports must ensure consistency in format and information provided. Reports must enable easy interpretation and review of information, and entry into the CM Health electronic asbestos register, and include;

- Asbestos content including type, condition, extent etc.
- An initial risk assessment for each ACM identified
- Images of sample and location, floor plan outlining sample locations
- Locations of areas not assessed and presumed to contain asbestos containing materials.

Survey responses must be recorded in the CM Health asbestos register within 1-2 weeks of a reports receipt.

1.4 Asbestos Risk Assessment

Asbestos risk assessment is performed throughout various stages of asbestos management including survey and sampling, asbestos remediation and associated work.

To be effective, various elements need to be considered in order to assure a robust assessment occurs. Elements for consideration include;

- Type and condition of suspected or confirmed ACM sources
- Current and/or proposed management controls
- Exposure and disturbance risk
- Service and site operational risks.

Active assessment enables CM Health and its workers ensure each source of asbestos management is prioritised, effective controls are in place and working, including authorisations; and workers work safely for planned and unplanned asbestos work activities.

1.4.1 Assessing Asbestos Risk

Assessing asbestos risk follows defined methodology and considers multiple risk factors to determine overall risk, priority and corrective action required.

Initial risk assessment occurs following identification of ACM through asbestos survey, providing an asbestos material and condition assessment and risk score. The initial assessment provides an indicative overview on the extent of material observed and risks the perceived risks the AMC poses.

Following material assessment each ACM source undergoes a broader risk mitigation and prioritisation assessment. Risk mitigation and prioritisation assessment considers several factors including the initial material and condition assessment score, impact assessment (clinical/service and facility operation), and exposure/frequency.

The following table simplifies the approach undertaken to determine a level of risk mitigation and prioritisation.

Asbestos Risk and Prioritisation Assessment Matrix

| | | CONSEQUENCE (Health and/or Service) | | | | | | |
|--|-----------------|-------------------------------------|---------|---------------------|---------------------|---------------|---|--|
| | | Extreme | Major | Moderate | Minor | Low | Priority | Corrective Action |
| EXPOSURE TO ASBESTOS FIBRES (LIKELIHOOD) With or Without Effective Controls | Certain | | | | | | Immediate Action: Exposure/risk to health and/or CM Health service deemed extreme | Access to or activity on the ACM source must cease and immediate corrective actions must be identified and implemented. Notification to senior management. |
| | Almost Certain | | | | | | Urgent Action: Exposure/risk to health and/or CM Health service deemed high | Access to or activity on the ACM source requires approval and suitable controls to be in place. Prioritised corrective actions must be identified and implemented urgently. Notification to senior management. |
| | Likely | | | | | | Planned Action: Exposure/risk to health and/or CM Health service deemed moderate | Access to or activity on the ACM source requires approval and suitable controls to be in place. Planned corrective actions must be identified and implemented within reasonable timeframes. |
| | Unlikely | | | | | | Low Priority Action: Exposure/risk to health and/or CM Health service low or negligible | Activity on ACM source requires approval and suitable controls to be in place. No further controls deemed necessary at this time. |
| | Highly Unlikely | | | | | | | |
| | | Airborne Fibres | Friable | Bonded Major Damage | Bonded Minor Damage | Bonded Intact | | |
| | | ASBESTOS TYPE & CONDITION | | | | | | |

the manager Hazardous Substances, Asbestos and Compliance; and in consultation with identified stakeholders including F&E workers, workplace managers, contractors and asbestos specialists as required.

Following assessment, a record of the priority and corrective actions are recorded in the ACM entry within the CM Health asbestos register.

Assessed ACM sources undergo regular re-assessment at scheduled intervals or, where the source of ACM has been modified through damage, deterioration or work undertaken. Each ACM asbestos entry is actively updated following re-assessment. Where an asbestos source is removed, the associated asbestos register entry is updated and communicated.

Risk mitigation and prioritisation assessments are performed by

1.4.2 Managing Asbestos Risks

Risk assessment also provides a level of detail outlining recommended corrective actions required to manage ACM sources that are not required to be removed, safely. Mitigation

and management plans developed in consultation with workers and where necessary key stakeholders and or asbestos specialists are recorded in the respective ACM register entry. Each plan documents;

- A description of the risks identified
- Current and proposed corrective actions required including a priority timeframe for implementing corrective actions and delegation of responsibility for ensuring actions are completed
- A timeframe for re-assessment and monitoring activities.

Plans are communicated and implemented for each ACM source identified. Plans requiring immediate or urgent corrective action are escalated to the appropriately delegated manager, and implemented within defined timeframes, including any additional escalation and notification.

1.5 Communicating The Presence of Asbestos

ACM which has been identified and assessed must be communicated to every person having a potential to come into contact with it.

Asbestos and associated information shall be provided in various printed and electronic formats. Information provided will provide workers and associated personnel the necessary detail to keep themselves and other people safe; and shall be easily accessible.

All documents developed and released shall follow CM Health's document control and approvals process.

1.5.1 Asbestos Register and Reports

CM Health's asbestos register provides accessible detailed records of all surveyed locations and identified ACM. The register and survey reports are available to those responsible for directing or undertaking work on or in the vicinity of ACM, and workers occupying areas identified to contain ACM.

Any person planning or directed to undertake work on or in the vicinity of asbestos containing material must ensure the relevant survey report and register entries are reviewed before such work is planned, approved or undertaken.

Asbestos survey reports are accessible at all CM Health sites and the facilities and engineering offices at MMH and MSC in hard copy, and electronically in Objective or via CM Health's Intranet.

Access to CM Health's asbestos register may be achieved by email, CM Health's Intranet or mobile device. Entries and

updating of the asbestos register may only be carried out by the register administrator or approved delegated person. Register entries are updated at defined intervals (periodic ACM review) at a minimum annually or, following change in an ACM source or mitigation and management plan changes e.g. ACM is removed or becomes damaged. Register records include;

- A description of the facility or worksite, ACM source(s) identified, their location and condition status
- Mitigation and Management plan, risk assessment and monitoring requirements including reassessment requirements etc.

Labelling and Signage

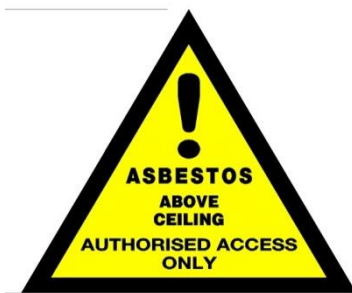
CM Health acknowledges the requirement to ensure all sources of ACM are appropriately labelled.

Members of the public have relatively unrestricted access to many work areas. Asbestos signage or labelling in public areas may give rise to undue concern or increased incidence of vandalism. With the exception of licensed asbestos work, asbestos labelling or signage is not considered appropriate in public areas.

As a minimum, all ACM locations will be identified in the CM Health Asbestos Register and survey report plans. ACM located in staff only areas shall be appropriately labelled according to the level of risk posed by the source of ACM.

Labelling and signage shall be of an agreed standard, easily recognisable, understood and prominently placed. Approved asbestos signage and labelling will be installed, where necessary, in consultation with the workplace.

Examples of Asbestos Labelling



Asbestos Information

All CM Health personnel, contractors and associated personnel will be provided an appropriate level of general and specialist asbestos information.

The level and content of information shall be consistent with the type and risks associated with the ACM identified, and work undertaken or proposed.

Where it is deemed necessary, visitors including patients and other persons will be informed of the presence of asbestos and, the precautions needed to ensure their safety.

8. Managing and Control of Asbestos

Following identification and assessment of ACM, suitable action can be taken to ensure effective asbestos controls are determined and implemented. A variety of controls are used to effectively and safely manage asbestos including asbestos remediation, safe work methods and training.

CM Health continues to develop and implement safe systems and methods to assist workers to safely manage asbestos. The following section outlines aspects of safe management developed and implemented across CM Health for the safe and effective management of ACM.

Further guidance including specific safe work procedures, may be accessed in local workplaces, CM Health Facilities and Engineering department, services and contractor specific documentation.

Primary Management

The primary aim of CM Health is to achieve an asbestos free organisation. Where it is both practical and non-prohibitive, CM Health will endeavour to achieve this goal by actively removing ACM identified.

Where this is not possible the following management principles will be undertaken in order of priority, to minimise potential asbestos exposure and disturbance risk;

- Encapsulate/seal ACM source to prevent release of fibres
- Enclose or segregate ACM source restricting access by unauthorised personnel, or preventing environmental release of asbestos fibres
- Manage ACM source in situ where risk of damage of material is low and disturbance of potential fibres unlikely, until such time periodic assessment or notification determines an increase in asbestos risk.

Training and Competency

Workers required or having the potential to work with or in the vicinity of ACM must be suitably trained, competent and experienced. Where necessary they will also be appropriately licenced and or registered.

Training shall be, sourced, and where necessary developed, and delivered providing all workers a level of knowledge and competency to work safely with known or suspected ACM. Training shall be delivered and assessed by suitably qualified and experienced personnel and or by agreed methods e.g. web based e-learning, class room etc.

Appropriate training records shall be maintained in accordance with CM Health's training policy and, contractor management policy.

Note: No person may work on any or in the vicinity of ACM without the minimum agreed level of training and competency.

CM Health Employees

All CM Health employees receive an initial workplace induction. The level of asbestos information provided during induction shall be consistent with a person's exposure risk to, and work requirements with ACM.

Specific asbestos and associated training is provided to all employees including managers, having a potential to be exposed to ACM as part of their normal work.

The minimum training requirements shall comprise asbestos awareness and, training on;

- Specialist equipment including PPE and RPE
- Safe work procedures/methods involving ACM.

Contractors

All contracted and 3rd party trades/services personnel are required to complete an annual CM Health Contractor Induction. The level of asbestos information provided shall be consistent with the contractor's exposure risk to, and work requirements with ACM.

In addition to induction, contracted and 3rd party trades/services personnel are required to have completed the minimum CM Health asbestos training requirements, asbestos awareness and RPE/PPE training.

Evidence of training must be provided prior to engagement of the contractor and any work being undertaken.

Non-completion of a CM Health Contractor Induction or evidence of the minimum asbestos training requirements shall result in the contractor being prevented from undertaking any work for or on behalf of CM Health.

Licensed Asbestos Specialists

Any person engaged by CM Health to provide asbestos consultancy, supervision, survey, remediation or removal shall be appropriately qualified, competent and where required licensed. Work requiring asbestos licensing;

- Removal of friable asbestos and asbestos containing dust (ACD) - **Class A Asbestos Removal Licence**
- Removal of over 10m² of non-friable asbestos and associated ACD - **Class B Asbestos Removal Licence**
- Asbestos clearance certification and air monitoring for Class A removal work - **Asbestos Assessor Licence**

Before any licensed asbestos work is undertaken, each worker license is checked for validity and appropriate scope. CM Health's facilities and engineering manager, delegated engineer or representative sight and confirms license detail ensuring validity for the work and work duration.

Asbestos and Personnel Protective Equipment

Where ACM is not removed and asbestos risk remains, specialist equipment may be required to effectively manage remaining asbestos and safety risks.

A range of specialist equipment has and shall continue to be reviewed, procured and used to assist in the safe management of all remaining ACM sources.

All equipment purchases shall occur in accordance with CM Health procurement process and; following appropriate consultation and be fit for its intended purpose, where required specifically for the use and management of asbestos; and, comply with all relevant legislative compliance, local rules and best practice.

General Equipment:

General asbestos equipment is selected according to job task; ease of use, cleaning, storage and handling, and for minimising or controlling potential release of asbestos fibres.

No new risks shall be introduced unless they can be easily and safely controlled.

Suitable instruction is to be provided to all workers responsible for managing and maintaining the equipment.

Relevant information and records shall be kept and maintained in accordance with CM Health policy.

Personal Protective Equipment (PPE):

CM Health acknowledges the requirement to provide employees access to a range of personal protective equipment (PPE), when undertaking any asbestos related activities.

All PPE, including respiratory protective equipment (RPE), is selected in accordance with current codes of practice and required standards. PPE procured shall be fit for intended purpose and selected in consideration of job task, ease of use and maintenance, and where identified ease of cleaning. Where required, PPE shall be fitted.

There are specific requirements which must be achieved for the selection and use of RPE for asbestos related activities. CM Health personnel required to wear RPE shall be fit tested and assigned a suitable respirator. The minimum respirator standard for CM Health employees is a P2/N95 half face reusable respirator for all asbestos related work activities.

Where PPE has been identified as a requirement for a safe work method/procedure it must be worn.

With the exception of licensed asbestos removalists, general contractors who perform asbestos related work must select and use equipment including PPE in accordance with the minimum CM Health requirements. Contractors must provide evidence of RPE fit test, allocation of equipment and evidence it is fit for purpose. Contractors who are unable to or do not comply with these rules are not allowed access to a CM Health site.

Relevant information and records shall be kept and maintained in accordance with CM Health policy.

Note: Any worker unable to achieve a suitable seal when using an assigned respirator is not be permitted to work with or in the vicinity of ACM; and, must ensure they are clean shaven before use.

Safe Work Method/Procedures and, Permit to Work

CM Health operates a system of Safe Work Procedure and Permit to Work (13.4, *Overarching Safe Work Processes, p.g.50*). The system has been developed to assist facilities personnel and approved contractors work safely across all CM Health sites.

CM Health's Facilities and Engineering Service continually develop in consultation, and manage all estate and plant safe work procedure and permits, including those involving asbestos. Procedures are available electronically via the F&E intranet.

Procedural and permit review occurs at defined intervals or where there has been changes in process/method, incident or worker request. Processes are tested to ensure they are operationally practical and safe.

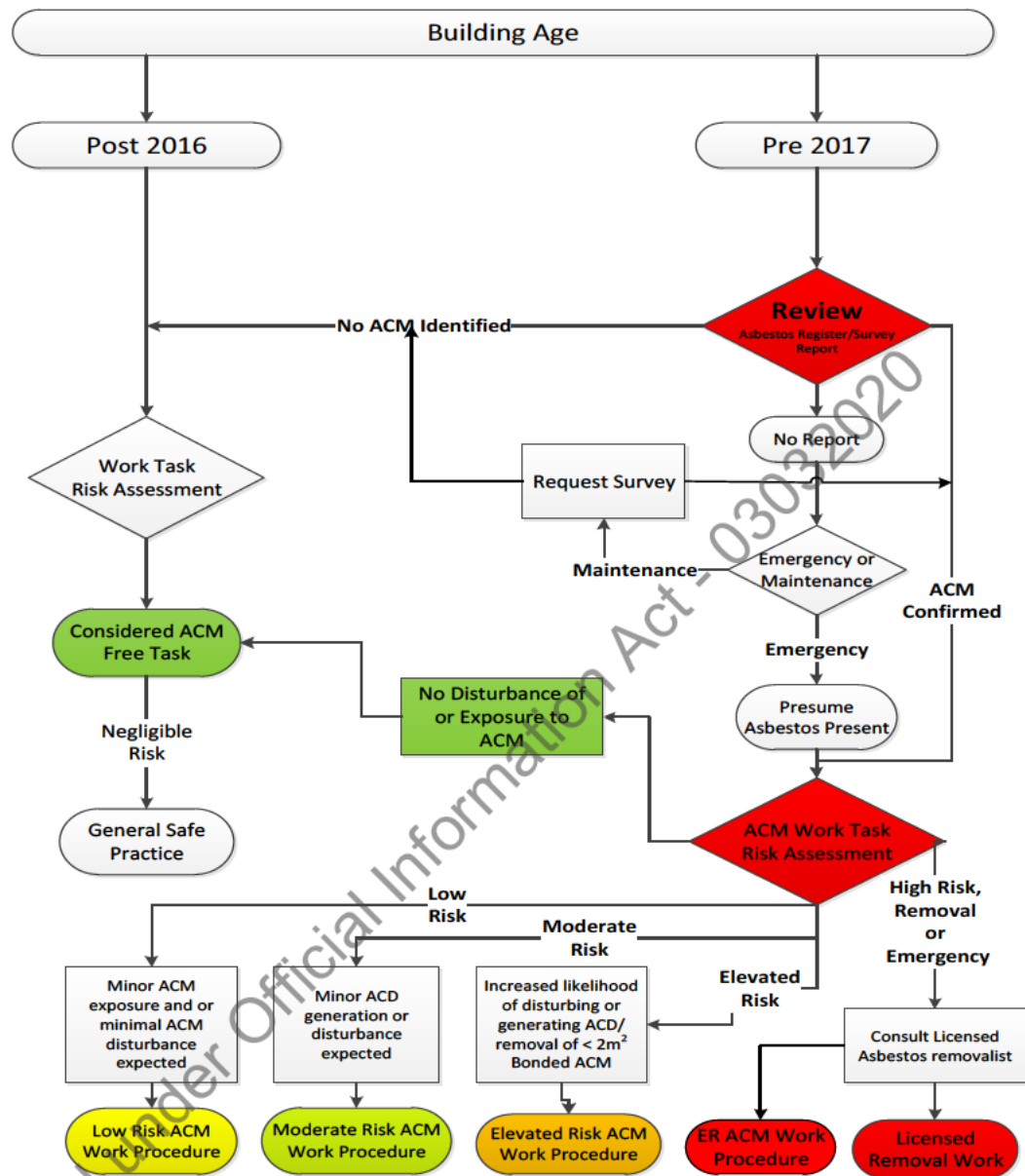
Contractors wishing to work outside of approved CM Health procedures must develop in consultation with CM Health's facilities and engineering manager, delegated engineer or representative; and have authorised, their procedures before work is assigned or commences.

Deviation from approved procedure may only occur in an emergency where no suitable process is available and, following an appropriate risk assessment. In these circumstances approval should be obtained from CM Health's facilities and engineering manager, delegated engineer or representative prior to work being undertaken.

The following provides an overview of general safe work processes adopted to safely work with ACM.

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Asbestos and Asbestos Related Work Flow



1.5.2 Permit to Work

CM Health operates a permissions based system, 'Permit to Work', as an additional formal 'administrative' control for improved safety. Work having a known or potential to involve ACM (not licensed asbestos removal work) requires as a minimum an *Asbestos Permit to Work*. Additional permits may also be required for associated works e.g. hot work. Permits must be authorised by the CM Health's facilities and engineering manager, delegated engineer or representative before any work can proceed. Approved permits are to be registered into BIEMS and filed. An example of the CM Health Interim Asbestos Work Permit can be found in

Refer to (13.4.5, Permit to Work – Asbestos Related Work, p.g. 56)

General Maintenance including Minor Asbestos Related Works

General maintenance and scheduled repair work are planned activities, and may involve work on or in the vicinity of known or suspected ACM.

Where ACM is known or suspected and, activity does not involve > 1-2m² of bonded ACM removal and or excessive fibre production or dispersal, e.g.:

- Cabling and ceiling work, drilling into bonded asbestos board
- Removal of minor quantities of intact bonded ACM e.g. vinyl flooring, cement sheeting

Where there is no defined work safe work procedure for the task, the overarching Asbestos Related Work procedures are to be followed must be used, Refer to (13.4, *Overarching Safe Work Processes, p.g.50*)

Project and Capital Works (including refurbishment)

Capital and project works undertaken by or on behalf of CM Health including demolition, construction and refurbishment follow similar principals.

The Capital and Project Works procedure outlines the steps required to ensure asbestos is considered and effectively mitigated for all such works.

Emergency Asbestos Procedure

Unplanned work which may require access to known ACM containing locations, planned work or other action resulting in unexpected release of asbestos containing material and or dust are considered an asbestos emergency.

As a result the Emergency Asbestos procedure must be used to;

prevent and or limit the extent of asbestos release and contamination during work and or clean up;

mitigate a situation which poses significant operational impact and a risk to the safety of patients, staff or others

Emergency work considered, to present minimal asbestos risk i.e. involving < 2m² of bonded ACM removal and or minimal fibre production or dispersal, may follow the principles of the Minor Asbestos Related Works procedure.

Where there is a greater known, suspected or uncertain asbestos risk the Emergency Asbestos procedure must be followed, and where possible in consultation with and assistance from . All emergency work should be undertaken with assistance from a licensed asbestos specialist unless there is an immediate threat to life. Refer to (13.4.4 *Emergency Asbestos Procedure, p.g. 53*)

Asbestos Removal Work

Not all ACM removal requires a licensed removalist. There are 3 categories of asbestos removal work:

- Unlicensed – quantities < 10m² of non-friable ACM
- Licenced
 - **Class A** – Any amount of friable and non-friable ACM, and ACD
 - **Class B** – Any amount of non-friable ACM

Appropriately trained, and where necessary licensed personnel are permitted to remove defined quantities of asbestos in accordance with current asbestos regulation.

Unlicensed Asbestos Removal

Though regulation allows for unlicensed removal of a limited amount of non-friable ACM, CM Health requires any amount of non-friable asbestos greater than > 2m² to be removed by a licensed removalist. Quantities of non-friable ACM < 2m² may be removed by appropriately trained and equipped CM Health facilities personnel or approved contactors; and in accordance with approved safe work and disposal procedures.

Quantities of non-friable ACM < 10m² may, on occasion, be removed by non-licensed suitably trained and equipped personnel following prior approval by the CM Health's facilities and engineering manager, delegated engineer or representative.

Reassurance/background air monitoring may be performed where risk assessment determines or service request for assurance.

Class A and B Asbestos Removal

CM Health shall employ Class A removalists to undertake all Class A and B removal work. Where it is not possible Class B licensed removalists may be employed to remove limited quantities of non-friable ACM.

Prior to any class A or B removal work:

- All licensed contractors shall undergo appropriate CM Health induction
- WORKSAFE shall be notified by the licensed removalist of proposed removal work within a minimum of 5 working days by application for all planned work and 24hrs by phone for urgent removal work
- CM Health shall notify workers and associated persons occupying CM Health owned and leased property; and any

PCBU or person occupying premises in the vicinity of the workplace likely to be impacted by the work

- All reasonably practicable steps shall be taken by the removalist, in consultation with CM Health, to ensure access to the asbestos removal work area is controlled and limited to approved persons only
- The removalist shall provide and gain approval of, from CM Health and where required independent asbestos assessor, a compliant asbestos removal and control plan (ARCP) and SSSP
- Asbestos enclosures shall undergo integrity assessment and worksite set up approved by CM Health's independent asbestos assessor

During removal work, appropriate monitoring of the worksite and any agreed associated areas shall be carried out by CM Health and CM Health's independent asbestos assessor.

Prior to, during and upon completion of removal work the contractor shall, in consultation and collaboration with CM Health, ensure site access is controlled until all work is complete, and any clearances obtained. CM Health may also refuse access to any person who does not comply with required control measures or direction of the asbestos removalist.

Upon completion of licensed asbestos removal work and before site can be released CM Health's independent asbestos assessor will undertake a 4 stage clearance assessment. Only when the assessor is satisfied, may the contractor remove all asbestos removal equipment etc. from the site. A certificate of clearance must be provided before general access is allowed following works.

CM Health's asbestos register shall be updated accordingly upon completion of work.

Site and Work Area Access

Access to any CM Health site or work area shall be in accordance with current security policy and organisational permissions.

Areas containing ACM presenting no immediate airborne health risks i.e. bonded and intact ACM shall not be restricted. Access may occur under general permissions and security protocol.

Work on or in the vicinity of identified ACM requires authorisation and permit before activity may proceed. Access to clinical areas to carry out such work also requires clinical manager approval.

Access to work areas with known or perceived airborne asbestos risk will be restricted to those personnel who;

- Are suitably trained (where necessary licensed), and approved

- Have obtained authorisation to enter the restricted area from the facilities manager or delegated senior; and have completed the correct permits etc.
- Have signed for and obtained access keys, codes or electronic security pass etc.
- Have and are to use appropriate equipment suitable for the work including RPE, PPE etc.
- Where necessary are suitably supervised

Any breach of access shall be brought to the attention of the facilities manager for investigation and remediation.

1.6 Disposal of Asbestos Waste

Asbestos waste is any item containing or may contain ACM or asbestos fibres including PPE, debris and dust, cleaning cloths and drop sheets for disposal. All asbestos waste shall be disposed in accordance with current regulation and asbestos codes of practice.

General Works

ACM or material generated for asbestos disposal as part of general works shall be undertaken in a safe manner and in a way that does not cause distress to other workers or members of the public.

Asbestos waste generated as part of general works is double bagged and appropriately labelled. Waste is then transferred to dedicated asbestos waste bins located on MMH and MSC sites. The waste is transferred in to these bins and secured for collection by an approved licensed carrier.

A licensed carrier will transfer the asbestos waste to a licensed waste disposal site or holding facility. The licensed carrier will provide CM Health copies of all documentation notifying storage and or final disposal. All records shall be kept for a minimum period of time.

Asbestos Removal Works

Waste generated as part of licensed removal work is the responsibility of the licensed removalist, and managed in accordance with their approved ARCP.

The licensed removalist shall ensure all asbestos waste generated is appropriately contained/sealed prior to removing from the removal work area. Minimal quantities of asbestos waste shall be retained in the removal work area during removal works. Asbestos waste shall be removed at regular intervals along defined routes with minimal access, which may include removal after hours.

Asbestos waste may be stored in a secure holding/containment location prior to its removal from the worksite by the removalist. The removalist will ensure all asbestos waste generated is disposed at an approved disposal site and will provide CM Health required documentation confirming final disposal.

9. Contract Management

Contract management refers to the lifecycle management of any contractual arrangement for product, services or construction.

Contracts and contractors shall be monitored during the course of the contract and or beyond, to ensure compliance with agreed legal and safety arrangements. Monitoring and management may be assigned to CM Health delegated member of staff or 3rd party provider.

Asbestos considerations for sale or lease of property (land and buildings) are considered in section 7, Property Management.

Procurement Contracts

All procurement and contract documents must ensure sufficient clauses and technical requirements are present, ensuring no product purchased contains asbestos.

Tender processes must ensure suitable review of respondent information is undertaken to assure products under consideration do not contain asbestos. Certificates from unknown and uncertified testing facilities shall not be accepted.

Design and Construction Contracts

Construction contracts shall ensure asbestos is considered throughout the whole design, development and construction phases of a project.

All construction materials used must be certified as asbestos free and be supported by relevant product certification from valid testing facilities.

Contract clauses must include the ability to seek compensation and or remediation, if any asbestos material is disturbed during construction (including any demolition) and or, any material used is found to contain asbestos during construction or past handover.

Maintenance and Service Contracts

All maintenance and service contracts are required to ensure all contractors and companies providing such services are aware of and attain the minimum requirements necessary for working on or around known or potential ACM.

Contracts will be required to have a minimum of liability and environmental insurances to ensure any damage caused by work undertaken or disturbance of asbestos material by the contractor, affords appropriate and timely remediation at the contractors expense.

Contracts must ensure contracted personnel are suitably qualified for the duration of the contract and that any material used in the process of maintenance/servicing supplied by the vendor does not contain asbestos.

Contractor Management

Contractors having a potential or requirement to work with or in the vicinity of ACM must have a minimum level of training, have had a respirator fit test and access to health monitoring before work is granted; and follow CM Health safe procedure.

CM Health may supervise and or monitor any contractor at any time while work is being undertaken, at any CM Health site. Where a contractor is observed to be in breach of safe work process CM Health may remove from the site the contractor, temporarily or permanently.

10. Property Management

Property management refers to the acquisition (purchase, rental or bestowal) and disposal (sale, transfer or lease) of land and buildings.

Asbestos must be considered throughout all aspects of property acquisition or disposal. CM Health will endeavour to acquire property that contains no asbestos and, dispose of CM Health property ensuring buyers/recipients are informed of any asbestos risks.

Legal arrangements including insurances, for acquisition or disposal of property, must be available and, ensure adequate protection for CM Health to remediate any risk that may occur or is identified.

Property Acquisition

Before property can be acquired, sufficient assessment must be undertaken to ensure a property does not pose asbestos and or other risks. The acquisition lead or delegate shall ensure a robust assessment is carried out, of all proposed property, by Facilities and Engineering before any acquisition is progressed.

Property Review (Pre-Acquisition)

CM Health must be provided accurate asbestos records for all property under consideration of acquisition. Where records are unavailable, deemed limiting or inaccurate the vendor shall be approached to rectify these omissions.

Note:

Asbestos records cannot be wholly relied upon due to historic industry practices, therefore records must:

- Be consistent with the use and development of the property, in date and valid for the duration of any proposed activity
- Provide a factual description of ACM determined including extent and status of asbestos material identified and its management to date
- Have been completed by reputable licensed asbestos assessors

If the vendor is unwilling to provide required asbestos detail CM Health may, in agreement with the vendor, undertake an independent asbestos review/survey. Every effort shall be made to recoup expenses incurred.

Where agreement cannot be reached to ensure asbestos and other assessments are completed, the acquisition process shall no longer be progressed.

Negotiation

The CM Health acquisition lead or delegate may progress property negotiations when all building assessments have been completed including review of asbestos survey; and, required approvals from the Facilities and Engineering service have been obtained on building fitness.

Property negotiations must not proceed where asbestos has been identified until Facilities and Engineering provide further assessment and approval and or recommendations.

Assessment shall include cost of removal/remediation and on-going management.

Where additional assessment determines;

- Commercially realistic expectations are identified enabling costs to be recouped (e.g. price reduction), or vendor agrees to remediate before transfer – procurement negotiations shall proceed.
- Commercially unrealistic expectations are identified – procurement negotiations shall not be progressed.

Negotiation must include legal arrangements which accommodate for any possible future identification of asbestos not identified by initial review.

Property Transfer

Prior to the transfer of property title, and exchange of funds if applicable, CM Health must be provided all original asbestos records and associated documents. Final transfer of

property shall not take place until all regulatory and required documents are provided. Contracts must include a clause which places a duty on the vendor to ensure any asbestos identified post transfer, is to be remediated by the vendor. This may be limited to ensuring appropriate insurances are in place to cover any future asbestos issues identified.

Property Disposal

The disposal of any CM Health property shall be coordinated by the CM Health delegated property disposal lead.

Prior to the commencement of any property disposal process the CM Health property disposal lead shall be provided a necessary level of detail to assist disposal. Initial detail is provided by CM Health's Facilities and Engineering service and includes required engineering and asbestos information.

Asbestos survey reports supplied to prospective owners or lessees shall be up to date and include all necessary detail to assist property disposal. Where an asbestos survey report is unavailable or out of date CM Health shall undertake prior to the commencement of any property disposal process.

Where prospective owners or lessees require additional reasonable facility or site information, the CM Health property disposal lead shall provide following liaison with CM Health's Facilities and Engineering service.

Upon transfer of title or acceptance of lease the new owner or lessee shall be provided copies of all relevant detail held on the property.

11. Asbestos Health Risks

Exposure to asbestos containing material does not necessarily lead to a health risk. The greatest concern to health is exposure to airborne asbestos fibres.

Inhaled asbestos fibres can become embedded in the lungs, if in sufficient concentration, lead to an asbestos related disease.

The following provides an overview of potential health issues associated with various asbestos exposures and management if exposure were to occur.

Airborne Asbestos Fibres

Asbestos fibres are present in the atmosphere due to natural erosion of asbestos ores or manmade asbestos containing materials. The concentration of asbestos fibres in the atmosphere and the risk they pose to health is considered very low.

High asbestos fibre concentrations in air present the greatest risk and concern to health. The greatest risk to workers occurs during frequent and unprotected exposure to high concentrations of airborne asbestos fibres.

The permissible concentration of asbestos fibres in air, within the workplace and during Class A removal work, must remain below 0.01 Fibres/ml air, trace level. Anything above trace level requires investigation and review of controls. Levels exceeding 0.02 Fibres/ml are

considered notifiable and must be reported.

CM Health endeavours to ensure no workplace or activity involving asbestos, exceeds trace levels; and, no worker exceeds a work exposure above 0.1 Fibres/ml air averaged over an 8 hour period. .

Low Fibre Concentration

Working safely with or in the vicinity of bonded asbestos products in good condition is considered unlikely to pose a health risk.

Working with moderate risk asbestos materials using appropriate controls including PPE, or exposure to isolated acute low fibre concentrations, are not considered to result in short or long term asbestos related health issues. Minor respiratory, skin or eye irritation may however occur.

Though health risks are deemed unlikely, any low fibre exposure cannot be completely ignored.

High Fibre Concentration

Working with friable asbestos, or exposure to airborne asbestos concentrations above trace levels without using appropriate controls, poses the greatest risk to health. Uncontrolled exposure to high asbestos fibre concentrations, over a long period of time, presents the greatest risk to a person's health.

Chronic asbestos exposure is considered to be the main cause of asbestos related diseases. Acute very high fibre exposure may also result in respiratory, skin or eye irritation.

Workers engaged in construction and demolition trades are deemed at greatest risk of being exposed to high asbestos fibre concentrations and considered more likely to develop an asbestos related disease. Particularly builders, plumbers, electricians, installers of IT systems, fire alarms, and some machine operators.

Asbestos Related Diseases

Asbestos related diseases¹ include asbestosis, lung cancer, mesothelioma and pleural effects (e.g. fluid on the lungs, thickening of lung tissue). Symptoms are likely to include shortness of breath, persistent and productive cough, and loss of appetite.

Early diagnosis is difficult due to the nature of asbestos related diseases. There is a long latency period upwards of 20 years before symptoms might become detectable, even after exposure to asbestos has ceased.

Workers, who smoke and are exposed to airborne asbestos, are considered more at risk of developing an asbestos related disease especially lung cancer. There are currently no known effective cures for asbestos related diseases.

Health Monitoring

CM Health has developed and implemented an Asbestos Health Monitoring program. The program is overseen by CM Health's Occupational Health Medical Practitioner (OHMP) and,

managed by CM Health's internal Occupational Health Service (OHS).

Health monitoring is available to all CM Health personnel identified to have undertaken, continue to undertake, or commence working for CM Health and required to undertake asbestos related work.

The worker shall be provided copies of any clinical test and, environmental exposure reports. The workers GP shall be notified of medical assessment, management, tests undertaken and results and ongoing monitoring.

1.6.1 Asbestos Related Work

The manager of the worker, worker or manager hazardous substance, asbestos and compliance notify CM health's OHS of a workers exposure risk.

OHS facilitates initial health assessment and any clinical investigations required. Following initial assessment the OHMP determines on-going health monitoring and any surveillance requirements.

1.6.2 Acute/Emergency Asbestos Exposure

CM Health's OHS will be notified of any worker exposed or suspected to have been exposed to, airborne asbestos concentrations in excess of 0.02 Fibres/ml or WES 0.1 Fibres/ml.

Notification shall include exposure/air monitoring report.

OHS shall facilitate medical assessment of the exposed worker and any additional and or on-going clinical assessments required.

1.6.3 National Asbestos Exposure Register

The New Zealand National Asbestos Exposure Register is a voluntary registration system for any person who may have been exposed to asbestos. Workers shall be provided information on the register and provided the necessary details to complete registration.

¹ *Pleural plaques on Chest X-ray are considered a marker of exposure but do not (in themselves) progress to disease*

12. Incident Management

All incidents involving suspected or confirmed sources of ACM and airborne asbestos are initially managed to ensure any risks to person or the environment (internal and external), are minimised.

Asbestos incident management is overseen by the Hazardous Substance, Asbestos and Compliance manager, including notification and communication with or to WORKSAFE.

Asbestos incident investigation is performed in accordance with CM Health's Incident Investigation policy. Where an asbestos incident involves a contractor, the principal contractor is required to undertake an investigation in parallel and consultation with, CM Health.

All findings, recommendation and corrective actions are communicated and escalated in accordance with CM Health policy and legislative requirements, and where identified

implemented.

General Asbestos Incident

General asbestos incidents are considered any incident involving or suspected to involve ACM and or, airborne asbestos concentrations less than 0.02 Fibres/ml.

Following general asbestos incident appropriate emergency procedure is implemented to minimise any potential risk of increased contamination of and or exposure to ACM and or airborne asbestos. This may include the cessation of all asbestos and asbestos associated works to stop, and air monitoring.

General asbestos incidents are investigated by the Facilities and Engineering or Capital Works manager overseen by Hazardous Substance, Asbestos and Compliance manager.

Notifiable Asbestos Incident

Notifiable asbestos incidents are considered any situation, requiring notification to WORKSAFE, resulting in:

- Emergency demolition of a structure or plant containing asbestos that triggers the application of HSW Asbestos Regulation 23 or 24; and or
- Concentrations of airborne asbestos fibres are reported to have exceeded 0.02 Fibres/ml or the workplace exposure standard limit of 0.1 Fibres/ml;

Emergency Demolition and Removal

Emergency demolition and removal of ACM follows CM Health's Asbestos Emergency procedure.

CM Health shall consult with approved licensed asbestos specialists prior to any emergency asbestos demolition and removal; and to ensure appropriate interim controls are in place to minimise release of and exposure to asbestos fibres.

Locations requiring emergency work shall be secured preventing unauthorised access until demolition and removal work has been completed, and required clearances obtained.

Occupants within or close to the location of proposed emergency works shall be adequately informed, and where necessary relocated.

Notification to WORKSAFE of emergency asbestos removal works, and removal work, shall be performed by CM Health's approved licensed asbestos removalist.

Emergency asbestos work may only proceed following required notification, and is undertaken in accordance with the licensed specialist's emergency ARCP.

Airborne Asbestos Concentrations Exceeding 0.02 Fibres/ml

Incidents involving airborne asbestos levels exceeding concentrations of 0.02 Fibres/ml shall result, if safe to do so, in the immediate cessation of all work activities, site being secured

and notification to the hazardous substance, asbestos and compliance and F&E manager, or duty manager if after hours.

Emergency asbestos procedures are initiated to contain ACM and airborne asbestos fibre sources, preventing further contamination and exposure risk.

Note: Where cessation risk is too great, e.g. inability to stop work is considered to result in increased release of asbestos fibres or risk to life, suitable measures shall be taken to limit asbestos exposure and contamination risk until cessation of work activity can be achieved. Initial investigation of the worksite is undertaken, avoiding site disturbance, to determine detail required to notify WORKSAFE and immediate corrective actions required.

Notification of an asbestos notifiable event to and on-going communication with WORKSAFE is undertaken by the manager Hazardous Substance, Asbestos and Compliance or their delegate. Notification shall occur at the earliest opportunity and, to facilitate urgent corrective action required.

Emergency demolition or removal work required shall be undertaken following WORKSAFE approvals and, appropriate consultation and communication.

Notifiable asbestos incident investigation is overseen or may be conducted by, the manager Hazardous Substance, Asbestos and Compliance.

Senior management are notified of a notifiable asbestos incident, WORKSAFE notification, action taken and to be taken in accordance with CM Health's escalation procedure.

Following investigation, a report outlining findings, action taken and corrective actions required is provided to senior management, involved managers and workers.

13. Audit, Inspection and Record Management

CM Health performs a range of audit, inspection and review of work site, workers and contractors, policy and procedure.

Information collected from audit and inspection, including asbestos survey and monitoring is managed in accordance with CM Health's Information Management policy.

Information collected is openly available to those workers and contractors required to undertake asbestos related work or occupy sites identified to contain asbestos, and other delegated persons having responsibilities under the AMP.

Worker and Contractors

Audit and inspection of contractors, CM Health workers and work performed is undertaken in accordance with CM Health's contractor management policy. Assessment may be undertaken by CM Health delegated personnel or a third party consultant.

Assessment findings and reports are reviewed by the relevant CM Health contract manager or delegate, CM Health's F&E safety committee. Where necessary, reports and or additional recommendations are escalated to senior management and the Executive Leadership Team.

Policy and Procedure

Review of CM Health policy and procedures occur in accordance with CM Health document control policy. As a minimum, documents may be reviewed annually or every 2-3 years. Policy and procedure may also be reviewed if process changes or incident investigation recommends.

Policy and procedures are reviewed by key stakeholders in collaboration and consultation with CM Health and other workers.

Modification to any policy or procedure following appropriate review is documented and approved by the delegated authoriser(s) and or committee(s). Updated documents are published and communicated in accordance with CM Health's document control and, communications policies.

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Asbestos Containing Material and Asbestos Register

CM Health's asbestos register is reviewed as a minimum, every 2 years. Where necessary the register will also be revised in the following circumstances:

- an asbestos management control changes;
- additional asbestos containing material is identified;
- the asbestos source identified is removed, modified (including sealed or enclosed, or disturbed (not minor disturbance, as part of asbestos related works);
- changes occur to the physical environment or work practices in the area surrounding the ACM

Amendments to the asbestos register, resulting from any review, are communicated to workers and management in accordance with the AMP and, CM health escalation process.

Formal visual and periodic inspections of all known ACMs are carried out in accordance with the risk and remediation priority assessment. Where assessment has not yet been completed, and the ACM recorded is considered low risk, inspection of these sources shall occur annually.

Periodical inspections may be undertaken by delegated personnel who have received appropriate training. Visual inspection may be conducted by a competent and or licensed assessor having completed a minimum agreed level of training.

Damaged or deteriorated materials found during inspection undergo further risk and remediation priority assessment; findings are reported and escalated according to modified risk determined.

Details of inspection and or risk assessment are communicated to the asbestos register administrator or their delegate, and recorded into the appropriate register entry. Notification and access to updated entries are communicated to delegated workers and associated persons.

1.7 Record Management

Committee and delegated decisions and asbestos and associated records, are to be retained, archived and disposed of, in accordance with CM Health Document Control policy and NZ regulatory compliance.

The following asbestos specific records are stored in Objective and accessible via CM Health's Intranet:

- all asbestos survey reports, including updates and amendments
- records of any asbestos management, removal or disposal works performed on site, including clearance certificates indicating

areas are safe to re-occupy after asbestos management works and any applicable disposal certificates

- asbestos air monitoring results

Health records associated with CM Health workers are kept and managed in accordance with asbestos and, medical record regulation.

14. References

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| New Zealand | <p><i>Health & Safety At Work Act, 2015</i></p> <p><i>Health & Safety At Work (General Risk And Workplace Management) Regulations, 2016</i></p> <p><i>Health & Safety At Work (Worker Engagement, Participation, And Representation) Regulations, 2016</i></p> <p><i>Health & Safety At Work (Asbestos) Regulations, 2016</i></p> <p><i>Approved Code Of Practice (ACOP) – Management And Removal Of Asbestos, November 2016</i></p> <p><i>NZ Code Of Practice - How To Manage And Control Asbestos In The Workplace, 2017</i></p> <p><i>Working With Asbestos? – Rules Changing On 4 April 2016, March 2016 Quick Guide;</i></p> <p><i>Working With Or Near Asbestos – For Plumbers, April 2018</i></p> <p><i>Working With Or Near Asbestos – For Painters, April 2018</i></p> <p><i>Working With Or Near Asbestos – For Builders, April 2018</i></p> <p><i>Good Practice Guidelines – Conducting Asbestos Surveys, October 2016</i></p> <p>WORKSAFE NZ, Information Sheet 5, <i>Personal Protective Equipment to Use When Working With Asbestos</i>, April 2016</p> |
| Overseas | <p>Australia;</p> <p><i>Work Health and Safety Regulation, 2017</i></p> <p>Model Code of Practice: <i>How to manage and control asbestos in the workplace</i></p> <p>Model Code of Practice: <i>How to safely remove asbestos</i></p> <p>United Kingdom;</p> <p><i>Control of Asbestos Regulations, 2012</i></p> <p>Approved Code of Practice – <i>Managing and working with asbestos, 2013</i></p> <p>Task Manual – <i>Asbestos Essentials, 2012</i></p> <p><i>Asbestos: The licensed contractors' guide, 2006</i></p> |
| CM Health | <p>Policy: <i>Managing Substances Hazardous to Health, Safety and the Environment</i></p> <p>Policy: <i>Health and Safety Policy</i></p> <p>Policy: <i>Policy for Managing Asbestos</i></p> <p>Policy: <i>CM Health Incident Reporting and Investigation</i></p> <p>Guide: <i>How to Conduct a Workplace OSH Incident Investigation</i></p> |

15. Glossary of Terms and Abbreviations:

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| CM Health | Counties Manukau Health |
| AMP | Asbestos Management Plan |
| Asbestos Containing Material - ACM | Is any material or thing that, as part of its design, contains asbestos fibres including products, objects, materials or debris |
| Respirable Fibres | Extremely fine particles (fibres) with defined size, which can be |

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| | inhaled (breathed) into the deepest parts of the lungs |
| PPE – Personal Protective Equipment | Any item of equipment used to protect a person from hazards, for example, safety helmet, safety goggles, safety belt and line |
| RPE – Respiratory Protective Equipment | Is a specific type of PPE used to protect an individual against the risk of (minimise their exposure to) inhaling hazardous substances |
| Asbestos Related Disease | Group name given to diseases known to be caused as a result of inhaling asbestos fibres including lung cancer, mesothelioma and non-malignant lung conditions such as asbestosis. |
| Asbestosis | Diffuse interstitial fibrosis of the lung |
| Worker | Any person employed or contracted by CM Health, including contractors and subcontractors, volunteers, visiting health professionals, students and trainees etc. |
| At Work | Legally doing ones job at an agreed time (work time) and place of work (workplace) |
| Associated Person | Any person not employed by CM Health or contracted company undertaking work like activities on a CM Health site e.g. student, visiting health professional etc |
| Workplace | Any location where a worker is required to carry out work activities which may or may not be owned by their employer, including the employer's worksite, visiting a patient's home, other healthcare facilities (e.g.) GP clinic, schools or conference. |
| Asbestos | Is the generic name given to a group of naturally occurring fibrous mineral silicates consisting of 2 classes, serpentine or amphibole |
| Friable Asbestos | Asbestos Containing Material that is in a powder form or a form that can be crumbled, pulverised or reduced to a powder by hand pressure when dry |
| Asbestos-contaminated dust or debris (ACD) | Dust or debris which is or assumed to be contaminated with asbestos fibres |
| Asbestos Containing Material (ACM) | Any material, usually considered a manufactured object or product which or is considered to contains asbestos fibres |
| Risk | The likelihood a hazard may cause harm to a person, place or environment. For the purposes of the AMP, risk refers to the likelihood of an illness or disease arising from exposure to Asbestos Fibres. |
| Licensed Asbestos Removalist | A person who has received specific training, is considered competent and licenced to remove an agreed type of asbestos material |
| Licensed Asbestos Assessor | A person who has who has received specific training, is considered competent and licensed to undertake class A asbestos assessment work |
| Competent Person | A person who has acquired, through training and experience, the knowledge and skills of relevant industry practice and who holds a specific certificate from WorkSafe or an appropriate tertiary qualification for the work to be undertaken |
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| IANZ Accredited Laboratory: | A testing laboratory accredited by International Accreditation New Zealand (IANZ) |
| SWOW, JSA, SWP, SWMS | Are all forms of documenting work risk assessment, hazards and safe work method/process |
| Permit to Work | Is a written process which specifies the work to be done and the controls/precautions to be taken when doing the work |
| Asbestos Removal Control Plan (ARCP) | A site specific document, prepared by a licensed removalist in accordance with Code of Practice for the Safe Removal of Asbestos which outlines PPE requirements, barriers, signage, removal methodology, project timing and staging etc. |
| Asbestos Removal Work Area | The area in which ACM removal and management is being undertake as part of an ARCP |
| Clearance Inspection (4 stage Clearance Inspection) | An inspection, carried out by a licensed Asbestos Assessor to verify asbestos removal work has been undertaken and area is safe to re-occupy. |
| Bonded Asbestos | Asbestos containing material in which the asbestos is firmly bound into a firm matrix |
| Asbestos Trace Level | Refers to minimum detectable airborne asbestos fibre concentration, for NZ this is below asbestos 0.01 fibres/mL |
| Health Monitoring | Monitoring of a worker to identify any changes in a person's health status because of work activity including exposure to a substances |
| Workplace Exposure Standard (WES) | Refers to a prescribed level of exposure a worker should not exceed at work to particular substances. For asbestos a value of 0.1 fibres/mL averaged over an 8hr work period is prescribed |

16. Appendix

Asbestos Material Risk Assessment

The Material Assessment Tool assists in the overall assessment of asbestos risk and remediation prioritisation.

Material Assessment Table:

| Category | ACM | Score | Examples of scores |
|----------|----------------------|-------|---|
| A | Material Description | 1 | Asbestos-reinforced composites (plastics, resins, mastics, roofing felts, vinyl floor tiles, semi-rigid paints or decorative finishes, asbestos cement etc.). |
| | | 2 | AIB, millboards, other low-density insulation boards, asbestos textiles, gaskets, ropes and woven textiles, asbestos paper and felt. |
| | | 3 | Thermal insulation (e.g. pipe and boiler lagging), sprayed asbestos, loose asbestos, asbestos mattresses and packing. |

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| B | Material Condition | 0 | Good condition: no visible damage |
| | | 1 | Low damage: a few scratches or surface marks, broken edges on boards, tiles etc. |
| | | 2 | Medium damage: significant breakage of materials or several small areas where material has been damaged revealing loose asbestos fibres. |
| | | 3 | High damage or delamination of materials, sprays and thermal insulation. Visible asbestos debris. |
| C | Material Format | 0 | Composite materials containing asbestos: reinforced plastics, resins, vinyl tiles. |
| | | 1 | Enclosed sprays and lagging, AIB (with exposed face painted or encapsulated) asbestos cement sheets etc. |
| | | 2 | Unsealed AIB, or encapsulated lagging and sprays. |
| | | 3 | Unsealed lagging and sprays. |
| D | Asbestos Composition | 1 | White (Chrysotile) only |
| | | 2 | Brown (Amphibole asbestos excluding crocidolite) and mixtures (not blue) |
| | | 3 | Blue (Crocidolite) and mixtures or type unknown |
| | Total | | A+B+C+D = Material Score |

| Total Score | Material Risk Rating | Risk Interpretation |
|-------------|----------------------|--|
| 10 or more | High | Friable and or unstable ACM sources. Require urgent removal or prompt removal as soon as practicable |
| 7-9 | Medium | ACM sources have an increased likelihood of being disturbed. May be managed in situ with increased asbestos controls. Programmed for removal prior to major disturbance i.e. renovation, or following management approval. |
| 5-6 | Low | ACM sources have minimal likelihood of being disturbed. May be managed and maintained in situ within agreed controls. Consider removal where practicable. |
| 4 or less | Very Low | ACM sources considered non-friable and in good condition, i.e. low probability of disturbance. Manage and monitor in situ within agreed controls and per AMP. |

Asbestos Exposure and Disturbance Risk Assessment

Exposure and access assessment is performed in consultation with stakeholders to ensure required detail is provided and considered to perform an effective review.

Exposure and Disturbance Risk Assessment Table:

| Category | Variable | Score | Examples of Activity |
|----------------------------------|----------|-------|--|
| Normal Occupant Activity | | | |
| Main type of activity in area | 0 | | Rare disturbance activity (e.g. little used store room) |
| | 1 | | Low disturbance activities (e.g. office type activity) |
| | 2 | | Periodic disturbance (e.g. industrial or vehicular activity which may cause contact with ACMs) |
| | 3 | | High levels of disturbance, (e.g. fire door with asbestos) |
| Likelihood of Disturbance | | | |
| Location | 0 | | Outdoors |
| | 1 | | Large rooms, warehouse or well-ventilated areas |
| | 2 | | Rooms up to 100 sq. metres in area |
| | 3 | | Restricted or confined areas |
| Accessibility | 0 | | Usually inaccessible or unlikely to be disturbed |
| | 1 | | Occasionally likely to be disturbed |
| | 2 | | Easily disturbed |
| | 3 | | Routinely disturbed |
| Extent/Quantity | 0 | | Small amounts or single items (e.g. strings, gaskets) |
| | 1 | | Less than 10 sq. metres area, or 10 metre pipe run |
| | 2 | | 10 to 50 sq. metres area or 10 to 50 metres pipe run |
| | 3 | | More than 50 sq. metres, or 50 metres pipe run |
| Exposure Potential | | | |
| Number of occupants | 0 | | None |
| | 1 | | 1 to 3 |
| | 2 | | 4 to 10 |
| | 3 | | More than 10 |
| Frequency of use of area | 0 | | Infrequent |
| | 1 | | Monthly |
| | 2 | | Weekly |
| | 3 | | Daily |
| Average time area is in use | 0 | | Less than 1 hour |
| | 1 | | 1 to less than 3 hours |
| | 2 | | 3 to less than 6 hours |
| | 3 | | More than 6 hours |
| Maintenance Activity | | | |
| Type of maintenance activity | 0 | | Minor disturbance (e.g. possibility of contact when gaining access) |
| | 1 | | Low disturbance (e.g. changing light bulbs in asbestos insulating board ceiling tiles) |
| | 2 | | Medium disturbance (e.g. lifting one or two asbestos insulating board ceiling tiles to access a valve) |

| | | |
|-----------------------------------|---|---|
| | 3 | High levels of disturbance (e.g. removing a number of asbestos insulating board ceiling tiles to replace a valve or for re-cabling, or leak repair) |
| Frequency of maintenance activity | 0 | Unlikely – almost never |
| | 1 | Less than once a year |
| | 2 | Less than once a month |
| | 3 | More often than once a month |

Selection of a risk score is dependent on the understood level of risk. Where initial assessment does not appear to fit defined example, a higher score is selected on further review of potential risk for the identified task/exposure etc..

Final assessment score is achieved by adding occupancy score with the average of exposure, disturbance and maintenance activity scores.

Asbestos Risk and Prioritisation

Final risk and remediation prioritisation considers the combined material assessment and priority assessment scores, and any additional feedback obtained during consultation with stakeholders, including external asbestos specialists (assessor and removalist).

Where risk assessment indicates a requirement to remove priority should be assigned to removing ACM at the earliest opportunity. Where it is not practical alternate remediation activity needs to be undertaken to reduce risk of asbestos fibre release in combination with a level of asbestos safe work process and controls.

1.8 CM Health Asbestos Site Summary – Feb 2018

| Middlemore Site | | Survey Year | Asbestos Present |
|-----------------|---------------------|-------------|------------------|
| No. | Building /Site Name | | |
| 1 | Galbraith | 2017 | |
| 2 | Bray | 2017 | |
| 7 | Poutassi | 2017 | |
| 11 | McIndoe | 2018 | |
| 31 | Colvin Complex | 2017 | |
| 27 | F&E Management | 2017 | |
| 30 | Esme Green | 2017 | |
| 40 | Oral Health | 2017 | |
| 43 | Transformer Room | 2018 | |
| 5 | Scott | 2018 | |
| 21 | Energy Centre | 2018 | |
| 25 | Projects | 2017 | |

| | | | |
|-----------------------------|--|------|--|
| 26 | Project Management | 2017 | |
| 32 | Pink Palace | 2017 | |
| 41 | Boiler House | 2018 | |
| 4 | MRI/CT | 2017 | |
| 9 | Creche (Tree House) | 2018 | |
| 10 | Tiaho Mai | - | |
| 12 | Kidz 1st | 2017 | |
| 20 | Dangerous Goods | 2018 | |
| 28 | Gas Store | 2018 | |
| 45 | RMO Lounge 1998 | 2018 | |
| 47 | Filter Shed | 2018 | |
| 51 | Edmund Hillary | 2018 | |
| 52 | Harley Gray | 2018 | |
| 53 | Trade Workshop | 2018 | |
| 54 | Ko Awatea | 2018 | |
| 55 | Energy Centre | 2018 | |
| Western Campus Site | | | |
| 38 | Western Campus | 2017 | |
| 3 | Renal Home Training | 2017 | |
| 34 | Smoke Free Services | 2017 | |
| 46 | Multi-storey Car Park | 2017 | |
| 48 | Contaminated Waste | 2018 | |
| 49 | Storage Shed | 2018 | |
| 50 | Storage Shed | 2018 | |
| Community Facilities | | | |
| 13 | Bairds Road (incl. ASRU, Tamaki Oranga & PH) | 2017 | |
| 16 | Pukekohe Hospital | 2017 | |
| 19 | Franklin Memorial Hospital | 2018 | |
| 18 | Papakura Maternity | 2018 | |
| 76 | Awhinitia | 2017 | |
| | Public & Community Health | | |
| - | 72 Victoria St (Gp House) | 2018 | |
| 67 | Manukau Super Centre | 2017 | |
| 83 | 4 Salas Place (Gp House) | 2018 | |
| 84 | 9 Sheehan Ave (Gp House) | 2018 | |
| 9 | Botany Maternity | 2018 | |
| 65 | Botany Super Clinic | 2018 | |
| 66 | Howick Home Healthcare | 2018 | |
| 94 | 225 Buckland Road Dental | 2018 | |

| | | | |
|----|--------------------------|------|--|
| 95 | Botany Downs Dental | 2018 | |
| 96 | Browns Road Dental (MSC) | 2018 | |

Legend:

| | |
|--|---|
| | Multiple ACM sources identified, ranging from low – high risk asbestos material |
| | Multiple ACM sources identified, ranging from low – med risk asbestos material |
| | Multiple ACM sources identified, consisting low risk asbestos material |
| | No Asbestos Containing Material Identified |

Overarching Safe Work Processes

Asbestos Related Work Procedure – Low Risk Works

| | |
|-------------------|---|
| Equipment: | PPE, P2 fitted respirator, plastic drop sheet 200 micron, duct and wide PVC tape, asbestos waste bags, asbestos certified vacuum, wet wipes, spray bottle with detergent and water (set to mist), safety signage and barriers |
| Scope: | <p>The <i>Asbestos Related Work Procedure – Low Risk Works</i> is to be applied when undertaking asbestos related work assessed as Low risk, and no defined safe work process is available for the proposed work task.</p> <p>Low risk asbestos related work may only be undertaken by personnel who have completed a minimum of asbestos awareness and practical training, have a fitted approved respirator, have assessed the asbestos register and consulted with CM Health's asbestos support.</p> |
| Procedure: | <ol style="list-style-type: none"> 1. Review asbestos report for the work area and work to be undertaken 2. Consult with CM Health's asbestos support confirming work is low risk, unless pre-approved or permitted to perform agreed work activity without consultation. 3. Confirm work and work process to be undertaken, equipment and PPE required etc. 4. Inform staff/manager in work area of activity to be undertaken, including any access or restrictions necessary whilst performing work, and precautions to be undertaken to ensure safety of staff and associated occupants 5. Cordon off work area where work is to be carried out and where required request occupants to remove themselves from work area until approval to re-occupy has been given 6. Set up work area in accordance with risk assessment, safe work and asbestos controls identified, and any additional requirements provided by on site asbestos support. This may include the placement of drop sheet to the floor an. 7. Don required PPE and RPE, ensuring respirator is fit checked before commencing work. |

| | |
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| | <ol style="list-style-type: none"> 8. Commence and complete required work in accordance with safe, agreed controls and work methods, noting any variation in asbestos material and condition from that reported 9. On completion of work task ensure area is clean and free from any debris or dust using agreed safe methods. Place any waste generated into a suitable asbestos waste bag and dispose as asbestos waste. 10. Remove PPE worn by agreed safe methods, placing into a suitable asbestos waste bag, and dispose as asbestos waste 11. Remove respirator, clean and store safely 12. Remove cordon and inform work area safe to re-occupy and any additional instruction necessary <p>Report any variation to the ACM detail described in the asbestos register entry to the asbestos administrator.</p> |
| | |

1.8.1 Asbestos Related Work Procedure – Moderate Risk Works

| | |
|-------------------|---|
| Equipment: | PPE, P2 fitted respirator, plastic drop sheet 200 micron, duct and wide PVC tape, asbestos waste bags, asbestos certified vacuum, wet wipes, spray bottle with detergent and water (set to mist), safety signage and barriers |
| Scope: | <p>The <i>Asbestos Related Work Procedure – Moderate Risk Works</i> is to be applied when undertaking asbestos related work which has been assessed as having a Moderate Risk of generating a small amount ACD or ACM debris (considered minor), and no defined safe work process is available for the proposed work task.</p> <p>Moderate risk asbestos related work may only be undertaken by personnel who have completed a minimum of asbestos awareness and practical training, have a fitted approved respirator, have assessed the asbestos register and consulted with CM Health’s asbestos support.</p> |

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| <p>Procedure:</p> | <ol style="list-style-type: none"> 1. Review asbestos report for the work area and work to be undertaken 2. Consult with CM Health’s asbestos support confirming work is moderate risk, unless pre-approved or permitted to perform agreed work activity without consultation. 3. Confirm work and work process to be undertaken, equipment and PPE required etc. 4. Inform staff/manager in work area of activity to be undertaken including any access or restrictions necessary whilst performing work, and precautions to be undertaken to ensure safety of staff and associated occupants 5. Cordon off area where work is to be carried out and where required request occupants to remove themselves from work area until approval to re-occupy has been given 6. Set up work area in accordance with risk assessment, safe work and asbestos controls identified, and any additional requirements provided by on site asbestos support. Ensure floor and other surfaces are suitably protected from potential debris/dust using plastic sheeting. 7. Don required PPE and RPE, ensuring respirator is fit checked before commencing work. 8. Commence and complete required work in accordance with safe and agreed controls and work methods, noting any variation in asbestos material and condition from that reported 9. On completion of work task ensure area is assessed to ensure only minor debris/dust generation. Proceed and clean area using agreed safe methods ensuring area is free from any visible debris or dust. Place all waste generated into a suitable asbestos waste bag and dispose as asbestos waste. <p>Note: If dust and or debris is observed to be greater than minor, consult CM Health’s asbestos support and the Hazardous Substance, Safety and Compliance Manager, Follow requirements provided.</p> <ol style="list-style-type: none"> 10. Remove PPE worn by agreed safe methods, placing into a suitable asbestos waste bag, and dispose as asbestos waste 11. Remove respirator, clean and store safely 12. Remove cordon and inform work area safe to re-occupy and any additional instruction necessary <p>Report any variation to the ACM detail described in the asbestos register entry to the asbestos administrator.</p> |
| | |

1.8.2 Asbestos Related Work Procedure – Elevated Risk Works

| | |
|--------------------------|---|
| <p>Equipment:</p> | <p>PPE, P2 fitted respirator, duct and wide PVC tap, footwear without laces or cover shoes, plastic drop sheet 200 micron, asbestos waste bags, asbestos certified vacuum, wet wipes, spray bottle with detergent and water set to mist, safety signage and</p> |
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| | <p>barriers, containment unit, additional equipment and or air monitoring as determined</p> |
| <p>Scope:</p> | <p>The <i>Asbestos Related Work Procedure – Elevated Risk Works</i> is to be applied when undertaking asbestos related work which has been assessed as having an Elevated Risk of generating a higher concentration of ACD and debris (considered more than minor) or removing ACM < 2m² during proposed work and, can be safely managed using increased safe work and asbestos controls; and no defined safe work process is available for the proposed work task.</p> <p>Elevated risk asbestos related work may only be undertaken by personnel who have completed a minimum of asbestos awareness and practical training, have a fitted approved respirator, have assessed the asbestos register, consulted with the onsite asbestos support and are under the direct supervision of CM Health’s asbestos support or has been deemed ‘competent’ to undertake the required activity without supervision.</p> |
| <p>Procedure:</p> | <ol style="list-style-type: none"> 1. Review asbestos report for the work area and work to be undertaken 2. Consult with CM Health’s asbestos support person and the Has Subs, Safety and Compliance Manager, confirming work is classed as Elevated Risk, unless pre-approved (permitted) to perform agreed work activity without consultation. 3. Confirm work and work process to be undertaken, equipment and PPE required etc. This may include the requirement for a containment cell, air monitoring and additional controls. 4. Complete asbestos work permit 5. Inform staff/manager in work area of activity to be undertaken including any access or restrictions necessary whilst performing work, and precautions to be undertaken to ensure safety of staff and associated occupants 6. Cordon off area where work is to be carried out and where required request occupants to remove themselves from work area until approval to re-occupy has been given 7. Set up work area in accordance with risk assessment, safe work and asbestos controls identified, and instruction provided by the onsite asbestos support. If a containment cell is required CM Health’s approved asbestos removal contractor or competent worker shall erect. <p style="text-align: center;">Note: Where air monitoring is required, work may only commence once air monitoring has been set up and, approval to commence work is given.</p> <ol style="list-style-type: none"> 8. Don required PPE; ensuring respirator is fit checked before commencing work. 9. Commence and complete required work in accordance with safe and agreed controls and work method, supervision and instruction provided, noting any variation in asbestos material and condition from that reported 10. Upon completion of work commence site clean-up in accordance with agreed safe method and instruction provided. Decommission containment cell if used. Place all waste generated into an asbestos waste bag and dispose as asbestos waste 11. Remove PPE worn by agreed safe methods, placing into a suitable asbestos |

| | |
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| | <p>waste bag, and dispose as asbestos waste</p> <ol style="list-style-type: none"> 12. Remove respirator, clean and store safely 13. Advise the Has Subs, Safety and Compliance Manager of works completion. <p>Note: The work area cordon may only be removed once the asbestos supervisor confirms their agreement to remove and, where air monitoring has been completed approval to re-occupancy has been granted</p> <ol style="list-style-type: none"> 14. Provide air monitoring results to workplace and workers where performed. <p>Report any variation to the ACM detail described in the asbestos register entry to the asbestos administrator.</p> |
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1.8.3 Emergency Asbestos Procedure - Overview

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| Equipment: | <p>Minimum – PPE (P2 fitted respirator (disposable if fitted respirator unavailable for ‘threat to life’ emergencies). Recommended, duct and wide PVC tape, cover shoes, plastic sheeting (200 micron), asbestos waste bags, asbestos certified vacuum, wet wipes, spray bottle with detergent and water set to mist, safety signage and barriers, containment unit, additional equipment and or air monitoring as determined.</p> |
| Scope: | <p>The <i>Emergency Asbestos Procedure</i> is to be applied when:</p> <ul style="list-style-type: none"> • An uncontrolled excess release of asbestos material, including dust, occurs during approved related work, defined safe work process or facility failure, i.e. considerably more than minor; or • Critical work must be carried out, in a location known to present a high risk of releasing ACM or ACD, which cannot be delayed due to a need to maintain life/life preserving services; and, limited time to initiate appropriate asbestos controls. <p>Activity undertaken in accordance with this procedure should be performed by personnel who have completed a minimum asbestos training, are in possession of a fitted P2 respirator; and, have consulted with CM Health’s asbestos support; and where possible under their direct supervision.</p> <p>NOTE: Emergency work involving asbestos is to be delayed as long as practically possible to ensure appropriate consultation, the highest asbestos controls can be determined, initiated and utilized etc.; unless there is an imminent ‘threat to life’ whereupon the highest available controls and safe work procedures must be used to preserve life.</p> |
| Procedure: | <ol style="list-style-type: none"> 1. Immediately cordon off/secure area, and evacuate if occupied <p>Note: Where it is not possible to consult, notify Facilities, and or Duty manager (after hrs), to progress consultation and requirement for additional asbestos controls and support etc. Commence work using the highest level of PPE and asbestos controls available. (minimum coverall and fitted respirator)</p> <ol style="list-style-type: none"> 2. Where time permits consult with CM Health’s asbestos support and or the Has Subs, Safety and Compliance Manager. Confirm work and safe work process required and to be undertaken, equipment and PPE required etc. |

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| | <p>3. Inform staff/manager of work area if not already undertaken (This may require additional resource e.g. Duty manager +/- security)</p> <p>4. Set up work area in accordance with consultation and emergency risk assessment. A containment cell should be set up prior to the commencement of any work unless 'threat to life' is imminent; and where possible, cessation of mechanical air handling.</p> <p>Note: Air monitoring shall commence at the earliest opportunity</p> <p>5. All required personnel to don full asbestos PPE including fitted respirator; ensuring respirator is fit checked before commencing work.</p> <p>(Where a 'threat to life' is imminent and a fitted respirator is not available, a disposable P2 respirator may be used briefly to alleviate immediate risk. This must be replaced with a fitted respirator as soon as practicable)</p> <p>6. Commence and complete required work in accordance with safe and agreed controls and work methods, and or supervision and instruction as provided/obtained to minimise release of and potential exposure to airborne asbestos.</p> <p>At the earliest opportunity CM Health's asbestos support service shall take charge of any asbestos work necessary, in collaboration with the senior engineer on site to ensure the emergency situation does not result in significant disturbance of asbestos dust/debris and, required site clean-up and disposal of asbestos waste (including PPE etc.) occurs in accordance with agreed safe practice, asbestos regulation and required notifications</p> <p>7. CM Health's asbestos support service shall in consultation with the Duty, Facilities and or Has Subs and Compliance managers determine monitoring, assessment and additional management, including required asbestos remediation required. The Facilities and or Has Subs and Compliance manager will initiate and ensure these requirements are communicated and achieved before the site is released for re-occupation and or use.</p> <p>8. Required clearances obtained, air monitoring results provided to all involved parties</p> <p>9. Site cleared for re-occupation and/or use by CM Health's asbestos specialist or supervisor as determined</p> <p>10. Incident reported, and investigation performed as per CM Health policy and procedure.</p> <p>11. Staff potentially or having been exposed to airborne asbestos provided OHSS consultation. Other parties informed to seek follow up with their GP/employer if contractor on site.</p> <p>12. Update asbestos register</p> |
|--|---|

may only be undertaken by suitably trained and competent personnel, and receipt of approval.

(Proceed to Section 2 if response is NO)

(Proceed to Section 3 if response is YES)

If any response is NO, complete over page and or obtain required authorisation below

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: All activity or work immediately if new asbestos materials are

Safe Method of Work

Part 1: Description of Work/Activity

(Provide outline of work or activity to be undertaken)

.....

.....

.....

Part 2: Safety Equipment (incl. PPE)

(Outline safety equipment requirements, process of use and disposal)

- Standard asbestos PPE to be worn (refer to asbestos kit contents) and instruction for don and doffing, to be carried out as per current procedure within safe zone.
- Spray bottle with wetting agent to be used in conjunction with PPE removal and during approved work activity
- All equipment to be disposed as per current procedure for disposing contaminated waste.

Detail any other PPE/equipment required for the work intended

Part 3: Safe Method

(Outline the safe method(s) to be undertaken which are deemed to ensure the activity occurs safely, include safe access and egress of area, notification (if working alone) etc.)

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Part 4: Emergency Response

(Outline potential emergencies and management response)

- Injury of worker - Lone worker process to be initiated in accordance with current facility protocol
- Fire in work area – Initiate CMH emergency response protocols, raise the alarm and leave area by the nearest exit (PPE may remain in situ until advice given to remove)
- Damage or release of friable asbestos - initiate uncontrolled asbestos release protocol and remove self from area, decontaminate and doff PPE, advise facilities manager.

.....

Part 5: Safe Method Development

Details of the person who develops the Safe Method:

Print Name:.....

Position:.....