

London Borough of Hammersmith & Fulham

Cabinet

8 October 2018

BACKGROUND DOCUMENTS

<u>Item</u>		<u>Pages</u>
11.	CONTRACT AWARD FOR RAPID ELECTRIC VEHICLE CHARGING CONTRACT - SCRUBS LANE CAR PARK	4 - 8
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H&F Equality Impact Analysis Tool

Conducting an Equality Impact Analysis

An EqIA is an improvement process which helps to determine whether our policies, practices, or new proposals will impact on, or affect different groups or communities. It enables officers to assess whether the impacts are positive, negative, or unlikely to have a significant impact on each of the protected characteristic groups.

Page 2 The tool has been updated to reflect the new public sector equality duty (PSED). The Duty highlights three areas in which public bodies must show compliance. It states that a public authority must, in the exercise of its functions, have due regard to the need to:

- 1. Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited under this Act;**
- 2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;**
- 3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.**

Whilst working on your Equality Impact Assessment, you must analyse your proposal against the three tenets of the Equality Duty.

General points

1. In the case of matters such as service closures or reductions, considerable thought will need to be given to any potential equality impacts. Case law has established that due regard cannot be demonstrated after the decision has been taken. Your EIA should be considered at the outset and throughout the development of your proposal, it should demonstrably inform the decision, and be made available when the decision is recommended.
2. Wherever appropriate, the outcome of the EIA should be summarised in the Cabinet/Cabinet Member report and equalities issues dealt with and cross referenced as appropriate within the report.
3. Equalities duties are fertile ground for litigation and a failure to deal with them properly can result in considerable delay, expense, and reputational damage.
4. Where dealing with obvious equalities issues e.g. changing services to disabled people/children, take care not to lose sight of other less obvious issues for other protected groups.
5. If you already know that your decision is likely to be of high relevance to equality and/or be of high public interest, you should contact the Equality Officer for support.
6. Further advice and guidance can be accessed from the separate guidance document (on the intranet) or [ACAS - EIA](#). Or you can contact the councils Equalities Lead (see below).

Equality Lead: Fawad Bhatti (Policy & Strategy)

Fawad.bhatti@lbhf.gov.uk

020 8753 3437

H&F Equality Impact Analysis Tool

Overall Information	Details of Full Equality Impact Analysis
Financial Year and Quarter	1 st Quarter 2018
Name and details of policy, strategy, function, project, activity, or programme	<p>CONTRACT AWARD FOR RAPID ELECTRIC VEHICLE CHARGING CONTRACT – SCRUBS LANE CAR PARK</p> <p>To approve the recommendation in the report titled – Contract Award for Rapid Electric Vehicle Charging Contract - Scrubs Lane Car Park – Part A and B.</p>
Lead Officer	<p>Name: Richard Hearle Position: Parking Projects and Policy Manager Email: richard.hearle@lbhf.gov.uk Telephone No: 020 8753 4651</p>
Date of completion of final EIA	12/06/2018

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Section 02	Scoping of Full EIA	
Plan for completion	Timing: June 2018 Resources: Parking Projects and Policy Team	
Analyse the impact of the policy, strategy, function, project, activity, or programme	There are no proposed changes to the existing operation of parking. As a result of the overall works, there may be benefits associated with certain groups and not others as detailed below:	
	Protected characteristic	Analysis
	Age	N/A
	Disability	N/A
	Gender reassignment	N/A
	Marriage & Civil Partnership	N/A
	Pregnancy &	N/A

	maternity		
	Race	N/A	Neutral
	Religion/belief	N/A	Neutral
	Gender	N/A	Neutral
	Sexual Orientation	N/A	Neutral
Human Rights or Children's Rights			
Will it affect Human Rights, as defined by the Human Rights Act 1998?			
No			
Will it affect Children's Rights, as defined by the UNCRC (1992)?			
No			

No comments received from the statutory consultation.

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Section 03	Analysis of relevant data Examples of data can range from census data to customer satisfaction surveys. Data should involve specialist data and information and where possible, be disaggregated by different equality strands.
Documents and data reviewed	Contract documents and Call-Off Contract tender procedures
New research	N/A

Section 04	Consultation
Consultation	Traffic Order Procedure. No comments received from the statutory consultation.
Analysis of consultation outcomes	None required

Section 05	Analysis of impact and outcomes
Analysis	N/A

Section 06	Reducing any adverse impacts and recommendations
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Outcome of Analysis	N/A
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Section 07	Action Plan
Action Plan	N/A

Section 08	Agreement, publication and monitoring
Chief Officers' sign-off	Name: Chris Bainbridge Position: Head of Transport Policy and Network Management Email: chris.bainbridge@lbhf.gov.uk Telephone No: 0208 753 3354
Key Decision Report (if relevant)	Date of report to Cabinet/Cabinet Member: 10/06/2018 Key equalities issues have been included: Yes/No
Equalities Lead (where involved)	Name: Chris Bainbridge (ACTING) Position: Head of Transport Policy and Network Management Email: chris.bainbridge@lbhf.gov.uk Telephone No: 0208 753 3354

Growth and Place Directorate (GPD)

ASBESTOS MANAGEMENT PLAN

Directorate	Growth and Place
Responsible Person	Strategic Head of Property Services
Resident Sign-off	
Approval Date	
Next Review Date	6 months from approval
Version Number	FINAL

NOTE: This is a CONTROLLED document. Any documents appearing in paper form are not controlled and should be checked against the server file version prior to use.

The content of this document is wholly defined by the issue number. This document is issued in its entirety following any revisions and subsequent approval.

DOCUMENT RECORD

Issue No.	Date of Issue	Review date	Reviewed by	Comments	Approved by	Approval Date
Draft v1	Feb 2018		CA			
Draft v2	April 2018		CA			
Draft v3	1 June 2018		LB			
Draft V3	6 June 2018		DMT		DMT	12/18

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1. SCOPE OF ASBESTOS MANAGEMENT PLAN

OVERVIEW – this section outlines the scope of this Asbestos Management Plan and the high level aims of the Plan and details the legislation and other documentation that it relates to.

1.1 Scope of this Asbestos Management Plan

London Borough of Hammersmith and Fulham (LBHF) Growth and Place Directorate (GPD) is committed to the effective management of asbestos and recognises its duties under the Health & Safety at Work Act, 1974 and the Control of Asbestos Regulations 2012, the Defective Premises Act 1972 and the Landlord and Tenant Act 1985 together with all associated Approved Codes of Practices.

The Council also recognises its responsibilities to Contractors and others involved in building and maintenance projects established through the Construction (Design and Management) Regulations 2015 and its duties as the 'Duty Holder' of sites owned, occupied or operated by the Council, as defined by Regulation 4 of the Control of Asbestos Regulations 2012.

This Asbestos Management Plan sets out LBHF GPD's strategy for compliance with all current relevant Health & Safety legislation relating to asbestos, in conjunction with the LBHF GPD Asbestos Management Policy.

This Asbestos Management Plan:

- Must be read in conjunction with the LBHF GPD Asbestos Management Policy
- Must be read in conjunction with the Asbestos Register
- Applies to all properties for which LBHF RPHS has Dutyholder responsibilities as defined by regulation 4 of the Control of Asbestos Regulations 2012, including both domestic and non-domestic areas
- Relates to all identified, presumed or suspected Asbestos Containing Materials (ACMs) at sites owned, occupied or operated by LBHF GPD
- Is applicable to all staff, contractors, volunteers and other persons whose duties may bring them into contact with Asbestos Containing Materials (ACMs) including all residents (tenants and leaseholders) residing in LBHF GPD properties
- Requires the cooperation of all staff, contractors and other site users, in line with their individual responsibility to maintain a safe, healthy working environment at all times
- Is mandatory for all parties involved.
- must be available for inspection by anyone reasonably requiring it including external contractors, enforcing agencies and emergency services.

This Asbestos Management Plan replaces any previous management plans that may already be in circulation for LBHF GPD.

1.2 Aim of Asbestos Management Plan

The aim of this AMP is to:

1. Control the risk of exposure to asbestos fibres
2. Ensure compliance with all relevant legislation by:
 - Detailing how GPD will ensure that all persons who have responsibility for managing, organising, or carrying out works, including contractors, are sufficiently competent and have had sufficient training

- Detailing how GPD will determine the location of materials likely to contain asbestos
- Detailing how GPD will maintain an up to date record of the location and condition of known or presumed asbestos ('The Asbestos Register') together with its risk
- Detailing how GPD will ensure that the condition of any material containing or presumed to contain asbestos is periodically assessed
- Detailing how GPD will provide information on the location, condition and risk of asbestos containing materials to contractors prior to work taking place and to anyone else who may need it, including how workflow processes will be managed
- Detailing how GPD will manage asbestos removal and remedial work
- Detailing procedures for safe systems of work and dealing with asbestos emergencies

2. MONITORING AND REVIEW OF THIS PLAN

OVERVIEW – this section describes the mechanism for regular monitoring of the plan, along with details for an annual review of the plan.

2.1 Compliance Monitoring and Auditing of Processes

Compliance with the processes detailed within this plan will be monitored via monthly KPIs and performance measures. There will also be a series of audit checks carried out to spot check adherence to processes by both contractors and in-house staff.

2.2 Annual Review

This Plan is to be reviewed six months after approval or sooner if there are changes to legislation, best practice or internal arrangements which mean it may no longer be valid.

The review will critically review all the management processes and their effectiveness as well as the overall progress made and will include;

Effectiveness of current management plan	<ul style="list-style-type: none"> ▪ in preventing exposure ▪ in controlling maintenance workers/contractors ▪ in highlighting the need for action to repair/remove ACMs ▪ in raising awareness among all employees
Issues which may affect the management plan	<ul style="list-style-type: none"> ▪ changes to the organisational structure and/or staff ▪ resourcing the management plan ▪ changes to Council procedures ▪ relevant major incident
Suitability of procedures	<ul style="list-style-type: none"> ▪ for accessing asbestos information ('the register') ▪ for updating the register following surveys and removal work ▪ for reinspections of known asbestos ▪ for communicating with residents ▪ for addressing asbestos risk as part of each workstream (safe systems of work)
Instances of failure of the procedures	<ul style="list-style-type: none"> ▪ where procedures have not been followed and why not ▪ where procedures have been inadequate and why ▪ where exposure to airborne asbestos fibres has occurred ▪ lessons learned following incidents or accidents

It is the responsibility of the Asbestos Manager to review this plan as agreed and to recommend such updates as are required to maintain it in accord with existing legislation and regulation. It is expected that the Asbestos Manager's recommendations will be approved in a timely manner in accordance with the Council's internal decision-making processes and the plan updated accordingly.

Due to the introduction of a new asbestos register in Geometra, due in 2018, the initial review for this plan has been set at 6 months.

3. ROLES AND RESPONSIBILITIES

OVERVIEW – this section outlines the job titles, roles and clear lines of responsibility for each person involved in the management of asbestos.

3.1 Councillors

- Councillors must ensure that suitable arrangements are in place for the management of the asbestos throughout the councils' portfolio and that there are sufficient resources to discharge these duties effectively.

3.2 Chief Executive

- The Chief Executive is legally responsible for ensuring that the arrangements in place for the management of asbestos containing materials are suitable and sufficient.
- The Chief Executive is accountable for the facilitation, implementation, and adherence to this policy, including the allocation of sufficient resources and funds.
- The Chief Executive retains accountability as the “responsible person” within the scope of the relevant legislation.
- The Chief Executive will delegate the responsibility for implementation of this policy to the Strategic Head of Property Services as appropriate and in line with the GPD Asbestos Management Plan.

3.3 Assistant Director, Property and Compliance

The AD Property and Compliance will undertake practical application of the Policy within their areas of responsibility, delegating duties as appropriate, ensuring that:

- Suitable and sufficient risk assessments are carried out for their areas of responsibility and subsequent actions implemented as appropriate
- Resources and equipment are correctly used and maintained
- Identify and facilitate training in accordance with the requirements of this policy
- Systems are periodically reviewed and tested; ensuring that failures and shortcomings are reported and addressed
- All staff in their control are made aware of the requirements of this policy and any amendments made to it
- All staff and officers are fully supported in decisions made in accordance with this policy
- The Asbestos Policy is relevant to all assets falling within the remit of the Strategic Head of Property Services and is signed and dated
- Managing all contact with press, enforcing authorities, and legal queries with respect to asbestos or asbestos exposure
- Reviewing and, where appropriate, implementing recommendations received by the Health and Safety Manager and/or the findings of any audit or review
- Monitor performance of contractors against key performance indicators and report to Lead Director
- Leading enforcement action on non-compliant contractors

3.4 Head of Health and Safety Compliance

The Head of Health and Safety Compliance is responsible for:

- Ensuring that the G&P asbestos policy complies with the overarching LBHF corporate asbestos policy
- Ensuring that the Asbestos Management Plan (AMP) and associated appendices are integrated into the G&P operating procedures
- Participating in regular AMP reviews
- Providing advice and information to the Strategic Head of Property Services and, through liaison with the Asbestos Manager/asbestos specialist contractor, ensuring that instructions received from the Strategic Head of Property Services are implemented
- Facilitating audits carried out by the Asbestos Manager, Health and Safety and/or commissioned party
- Ensuring that the implementation of the AMP is monitored to ensure that working arrangements and provision of financial, technical, human, and other resources are suitable and sufficient to meet its requirement
- Monitoring quality control and performance and reporting on key performance indicators
- Monitoring and reporting on asbestos training
- Monitoring that contractors including Mitie and ACE are following procedures
- Reviewing and, if appropriate, implementing recommendations received from the Health and Safety Manager or any other audits or reviews of asbestos management
- Reporting non-compliance/deficiencies to Strategic Head of Property Services
- Investigating and reporting on ACM exposure incidents
- Reporting incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases, and Dangerous Occurrences (Amendment) Regulations 2012 (RIDDOR)
- Participating in all meetings with the HSE or enforcement bodies and assisting managers in providing details on the GPD asbestos policies, procedures, and management plan to enforcement bodies where requested.

3.5 Asbestos Manager (Duty Holder's Nominated Responsible Person)

To help comply with the legal requirements and to ensure that ACMs are properly managed, GPD as the dutyholder, has identified a person within the organisation who will be responsible for that management. The appointed person has the resources, skills, training and authority to ensure that the ACMs are managed effectively. The Asbestos Manager is the Duty Holder's nominated representative and is responsible for the day to day operational management of asbestos including;

- Contract Management of Asbestos Surveying and analytical Company
- Ensuring that the Asbestos Register is maintained and updated including risk assessments and ensuring that there is a quality control process in place
- Ensuring that regular re-inspection surveys are undertaken in line with the intervals specified in the Asbestos Management Plan
- Ensuring that any ACMs that are high risk are removed or encapsulated so as to reduce their risk
- Ensuring that records of asbestos remedial works are kept
- Providing general technical advice on asbestos to GPD team

- Providing Key Performance Indicator (KPI) data for monthly reporting
- Undertaking an auditing role on representative projects and the Asbestos Management Plan, including the performance of the Asbestos Contractors, and Asbestos Analysts/Surveyors.
- Ensuring that emergency procedures are established, implemented, and remain appropriate for the RPHS
- Ensuring that all work is halted if suspect ACMs are discovered during work and if required further advice is sought from the Asbestos Surveying Company
- Ensuring any breaches of compliance with the Asbestos Management Plan and the Control of Asbestos Regulations are fully investigated and that Corporate Health and Safety are notified. All incidents and accidents are recorded on the Council's online reporting system
- Ensuring that health surveillance is carried out where appropriate and necessary
- Maintain a competent person status in matters of asbestos management.

3.6 Staff

All staff will ensure that they:

- Comply fully with the principles and actions required in this document
- Correctly utilise all systems and equipment provided for compliance with this document, including the reporting of any apparent defects with the equipment or systems
- Ensure the safety, health and welfare of themselves and others who may be affected by the employees' acts or omissions
- Discuss with their line manager any issues or concerns arising with or about this policy
- Bring to the attention of the senior management and the health and safety advisor any matters that are not resolved in a reasonable time
- Undertake training as required
- Understand what to do in an emergency and how to report an incident

3.4 Contractors

GPD has a term partnering contract (TPC) with a contractor, Mitie, which runs from 2013 through to 2023, with the potential to extend for a further 5 years. GPD has a contract with ACE for asbestos surveys and analytical services. Additional contractors are employed either via Mitie or directly by GPD. Contractors are responsible for the following:

- To only use Licensed Asbestos Removal Contractors for work on all asbestos materials, whether licensable or non-licensable.
- To only use UKAS accredited laboratories for air testing and bulk sample analysis
- To undertake appropriate training, including asbestos awareness training and to provide evidence to demonstrate this
- To access the G&P Asbestos Register prior to undertaking any work which may disturb asbestos
- To carry out all work, risk assessment, notifications and reporting to the council for all areas relating to asbestos in accordance with the regulations, the G&P Asbestos Management Plan and any contract in place
- To report any incidents immediately and to follow the processes included in this plan

3.8 G&P Health and Safety Team

- Coordinating any training needs assessment for all members of staff and facilitating the Asbestos Manager or external asbestos specialist to deliver relevant Asbestos Awareness Training
- Managing and collating Accident Book/corporate incident reporting system records and Dangerous Occurrence records
- Undertaking inspections and audits to ensure adherence to this Policy and the Asbestos Management Plan and to make recommendations as applicable.

3.9 Corporate Health and Safety Team

The Corporate Health and Safety team shall:

- Consult with the appropriate Senior Management Team on asbestos related matters;
- Auditing and inspection against compliance with this policy;
- Inform relevant Director of any non-compliance; and
- Report findings to Strategic Leadership Team, Cabinet Member and Audit Committee

3.10 Specialist Advice

As required, G&P will engage the services of specialists to provide advice on asbestos matters, either via the existing supply chain or external consultants.

3.11 Key Asbestos Management Roles


	<p>Strategic Head of Property Services</p> <p>Chris Culleton chrisculleton@lbhf.gov.uk 020 8753 1052</p>
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	<p>Head of Health and Safety Compliance</p> <p>Chris Wood chriswood@lbhf.gov.uk 0208 7534 871</p>
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	<p>Interim Asbestos Manager</p> <p>Stephen Brittain stephen.brittain@lbhf.gov.uk 020 8753 6454</p>
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	<p>ACE Surveying and Analytical Services Contractor</p> <p>Rebecca Madden - Project Admin Rebecca.madden@aceconsultants.co.uk 01375 366874</p> <p>Emergencies: operations@aceconsultants.co.uk Out of hours Emergencies: 07803201267</p>
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	<p>Mitie Term Partnering Contractor</p> <p>0800 023 4499</p>
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	<p>Alltask Licensed Asbestos Removal Contractor</p> <p>Contact via Mitie</p>
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4. TRAINING AND COMPETENCY

OVERVIEW – Under Regulation 10 of Control of Asbestos Regulations 2012 (CAR), employers are required to ensure that anyone who may disturb asbestos during their work or who manages or supervises these staff receive appropriate information, instruction and training to ensure that they understand the risks associated with working with asbestos and can undertake the work safely.

This section outlines how training needs will be identified, how asbestos awareness training will be delivered for employees and the requirements for additional asbestos training for specific employees. It also details how competency of contractors will be assessed and managed including those undertaking asbestos removal work and consultants/laboratories undertaking asbestos surveys, testing and air monitoring.

4.1 Identification of Training Needs

The Head of Health and Safety Compliance is responsible for ensuring that GPD Staff are provided with suitable and sufficient training appropriate to their involvement with asbestos and in line with their responsibilities under this management plan.

The type of training required is dependent on the role undertaken. Workers and supervisors must be able to recognise asbestos-containing materials (ACMs) and know what to do if they come across them in order to protect themselves and others. Two different levels of training will be provided;

- Asbestos Awareness Training
- Asbestos Management Training

Additionally, training will be carried out in the specific processes and procedures in place to manage asbestos at LBHF RPHS and in particular to ensure that those with named responsibilities are aware of these and understand them.

A Training Needs Analysis will be maintained by the Health and Safety Team which will identify training needs and log training completed. Generally, the following training will be provided;

	Asbestos Awareness	Asbestos Management (e.g. P405)
GPD Management	✓	✓ (selected staff)
LBHF Asbestos Manager (Appointed Person)	✓	✓ (minimum requirement)
LBHF H&S Staff Providing Advice	✓	✓
GPD Staff Arranging or Supervising Work	✓	✓ (selected staff)

4.2 Induction Training

An initial assessment of training needs is undertaken at induction stage to determine what asbestos training an individual requires to undertake their role safely. If their role requires it, basic asbestos awareness training is provided to new starters as e-learning which is then followed with classroom training at the next available session. Classroom based awareness sessions are split throughout the year to ensure that new starters do not need to wait a full 12 months for a course.

4.3 Asbestos Awareness Training

Asbestos awareness training will be given to employees whose work could foreseeably disturb the fabric of a building and expose them to asbestos or who supervise or influence the work. Awareness training should also be given to those who could arrange, supervise or influence work, or those who are required to interpret asbestos information. LBHF staff who will receive awareness training include;

- Architects and Designers and others specifying works
- Building Surveyors and other LBHF Surveyors
- Project Managers and Contract Managers
- Property Compliance Team (PCT)
- Housing Officers
- Caretakers and Estate Managers
- Scheme Managers
- Leasehold Services
- Call centre staff and other 'front line' staff

Asbestos awareness training, either classroom based, via e-learning or both, will be a mandatory training course for all identified staff.

The syllabus for asbestos awareness training covers;

- the properties of asbestos and its effects on the health of individuals, including the increased risk of developing lung cancer for asbestos workers who smoke
- the types, uses and likely occurrences of asbestos and ACMs in buildings and plant
- the general procedures to be followed in the event of an emergency e.g. an uncontrolled release of asbestos dust into the workplace
- how to avoid the risk of exposure to asbestos

In order to improve understanding of the GPD Asbestos Management strategy and associated processes, training also incorporates the Council's Asbestos Policy and Management Plan, site specific procedures, where asbestos records are kept (the TEAMS asbestos portal), how to assess work against the asbestos records and designated roles and responsibilities.

It is imperative that any training also includes clear instructions of what to do in the event of a known, presumed or suspected ACM being disturbed.

All formal training is carried out by a suitably qualified UKATA, or equivalent, accredited trainer. Trainers have adequate practical experience in the asbestos sector and a theoretical knowledge of all relevant aspects of the work being carried out by GPD and associated processes.

4.4 Additional Training (for those with management responsibility etc.)

More in-depth training is required for those directly involved in the management of asbestos including assessing risk and overseeing removal work. Asbestos Management Training such as the British Occupational Hygiene Society (BOHS) P405 proficiency module 'Management of Asbestos in Buildings' is an appropriate level of training for such staff as the module is intended to provide candidates with practical knowledge and skills to manage asbestos in buildings and to provide a basic knowledge of asbestos removal procedures. A list of staff falling within this requirement will be identified and kept up to date by the Asbestos Manager under the direction of the Head of Safety Compliance.

The P405 or equivalent will be held as a minimum by the GPD Asbestos Manager as well as any other identified staff, for example, with managerial responsibility for asbestos.

4.5 General Updates

Any updates on legislation or changes in processes will be communicated via the Council's Intranet and reinforced as required using e-mail bulletins via the Asbestos Manager or Health and Safety team.

4.6 Asbestos Awareness Refresher Training

There is no legal requirement to repeat an entire formal awareness refresher training course every 12 months, however some form of refresher should be given, as necessary, to help ensure knowledge of asbestos awareness is maintained.

Refresher training will be carried out as per the following schedule;

Year 1	Awareness	Face to face (Classroom)
Year 2	Asbestos Awareness Refresher	Face to face (Classroom) or E-Learning
Year 3	Asbestos Awareness	Face to face (Classroom)
Year 4	Asbestos Awareness Refresher	Face to face (Classroom) or E-Learning
Year 5	Asbestos Awareness	Face to face (Classroom)
Year 6	Asbestos Awareness Refresher	Face to face (Classroom) or E-Learning Ad Infinitum

4.7 Training Records

Training Records for staff will be maintained by the GPD Health and Safety Team.

5. IDENTIFICATION OF ASBESTOS - ASBESTOS SURVEYS

OVERVIEW – Regulation 4 of CAR 2012 requires Dutyholders to take reasonable steps to find materials in premises likely to contain asbestos and to check their condition and to presume materials contain asbestos unless there is strong evidence that they do not.

This section outlines when and how asbestos surveys will be carried out including the strategies for surveying domestic and non-domestic premises.

5.1 Asbestos Surveying Contractor

GPD will ensure that all asbestos surveyors employed to undertake surveys on its stock are competent. This will include confirmation that surveyors;

- have sufficient training, qualifications, knowledge, experience and ability to carry out their duties in and to recognise their limitations;
- have sufficient knowledge of the specific tasks to be undertaken and the risks which the work will entail;
- be able to demonstrate independence, impartiality and integrity;
- have an adequate quality management system;
- have adequate insurances in place;
- carry out the surveys in accordance with recommended guidance; and
- Are accredited to UKAS ISO/IEC 17020:2012

LBHF RPHS has a contract with Asbestos Consultants Europe Ltd trading as ACE, for all asbestos surveying and analytical services. ACE are accredited to ISO/IEC 17020:2012 for asbestos surveying and inspection and ISO/IEC 17025:2005 for sample analysis and air testing.

The Asbestos Manager is responsible for ensuring that surveyors have the appropriate training and qualifications as well as the necessary accreditations and insurances. The performance of the surveying contractor is managed via monthly contract meetings and KPI reporting.

5.2 Asbestos Survey Standards

All surveys are undertaken in accordance with the guidance set out in Asbestos: The Survey Guide HSG 264 (HSE 2010).

The content of the survey report must, as a minimum, contain the following:

- Detail of property including photograph of outside
- Details of areas not included in the survey.
- Annotated plans of the property surveyed detailing the rooms sampled, the presence of asbestos containing materials and areas where access was not available.
- Photographs of sample points
- Survey results
- material assessment
- A priority risk assessment

- An overall risk assessment score
- Conclusions and actions
- Bulk analysis results

GPD will instruct the following different types of survey;

5.2.1 Management Surveys

A management survey is to locate, as far as reasonably practicable, the presence, extent and condition of any ACMs that could be damaged or disturbed during normal occupancy, or foreseeable maintenance and installation. Management surveys cover routine and simple maintenance work.

GPD carries out Management surveys for all communal (non-domestic) areas. Management surveys may also be carried out in dwellings where works are not planned or are minor and non-intrusive.

5.2.2 Refurbishment and Demolition (R&D) Surveys

A refurbishment and demolition survey is required before any refurbishment or demolition work is carried out and is intended to locate all the asbestos in the building (or the relevant part), as far as reasonably practicable. It is a disruptive and fully intrusive survey, which may need to penetrate all parts of the building structure. Aggressive inspection techniques will be used to lift carpets and tiles, break through walls, ceilings, cladding and partitions, and open up floors. In these situations, controls must be put in place to prevent the spread of any debris which may contain asbestos.

GPD carries out R&D surveys when refurbishment work or demolition is planned. This will include any works which are deemed to be intrusive including works to void properties.

Where a leaseholder or tenant applies for Landlord's Consent for Alterations, the resident will be responsible for arranging for a R&D survey to be carried out by a UKAS accredited company prior to consent being granted by the Property Compliance Team.

5.2.3 Management survey with refurbishment elements

This 'combined' survey type is carried out when intrusive works are planned to isolated areas, for example, a kitchen replacement. In these instances, an R&D survey will be undertaken to the works area with a management level survey carried out to the rest of the dwelling.

This type of survey allows information to be gathered on all areas of a dwelling when access is gained to increase the overall asbestos information held on the stock.

5.2.4 Bulk Samples

A bulk sample refers to a sample of a single material not undertaken as part of a survey. This may be as a result of a material being damaged or a suspect material being identified in an area where a survey has already been completed.

5.2.5 Reinspection Surveys

Reinspection surveys are undertaken to inspect previously identified or presumed asbestos materials to ensure that their condition remains the same and they have not deteriorated or been damaged.

5.3 Survey Strategy - Non-Domestic Premises (Communal Areas)

Survey Type	Strategy
Management Surveys	To be carried out to all non-domestic premises constructed pre-2000 where LBHF is the duty holder. This includes the communal areas of block of flats as well as community rooms, offices and tenant halls.
R&D Surveys	To be carried out prior to any intrusive works including projects where full building subject to works.
Management survey with refurbishment elements	To be carried out prior to any intrusive works including projects and intrusive repairs where only specific areas of the building being subject to work.
Bulk Samples	To be carried out where a material has been identified as suspect and a survey has already been carried out or in the event of an emergency.
Reinspection Surveys	To be carried out every 12 months.

5.4 Survey Strategy – Domestic Properties (Dwellings)

Survey Type	Strategy
Management Surveys	To be carried out if survey required but no intrusive works planned e.g. at resident request. In order to build up the overall asbestos data on the stock, from time to time programmes of management surveys may be undertaken to dwellings.
R&D Surveys	To be carried out prior to any intrusive works including project, voids, aids and adaptations and intrusive repairs where whole dwelling subject to works. Also to be carried out prior to work requested by resident requesting Landlord's Consent for Alterations (at resident's expense).
Management survey with refurbishment elements	To be carried out prior to any intrusive works including project, voids, aids and adaptations and intrusive repairs where only specific areas of the dwelling subject to works.
Bulk Samples	To be carried out where a material has been identified as suspect and a survey has already been carried out or in the event of an emergency.
Reinspection Surveys	To be carried out at request of resident (i.e. if change in condition of material reported) or to validate past records. No routine reinspections of asbestos materials in dwellings will be undertaken.

5.5 Scope of Duty to Manage

In line with HSE guidance, LBHF RPHS has applied the Duty to Manage to property types as per the table below;

Type of residence	Type of occupation	Rooms or parts	Duty to manage applies?
Private house – single dwelling including bedsits	Owner occupier	All	No
	Let to single family	All	No
	Occupied by more than one family	Private rooms, e.g. bedroom, living room	No
		Shared rooms, e.g. kitchen, bathroom, lavatory	No
	Rooms let to lodgers	Common parts for access and circulation, e.g. entrance hall, staircase	No
		Private rooms	No
House converted into flats	Occupied by more than one family	Private rooms	No
		Common parts for access, circulation and storage, e.g. entrance hall, staircase, roof space	Yes
Garages, parking spaces	Integral to, or linked with residence	Private	No
	Not allocated to any specific person	Common parts – for access and circulation	Yes
Block of flats	Occupied by more than one family	Individual flats	No
		Common parts, e.g. foyer, lift, stairs, lobby, boiler and plant room, roof space, communal yard, garden, store rooms, bike shelter, external outbuilding	Yes
Flats over a shop or office, with or without a separate entrance	Occupied by the shop or office owner	Private rooms	No
	Leased separately	Private rooms	No
		Access and circulation areas	Yes
Sheltered accommodation		Private rooms	No
		Common rooms, e.g. dining room, lounge	No
		Work areas, e.g. kitchen, staff room, laundry	Yes
		Common parts, e.g. foyer, lift, stairs, circulation areas, boiler room, store rooms, roof space, external outbuilding	Yes

5.6 Survey information for New Stock/Stock Transfer

GPD will provide information on the presence of asbestos to prospective purchasers as required and where available. This will be in the form of asbestos surveys and removal records.

When acquiring new stock built before 2000, GPD will request all asbestos information to allow this to be reviewed for adequacy by the Asbestos Manager prior to the purchase/handover. Previous survey information will be added to the register and additional surveys instructed via ACE if required.

Any new developments will be clearly identified as post 2000 on the register to demonstrate that these are asbestos free.

5.7 Audits of Asbestos Surveys

In order to ensure that asbestos surveys are being carried out in line with legislation and this Plan, GPD will undertake audits on completed surveys. These will be carried out by the Asbestos Manager or independent consultants and will be based upon the requirements of UKAS RG 8 - Accreditation of Bodies Surveying for Asbestos in Premises Edition 4.

6. RISK ASSESSMENT AND MANAGEMENT ACTIONS

OVERVIEW – Regulation 4 of CAR 2012 requires Dutyholders to assess the risk of anyone being exposed to asbestos materials and prepare a written plan to manage that risk. Additionally, Dutyholders must ensure that any material known or presumed to contain asbestos is kept in a good state of repair and adequately protected or, if it is in a vulnerable position and cannot be adequately repaired or protected, it is removed.

This section outlines how material and priority assessments of asbestos materials will be used and how overall risk scores will be assigned. It also details the rationale for undertaking remediation work and the action plan for managing asbestos risk.

6.1 Risk assessment of Asbestos

All identified asbestos materials are allocated a risk score, which is defined by adding a score given based on the material (the material score) and with a score based on the risk of disturbance (the priority score). The combined material and priority assessment results are used to establish the priority for those ACMs needing remedial action and the type of action that will be taken.

The material assessment, priority assessment and combined risk score for each incidence of asbestos are recorded in the asbestos register.

6.2 Material assessment

The asbestos surveyor will provide a material risk assessment for each incidence of asbestos based on scoring the following parameters on an (increasing potential risk) scale of 1 -3 and then adding together these scores;

- product type;
- extent of damage or deterioration;
- surface treatment; and
- asbestos type.

The potential for a material to release fibres is classified as;

	Material Score	Potential to release fibres if disturbed
	4 or less	Very Low
5 - 6		Low
7 - 9		Medium
	10 -12	High

Non-asbestos materials are not scored.

The material assessment algorithm is contained in Appendix 1.

6.3 Priority Assessment

An additional assessment is carried out to determine the risk of the material being disturbed based on the following factors;

- the location of the material;

- the extent of the material;
- the use to which the location is put;
- the occupancy of the area;
- the activities carried on in the area; and
- the likelihood/frequency with which maintenance activities are likely to take place

Each priority assessment parameter is also given a score between 0-3 and these are added together;

Priority Score	Disturbance Potential
4 or less	Very Low
5 - 6	Low
7 - 9	Medium
10 -12	High

Although guidance does not require Priority Assessments to be undertaken for R&D surveys as it is assumed that asbestos identified will be removed, GPD request that surveyors provide Priority Assessments for all survey types. This ensures that full risk data is obtained for all asbestos materials and allows for asbestos identified in an R&D survey that is in good condition to be managed in situ.

GPD have agreed Priority Assessment criteria for their stock with ACE to allow the surveyors to undertake this assessment on the Council’s behalf. This approach would also apply to any other asbestos consultant employed by GPD.

The priority assessment algorithm is contained in Appendix 2.

6.4 Risk Categories

Risk categories are calculated from the total of the combined material and priority scores.

Risk Band	Combined Material and Priority Score
Very Low	1-7
Low	8-11
Medium	12–15
High	16-24

6.5 Reassessment of Risk

The risk score of an incidence of asbestos will be reviewed and updated following;

- Removal of the item - where the risk score will be reduced to 0
- Remediation work – e.g. encapsulation - where the material assessment score will be reduced
- Change of use of the area – e.g. increase in number of occupants – where the priority assessment will be amended
- Change in condition of the material – e.g. deterioration – where the material assessment will be amended

The Asbestos Manager is responsible for ensuring that the risk scores in the register are amended based on the above.

6.6 Actions to be taken by GPD

Asbestos containing materials that are in good condition pose no risk to health and can be managed in situ. Management actions to be taken by GPD will be based on one or a combination of the following;

- The risk score of the item
- The asbestos surveyor's recommendation for action
- Works to be undertaken in the area
- Strategy for overall risk reduction

6.6.1 Asbestos with High Risk Scores

GPD will ensure that any asbestos identified as posing a risk to health is addressed. Any asbestos with an overall risk score of 16 or above will either be removed or encapsulated to reduce its score to below this threshold.

The Asbestos Manager is responsible for reviewing the risk rating of all ACMs and agreeing actions to be taken to reduce intolerable risk by arranging for remedial or removal work.

6.6.2 Asbestos with Identified Actions

Where the asbestos surveyors recommend remedial action (either decontaminate, remove or repair/encapsulation) these will be appropriately actioned.

The Asbestos Manager is responsible for reviewing the recommended actions arising from surveys and arranging for remedial or removal work.

6.6.3 Asbestos which may impact upon works

If works are to be carried out (either voids, project-related or day to day repairs) that will be impacted by asbestos or that may involve disturbing asbestos materials then the asbestos material will be removed. The person responsible for organising the works must assess the requirement for asbestos removal and instruct this accordingly.

If asbestos removal is required for work undertaken by a leaseholder or tenant that requires Landlord's Consent for Alterations, this will be arranged and paid for by the resident who must supply adequate documentation on completion.

If asbestos is identified that may reasonably impact on future routine maintenance or cyclical servicing or could cause issues in the event of plant or machinery requiring emergency isolation, the asbestos material will be removed.

6.6.4 Overall Risk Reduction

The Asbestos Manager will also manage an ongoing programme of removal work in order to reduce the overall risk of asbestos across the stock. This will be based on risk scores or linked to specific programmes of planned work.

Following the introduction of the proposed new asbestos register, it is also intended that a programme be drawn up to remove any single items of asbestos present in communal areas where these are simple to remove. The objective of this programme will be to reduce the need for ongoing reinspection of these items and consequently reduce reinspection cost.

6.7 Table of Management Actions

The following table details the proposed management actions for identified asbestos. This table should be used as a guide and each incidence will be assessed individually by a competent person – either the Asbestos Manager or person instructing works.

	Management Actions			Notes
	Remove	Remediate*	Manage	
Asbestos with combined risk score over 16	✓	✓		Material to be removed or remedial action taken to reduce the risk score to below 16
Asbestos with 'decontaminate' action	✓			
Asbestos with 'remove' recommendation	✓			Some historic R&D surveys have recorded 'remove' as default action but this has now changed so 'remove' is only recommended based on the risk of the material
Asbestos with 'encapsulate' recommendation		✓		
Asbestos which will be affected by or will affect proposed works	✓			
Asbestos which may impact upon future servicing, maintenance or emergency isolation (e.g. to plant)	✓			
Easily removed items of asbestos in communal areas which are the only asbestos item present	✓			To reduce ongoing reinspection costs these items will be removed. To be programmed once data available in Geometra register.
Asbestos in good condition which does not impact upon works			✓	

* NB remediate includes encapsulation, repair or protection of a material

7. RECORDS, INFORMATION AND COMMUNICATION

OVERVIEW – Regulation 4 of CAR 2012 requires Dutyholders to make a written record of the location and condition of asbestos and/or presumed ACMs and ensure that the record is kept up to date. Additionally, Dutyholders must ensure that information on the location and condition of the material is given to anyone who is liable to disturb it or is otherwise potentially at risk.

This section outlines how the location and condition of any known or presumed asbestos is recorded in a register. It also details the mechanism for passing information about the location and condition of asbestos to those who need it, including how information is provided to residents.

7.1 Asbestos Register

7.1.1 Proposed Asbestos Register

GPD is currently in the process of developing a bespoke asbestos register in Geometra which is due for completion in Summer 2018.

Historically, information on asbestos (surveys and removal records) has been held in a number of locations and the introduction of the Geometra database will ensure that there is a single location where all documentation is stored in a consistent and accessible way.

It is intended that the Geometra database will contain;

- General property details
- Survey date, type and surveyor details
- Details of asbestos containing product, location and asbestos type
- Material assessment scores
- Priority assessment scores
- Overall risk score
- Recommended actions
- Due date for actions (including reinspection)
- Accompanying documentation – asbestos surveys and removal records

7.1.2 Interim (Current) Asbestos Register

In the interim, all asbestos survey information is stored on the ACE Teams portal which is accessible via a unique log in. The ACE Teams portal contains all surveys undertaken since 2014 to both domestic and non-domestic areas. ACE upload all new asbestos surveys directly to the portal.

The ACE Teams portal does not record completed asbestos removal or remediation work and therefore provides a 'worst case' of asbestos risk at a property. Records of asbestos removal work have historically been held on Mitie's systems and a data reconciliation exercise is being undertaken to obtain all past records to allow this data to be recorded in Geometra.

7.2 Updating records following identification of Asbestos

New asbestos survey reports are saved directly to the ACE Teams portal.

The new Geometra register will be updated when new survey data is received. Electronic copies of asbestos survey reports will also be held within the register against the individual property.

7.3 Updating records following removal of Asbestos

As part of the move to the new Geometra register, a process is being put into place to allow the updating of the register following removal work.

7.4 Access to Asbestos Information – GPD Staff

Log in credentials have been provided to all GPD staff who require access to the asbestos data. It is the responsibility of team leaders to alert the Asbestos Manager to changes in personnel so that access can be removed or added. Access to the portal is fully trackable and auditable and is monitored on a monthly basis by the Asbestos Manager.

The access points for each workstream are detailed in the process charts in section 10 of this plan.

7.5 Access to Asbestos Information – Mitie

Log in credentials have been provided to all Mitie staff who require access to the asbestos data. There is currently no facility for operatives to access asbestos information from site (using PDAs or tablets) although this is intended to be introduced with the new Geometra register.

It is the responsibility of team leaders to alert the Asbestos Manager to changes in personnel so that access can be removed or added. Access to the portal is fully trackable and auditable and is monitored on a monthly basis by the Asbestos Manager.

The access points for each workstream are detailed in the process charts in section 10 of this plan.

7.6 Access to Asbestos Information – Contractors outside Mitie TPC Contract

Log in credentials will be provided to all other contractors' staff who require access to the asbestos data. GPD staff engaging other contractors should consult with the Asbestos Manager and agree the appropriate arrangements, which will be expected to be the same as Section 7.5.

7.7 Information to Tenants

Asbestos survey information is provided to new tenants as part of their tenancy pack. It is intended that the new Geometra database will allow bespoke reports to be produced to provide to tenants upon reasonable request.

GPD do not by default issue dwelling asbestos surveys to existing residents, unless specifically requested or as part of a new tenancy agreement. If requested, residents will be provided with information. A template letter for providing asbestos information is included in appendix 5.

If no asbestos information is available on a tenant's home constructed prior to 2000 then LBHF RPHS will arrange for a survey to be undertaken.

The process for providing asbestos information to tenants is detailed in process 6.

Before undertaking any alterations or DIY in our properties, residents are required to inform GPD so an assessment can be made of asbestos risk. These works should not be authorised until the asbestos register has been checked and it demonstrates no asbestos in the work area.

Tenants are required under their tenancy agreement to report any damage to known or suspected asbestos. In the event of damage being reported, the Asbestos Manager will determine the most appropriate course of action which may be removal or a survey or reinspection.

7.8 Information to Leaseholders

Leaseholders are responsible for undertaking asbestos surveys in their homes. Information on asbestos in common parts of leasehold properties is provided on reasonable request. The process for issuing asbestos information in assignment packs is detailed in Process 7.

7.9 Labelling of Asbestos

It is LBHF policy not to label asbestos containing materials in domestic premises or non-domestic premises. This decision has been taken because labels are often obscured, painted over or removed and that the absence of a label can give false reassurance that a material is asbestos-free.

8. ASBESTOS REMOVAL AND REMEDIATION WORKS

OVERVIEW –Regulation 6 of CAR 2012 requires employers to carry out a risk assessment to identify the risks of exposure to asbestos. It sets out the requirement to record any significant findings and put in place steps to prevent, or reduce, exposure to employees. Regulation 7 requires employers to prepare a written plan before work on asbestos is carried out, including details of the work, and the appropriate actions to control risk and prevent harm. Regulation 8 requires contractors to hold a licence for undertaking certain works with asbestos.

This section outlines how asbestos removal works will be arranged and managed.

8.1 Asbestos Removal Contractor

All work with asbestos on GPD stock will be carried out by a Licensed Asbestos Removal Contractor (LARC).

In order to be granted a licence, contractors are required to demonstrate that they have the necessary skills, competency, expertise, knowledge and experience of work with asbestos, together with excellent health and safety management systems.

A licence acts as a 'permit to work' with asbestos following a successful licence assessment interview. Holding a licence incurs serious responsibilities, particularly at a senior management level. Applying for a licence to work with asbestos (or renewing a licence) requires:

- thorough preparation
- a commitment to continuous improvement
- the demonstration of organisational and individual competence
- an extensive knowledge of the industry
- a willingness to be accountable for the company's performance
- the provision of evidence of effective health and safety management systems

Licences are issued for a fixed period of time, after which they need to be renewed. At renewal, performance as recorded following inspections by HSE inspectors and local authority officers will also be taken into account.

Asbestos removal for GPD is covered by the term partnering contract with Mitie. Mitie sub contracts this work to Alltask Limited who hold a full licence.

The Asbestos Manager is responsible for ensuring that licensed removal contractors appointed via Mitie have the appropriate training and qualifications as well as the necessary accreditations and insurances.

8.2 Undertaking Asbestos Removal Work

The Asbestos Manager is responsible for ensuring that;

- All work on asbestos containing materials is to be carried out in accordance with the Control of Asbestos Regulations 2012, associated approved codes of practice and guidance
- All work on asbestos containing material is to be carried out by a licensed asbestos removal contractor (LARC)
- If required, for licenced and notifiable non-licenced work (NNLW), the LARC gives notice to the HSE

- That a plan of work is prepared
- That the work is carried out in accordance with the procedures described in the plan of work and method statement
- That any air testing required is carried out by an independent UKAS accredited analyst
- That the licensed contractor provides verification of the clearance certificates once the works have been completed

The same requirements apply for encapsulation of ACMs.

8.3 Plans of Work

For any work involving asbestos including removal and encapsulation a written plan of work must be prepared by the contractor detailing how the work will be carried out.

The plan of work must include the following information:

- the nature and probable duration of the work;
- the number of people involved in the work;
- the address and location where the work is to be carried out;
- the methods to be used to prevent or reduce exposure to asbestos, e.g. prevention and control measures, arrangements for keeping premises and plant clean and arrangements for the handling and disposal of asbestos waste;
- the type of equipment, including PPE and RPE, used for protecting and decontaminating those carrying out the work and protecting other people present at or near the worksite.

Where necessary, the plan should include the site layout, a description of the location and nature of the asbestos present and which ACMs will be disturbed by the work. More detail is likely to be required for complex or removal work.

It is the responsibility of the Asbestos Manager to ensure that a suitable and sufficient plan of work is in place prior to any works with asbestos.

8.4 Air Testing

All air testing (reassurance and 4 stage clearance) shall be carried out by an independent UKAS accredited analyst.

ACE are currently employed to undertake all air testing for LBHF RPHS.

8.5 Audits of Removal Works

In order to ensure that removal work is being carried out in line with legislation and this plan, GPD will undertake spot checks on removal projects. These will be carried out by the Asbestos Manager or independent consultants and will be fully documented.

Any reports of poor work on projects will be subject to a full review from the Asbestos Manager.

Licensed contractors are regularly audited by external bodies to ensure they are complying with the legislation, they have agreed that this information can be shared with LBHF if required.

All documents and procedures submitted by the contractors will be subject to a full review on a yearly basis to ensure they are still in date and relevant to the works they are undertaking

8.6 Records of Asbestos Removal

The following records will be held on all asbestos removal work carried out;

- Plans of work
- Method Statements
- ASB5 HSE notification forms
- Air monitoring reports and Air clearance certificates
- Waste Transfer Notes (Consignment notes)

8.7 When Asbestos will be Removed

HSE guidance states that if asbestos is in good condition and not disturbed it poses no risk to health and therefore asbestos removal will not be undertaken unless required. The circumstances under which LBHF will instruct asbestos to be removed are;

- Where asbestos may impact on works (either responsive, voids, or project) being safely carried out
- Where the asbestos has been identified as in poor condition, high risk or is vulnerable to damage
- Where a programme of removals is being undertaken to reduce the overall risk across LBHF RPHS stock
- Where the cost of managing the asbestos in situ (i.e. undertaking reinspections etc.) is disproportionate to the cost of removal

8.8 Asbestos Removal for Alterations Carried out by Leaseholders and Tenants

If asbestos removal is required for work undertaken by a leaseholder or tenant that requires Landlord's Consent for Alterations, this will be arranged and paid for by the resident who must supply adequate documentation on completion to the Property Compliance Team.

9. EMERGENCY PROCEDURES

OVERVIEW – Regulation 15 of CAR 2012 requires Employers to prepare procedures on what to do if there is an accidental, unplanned, uncontrolled release of asbestos fibres.

This section outlines how emergencies relating to asbestos will be managed and recorded.

9.1 Identification/Disturbance of Suspect Material

The process to be followed following the identification or disturbance of a material which may contain asbestos is detailed in Process 10.

This process details the need to determine whether the material is asbestos and to reduce or contain the spread of asbestos. In the event of an emergency, the Asbestos Manager will provide advice with the support of asbestos surveyors and consultants if required and ensure appropriate internal escalation.

9.2 Site process for Disturbance of Asbestos

The process to be followed on site following the disturbance of asbestos is detailed in Process 11. This includes the process for personal decontamination. In the event of a disturbance, the Asbestos Manager or asbestos surveyor will provide detailed advice based on the material disturbed and the level of risk.

9.3 Incident Reporting

All incidents relating to uncontrolled release of asbestos must be reported via the internal TRI Airs reporting system.

The Head of Health and Safety Compliance is responsible for determining whether an asbestos incident is RIDDOR reportable and if so, notifying the HSE.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) places duties on employers, the self-employed and people in control of work premises (the responsible person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).

Exposure to asbestos is reportable under RIDDOR when a work activity causes the accidental release or escape of asbestos fibres into the air in a quantity sufficient to cause damage to the health of any person. This includes;

- use of power tools (to drill, cut etc) on most ACMs
- work that leads to physical disturbance (knocking, breaking) of an ACM that should only be handled by a licensed contractor e.g. sprayed coating, lagging, asbestos insulating board (AIB)
- manually cutting or drilling AIB
- work involving aggressive physical disturbance of asbestos cement e.g. breaking or smashing

9.4 Investigation following incidents

Any incident involving the uncontrolled release of asbestos will be subject to a full internal investigation. This will include a review of this asbestos management plan and working practices if found to be contributory.

Internal investigations will be led by the Head of Health and Safety Compliance.

9.5 Record Keeping Following Incidents

Records of any exposure or potential exposure to asbestos will be retained on the individuals personnel file. Due to the long latency period of asbestos related diseases, these records must be kept for 40 years or until the employee reaches the age of 80, whichever is the longer. These records should be kept even if the employee leaves GPD.

Any staff affected by exposure or potential exposure will receive a record of the incident report.

9.6 Health Surveillance and Support

If any GPD employees are exposed to asbestos fibres, then they must be referred to LBHF Human Resources to arrange health surveillance. Human Resources will arrange for ongoing health surveillance to be carried out for these individuals, as well as providing medical guidance and support, OH support and counselling will be provided as required.

10. PROCESSES AND SAFE SYSTEMS OF WORK

OVERVIEW – This section outlines the processes in place to ensure safe systems of work in relation to asbestos when works are to take place to LBHF RPHS properties. It also details the processes for providing information to residents and leaseholders and the processes to be followed in the event of an emergency involving asbestos.

10.1 Process 1: Safe Systems of Work - Day to day repairs

The process to be followed to assess the risk of asbestos when undertaking day to day repairs.

10.2 Process 2: Safe Systems of Work – Voids

The process to be followed to assess the risk of asbestos when undertaking void works.

10.3 Process 3: Safe Systems of Work - Capital works

The process to be followed to assess the risk of asbestos when undertaking capital or project work.

10.4 Process 4: Safe Systems of Work – Lifts

The process to be followed to assess the risk of asbestos when undertaking project work to lifts.

10.5 Process 5: Safe Systems of Work - Aids and adaptations

The process to be followed to assess the risk of asbestos when undertaking aids and adaptation works.

10.6 Process 6: Asbestos Process for Information to Tenants

The process to be followed to provide information on asbestos to tenants.

10.7 Process 7: Asbestos Process for Information to Leaseholders (assignment packs)

The process to be followed to provide information on asbestos to leaseholders.

10.8 Process 8: Asbestos Process for Alterations Carried out by Leaseholders and Tenants

The process to be followed to when Leaseholders or Tenants request consent for alterations.

10.9 Process 9: Asbestos Process for Unauthorised Alterations Carried out by Leaseholders and Tenants

The process to be followed to when unauthorised alterations are identified.

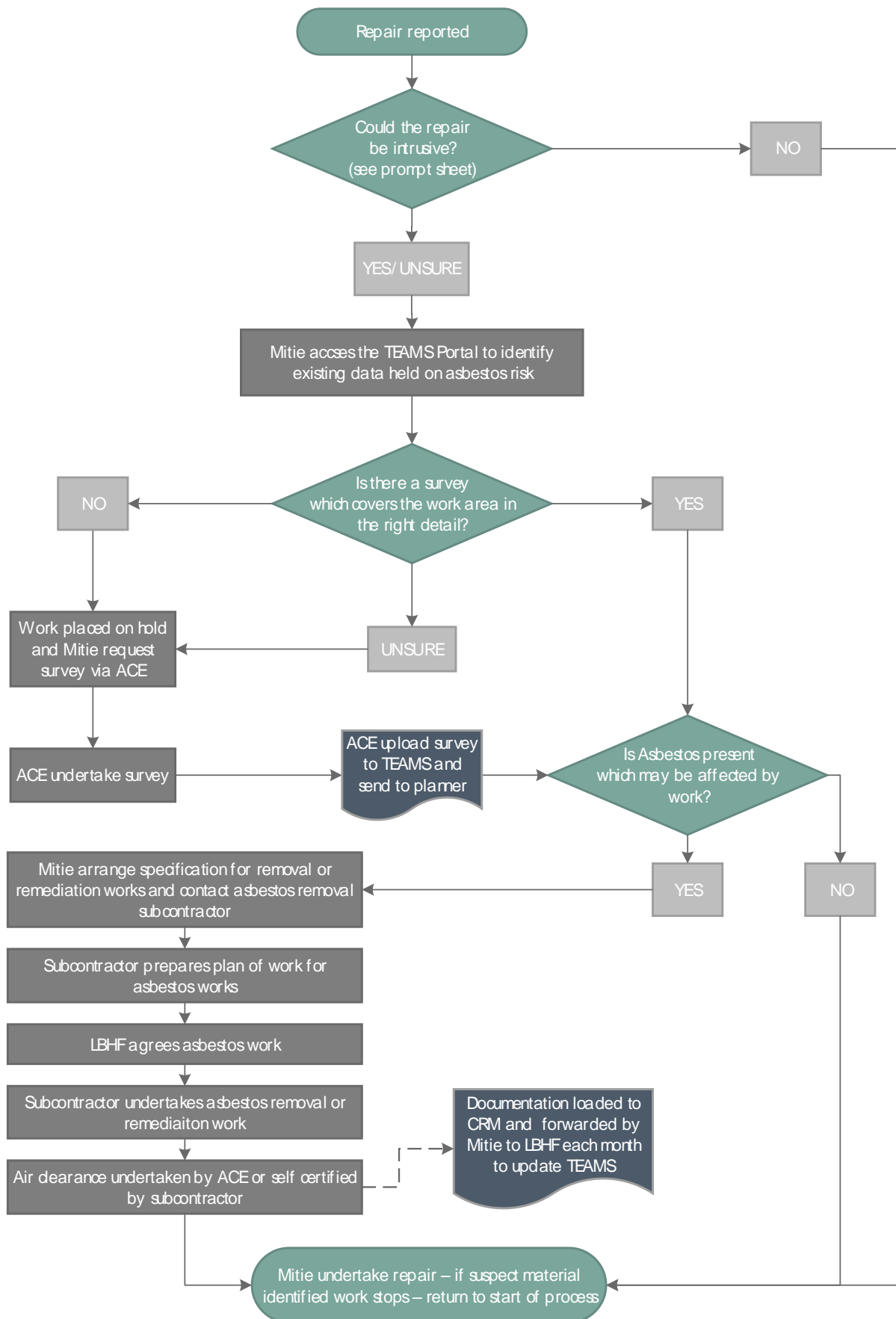
10.10 Process 10: Emergency Process for Disturbance of Suspect Material

The process to be followed to respond to the disturbance of a material which may or does contain asbestos.

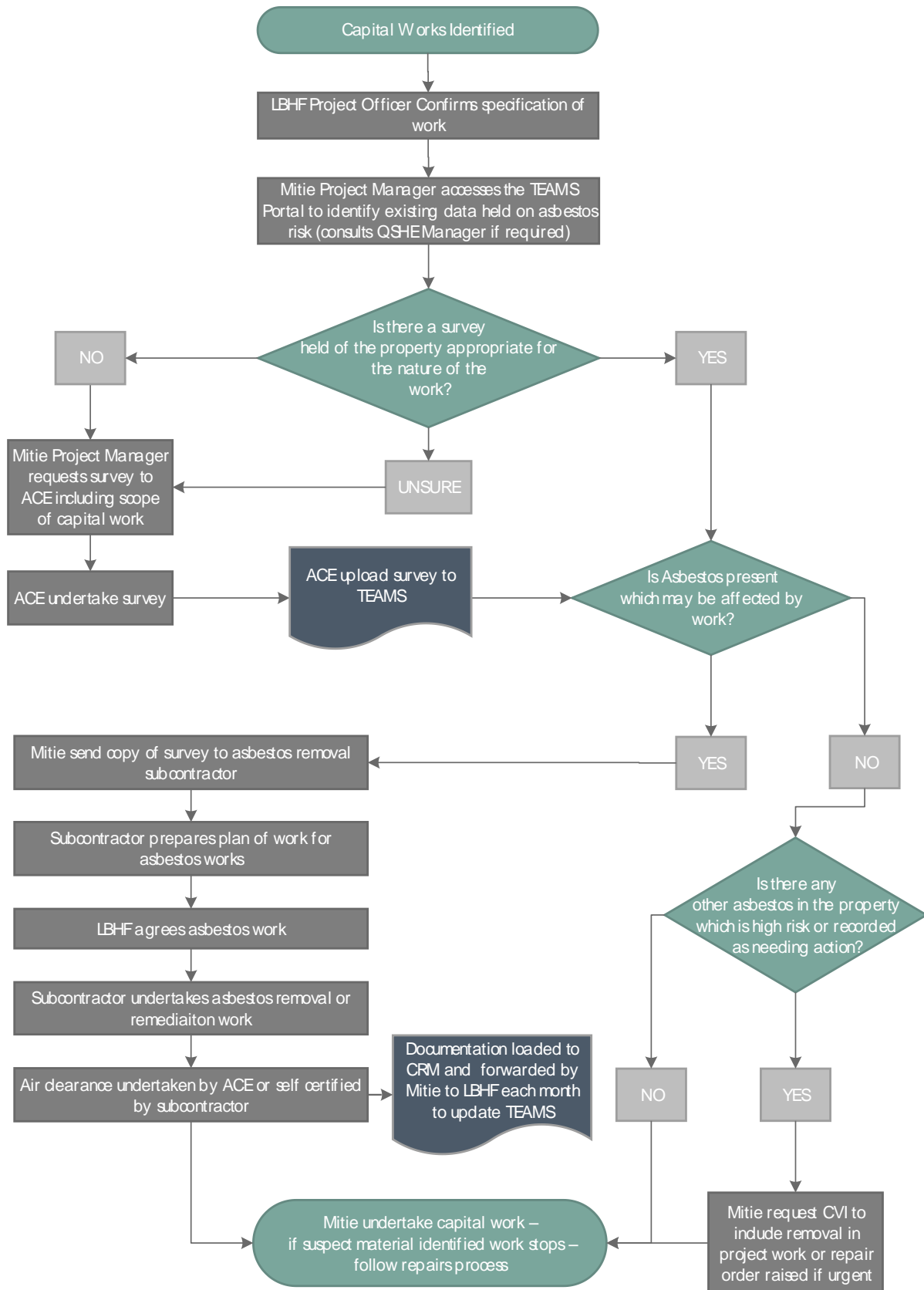
10.11 Process 11: Site Asbestos Emergency Process

The process to be followed on site following the disturbance or damage of a material which could contain asbestos.

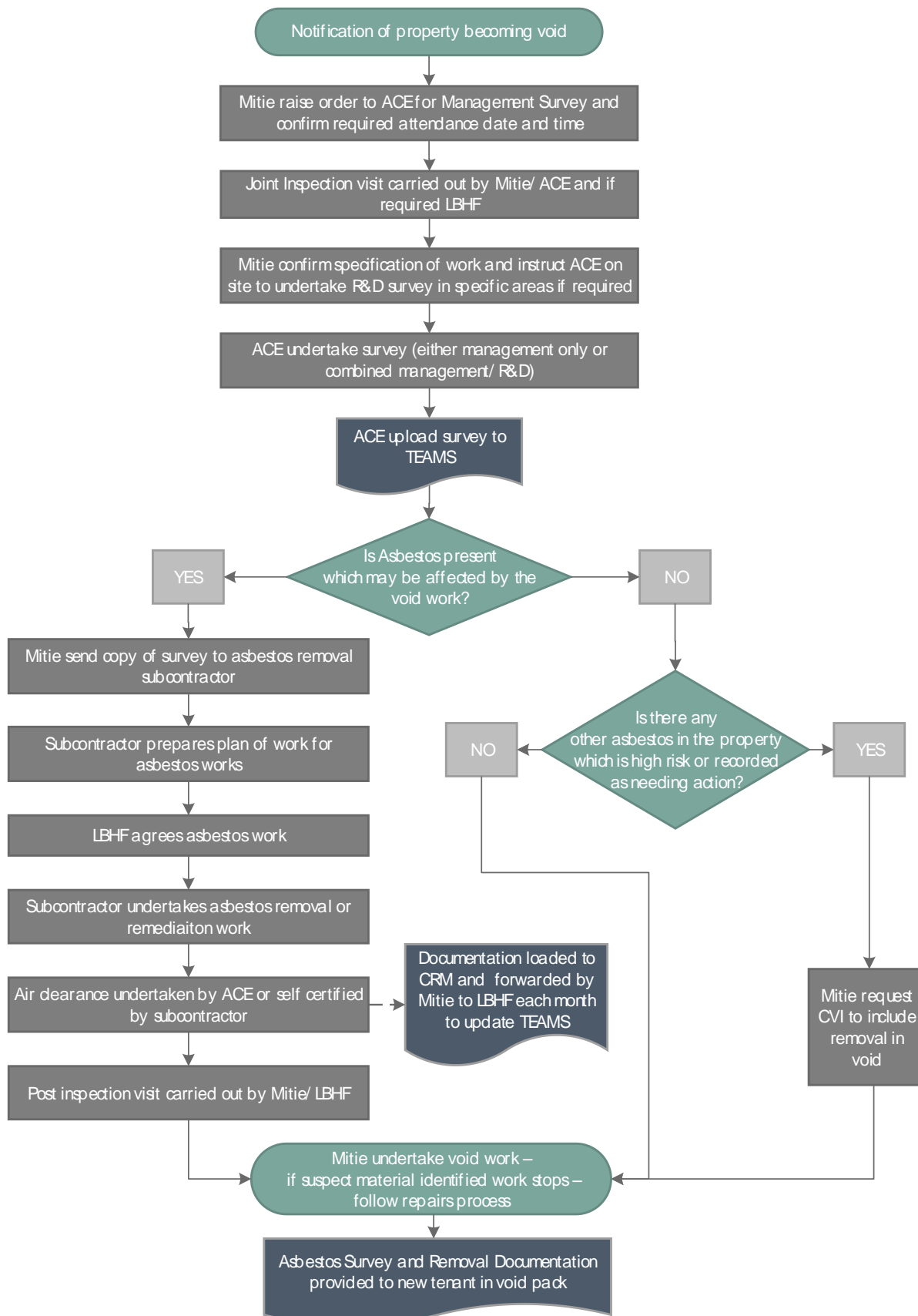
10.1 Process 1: Asbestos Process for Repairs



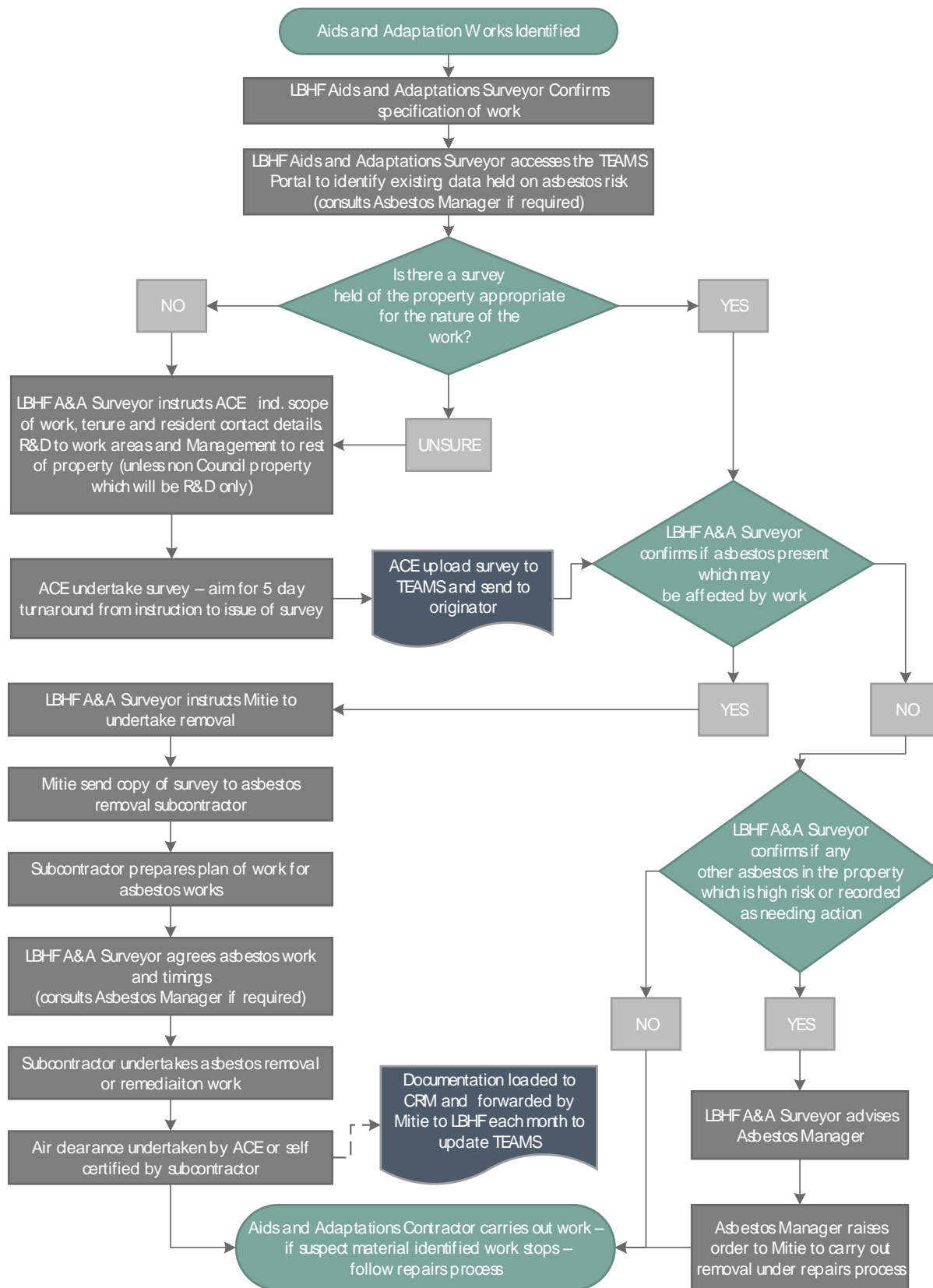
10.2 Process 2: Asbestos Process for Capital/Project Work



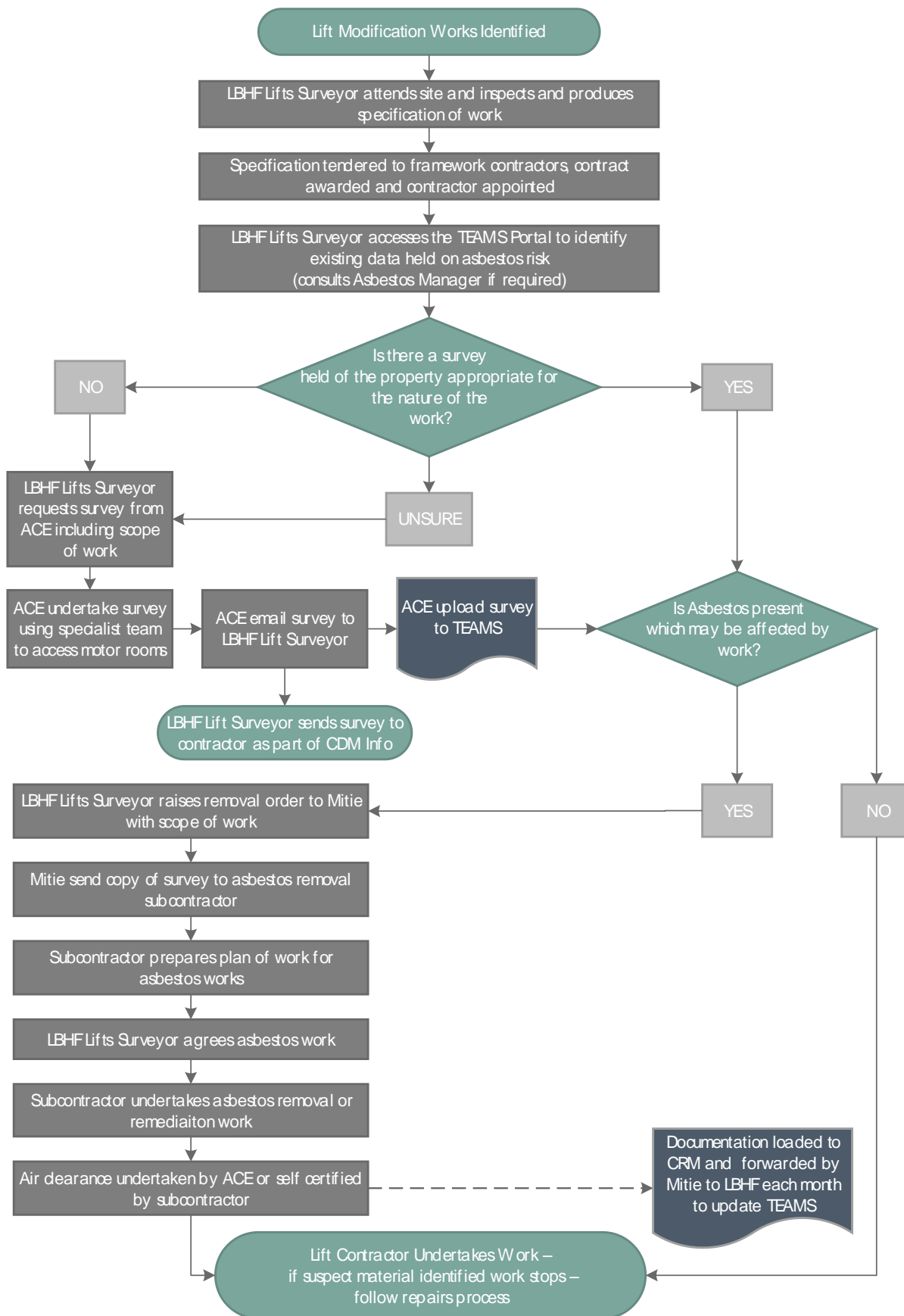
10.3 Process 3: Asbestos Process for Voids



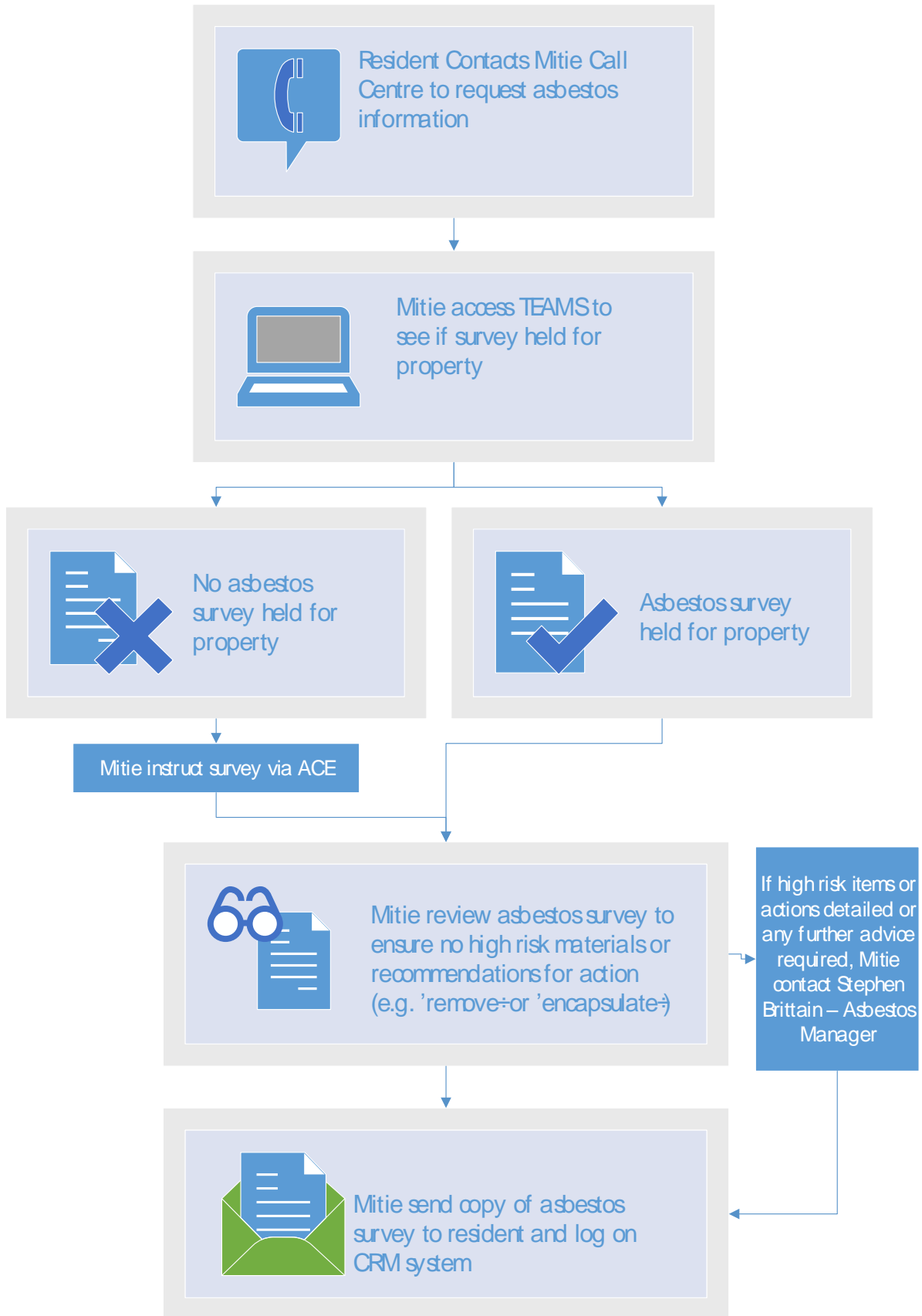
10.4 Process 4: Asbestos Process for Aids and Adaptation Work



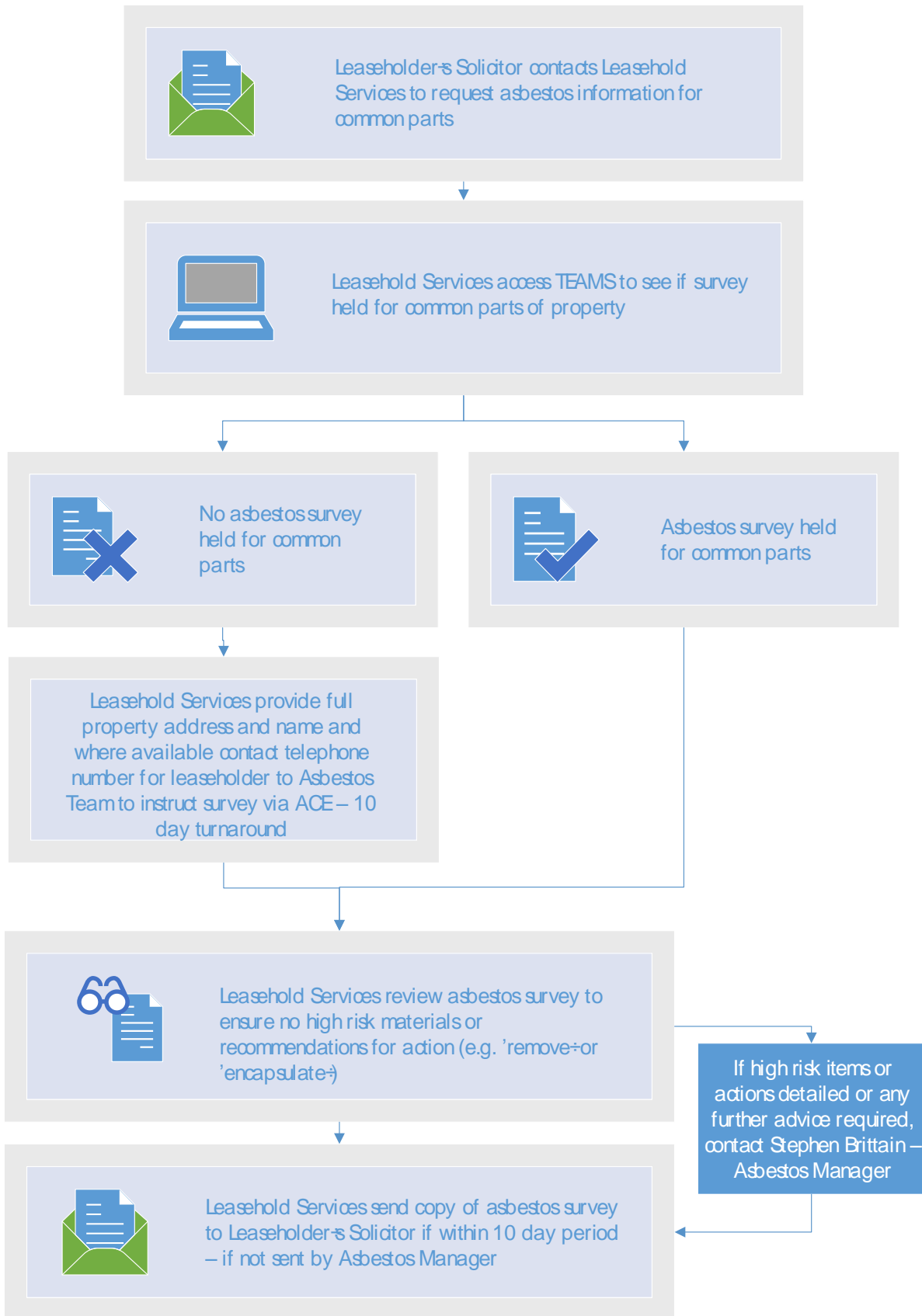
10.5 Process 5: Asbestos Process for Lift Work



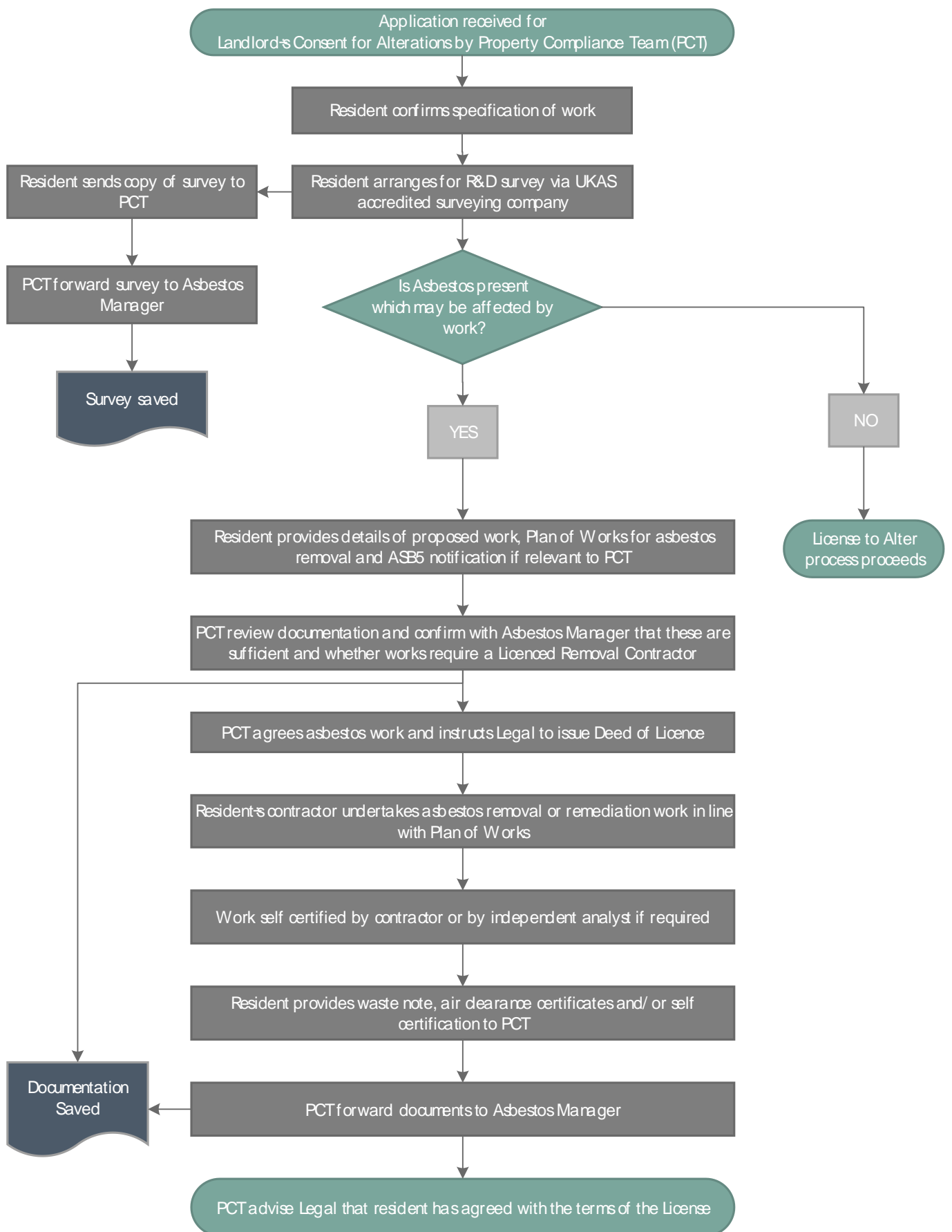
10.6 Process 6: Asbestos Process for Information to Tenants



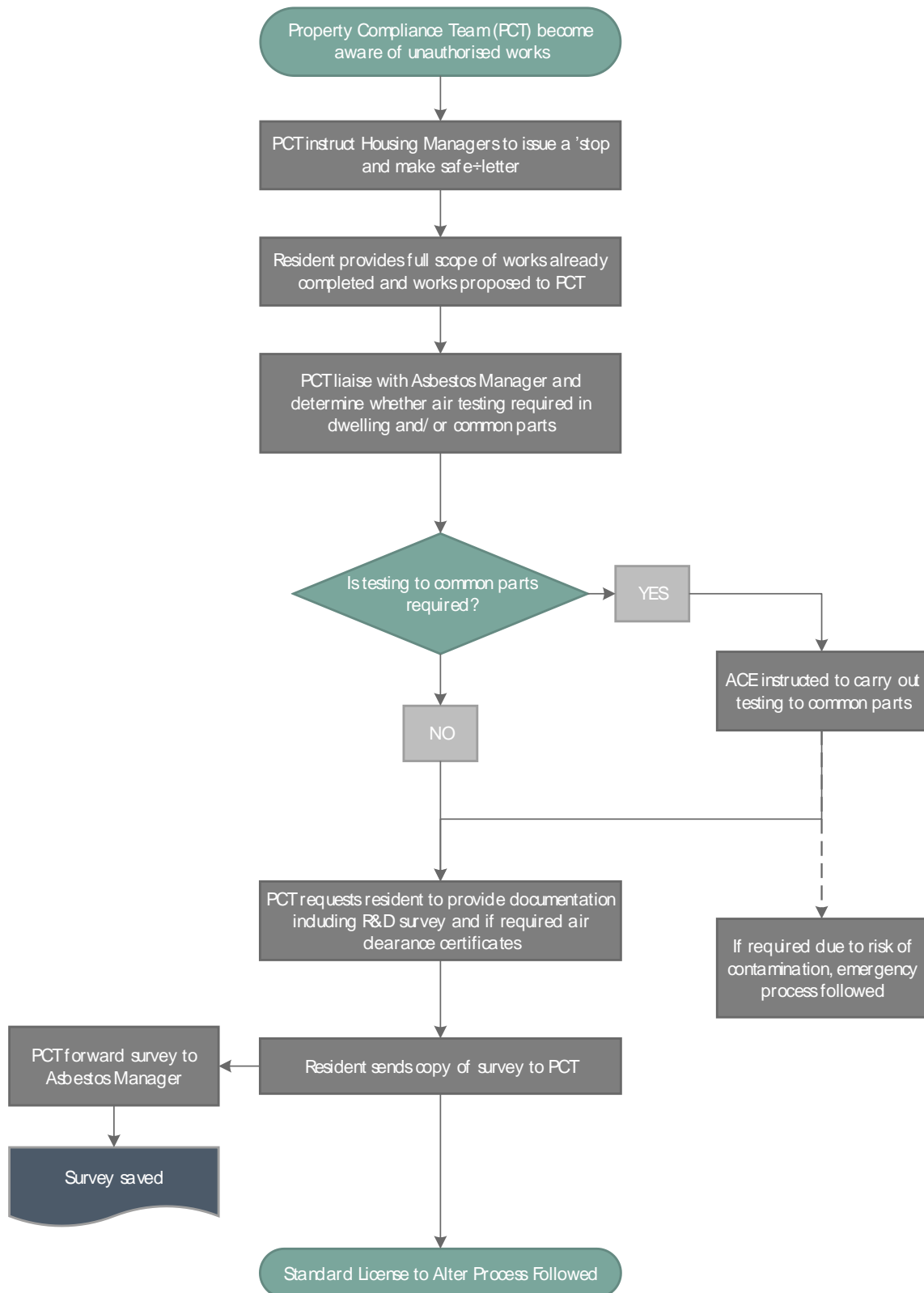
10.7 Process 7: Asbestos Process for Information to Leaseholders (assignment packs)



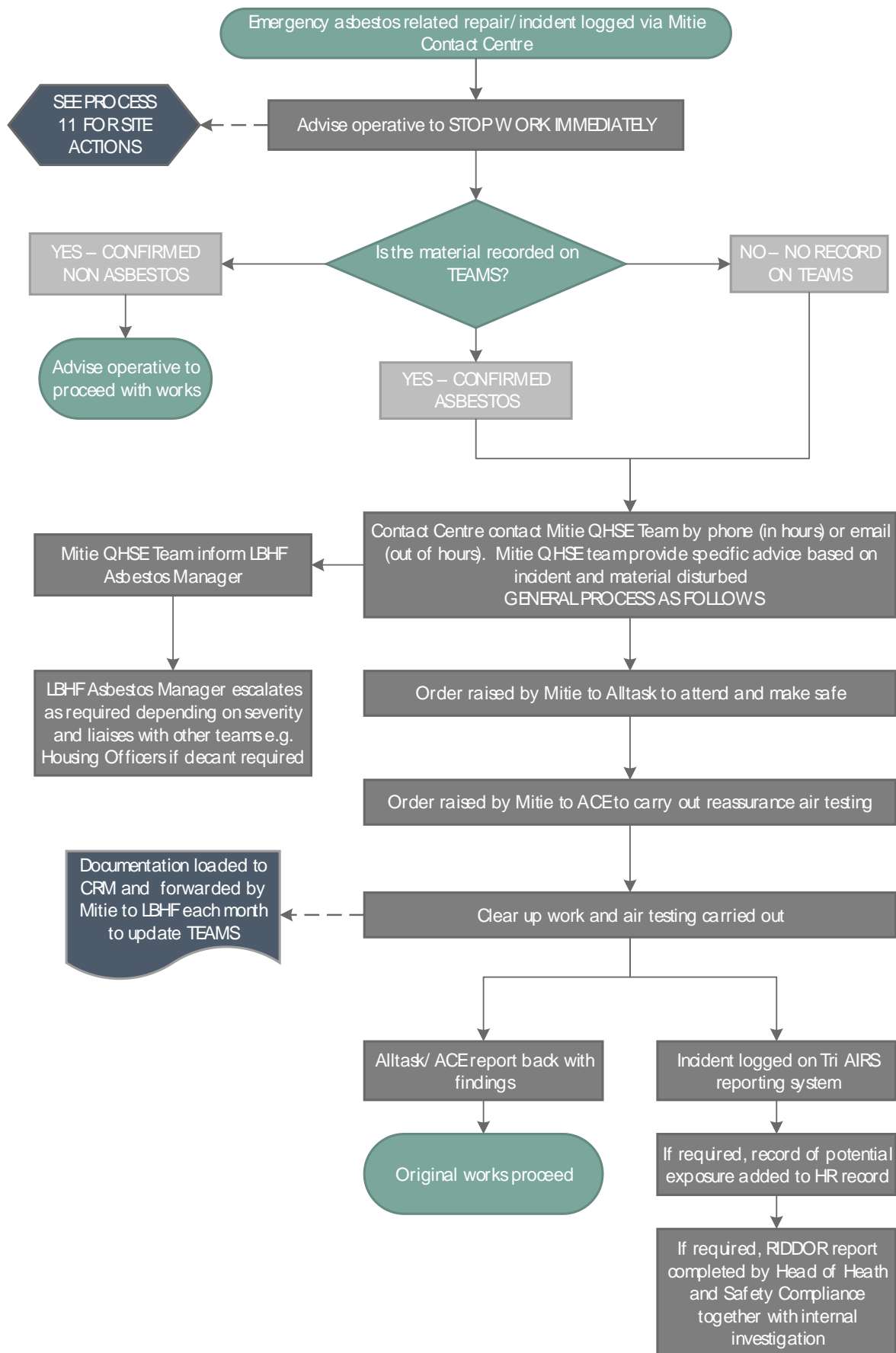
10.8 Process 8: Asbestos Process for Alterations Carried out by Leaseholders and Tenants



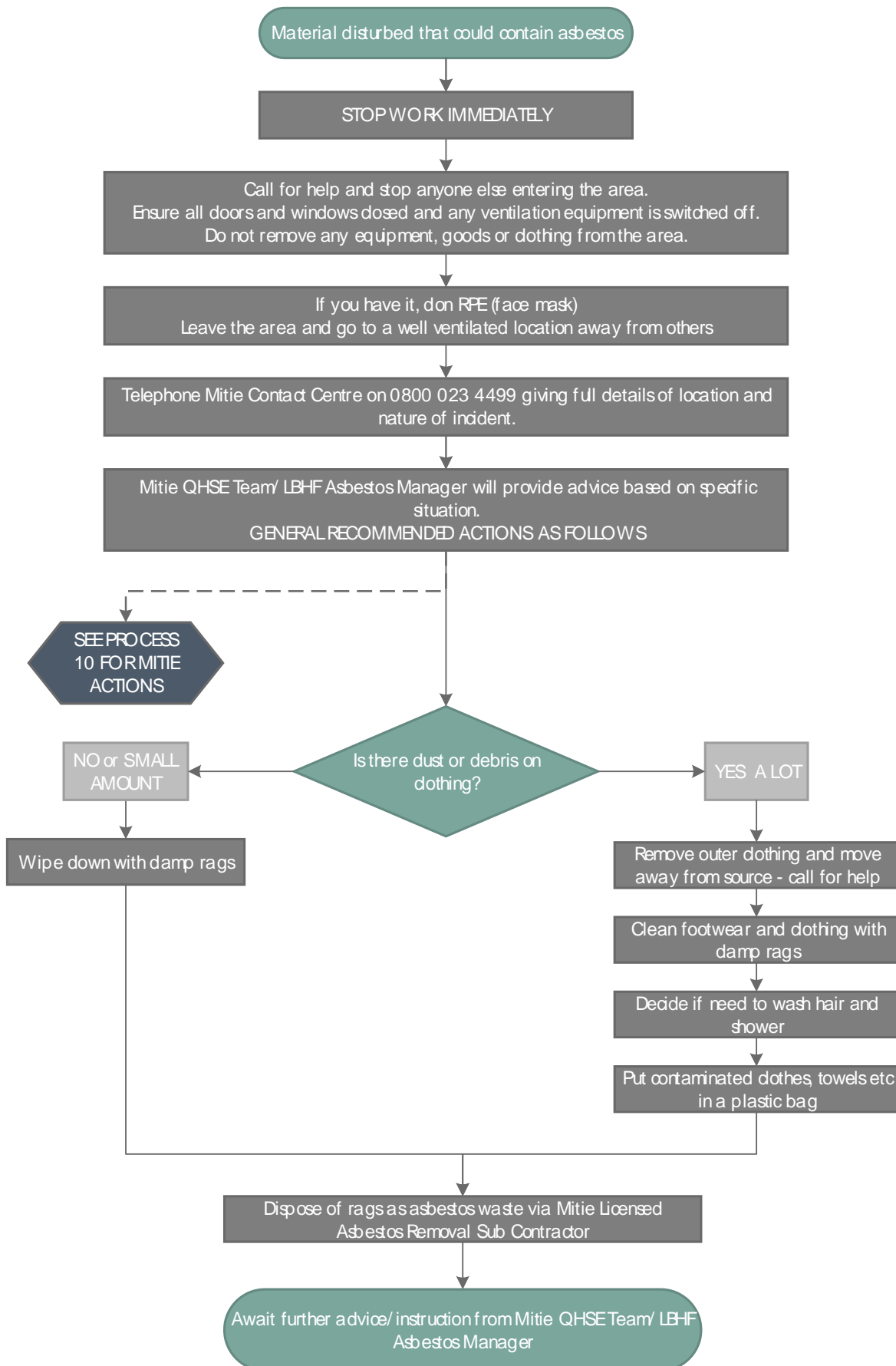
10.9 Process 9: Asbestos Process for Unauthorised Alterations Carried out by Leaseholders and Tenants



10.10 Process 10: Emergency Process for Disturbance of Suspect Material



10.11 Process 11: Site Asbestos Emergency Process



Appendix 1 - Material Assessment Algorithm

Sample variable	Score	Examples of scores
Product type (or debris from product)	1	Asbestos-reinforced composites (plastics, resins, mastics, roofing felts, vinyl floor tiles, semi-rigid paints or decorative finishes, asbestos cement etc.).
	2	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.
Extent of damage/deterioration	0	Good condition: no visible damage.
	1	Low damage: a few scratches or surface marks, broken edges on boards, tiles etc.
	2	Medium damage: significant breakage of materials or several small areas where material has been damaged revealing loose asbestos fibres.
	3	High damage or delamination of materials, sprays and thermal insulation. Visible asbestos debris.
Surface treatment	0	Composite materials containing asbestos: reinforced plastics, resins, vinyl tiles.
	1	Enclosed sprays and lagging, AIB (with exposed face painted or encapsulated) asbestos cement sheets etc.
	2	Unsealed AIB, or encapsulated lagging and sprays.
	3	Unsealed lagging and sprays.
Asbestos type	1	Chrysotile.
	2	Amphibole asbestos excluding crocidolite.
	3	Crocidolite.

Score	Potential to release asbestos fibres
10 or more	High
7-9	Medium
5-6	Low
4 or less	Very low

Non-asbestos materials have no potential to release asbestos fibres

Appendix 2 - Priority Assessment Algorithm

Assessment factor	Score	Examples of score variables
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. vehicular activity which may contact ACMs)
	3	High levels of disturbance, (e.g. fire door with AIB sheet in constant use)
Likelihood of disturbance (average score of 3 factors)		
Location	0	Outdoors
	1	Large rooms or well-ventilated areas
	2	Rooms up to 100 m ²
	3	Confined spaces
Accessibility	0	Usually inaccessible or unlikely to be disturbed
	1	Occasionally likely to be disturbed
	2	Easily disturbed
	3	Routinely disturbed
Extent/amount	0	Small amounts or items (e.g. strings, gaskets)
	1	≤10 m ² or ≤10 m pipe run.
	2	>10 m ² to ≤50 m ² or >10 m to ≤50 m pipe run
	3	>50 m ² or >50 m pipe run
Human exposure potential (average score of 3 factors)		
Number of occupants	0	None
	1	1 to 3
	2	4 to 10
	3	>10
Frequency of use of area	0	Infrequent
	1	Monthly
	2	Weekly
	3	Daily
Average time area is in use	0	<1 hour
	1	>1 to <3 hours
	2	>3 to <6 hours
	3	>6 hours
Maintenance activity (average score of 2 factors)		
Type of maintenance activity	0	Minor disturbance (e.g. possibility of contact when gaining access)
	1	Low disturbance (e.g. changing light bulbs in AIB ceiling)
	2	Medium disturbance (e.g. lifting one or two AIB ceiling tiles to access a valve)
	3	High levels of disturbance (e.g. removing a number of AIB ceiling tiles for recabbling)
Frequency of maintenance activity	0	ACM unlikely to be disturbed for maintenance
	1	≤1 per year
	2	>1 per year
	3	>1 per month

Appendix 3 - Background and Legislation

What is Asbestos?

Asbestos is a term used for the fibrous forms of several naturally occurring silicate minerals. The fibres have high tensile strength and chemical, electrical and heat resistance which mean asbestos containing materials (ACMs) have been used extensively in building products such as roofing, cladding, thermal insulation and fire-resistant internal panelling. Millions of tonnes of asbestos materials have been imported into the UK since 1880, of which the largest proportions have been used in building products, the peak use being in the 1960's and 1970's.

The three main types of asbestos used commercially are:

- Crocidolite - 'blue asbestos'
- Amosite - 'brown asbestos'
- Chrysotile - 'white asbestos'

Other forms of asbestos are also found but are much less common. Different types of asbestos present different levels of risk, those fibres in the amphibole group (including blue and brown) present a higher risk than the serpentine group (white asbestos). Colour is not a reliable indicator of the type of asbestos used - in the manufacturing process the raw asbestos is mixed with various other materials which makes laboratory analysis the only way to identify the type of asbestos used.

What are the Risks?

Although asbestos is a hazardous material it can only pose a risk to health if the fibres become airborne and are then inhaled. Therefore, the risks related to asbestos are low unless the material becomes disturbed. Breathing in asbestos fibres can lead a range of serious diseases, many of which are fatal; these include;

- **Asbestosis** - Asbestosis is a serious scarring condition of the lung that normally occurs after heavy exposure to asbestos over many years. This condition can cause progressive shortness of breath, and in severe cases can be fatal.
- **Lung cancer** - Asbestos-related lung cancer is the same as (looks the same as) lung cancer caused by smoking and other causes. It is estimated that there is around one lung cancer for every mesothelioma death.
- **Mesothelioma** - a cancer which affects the lining of the lungs (pleura) and the lining surrounding the lower digestive tract (peritoneum). It is almost exclusively related to asbestos exposure and by the time it is diagnosed, it is almost always fatal

The risk of developing an asbestos-related disease depends on a number of factors including the cumulative dose received, the time since first exposure and the type and size of the asbestos fibres as well as the health of the individual. There is usually a long delay between first exposure to asbestos and the onset of disease. This can vary from 15 to 60 years.

Asbestos is the biggest single cause of work-related death and ill-health in Britain.

Legislation

Since the first introduction of the Asbestos Prohibitions Regulations in 1985, the importation and use of all types of asbestos within the UK has gradually been banned with few specific exceptions. Work with and involving asbestos is now covered under a number of different pieces of legislation including;

The Control of Asbestos Regulations 2012 regulate how work with asbestos containing materials must be carried out, control measures, prevention of exposure to and spread of asbestos, training and the use of licensed asbestos removal contractors for certain types of work. Regulation 4 places a 'duty to manage' asbestos on those responsible for non-domestic premises. The requirements of regulation 4 include the need to identify the presence of asbestos, assess the risk and have a written plan in place to manage the risk.

The Health and Safety at Work etc Act 1974 applies to all risks and requires employers to conduct their work in such a way that their employees will not be exposed to health and safety risks, and to provide information to other people about their workplace which might affect their health and safety.

The Management of Health and Safety at Work Regulations 1999 (MHSW) require employers and self-employed people to make an assessment of the risks to the health and safety of themselves, employees and people not in their employment arising out of or in connection with the conduct of their business - and to make appropriate arrangements for protecting those people's health and safety.

The Construction (Design and Management) Regulations 2015 require the client to pass on information about risks (including the presence of hazardous materials such as asbestos) to designers and contractors before any work commences and to ensure that work is planned and carried out so as to reduce risk.

The Workplace (Health Safety and Welfare) Regulations 1992 require employers to maintain workplace buildings so as to protect occupants and workers.

Hazardous Waste (England and Wales) Regulations 2005 require hazardous waste (including asbestos) to be stored, collected, transported and disposed of in controlled ways and consignment notes to be issued and retained to demonstrate this.

The Defective Premises Act 1972 in England and Wales This regulation places a duty on Landlords to take reasonable care to ensure tenants and other building users are safe from personal injury or disease due to defects.

Appendix 4 – Glossary of Terms

ACM	Asbestos Containing Material.
AIB	Asbestos Insulation Board. This product is a lightly compressed board made from asbestos fibre and other filler materials.
ACoP	Approved Code of Practice. Guidance document giving advice on the preferred means of compliance with the Control of Asbestos Regulations 2012. There are two ACoPs specifically for the Control of Asbestos Regulations 2012.
L127	‘The Management of Asbestos in Non-domestic Premises’. Document aimed at those who have repair and maintenance responsibilities for non-domestic premises. This document provides advice on how to comply with Regulation 4 of the Control of Asbestos Regulations 2012.
L143	‘Work with Materials Containing Asbestos’. This ACoP applies to all work with asbestos. This document provides advice on the preferred means of compliance with the Control of Asbestos Regulations 2012.
ARCA	Asbestos Removal Contractors Association (www.arca.org.uk).
Asbestos	A naturally occurring, fibrous, silicate mineral. The Control of Asbestos Regulations, 2012 refers to any material or product containing any of the asbestos types.
Asbestos Register	A summary list of all identified items containing asbestos, their condition, location, any comments or recommendations and the type and extent of asbestos present. These documents are produced after an asbestos survey and should contain all analytical results, drawings, and a full introduction and methodology.
CAR 12	Control of Asbestos Regulations 2012. The current regulation requiring employers to prevent or minimise the risk to employees from the exposure to asbestos
Control Measure	Something that will <i>reduce</i> the risk posed by that hazard.
Date for Action	This details the timescale that remedial option should be undertaken. As and when any works are undertaken, all Asbestos Records must be updated.
Encapsulation (Recommendation)	Some exposed or damaged asbestos material may require encapsulation that can significantly reduce the risk posed by the material. Once encapsulated it may be suitable to simply manage the asbestos through an effective re-inspection regime. The re-assessment of the material will dictate this outcome.
Extent	Indicates the length, volume, or area of the asbestos containing material.
Hazard	Something that has the <i>potential</i> to harm a person or persons
Identified Asbestos	Refers to a brief description of the material found to contain asbestos.
Location	The exact location of the asbestos – the original survey report should be consulted to give more detailed information.
Manage (Recommendation)	Asbestos that is in good condition and is unlikely to be disturbed can be simply managed. However, an appropriate re-inspection regime will still need to be implemented to ensure that the condition of the material or building use does not change.
Material Assessment	Assesses the type and condition of the ACM and the ease with which it will release fibres if disturbed.

MMMMF	Man Made Mineral Fibre. These products are often used as an asbestos alternative, and include products such as fibreglass.
Presumed ACM	An ACM which has not been sampled but through sampling of similar ACMs in the same location, can reasonably be ‘presumed’ to be the same. This is an approved survey method to reduce the number of samples requiring analysis.
PPE	Personal Protective Equipment: refers to protective clothing (coveralls), hard hats, goggles, safety boots or other gear designed to protect the wearer's body or clothing from injury.
Priority Assessment	assesses the likelihood of someone disturbing the ACM
Removal (Recommendation)	This indicates that, based on the assessment conducted, the recommended approach is to have the asbestos physically removed. Recommendations are based on the parameters available at the time. New information or a change in circumstance may alter these recommendations. All products falling under the Asbestos Licensing Regulations will require a licensed contractor.
Risk	The <i>likelihood</i> of that hazard causing harm
Risk Assessment	Risk rating given to each identified item of asbestos which incorporates factors such as the location and condition of the material, its likelihood of being disturbed, the materials use, and an indication of how urgent any remedial works may be.
Risk Score	This is the overall risk score that has been derived for completing and adding together of the Material and Priority Assessments. It states the overall risk that the item of asbestos represents in terms of likelihood of exposure.
RPE	Respiratory Protective Equipment: refers to protective equipment worn to protect the respiratory system (for example, half mask, and full face mask).
UKAS	The United Kingdom Accreditation Service is the sole national accreditation body recognised by government to assess, against internationally agreed standards, organisations that provide certification, testing, inspection and calibration services.

Appendix 5 – Template letter to residents

Date

Dear

The table below summarises the findings of the asbestos survey recently conducted at your home, regarding materials known or presumed to be asbestos.

Location	Asbestos Material	Quantity (Approx)	Risk Status	Recommended Action

Asbestos materials that are maintained and are in good condition do not present a health risk. We have assessed that this is the situation for your home.

The Health and Safety Executive’s guidance on dealing with various types of materials are to leave it in situ. Asbestos will usually only be removed if it is damaged or likely to deteriorate, or when programmed works are required.

Should you believe that any of the materials listed above have become damaged in any way or that the condition has deteriorated, please contact us via the Mitie Customer Services on:

TEL: **0800 023 4499** so the appropriate action can be taken.

Should you wish to undertake any DIY works within your home, please contact Mitie on the same number to arrange for the works to be approved or actioned prior to starting.

Please also contact me, should you need any further guidance or advice about asbestos in your home.

Yours sincerely

Growth and Place Directorate (G&P)

ASBESTOS POLICY

Directorate	Growth and Place
Responsible Person	Strategic Head of Property Services
Resident Sign-off	
Approval Date	06/06/18
Next Review Date	12/18
Version Number	FINAL

NOTE: This is a CONTROLLED document. Any documents appearing in paper form are not controlled and should be checked against the server file version prior to use.

The content of this document is wholly defined by the issue number. This document is issued in its entirety following any revisions and subsequent approval.

DOCUMENT RECORD

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1.0 Introduction

- 1.1 This document sets out how the Growth and Place Directorate (GPD) of London Borough of Hammersmith & Fulham (LBHF) shall meet their statutory obligations to manage the risk from Asbestos Containing Materials (ACMs) at premises for which it is responsible.
- 1.2 If maintained in good condition and not disturbed, asbestos is safe. This Policy details the primary ways in which GPD will ensure that ACMs are managed in such a way that they do not pose a risk to health to council employees, contractors, residents or visitors.
- 1.3 Legislation requires asbestos containing materials to be identified, and an assessment of the risk of these materials to be recorded and maintained, as well as records confirming that work with asbestos has been carried out safely.
- 1.4 There are also requirements to ensure that a suitable assessment of the risk of asbestos is carried out prior to work taking place and that work on asbestos is carried out by competent contractors.
- 1.5 This asbestos policy should be read in conjunction with the LBHF GPD Asbestos Management Plan which details the processes and procedures for the strategic and operational management of asbestos risk.

2.0 Purpose

- 2.1 The primary purpose of this policy is to outline how the GPD, on behalf of LBHF, will deliver adequate and effective management of asbestos containing materials (ACMs) in order to prevent exposure to asbestos.
- 2.2 This will ensure that the Council and GPD meet the statutory duties under the Control of Asbestos Regulations 2012, and specifically those under Regulation 4, the Duty to Manage, and Regulation 5, Identification of Asbestos, the Defective Premises Act 1972 and the Landlord and Tenant Act 1985.
- 2.3. This Policy outlines how the responsibilities for asbestos management are assigned at both a strategic and operational level.
- 2.4 This Policy provides high level guidance to allow adequate resources to be directed to asbestos management to ensure risk is mitigated.
- 2.5 This policy demonstrates the high-level commitment of LBHF to managing asbestos in order to provide safe living and working environments for residents, staff and contractors.

3.0 Scope

- 3.1 This policy covers all properties where the LBHF GPD have a maintenance or repair responsibility.
- 3.2 There is a distinction in responsibility under Control of Asbestos Regulations (CAR) 2012 between 'domestic' and 'non-domestic' areas.
- 3.2.1 Under Regulation 4, LBHF have a duty to manage asbestos in non-domestic areas within its housing stock. For example, within the common parts of blocks of flats, which includes the requirement to identify ACMs (by undertaking a survey) and maintaining these in good condition.
- 3.2.2 Whilst no 'duty to manage' applies to domestic areas, Regulation 5 of CAR requires employers to identify the presence of asbestos and its condition prior to undertaking any building or maintenance work.
- 3.3 LBHF also has duties as a landlord of domestic premises under section 3 of the Health and Safety at Work Act 1974 (HSW) to ensure, so far as is reasonably practicable, that the conduct of their undertaking does not present a risk to the health and safety of persons that are not their employees. In addition, the Defective Premises Act 1972, requires LBHF to take reasonable care to ensure that tenants and visitors are safe from personal injury and illness caused by the condition of the premises. Further, the Landlord and Tenant Act 1985 requires all rented property to be fit for human habitation at the beginning of the tenancy and further requires the landlord to maintain that basic standard.
- 3.4 All contractors and staff employed by, or contracted to, the LBHF GPD must adhere to this policy
- 3.5 All residents (tenants and leaseholders) residing in LBHF GPD properties, and visitors, must adhere to this policy
- 3.6 The following statutory and regulatory requirements apply to this Policy:
- Health and Safety at Work etc. Act (HSW) 1974
 - Control of Asbestos Regulations (CAR) 2012
 - Management of Health & Safety at Work Regulations 1999
 - The Construction (Design and Management) Regulations 2015
 - Workplace (Health and Safety and Welfare) Regulations 1992
 - Hazardous Waste (England & Wales) (Amendment) Regulations 2016
 - The Housing Act 2004
 - The Defective Premises Act 1972

- Environmental Protection Act 1990
- Occupiers Liability Act 1984
- Landlord and Tenant Act 1985

4.0 Policy

- 4.1 The Growth and Place Directorate (GPD) shall achieve the objectives of this Policy by:
- 4.2 Taking reasonable steps to determine the location of materials likely to contain asbestos by employing competent UKAS accredited experts to undertake surveys, and presume materials contain asbestos unless there is strong evidence that they do not;
- 4.3 Maintaining an up to date record of the location and condition of known or presumed asbestos and hold this on a database ('The Asbestos Register');
- 4.4 Undertaking an assessment of the risk of any identified asbestos and recording this assessment on the Asbestos Register;
- 4.5 Ensuring that the condition of any material containing or presumed to contain asbestos is periodically assessed in accordance with the risk it poses by an accredited expert (through a programme of reinspection surveys) and that the outcome of this assessment is recorded on the Asbestos Register;
- 4.6 Ensuring that information on the location, condition and risk of asbestos containing materials is available to contractors prior to work taking place and to anyone else who may need it;
- 4.7 Effectively controlling works through workflow processes to ensure that no intrusive works take place in either domestic or non-domestic premises without a suitable assessment/asbestos survey being undertaken and the results fully communicated and understood;
- 4.8 Ensuring that any asbestos containing materials identified as being damaged or at risk of damage are repaired, protected, or removed by a competent person in line with Regulations and best practice;
- 4.9 Ensuring that all persons who have responsibility for managing, organising, or carrying out works have undergone sufficient training to allow them to manage the risk of exposure to asbestos containing materials and to keep a record of this training;
- 4.10 Ensuring only competent persons are used in the risk assessment, works planning, sampling, analysing and removal of asbestos;

- 4.11 Adequately controlling asbestos removal and remedial work and maintaining accurate records including updating the Asbestos Register;
- 4.12 Where LBHF is not the duty holder but is involved with the site or service, cooperating fully with the duty holder;
- 4.13 Having a procedure in place for dealing with unplanned, uncontrolled release of asbestos fibres including immediate measures to protect operatives and residents;
- 4.14 Having a process in place for providing information on asbestos risk to tenants and leaseholders;
- 4.15 Preparing a written Asbestos Management Plan detailing roles and responsibilities and how the risk of asbestos will be managed through processes and procedures;
- 4.16 Regularly reviewing this policy and Asbestos Management Plan to ensure compliance with current legislation.

5.0 Responsibilities

Full responsibilities under this Policy are detailed in the LBHF GPD Asbestos Management Plan. The summary responsibilities are as follows;

5.1 Councillors

5.1.1 Councillors are responsible for ensuring that suitable arrangements are in place for the management of asbestos throughout the councils' portfolio and that there are sufficient resources to discharge these duties effectively.

5.2 Chief Executive

5.2.1 The Chief Executive is legally responsible for ensuring that the arrangements in place for the management of asbestos containing materials are suitable and sufficient.

5.2.2 The Chief Executive is accountable for the facilitation, implementation, and adherence to this policy, including the allocation of sufficient resources and funds.

5.2.3 The Chief Executive retains accountability as the "responsible person" within the scope of the relevant legislation.

5.2.4 The Chief Executive will delegate the responsibility for implementation of this policy to the GPD Strategic Head of Property Services as appropriate and in line with the GPD Asbestos Management Plan.

5.3 Strategic Head of Property Services

5.3.1 The Strategic Head of Property Services will undertake practical application of the Policy within their areas of responsibility, delegating duties as appropriate, and ensuring that:

5.3.2. Suitable and sufficient risk assessments are carried out for their areas of responsibility and subsequent actions implemented as appropriate;

5.3.3 Resources and equipment are correctly used and maintained;

5.3.4 Identify and facilitate training in accordance with the requirements of this policy;

5.3.5 Systems are periodically reviewed and tested, ensuring that failures and shortcomings are reported and addressed;

5.3.6. All staff in their control are made aware of the requirements of this policy and any amendments made to it;

5.3.7 All staff and officers are fully supported in decisions made in accordance with this policy;

- 5.3.8 The Asbestos Policy is relevant to all assets falling within the remit of the Strategic Head of Property Services and is signed and dated;
- 5.3.9 Managing all contact with press, enforcing authorities, and legal queries with respect to asbestos or asbestos exposure;
- 5.3.10 Reviewing and, where appropriate, implementing recommendations received by the Head of Health and Safety Compliance Manager and/or the findings of any audit or review;
- 5.3.11 Leading enforcement action on non-compliant contractors.

5.4 Head of Health and Safety Compliance

The Head of Health and Safety Compliance is responsible for:

- 5.4.1 Ensuring that the Growth and Place Directorate (GPD) complies with the overarching LBHF corporate asbestos policy;
- 5.4.2 Ensuring that the Asbestos Management Plan (AMP) and associated appendices are integrated into the GPD operating procedures;
- 5.4.3 Participating in regular AMP reviews;
- 5.4.4 Providing advice and information to the Strategic Head of Property Services and, through liaison with the Asbestos Manager/asbestos specialist contractor ensuring that instructions received from the Strategic Head of Property Services are implemented;
- 5.4.5 Facilitating audits carried out by the Asbestos Manager, Health and Safety and/or commissioned party;
- 5.4.6 Ensuring that the implementation of the AMP is monitored to ensure that working arrangements and provision of financial, technical, human, and other resources are suitable and sufficient to meet its requirement;
- 5.4.7 Ensuring that relevant contracts are monitored and managed in a timely manner;
- 5.4.8 Reviewing and, if appropriate, implementing recommendations received from the Health and Safety Manager or any other audits or reviews of asbestos management;
- 5.4.9 Reporting incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases, and Dangerous Occurrences (Amendment) Regulations 2012 (RIDDOR);

5.4.10 Participating in all meetings with the HSE or enforcement bodies and assisting managers in providing details on GPD asbestos policies, procedures, and management plan to enforcement bodies where requested.

5.5 Asbestos Manager

The Asbestos Manager is the Duty Holder's nominated representative and is responsible for the day to day operational management of asbestos including:

- 5.5.1 Contract Management of Asbestos Surveying and Analytical Company;
- 5.5.2 Ensuring that the Asbestos Register is maintained and updated including risk assessments and ensuring that there is a quality control process in place;
- 5.5.3 Ensuring that regular re-inspection surveys are undertaken in line with the intervals specified in the Asbestos Management Plan;
- 5.5.4 Ensuring that any ACMs that are high risk are removed or encapsulated so as to reduce their risk;
- 5.5.5 Ensuring that records of asbestos remedial works are kept;
- 5.5.6 Providing general technical advice on asbestos to GPD staff;
- 5.5.7 Providing Key Performance Indicator (KPI) data for monthly reporting;
- 5.5.8 Undertaking an auditing role on representative projects and the Asbestos Management Plan, including the performance of the Asbestos Contractors, and Asbestos Analysts/Surveyors;
- 5.5.9 Ensuring that emergency procedures are established, implemented, and remain appropriate for the GPD;
- 5.5.10 Ensuring that all work is halted if suspect ACMs are discovered during work and, if required, further advice is sought from the Asbestos Surveying Company;
- 5.5.11 Ensuring any breaches of compliance with the Asbestos Management Plan and the Control of Asbestos Regulations are fully investigated and that Corporate Health and Safety are notified. Ensure all incidents and accidents are recorded on the Council's online reporting system.
- 5.5.12 Ensuring that health surveillance is carried out where appropriate and necessary;
- 5.5.13 Maintain a competent person status in matters of asbestos management.

5.6 Staff

All staff will ensure that they:

- 5.6.1 Comply fully with the principles and actions required in this document;
- 5.6.2 Correctly utilise all systems and equipment provided for compliance with this document, including the reporting of any apparent defects with the equipment or systems;
- 5.6.3 Ensure the safety, health and welfare of themselves and others who may be affected by the employees' acts or omissions.
- 5.6.4 Discuss with their line manager any issues or concerns arising with or about this policy;
- 5.6.5 Bring to the attention of senior management and the health and safety advisor any matters that are not resolved in a reasonable time;
- 5.6.6 Undertake training as required.

5.7 Contractors

- 5.7.1 The council have a range of contractors across the full range of compliance issues. All contractors are responsible for the following:
- 5.7.2 To only use competent contractors with work on asbestos containing materials including using only Licensed Asbestos Removal Contractors for all work on materials;
- 5.7.3 The contractor is required to carry out all work, risk assessment, notifications and reporting to the council for all areas relating to asbestos in accordance with the regulations, the LBHF GPD Asbestos Management Plan, and the contract.

5.8 GPD Health and Safety Team

- 5.8.1 Coordinating any training needs assessment for all members of staff and facilitating the Asbestos Manager or external asbestos specialist to deliver relevant Asbestos Awareness Training.
- 5.8.2 Managing and collating Accident Book/corporate incident reporting system records and Dangerous Occurrence records.

- 5.8.3 Undertaking inspections and audits to ensure adherence to this Policy and the Asbestos Management Plan and to make recommendations as applicable.

5.9 Corporate Health and Safety Team

The Corporate Health and Safety team shall:

- 5.9.1 Consult with the appropriate Senior Management Team on asbestos related matters;
- 5.9.2 Undertake Auditing and inspection against compliance with this policy; and
- 5.9.3 Inform the relevant Director of any non-compliance

6.0 Monitoring, Review, and Evaluation

- 6.1 This Policy is to be reviewed annually or sooner if there are changes to legislation, best practice or internal arrangements which mean it may no longer be valid, or in the event of a relevant major incident.
- 6.2 The LBHF GPD Asbestos Management Plan will initially be reviewed after six months, then annually or sooner if there are changes to legislation, best practice or internal arrangements which mean it may no longer be valid.
- 6.3 It is the responsibility of the Asbestos Manager to review this policy as agreed.
- 6.4 The general performance of asbestos management processes and overall risk is monitored through a set performance Key Performance Indicators (KPI's), which are reviewed monthly through a monitoring dashboard.
- 6.5 GPD Health and Safety Team will carry out routine evaluation of compliance with this policy. The team will report findings to the Strategic Head of Property Services.
- 6.6 Corporate health and safety will report performance against this policy twice annually to the senior leadership team and annually to the Audit and Pensions Committee.

7.0 Associated policies and documents

Linked Documents:

- LBHF Health and Safety Policy
- Fatal Injuries and Major Incidents Procedure and Guidance
- LBHF Accident & Incident code of practice
- GPD Asbestos Management Plan
- LBHF Corporate Asbestos Policy

8.0 Definitions

For the purpose and life of this document, the following definitions will apply:

GPD PREMISES – properties controlled, managed, owned, leased or other authorised occupation by RPHS or their agents and representatives.

DOMESTIC residential property managed or controlled by GPD. This includes all single dwellings and individual flats including bedsits whether owner occupier or let to a single family and private and common rooms in sheltered accommodation.

NON-DOMESTIC non-residential areas of property managed or controlled by GPD including the common parts/communal areas of blocks. The common parts of such domestic premises might include foyers, corridors, lifts and lift shafts, staircases, roof spaces, gardens, yards, outhouses, and garages but not the private domestic area inside each flat. Common parts do not include rooms within a private residence that are shared by more than one household such as bathrooms and kitchens in shared houses and communal dining rooms and lounges in sheltered accommodation.

RESIDENTS – persons residing in GPD property under a tenancy (probationary or secure) or leasehold agreement including their normal household members and authorised guests.

STAFF/EMPLOYEES – for the purpose of this document the terms “staff” and “employee” shall mean persons employed directly by the GPD, agency and contract personnel provided to the GPD (for the duration of the time that they are working for GPD) to undertake works normally carried out by direct employees of the GPD.

CONTRACTORS – persons employed by or provided by another organisation contracted to undertake work for or on behalf of GPD.

COMMUNAL AREAS – Internal and external areas of residential properties that are not within any leased or tenanted area.

TENANTED AREAS – parts of residential property that are included within the tenancy or leasehold agreement.

RESPONSIBLE PERSON – person with ultimate control of the premises

COMPETENT PERSON – A person or persons who are deemed competent by means of knowledge, training and experience to provide advice and guidance to the organisation, its’ management and staff.

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FIRE SAFETY MANAGEMENT SYSTEM**

Title: DRAFT Fire Safety Management System
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FIRE SAFETY STATEMENT OF INTENTION

We recognise and accept our duty to provide and maintain a safe and healthy work environment for our staff, partners, and the public and others affected by our activities.

As a landlord, we will provide buildings that are safe throughout their lifecycle make sure that, where third parties provide housing on our behalf, it too is safe.

The Council is directly responsible for over 800 corporate buildings and provides housing to more than 12000 tenancies and over 4800 leaseholders. The housing portfolio is made up of 2860 blocks of which 24 are 10 storeys and over. In addition, LBHF commissions a portfolio of supported housing and has over 1400 households living in temporary accommodation.

Elected Members and the Senior Management Team recognise the need to achieve stringent standards to managing fire safety and that is an on-going process adapting to public concerns, technical progress, regulatory changes and learning from future incidents.

We will provide effective strategic leadership on local fire safety. We will make sure we provide sufficient resources to assist managers in their duty and a trained and skilled workforce.

Our policy is to control risks 'so far as is reasonably practicable', respond to changing demands and to sustain positive attitudes and behaviour towards fire safety throughout our organisation. We will work to improve fire safety and the layers of protection in our buildings and recognise the special status of High Rise Residential Buildings.

This document sets out the system and organisational arrangements for the management of fire safety within the Council. It is important that we all adhere to it and remember that the most powerful message we can send is through our own behaviour.

Leader of the Council

Chief Executive

Date:

Date:

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Change History			
Date	Issue	Approved	Amendment
30/05/18	1.0	R Buckley	
07/06/18	1.1	G Coupar	Updates
24/07/18	1.2	R Buckley	Updates and additional comments
16/08/18	1.3	E Byron	Amalgamate amendments and update re structure
22/8/18	1.4	R Buckley	Minor amendments

1. Purpose

- 1.1 The purpose of the document is to set out how the London Borough of Hammersmith and Fulham (LBHF) will secure the health, safety and welfare of employees, tenants and leaseholders, contractors and visitors (who may occupy or visit premises under their control). through the implementation of Fire Risk Management, to ensure compliance with relevant fire safety legislation.
- 1.2 The document is intended to support the implementation of the corporate Health & Safety Policy.

PLAN

2 RESPONSIBILITIES AND ROLES

2.1 Elected Members

Elected Members will ensure they consider fire safety when making decisions at a strategic level.

Members of the Economy, Housing and the Arts Policy and Accountability Committee will scrutinise the organisation's fire safety management performance against this procedure.

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2.2 Chief Executive

The Chief Executive shall be responsible for carrying out their obligations as contained in Corporate Health and Safety Policy as it relates to fire safety management.

2.3 All Directors

Directors are responsible for ensuring that:

- Procedures are in place within the areas under their control to implement the requirements of this corporate policy;
- Adequate resources are available to allow those with responsibilities with respect to fire safety to discharge their duties effectively;
- Clear responsibilities for fire safety management are identified, where more than one department occupies the property.
- An effective evacuation plan is in place for any council building and these plans are reviewed at least annually
- They complete the fire evacuation training;
- At least one in four of their office based staff have completed fire evacuation training;
- In the event of an evacuation they act as the senior person responsible (Incident Manager/Commander) and report to the Incident Liaison Officer once all staff are at the muster point;
- Fire emergency arrangements are communicated to all their staff, tenants, leaseholders, contractors and visitors;
- Procedures for fire safety management are implemented and that all delegated responsibilities (contractor management) can be met in an evidenced and structured manner;
- Their staff (including agency and contractors) successfully complete on-line induction fire safety awareness within a week of starting and routine refresher training every two years;
- Personal emergency evacuation plans (PEEPS) are in place for all staff that require one;

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- Appropriate fire safety evacuation briefings are given to visitors and suitable arrangements are in place to support their safe evacuation.

2.4 Corporate Building and Commercial Property

- The Director is responsible for ensuring that a robust fire safety management system is established for corporate buildings, and maintained throughout building management operations;
- The Director will work with Corporate Health and Safety to ensure the requirements of this procedure are delivered by checking performance through regular compliance reviews and acting on findings;
- The Director will nominate a named competent person to be responsible for the corporate buildings fire safety management systems with clear demarcation and reporting lines agreed;
- The Director will satisfy themselves that adequate checks and certification of competence for all persons employed to work on fire safety systems are completed;
- The appointed competent person for fire safety will be responsible for managing the fire safety management systems in corporate buildings. They will fulfil their duties as defined within the 'Operational Delivery' section below.

2.5 Housing Management

- The Chief Housing Officer is responsible for ensuring that a robust fire safety management system is established in line with this procedure and is maintained throughout the Council's residential properties for their entire lifecycle for which the Council is responsible;
- The Chief Housing Officer will work with Health and Safety teams to ensure the requirements of this procedure are delivered by checking performance through regular compliance reviews and acting on findings;
- The Chief Housing Officer will nominate a named competent person to be responsible for fire safety management systems in the Council's residential properties. The competent person must have the necessary skills, qualification and expertise to oversee High Rise Residential Buildings (HRRB), Sheltered and Specialised Housing and Complex buildings;
- The Chief Housing Officer will satisfy themselves that adequate checks and certification of competence for all persons employed to work on fire systems are completed;

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- The named appointed competent person for fire will be responsible for managing the fire safety systems in all the Council's residential properties. They will fulfil their duties as defined within section 5 below;
- The Chief Housing Officer must nominate a named Premises Controller/Building Safety Manager with relevant skills, knowledge and expertise to be responsible for day to day management of the buildings and act as a single point of contact for residents;
- The named competent person for fire will be responsible for undertaking a representative sample of annual fire safety checks in relation to those premises that are not owned or managed by the Council but are commissioned for the placement of residents.

2.6 Children's Services

- The Director is accountable for ensuring that a robust fire safety system is maintained throughout: Community Schools; nurseries; special schools and school based youth / children's centres for which it is responsible and/or accommodation it commissions to place children. They will fulfil their duties as defined within section 5 below;
- The Director will work with Corporate Health and Safety to ensure the requirements of this procedure are delivered by checking performance through regular compliance reviews and acting on findings;
- In those establishments where the Council is not the responsible person it will request copies of all risk assessments and undertake representative sampling.

2.7 Adult Social Care

- The Director is accountable for ensuring that a robust fire safety management system is maintained throughout the Council's Day Centres and Care Homes and accommodation it commissions to place vulnerable adults. They will fulfil their duties as defined within section 5 below;
- The Director will work with Corporate Health and Safety to ensure the requirements of this procedure are delivered by checking performance through regular compliance reviews and acting on findings;
- In those establishments where the Council is not the responsible person it will request copies of all risk assessments and undertake representative sampling.

2.8 Premises Controllers & Building Safety Managers

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- Premises Controllers/Building Safety Managers and other employees who have been assigned responsibilities for the implementation of procedures to identify and control the risks from building management in Council premises as set out in the premise controller procedure;
- These members of staff have a duty to discharge their assigned responsibilities in compliance with relevant legislation, HSE and industry guidance;
- Concerns about the controls in place to manage fire safety should be raised with the nominated responsible person for the Directorate;
- Premises Controllers have responsibility to attend and complete their training.

2.9 Employees

- Employees shall attend inductions and training provided;
- Employees and contractors are to conduct their undertakings without placing themselves or others at risk of their health and safety;
- Employees shall not recklessly interfere with any fire safety system, including firefighting appliances;
- Employees shall report any fire safety contraventions or issues they become aware of which may affect fire safety and/or escape from the premises in the event of an emergency to the relevant director and/or corporate health and safety.

2.10 Appointed Competent Person

- The competent person appointed by the relevant directorate is responsible for managing fire safety in accordance with this document;
- The competent person will have the relevant qualification, expertise and experience as recognised as industry best practice to fulfil their duties. The appointed person will recognise the limits of their expertise and will seek the appropriate internal or external expertise as required;
- The competent person will satisfy themselves that practices and works are undertaken in line with this document and report any deviations or concerns to their director.

2.11 Corporate Health and Safety

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- The team are accountable for providing assurance through monitoring, auditing, inspecting, and reporting to senior management and elected members;
- The team will work with all relevant services to put in place suitable and sufficient systems to implement this Fire Safety Management System;
- The team will provide competent advice for the organisation;
- The team will support and advise departments to identify resource requirements;
- The team will manage list of named Fire Evacuation Officers for corporate properties

3 FIRE MANAGEMENT SYSTEM AND STRATEGY

- 3.1 The Corporate Health and Safety Policy sets out the overarching approach of the Council to protecting staff, tenants, leaseholders, and the public who are affected by its activities, adopting the 'Plan, Do, Check, Act' safety model;
- 3.2 The corporate health and safety business plan and audit programme sets out how health and safety assurance is monitored, assessed, and reported;
- 3.3 To assess the risk of fire in buildings the Council adopts the specification that utilises this model - PAS 7:2013 fire risk management system – Specification, which aligns with BS9999:2017 Fire safety in the design, management and use of buildings – code of practice and BS9991:2015 Fire safety in the design, management and use of residential buildings – code of practice and guidance set out in Section 5: 'other documents you must consider';
- 3.4 The Council's fire safety management system will be in line with good practice (PAS 911:2007 Fire Strategies – Guidance and Framework for their formulation), which clearly identifies the component parts of the comprehensive fire safety management system: fire risk assessment, resources and authority, training, control of works, maintenance & testing, communication, and emergency planning;
- 3.5 The strategy will require that Growth and Place and other Council directorates, with Corporate Health and Safety:

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- put in place a robust assurance system of compliance oversight of the management of fire safety
- collate information for all properties (prioritised according to risk) to enable a holistic understanding of the fire safety management for each individual building, detailing:
 - a description of each property, including; drawings, age, construction, modifications, number of floors, staircases, lifts (and type), plant and mechanical services, ventilation shafts and means of escape, etc;
 - a description of the passive fire safety arrangements to control spread of fire, smoke, and heat within each building;
 - a description of active fire safety arrangements to control and/or detect spread of fire, smoke and heat within each building including automated opening ventilation, fire dampers, fire shutters, automated fire detection, sprinklers, emergency lighting, etc;
 - a description of current firefighting arrangements including vehicular access, firefighting shaft, fire hydrants, fire equipment (e.g. risers), firefighting lifts, fire panel, etc;
 - occupancy profile including type (e.g. residential);
 - a description of the current evacuation strategy: Stay put, simultaneous, progressive/phased;
 - details of building ownership, leasing, short term agreements;
 - details of responsible person(s);
 - details of premise controller/building manger where applicable;
- put in place a robust system of fire risk assessments (FRAs) to industry best practice (PAS 79:2012 Fire Risk Assessment – Guidance and a recommended methodology) to include an assessment of the external facade that are undertaken by recognised competent assessors and include both non-intrusive and intrusive surveys as determined by the risk initial assessment. Independently quality check a proportionate sample of FRAs;
- put in place a Safety Case File for all High Rise Residential Buildings (HRRB) and higher risk residential premises;
- put in place the resources both capital and revenue to deliver the implementation of the fire risk management system in line with this document
- put in place arrangements to ensure staff and contractors have the required competency (demonstrated through qualification, experience, and recognition by industry standards) to undertake their duties and to maintain competence through training;

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- ensure all staff complete fire safety awareness training;
- communicate and work with the London Fire Brigade in respect of fire strategy and prevention and building familiarisation;
- develop an engagement communication strategy to routinely communicate fire safety arrangements to staff, tenants and leaseholders reporting concerns, learning what does and does not work.
- work with staff, tenants, leaseholders, and contractors to identify those who will require assistance owing to a disability or other issue in the event of an evacuation;
- put in place arrangements for identifying and responding to any unplanned event, potential emergency, or disaster;
- put in place suitable and sufficient systems to control all works (e.g. construction) that pose a potential fire safety risk both through their delivery but potentially where construction, refurbishment or maintenance works impact on existing fire risk controls. Controls to include reviewing the fire risk assessment;
- put in place systems, operating to industry best practice, to maintain and test fire safety systems to ensure they operate correctly in a fire
- explore and implement as necessary the feasibility of enhanced layers of fire safety measures to reduce the risk to life and buildings to as low as reasonably practicable. For example: sprinklers in towers over 10 storeys, complex buildings and within sheltered housing dwellings where residents exhibit high levels of dependency, lifts that can be used by the LFB in the event of a fire to evacuate vulnerable residents and fight the fire, and premise information boxes for LFB use at complex locations, the use of only non-combustible cladding on the external façade in HRRB.

4 OTHER DOCUMENTS YOU MUST CONSIDER

[Health & Safety at Work Act 1974](#)

[The Management of Health & Safety at Work Regulations 1999](#)

[The Regulatory Reform \(Fire Safety\) Order 2005](#)

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[Housing Act 2004](#)

Approved Document B and Building Regulations

MHCLG [Fire Safety Guides](#):

[LACORS Housing Fire Safety](#)

[LGA Fire Safety in Purpose Built Blocks of Flats 2011](#)

National Fire Chief Council – Fire safety in specialised housing

DCLG Fire safety risk assessment supplementary guide: 2007 Means of Escape or Disabled People

BS9999: 2017 Fire safety in the design, management and use of buildings – code of practice

BS9991: 2015 Fire safety in the design, management and use of residential buildings – code of practice

Construction (Design and Management) Regulations 2015

DO

5 OPERATIONAL DELIVERY

Fire Risk Assessment (FRA)

- 5.1 All FRAs undertaken on behalf of the Council will be done by competent persons recognised to industry best practice, as set out in the Fire Risk Assessors Competency Council's competency criteria, and in alignment with PAS79 (Fire Risk Assessment – Guidance and a recommended methodology).
- 5.2 In Council owned housing the frequency for Fire Risk Assessments and Reviews are set out in Appendix 1. There are four types of risk assessment. A Type 1 (non-destructive) of the common parts will initially be undertaken. Where the assessor identifies concerns about compartmentation they will recommend that further assessment is undertaken using either a Type 2 (destructive survey of common parts only), Type 3 (non-destructive of common parts and flats) or Type 4 (destructive survey of common parts and flats) survey. It is recognised that robust compartmentation (ability of the building to contain the fire and smoke) is the first line of defence and is fundamentally important where a 'stay put/remain in place' policy is adopted in the event of a fire.

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- 5.3 Fire Risk Assessments for housing properties owned by the Council will be made publicly available on the Council’s website once quality assurances checks have been completed.
- 5.4 In Corporate Buildings Fire Risk Assessments are in place and will be reviewed annually; unless specified otherwise in the FRA.
- 5.5 In addition, FRAs will be undertaken when:
- Changes to legislation
 - material alterations to the premises take place;
 - the change of occupancy and use significantly differs
 - a significant change in fire precautions occurs;
 - there is any other reason to suspect that the original fire risk assessment might no longer be valid (this might include the occurrence of a fire);
- 5.6 The initiation of Fire Risk Assessments and the implementation of fire safety controls will be done on a priority basis as dictated by the Fire Risk Assessor, determined by the building characteristics and systems in place to control the spread of fire, smoke and heat, the occupancy profile, the current method of evacuation of the building, the ability of occupants to evacuate, the firefighting arrangements and the hazards posed. Potentially higher risk premises will be assessed first in advance of lower risk establishments being assessed.
- 5.7 A copy of each Fire Risk Assessment undertaken at the instruction of the council and associated actions for properties under their control shall be retained.
- 5.8 All FRAs will be reviewed upon issue to the Council. A representative sample of FRAs for Council properties will be independently checked including physical inspection (minimum 10% per annum, determined by failure rate) with a focus on higher risk premises including HRRB. Where failings are identified these will be reported to the provider and nominated competent person to take appropriate action.
- 5.9 Actions identified through the Fire Risk Assessment process will be prioritised as follows:

Likelihood of fire →	Potential consequences of fire →	Slight harm	Moderate harm	Extreme harm
	Low		Trivial risk	Tolerable risk
Medium		Tolerable risk	Moderate risk	Substantial risk

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High	Moderate risk	Substantial risk	Intolerable risk
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- 5.10** Urgent/Emergency (Intolerable) risks identified as high will be reported immediately to the Director and/or nominated competent person to put in place measures to make safe.
- 5.11 Where the overall risk assessment determines a change to the existing evacuation strategy then the appointed competent fire safety person will also be contacted to put in place emergency plans as appropriate.
- 5.12 Where residents, including vulnerable adults and children are placed in homes managed by third parties, the Council will require the landlords to provide information about the fire safety management arrangements in place. The Council through Allocations & Temporary Accommodation will undertake a representative sample of checks to verify that minimum requirements are satisfied.
- 5.13 Third party providers of housing will be required to provide a copy of Fire Risk Assessments which shall be stored by Housing (Temporary Accommodation Team) and made accessible upon request by corporate safety.
- 5.14 Where residents are placed in temporary accommodation including foster homes basic checks will be undertaken to ensure that there are working smoke alarms and a landlord gas safety record for any gas appliance is in place.
- 5.15 All community schools for which the council has direct responsibility will be required to evidence that a Fire Risk Assessment has been competently undertaken and that necessary actions are complete
- 5.16 Fire Risk Assessments for the Council's Housing will be published on the Council's website and made readily available to residents upon request. The outcome of the fire risk assessment will give a safety rating for the building and an explanation.

Safety Case File Housing

- 5.17 In HRRB, and other higher risk residential buildings, a safety case file will be collated and maintained by the appointed competent person. The purpose of the safety case file is to identify the hazards and risks, describe how the risks are controlled and sets out the safety management system in place, including emergency procedures, on a building by building basis.
- 5.18 It is an evidenced based file that sets out the layers of fire safety protection, which will be reviewed annually.
- 5.19 The safety case file shall include:

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- Information on the building management system in relation to fire and structural safety, drawings, records of maintenance, inspection and testing and evidence of competence of those undertaking work;
- Resident engagement strategy;
- Maintained and updated Fire and Emergency File (Appendix 8), full Plans, fire safety inspections by Council and Regulator;
- Fire Risk Assessments (new and historic), and evidence that actions have been undertaken and competence of persons completing them;
- Detail of the fire safety design intent and any subsequent works and controls;

5.20 The safety case file information, having regard for security, will be accessible to residents.

Training

- 5.21 All Council staff will undertake mandatory basic fire safety awareness training provided by the council online training system, as part of the induction process for new staff and refreshed every two years.
- 5.22 All staff working in higher risk buildings (such as Estate Services Assistants and Neighbourhood Officers) will receive enhanced fire safety training repeated at least every two years that will be relevant to the buildings they work in to ensure that they are able to identify risks and escalate / initiate action where required. Estate Services Assistants/Officers will be required to undertake an assessment as part of the training process.
- 5.23 Premise controllers, Building Managers, and those with responsibility for day to day management of buildings will undertake tailored training as set out by Corporate Health and Safety on induction and at least every two years or where there are significant changes to regulations.
- 5.24 All staff with a responsibility for specialised housing will receive training on undertaking people centred risk assessments and tailored fire safety awareness training on induction and at least every two years.
- 5.25 Staff in corporate building (Category 1 and 2), 1 in 8, undertaking Fire Evacuation Officer role will complete training prior to commencing the role including building familiarisation. Training will be refreshed every two years. Training will include the use of EVAC chairs or alternative escape equipment to assist with the evacuation of person with mobility issues.
- 5.26 Nominated competent fire safety person and health and safety officers will maintain annual continuing professional development through undertaking relevant training.

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Control of Works

- 5.27 All stages of any construction and refurbishment works, procurement, design and construction process, shall comply with the Construction (Design and Management) Regulations 2015 (CDM).
- 5.28 The appointed competent person must review the FRA prior to reoccupation following works. Where occupation continues during construction the impact must be accessed prior to commencement of works including, consulting with LFB where firefighting arrangements are affected, and mitigation and monitoring put in place. The FRA must be reviewed before final sign off.
- 5.29 As soon as the work commences in HRRB the Client will ensure that a record of the building works is established and a Fire and Emergency file (Appendix 8) is initiated and maintained throughout the design and construction. In addition, Full Plans (plans and specifications of fire and structural safety as a minimum) and Construction Control Plans (how safety will be maintained during construction) will be provided and maintained.
- 5.30 Alterations to a building should retain at least the level of fire safety protection that was in place before the alterations were carried out; however, where practicable, we will seek to improve fire safety through building works.
- 5.31 Arrangements shall be put in place to plan, implement, and control on site work and its impact and ensure a safe system of work is in place which controls all fire safety risks such as hot works. Any changes to the structure will be fire risk assessed prior to commencement. Any recommendations will be adhered to.
- 5.32 Alternative approaches to hot works must be explored and ruled out before any hot works commence. Hot works require a permit to work (see permit to work procedure). On completion of the works the Fire Risk Assessment will be reviewed and actions implemented.
- 5.33 Works on site, for example, such as fitting fire door sets must be certified and signed off prior to commissioning by an independent, competent third party

Housing Enhanced Fire Safety Works

- 5.34 The Council is working to enhance and increase the layers of fire safety protection in HRRB, and the wider residential portfolio above minimum required compliance standards. The information in HRRB and higher risk premises will be set out individually for each building in a safety case file that will be collated. The Council has committed significant capital expenditure under its 'Fire Safety Plus' initiative to promote fire safety.

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- 5.35 As part of the delivery of Fire Safety Plus, and to ensure the proactive engagement of residents, a specific consultative panel has been established: 'Fire Safety Plus Residents Advisory Group' (FRAG).
- 5.36 **Only use non-combustible cladding on the external façade in HRRB.**
- 5.37 Automatic fire detection will be installed in all tenanted dwellings owned by the Council in accordance with BS5839-6: 2013. As a minimum this be a Grade D LD2 system: a system incorporating detectors in all circulation spaces that form part of the escape routes in the dwelling, and in all rooms or areas that present a high fire risk.
- 5.38 Inspections will be undertaken of the refuse arrangements within blocks. Where risk necessitates the possibility of installing a fusible link on the refuse chute cut-off plate in the paladin chamber (which will isolate the chute in the event of a fire in a bin) will be progressed
- 5.39 A programme of independently certificated fire door set enhancements to FD60S standard for flat entrance doors (FEDs) to blocks six stories and above, together with upgrades and replacement fire doors to communal areas to the relevant fire rating. Installation to be certified and third party accredited. A sample of certified door set will be independently tested to verify certification.
- 5.40 Premises Information Boxes, in HRRB and complex buildings, to assist the London Fire Brigade in the event of a fire will be installed at locations where the layout is considered by the LFB to be complex. The contents of these boxes (building plans, details of locations of fire safety features such as dry rising fire-fighting mains) have been discussed with and agreed by the LFB's local operational manager.
- 5.41 Put in place a policy based on the National Fire Chiefs Council (NFCC) recommendations on storing mobility scooter.
- 5.42 Detailed sprinkler design to be undertaken for a range of complex buildings (in accordance with BS 9251:2014) to assess feasibility to inform future decision process.

Maintenance and Testing

- 5.43 Ensure all fire safety systems including, for example, automatic fire detection, fire doors and self-closers, automatic opening vents, fire shutters, fireman's lifts, refuse chutes, mechanical plant rooms, dampers, wet and dry risers, and emergency lighting are maintained and checked according to best practice standards and relevant certification provided: as set out in Appendix 2 – Compliance Criteria.
- 5.44 All Fire Safety Records for housing are retained within the Fire and Emergency File and in corporate buildings in the health and safety logbook. A copy of the records shall be kept on site in Corporate buildings as set out in Appendix 3.

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5.45 Programme of inspections at appropriate intervals of premise controllers/estate staff/specialised housing staff to ensure:

- that means of escape are maintained unobstructed and that combustible items and excessive stored items are not present in the communal areas;
- fire doors are operating effectively and self-closing and ensuring that all externally-mounted self-closing devices installed on flat entrances doors are present, have not been disconnected or vandalised and are not in obvious need of repair;
- Fire detection system is working;
- emergency lighting is maintained;
- final exit doors are operational;
- signage has not been removed or defaced;
- wet / dry riser cabinets have not been tampered with or obstructed.

5.46 Defects/faults shall be reported to the contracts customer service and competent fire safety person. Where the defect/fault compromises the fire and smoke control strategy and/or firefighting strategy and/or evacuation strategy then the nominated competent person for fire safety, relevant director, corporate health and safety, will be notified and interim measures put in place; LFB must be advised after 24 hours (or sooner where determined by the competent person) of any interim measures and provided with the timeframe for the reinstatement of the system.

5.47 Ensuring annual servicing of gas appliances and the new cycle of electrical wiring testing is undertaken 5 yearly in council owned property – within tenanted dwellings and communal areas.

5.48 Actively encourage leaseholders to maintain their properties to comply with the law and best practice to ensure they do not place others at risk. Explore options for enforcing these standards and validating compliance.

Communication

5.49 Regular engagement and consultation with staff and residents on fire safety management system in the event of an emergency, their responsibilities and how they can access advice will be undertaken.

5.50 In corporate buildings (Category 1 and 2), line managers will provide building familiarisation inductions for their staff and premise controllers for contractors in corporate buildings that will include information on fire escape routes, how to raise the alarm in the event of an emergency and the muster point. In addition, premise controllers will provide building user groups (category 1) to allow staff representatives to feedback on concerns at least six monthly.

5.51 Housing Management will put in place a residents' engagement strategy to routinely provide fire safety information to residents. This will be developed in association with FRAG. It will provide information in an accessible manner throughout the year on the fire strategy for where they live, advice on their responsibilities such as providing

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access to the Council to test alarms and check compartmentation and other fire safety measures, keeping communal areas and private balconies free of stored items, testing and maintaining smoke alarms and LFB Home Fire Safety Visits and prior, during and post any refurbishment or structural works to their building.

- 5.52 Housing will regularly provide information to tenants/leaseholders using a number of mediums throughout the course of the year and as matters arise.
- 5.53 Routine strategic and operational meetings with the London Fire Brigade to be held at least quarterly. Also, there will be quarterly meetings between the Chief Housing Officer and the LFB Borough Commander.
- 5.54 Central reporting and recording of fires – all fires must be reported to the Health & Safety Team. This enables each fire to be thoroughly investigated, probable cause identified, the LFB consulted and any repair, remedial action, or actions to reduce the likelihood of further fires taken.
- 5.55 Corporate Safety Committee, with representation from all council departments, will meet quarterly where fire safety management will be a standing item

Emergency Planning

- 5.56 The Council will support people affected by an emergency under its 24/7 call-out arrangements. It will liaise with the emergency services through its control centre, activate arrangements to open Emergency Rest Centres for evacuated residents, coordinate and coordinate communications to senior management for oversight and decision making.
- 5.57 Housing (Temporary Accommodation Team) will provide 24/7 Emergency Duty Officers, senior management, finding alternative accommodation for those made homeless, and for responding to issues affecting their buildings.
- 5.58 Emergency plans in the event of an unplanned event, potential emergency or disaster are held centrally. The plans include logistical issues such as shelter provision, communications, transport, weather, etc. A duty system is in place 24/7 with trained staff in place.
- 5.59 Arrangements for the evacuation of corporate buildings are set out in Appendix 4.
- 5.60 Fire Evacuation Plans will be put in place for all HRRB buildings even where the policy is to stay put/remain in place and have regard for those requiring assistance owing to a disability or other issue (Personal Emergency Evacuation Plan [PEEP])
- Appendix 5 for corporate buildings and Person-Centred Risk Assessment for specialised housing
 - Appendix 6 is the template for Corporate Buildings.
 - Appendix 7 is an example of a simultaneous evacuation policy for Housing in the event of a change from stay put owing to newly identified risk.

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- 5.61 Emergency plans will be drafted, so that in the event of a sudden change in circumstances, there is an alternative evacuation strategy in place.
- 5.62 Where applicable routine fire drills (at least twice annually for corporate buildings) will be undertaken
- 5.63 Identify those occupants who will require assistance in the event of an evacuation. In corporate buildings staff requiring assistance must complete a Personal Emergency Evacuation Plan (see Appendix 4), this is flagged up in fire safety awareness induction training.
- 5.64 Housing Management will develop a strategy to communicate with residents seeking information on anyone in their household who could potentially require assistance to evacuate. Person-centred risk assessment within specialised housing blocks are undertaken, reviewed on a 6-monthly basis and details of the residents requiring assistance to evacuate in the event of a fire made available to LFB.
- 5.65 Meetings will be held with, Housing, Corporate Property and Corporate Health and Safety to post review incidents and quarterly to review arrangements.

CHECK

- 6.1 The Corporate Safety Team will review this fire safety management system annually (or in response to significant legislative or other changes) and ensuring that it is in line with current legislation and best practice.
- 6.2 The Corporate Safety Team will monitor compliance with this document corporately undertaking audits and inspections across the whole portfolio as set out in the annual programme or in response to emerging issues.
- 6.3 Corporate Health and Safety will routinely report to Strategic Leadership Team, Economy, Housing and the Arts Policy and Accountability Committee and Audit & Transparency Committee, providing an overall organisational performance report at least twice annually. Feedback will be reported to relevant departments.
- 6.4 Strategic Leadership Team, which includes the Chief Executive, will review the report. The review will include:
- the status of actions from previous management reviews;
 - changes in external and internal issues relevant to the policy;
 - information on the fire safety performance, including trends in nonconformities and corrective actions;
 - monitoring and measurement results;
 - audit results;
 - interested party feedback;
 - evaluation of compliance with legal and other requirements; and
 - opportunities and recommendations for continual improvement and escalation as appropriate where the risk is significant.

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- Appropriate resources are in place to fulfil the requirement of this policy
- 6.5 Housing Management monitors compliance at its Compliance Board, which is attended by Corporate Health and Safety. This meets at least monthly and will include a review of the arrangements, maintenance and testing performance, delivery plan for fire risk assessments and associated actions, control of works and recommendations from internal and external audits and post fire incident reports collated by Housing.
- 6.6 Corporate property monitor's compliance at its compliance board, which Corporate Health and Safety attend, at least monthly and will include a review of the arrangements, maintenance and testing performance, delivery plan for fire risk assessments and associated actions, control of works and recommendations from internal and external audits and post fire incident reports collated by Corporate Property.
- 6.7 Directors of all departments will monitor compliance with this document as it relates to their areas to check that arrangements, maintenance and testing performance, delivery plan for fire risk assessments and associated actions, control of works and recommendations from internal and external audits and post fire incident reports are reviewed and acted upon. Corporate safety should be invited to assist in this process.

ACT

7 LEARNING AND RESPONDING

- 7.1 Recommendations from audits and inspections both internally and externally will be addressed within the proposed timescales
- 7.2 Any requirements set out in LFB (or other enforcement body) Enforcement Notices or Notices of Fire Safety Deficiency will be undertaken within set timescales
- 7.3 Put in place system to implement any cross-cutting themes noted via the utilisation of the London Fire Brigade's Fire Safety in Refurbished Buildings: Audit tool.
- 7.4 The Council will implement requirements from the Dame Judith Hackitt Report, Public Inquiry and consultations on external cladding and fire safety regulations as Government approves them.
- 7.5 Growth and Place, in conjunction with corporate health and safety and relevant stakeholders, will review the strategy at least annually to ensure that learning from changes in legislation, guidance and best practice are adopted as applicable going forward.

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8 DEFINITIONS

Responsible Person	<p>(a) in relation to the workplace it is the employer, if the workplace is to any extent under their control;</p> <p>(b) in relation to any premises not falling within paragraph (a)—</p> <p>(i) the person who has control of the premises (as occupier or otherwise) in connection with the carrying on by him of a trade, business or other undertaking (for profit or not); or</p> <p>(ii) the owner, where the person in control of the premises does not have control in connection with the carrying on by that person of a trade, business or other undertaking</p>
Fire Risk Assessment	<p>The responsible person must make a suitable and sufficient assessment of the risks to which relevant persons are exposed for the purpose of identifying the general fire precautions they need to take to comply with the requirements and prohibitions imposed on him by or under this Regulatory Reform (Fire Safety) Order 2005.</p>
General Fire Safety Controls	<p>In relation to premises this means measures:</p> <p>(a) to reduce the risk of fire on the premises and the risk of the spread of fire on the premises;</p> <p>(b) in relation to the means of escape from the premises;</p> <p>(c) for securing that, at all material times, the means of escape can be safely and effectively used;</p> <p>(d) in relation to the means for fighting fires on the premises;</p> <p>(e) in relation to the means for detecting fire on the premises and giving warning in case of fire on the premises; and</p> <p>(f) in relation to the arrangements for action to be taken in the event of fire on the premises, including:</p> <p style="padding-left: 40px;">(i) relating to the instruction and training of employees; and</p> <p style="padding-left: 40px;">(ii) to mitigate the effects of the fire.</p>
High Rise Residential Building (HRRB)	<p>Residential building of 10 storeys or more</p>
Principal Designer	<p>Under the Construction (Design and Management Regulations) a principal designer is a designer who is an organisation appointed by the client (the Council) to take lead control of the pre-construction phase of any project where there is more than one designer involved</p>
Principal Contractor	<p>Under the Construction (Design and Management Regulations) a principal contractor is a contractor appointed by the Client (the</p>

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	Council) to take lead control during the construction phase of any project where there is more than one contractor involved
Category 1 and 2 Corporate Buildings	Category 1: All facilities management, managed by corporate property Category 2: Core facilities management, managed undertaken by corporate property with day to day management, as defined in this document, undertaken by council service staff
Service Matrix Corporate Buildings	Matrix setting out the all the facility management functions by building and who provides them across the Council'[s corporate portfolio

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Appendix 1 – Fire Risk Assessment and Review Frequency

The FRA will be undertaken to PAS79:2012 as set out the timescale within which the regular review (lower level) will be required. The table below sets out the frequency of FRA and FRA Reviews:

FRA Risk Level	Frequency of FRA	Frequency of FRA Review
All buildings >10 storeys	12 months	6 months
Specialised Housing	12 months	6 months
Temporary Accommodation	12 months	6 months
Travellers Site – Stable Way	12 months	6 months
All Community rooms and Resource Centres	12 months	6 months
All other blocks	24 months	12 months

An FRA may be required to be undertaken ahead of the frequency shown above following a fire, building alteration, service of Notice by the Fire Authority or some other significant event.

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Appendix 2 – Compliance Monitoring Criteria

Annual Fire Extinguisher Basic Service	Annual	BS 5306-3:2017
Fire Extinguisher Extended Service (5 Years - Water & Powder, 10 Years - Powder (Sealed))	5/10-Yearly	BS 5306-3:2017
Weekly Functional Check of Fire Alarm System	Weekly	BS 5839-1: 2017
Monthly Standby Generator Check	Monthly	BS 5839-1:2017
3-Monthly Actuation of Smoke Control System	3-Monthly	BS 5839-1:2017
Fire System Inspection and Performance Test (6- 12 Monthly)	6-12 months	BS 5839-1:2017
Annual Test of Automatic and Remote Detection Systems (Head Detection System)	Annual	BS 5839-1:2017
Annual Fire System Cause and Effect Testing	Annual	BS 5839-1:2017
Monthly Hose Reel Visual Inspection Function Test	Monthly	BS EN 694:2014 BS EN 671 (1-3)
Annual Hose Reel Inspection and Maintenance	Annual	BS EN 694:2014 BS EN 671 (1-3)
5-Yearly Hose Reel Pressurisation to Max. Working Pressure	5-Yearly	BS EN 694:2014 BS EN 671 (1-3)
Weekly Simulated Test of Smoke Extraction System	Weekly	BS 9999:2017/BS 7346-8: 2013
Annual Smoke Extraction System Inspection and Performance Test by Competent Person	Annual	BS 9999:2017/BS 7346-8: 2013
Smoke relief vents - fireman's control for vent plant	Quarterly	
Weekly Extinguishing System Visual Inspection inc. pressure gauge checks	Weekly	BS 5306-0:2011/BS EN 12845: 2015 FIA or other fire FGas Certification body for HCFCs
6-Monthly Extinguishing System Planned Inspection	6-Monthly	BS 5306-0:2011/BS EN 12845: 2015 FIA or other fire FGas Certification body for HCFCs

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Annual Extinguishing System Room Integrity Test	Annual	BS 5306-0:2011 /BS EN 12845: 2015 FIA or other fire FGas Certification body for HCFCs
6-Monthly Extinguishing System Performance Verification	6-Monthly	BS EN 15004-1:2008/BS EN 12845: 2015
10-Yearly Gas Suppression System Hydrostatic Test	10-Yearly	BS EN 1803:2002
Weekly Dry/Wet Riser Visual Inspection	Weekly	BS 9990:2015, BS 9999:2017, BS9991: 2015
Annual Dry/Wet Riser Inspection and Performance Test by Competent Person	Annual	BS 9990:2015, BS 9999:2017, BS9991: 2015
Weekly Automatic Sprinkler System User Inspection	Weekly	BS 12845 2015 Automatic sprinkler systems LPCB certificate of conformity BS 9999:2017 or BS 9251:2014
Annual Automatic Sprinkler System Inspection and Test by Competent Person	Annual	BS 12845 2015 Automatic sprinkler systems LPCB certificate of conformity BS 9999:2017
Weekly Pressure Differential System Actuation Test	Weekly	BS EN 12101-6:2005
Monthly Pressure Differential System Emergency Power Supply and Standby Equipment Check	Monthly	BS EN 12101-6:2005
Annual Test of Whole Pressure Differential System	Annual	BS EN 12101-6:2005
Monthly Test of Fire Door Fail-Safe Mechanism	Monthly	BS 9999:2017
Monthly Inspection of Fire Doors (High-Risk Areas)	Monthly	BS 9999:2017/BS8214: 2016
6-Monthly Inspection of Fire Doors	6-Monthly	BS 9999:2017/BS8214: 2016
Annual Fire Damper Inspection and Test by Competent Person	Annual	BS 9999:2017
Fire Risk Assessment in Place and Regularly Reviewed	Annual	Regulatory Reform (Fire Safety) Order 2005
Emergency Evacuation Plans in Place and Regularly Reviewed	Annual	Regulatory Reform (Fire Safety) Order 2005
Inspection of Automated fire detection in tenanted housing properties	Annual or prior to release of voids	

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Fire Shutters Housing	Monthly (internal) Six monthly (Service Engineer)	BS 8524-2: 2013
Emergency lighting battery power supply (flick test)	Monthly	BS 5266-1: 2016 <i>Emergency lighting – Part 1: Code of practice for the emergency lighting of premises</i>
Emergency lighting service	Annual	BS 5266-1: 2016 <i>Emergency lighting – Part 1: Code of practice for the emergency lighting of premises</i>
Regular Inspection and Test of Fixed Electrical Installations	5 Yearly	BS7671:2008+A3:2015 IET Wiring Regulations Frequency varies according to the type of installation and use
Annual Emergency Lighting Discharge Test	Annual	BS EN 50172:2004, BS 5266- 8:2004 Full discharge for self-contained fitting 36 months after installation and then annually
11-Monthly Lightning Protection System Inspection	11-Monthly	BS EN 62305-2: 2012 Inspection may be at frequency identified by LPS Designer
Annual Visual Inspection of Lightning Protection System Earthing	Annual	BS EN 62305-2: 2012
5-Yearly Maintenance of Lightning Protection System 11KVa Earthing	5-Yearly	BS EN 62305-2: 2012
Monthly Short Duration Test of Emergency Lighting Luminaires	Monthly	BS EN 50172:2004, BS 5266-8:2004
Landlords Gas Safety Record (Domestic Gas appliances)	Annual	Gas Safety (Installation and Use) Regulations 1998. Gas Appliances (Safety) Regulations 1995
Thorough Examination of lifts	6-monthly Written Scheme Requirements	Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
Firefighting lifts	6-monthly	BS 8899: 2016

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APPENDIX 3 FIRE SAFETY LOGBOOK – CORPORATE BUILDINGS ONLY

All Fire Safety Records are retained on site within the Health and Safety logbook. This file is located at the main reception. These records are maintained and updated by, Corporate Property.

The Premise Controller is responsible for maintaining the records on site.

The following records are maintained in the Fire Logbook:

- Certification of installed fire alarm system verifying conformance with BS 9999.

- Certification of the installed fire detection and alarm system conforming with the requirements of BS 5839 Part 6.

- Records of maintenance and testing in conformance with BS5839 Part 1, covering:
 - Daily Inspection
 - Weekly Test
 - Quarterly Test
 - Annual Test
 - Smoke Detector maintenance records
 - Records detailing the inspection, testing and where necessary replacement of batteries used to provide UPS to fire alarm system
 - An overview of the system, including classification of the fire detection and alarm system according to BS 5839 Part 1.

- Copy of latest Fire Risk Assessment (FRA), including actions log.

- Record of inspection and test of all Fire Fighting equipment

- Copy of the latest Fire Emergency Plan (this document)

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Appendix 4 - Fire Evacuation Arrangements Corporate Buildings

All corporate buildings, as set out in the Service Matrix, will have a plan in place to deal with foreseeable emergencies including fire.

- The emergency plan will be brought to the attention of all staff and other users of the site;
- If applicable the plan will be put onto a health and safety notice board; and
- The plan will be periodically reviewed, after fire drills, unwanted alarms, or incidents.

Incident Liaison Officer [senior security person] for Cat 1 and 2 sites

The senior member of the Security Team on duty (**referred to henceforth as the Incident Liaison Officer**) is the person responsible for the co-ordination of Fire Evacuation Officers during an evacuation, and is the person responsible for confirming successful evacuation of the premises or otherwise to the Fire Brigade.

The Incident Liaison Officer is **NOT** the incident commander for the Council and does not have authority to make executive decisions on the behalf of the Council; such authority resides with the Chief Executive of the respective Council or in their absence a Director.

The Incident Liaison Officer is responsible for the collection and provision of the site grab bag to the Fire Brigade upon their arrival.

The site grab bag should contain the following items:

- Plans providing the location of isolation points for utilities, fuel supply etc.
- Plans for the site, including services, floor plans, refuge points, emergency exit routes.
- Asbestos Register
- Key Contacts List

The Incident Liaison Officer will:

- Be the main point of contact for the emergency services;
- Ensure no-one reoccupies the building until directed to by the Fire Brigade;
- Show the Fire Brigade where the fire panel is;
- Provide the Fire Brigade with details of the building layout;
- Provide the Fire Brigade with the details of the Facilities Manager for the building;
- Record the incident and pass the information over to the Facilities Manager upon conclusion of the evacuation.
- Inform the Fire Brigade whether the building has been fully evacuated or not, and the last known location of persons trapped as provided by Fire Evacuation Officers.
- Provide the Fire Brigade with a list of staff working out of hours in the building (out of hours access forms).
- Inform the Fire Brigade of the approximate location of the seat of the fire;

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- Inform the Fire Brigade of the best established route for the rescue of trapped persons;
- Provide a copy of a laminated floorplan detailing the layout of each floor of the building showing glass walls, offices etc.
- Provide a copy of a laminated plan showing the location of gas pipes and isolation valves / points for services to the building.

Incident Commander

The Incident Commander for the Council has the authority to make executive decisions on the behalf of the Council; such authority resides with the Chief Executive of the respective Council or in their absence a Director.

They shall chair the debrief immediately after the evacuation and ensure all issues are recorded and reported by the Incident Liaison Officer to the site Premises Controller and Corporate Health and Safety.

Fire Evacuation Officers

Shall:

- Ensure that they have been on the Council's fire safety training for Fire Evacuation Officer and site induction training
- Maintain their details on the fire evacuation O365 office group;
- When alarm is raised as far as it is safe to do so evacuate those in the immediate area;
- Usher staff as far as is practicable towards the fire exit
- Close all fire doors if safe to do so on route out of building;
- Direct evacuees to the muster point;
- Report your area as being clear (or otherwise) to the Incident Liaison Officer and any anomalies found during the evacuation;
- Prevent persons from re-entering the building;
- Assist persons with disabilities to a safe area if appropriate and safe to do so.
- Follow the directions as outlined within the associated procedures.

Out of Hours Office Working Procedure – CORPORATE BUILDINGS ONLY

All staff must ensure that they have read and understood the out of hours office working procedure. For any out of hours office work, an Out of Hours Access form must be completed and authorised by the line manager before submitting to onsite security.

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OUT OF HOURS OFFICE ACCESS FORM

Please complete the following form if you will be carrying out work in the office Out of Hours at ANY of the Councils buildings.

PLEASE COMPLETE BEFORE CARRYING OUT ANY WORK OUT OF HOURS IN THE OFFICE	
Name of Person requiring access:	Department:
Position:	Business Group:
Date of application:	Contact Number:
Location of access: I.E. KTH Orange zone 1st floor	Times of access: i.e. 7pm – 9.30pm
Start date:	Estimated duration: I.E. One day only / Every Thursday for next two weeks

I have read and understood the out of hours guidance document and;

- I have read the fire action notice for the building and know where to exit in the event of an emergency and where to muster
- I will have no difficulty in hearing the alarm should it sound
- in the event of an evacuation I DO NOT require assistance to exit the building

Name	
Signature	
Date	
Line manager name	
Signature	
Date	

THIS FORM SHOULD BE SUBMITTED TO SECURITY AT RECEPTION

Name of Amey Security authorising	
Signature	
Date	

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APPENDIX 5 - PERSONAL EMERGENCY EVACUATION PLAN (PEEP)

Where there have been general provisions provided for the safe evacuation of persons who have a disability, all members of staff who have a disability must be provided with a PEEP. There must be provision made for all others affect to include members of the public, service users, visitors etc.

Department:			
Division/Business Group:			
Address – including exact location in building	Address and exact location e.g. room 2, 3 rd floor – also include details of any other address where regular meetings are attended		
PEEP developed by/date:	Date		
	Name	Position	Signature/date
PEEP review by/date:	Date		
	Name	Position	Signature/date
PEEP prepared for:	Name	Position	Signature/date
Contact details of disabled person	Work phone		Mobile/pager
Staff	<input type="checkbox"/>	Visitor	<input type="checkbox"/>
		Contractor	<input type="checkbox"/>
			Student <input type="checkbox"/>
PEEP agreed with those involved in plan:			
Name	Position	Signature/date	Responsibility (e.g. to assist in the evacuation, operate equipment, raise alarm etc.)
Managers Details:	Name	Position	Signature/date
Managers Contact details:	Work phone		Mobile/pager
Information about disability relevant to evacuation plan			

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APPENDIX 6 FIRE EMERGENCY PLAN CORPORATE BUILDING TEMPLATE

Document Name:	Fire Emergency Plan Template – CAT 1 with Security Team		
Date:		Release:	Version 2.0
Author:			
Owner:			
Client:			
Document Number:			

REVISION HISTORY

Revision Date	Previous Revision Date	Summary of Changes	Changes Marked

APPROVALS

This document requires the following approvals. A signed copy should be placed in the project files.

Name	Signature	Title	Date of Issue	Version

DISTRIBUTION

This document has been distributed to:

Name	Title	Date of Issue	Version

INSTRUCTIONS

All text in *blue italics* are prompts to guide the user of this document during its preparation. Sections of the document that do not have such text are to be left as is.

The user of this template is required to ensure that the specific references to positions are correct for their Council, for example Fire Evacuation Officer They are also required to ensure the correct Council crest is used on this document.

The user of this document is required to ensure that a copy is lodged with Amey and the LINK team, and that both these parties are included in the distribution list for any future updates or revisions.

- 1.0 - Address to which this FEP concerns *In this section, please enter the full address of the premises covered by this Fire Evacuation Plan .*
- 2.0 - Location of current Fire Risk Assessment (FRA) document *In this section, please enter the location of the Fire Logbook.*
Fire Logbook maintained in Security Office, ground floor behind Reception.
- 3.0 - Premises Occupier(s) *In this section, please enter details of the occupiers of the building. This should include all Tenants.*
- 4.0 - Function(s) of *In this section, please enter the main function of the premises – school, library, health centre, care*

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- the Premises *home for children etc.*
- 5.0 - Occupancy *In this section, please enter the number of people occupying or based in the building. Figures should be separated by tenant.*
- 6.0 - Responsible Person *In this section, please enter the title of the Responsible Person for the premises. This is usually the most senior person based on site, or the Director of the Department that occupies the majority of the premise*
- 7.0 -Other management responsibilities for Fire Safety, including Fire Risk Assessments *In this section, please amend terminology of positions to match those used by your Council*
All Premise Controllers/Build Safety Managers/Managers / Supervisors and Health & Safety Representatives have duties under the Regulatory Reform (Fire Safety) Order 2005.
- The Council's Fire Policy requires that there are adequate numbers of trained staff to enable the safe evacuation of colleagues and the public in the event of an emergency from the building to the Assembly Point.**

To ensure sufficient staff are available, having regard for flexible working, annual leave and staff turnover, we require that 1 in 8 staff members based in the building are trained as Fire Evacuation Officers

It is the responsibility of the Council to ensure that a rolling refresher programme is in place, with training sessions taking place every three months to ensure that new starters are trained in a timely manner.

FIRE EVACUATION OFFICER

The Fire Evacuation Officers are responsible for evacuating staff on the floor/wing/zone and building they are in at the time of the alarm sounding.

Fire Evacuation Officers are responsible for proactively reporting any issues such as blocked fire escape routes, faulty signage, build-up of combustible materials to Amey via the Helpdesk.

CHIEF EXECUTIVE & DIRECTORS

It is the responsibility of the Chief Executive **designated as the Responsible Person or their nominated Director(s)** to ensure that an adequate number of their staff based on site are identified, appointed and trained as Fire Evacuation Officer; please refer to the document entitled "Role of Fire Evacuation Officer and Lead Fire Evacuation Officer *DELETE AS APPROPRIATE* (attached to this document) for a process map detailing the identification, appointment and training procedure.

As recorded earlier in this document, Council policy requires that 1 in 4 staff based on site are trained as Fire Evacuation Officers

Where floor areas are shared between Departments, it is the responsibility of the Directors to decide how many Fire Evacuation Officers shall be provided from their respective teams.

TFM PROVIDER

It is the responsibility of the AMEY FM Manager to ensure that:

- **the building is fully compliant with all relevant statutory and regulatory requirements;**
- **A comprehensive Fire Risk Assessment has been undertaken,**
- **This Fire Plan document is maintained and updated as required to ensure its relevance and efficacy;**

- **All fire escape routes are kept clear of all obstruction and excessive fire load;**
- **A suitable and sufficient Building Induction process is in place;**
- **Details of Fire Evacuation Officers and First Aiders for each floor area of the building are regularly updated via the 0365 FEO/W group, are prominently displayed in strategic parts of the building, and are recorded in the building Fire Safety Logbook.**
- **Relevant Amey / Council personnel are provided with a copy of this document each time it is updated or new personnel are added and added to the 0365 FEO/W**

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group.

It is the responsibility of the TFM Provider to ensure and be able to evidence that all of their staff are trained to a sufficient standard to discharge their given responsibilities effectively and efficiently regarding fire safety and management.

COUNCIL

It is the responsibility of the Council to ensure that the TFM Provider is provided with regular updates on leavers that are Fire Evacuation Officer trained, to enable the TFM Provider to maintain accurate data. An Outlook 365 Fire Evacuation Group will be self-maintained by staff and overseen by Corporate Health & Safety, reporting the status of the building they spend most of their time in, their directorate and the status of their training. This portal will be accessible by LINK and AMEY, and will be used to communicate messages and information to Fire Evacuation Officers.

FIRE RISK ASSESSMENT

The Fire Risk Assessment is reviewed on an annual cycle, or as and when the circumstances / environment in which the property exists and operates undergo significant change – whichever is sooner.

The Fire Risk Assessment review is conducted by AMEY on an annual basis. Any instances where significant changes are made to the building, in terms of occupancy levels, tenant activities, fire loading or physical alterations will require the instigator of said changes to instruct AMEY to conduct a fire risk assessment.

8.0 - Fire Warning Arrangements

Please amend this section so that the information reflects the fire warning arrangements in your building.

9.0 - Action in the event of Fire

Please amend this section as appropriate to reflect the Assembly Point for your building.

STAFF

On discovery of a fire, persons should immediately retreat from the fire, raise the alarm at the nearest call point (Square red box mounted on the wall in various locations around the building), evacuate the building and call the Emergency Services using the 999 number from a safe place – this will be the designated Assembly Point, which is outside the House of Fraser / Southside office block on Victoria Street.

On hearing the alarm signal, all persons in the building shall immediately, without pause to collect their personal effects, evacuate the premises in a calm and orderly manner, using the nearest available emergency escape routes which are clearly signed in all areas of the building. Once out of the building, all persons should report to the Assembly Point

NO ONE SHOULD RE-ENTER THE BUILDING UNTIL THE INCIDENT LIAISON OFFICER INSTRUCTS YOU TO DO SO.

FIRE EVACUATION OFFICERS

In the event of a fire, Fire Evacuation Officers shall:

- Usher staff as far as is practicable towards the fire exit
- Close all fire doors if safe to do so on route out of building;
- Direct evacuees to the Assembly Point;
- Report your area as being clear (or otherwise) to the Incident Liaison Officer;
- Prevent persons from entering the building;
- Assist persons with disabilities to a Safe Area if appropriate and safe to do so.

SPECIAL ROLES

In the event of a fire, certain staff members will have actions that they need to implement – the Incident Liaison Officer and Catering Staff are examples.

FALSE ALARMS

In the event a false alarm is confirmed after investigations by the Security Team, the Incident Liaison Officer will instruct Fire Evacuation Officers to allow staff to re-enter the building.

10.0 - Emergency Escape Routes

In this section, please update the images included if necessary with those in place in your building. You will also need to update this section to ensure it accurately reflect the emergency escape route arrangements in your building.

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The Emergency Escape Routes are clearly signed, using the following signage:



Please refer to Appendix ? of this document for floor plans detailing all Emergency Escape Routes. All persons are to ensure they are familiar with their principle Emergency Escape Route and an alternative should it not be available.

11.0 -
Arrangements for
fighting Fire

Firefighting equipment as deemed suitable by the Fire Risk Assessment is located at various strategic points around the building on each floor. Where possible, the physical locations of the firefighting equipment have been kept consistent on each floor of the building. Please refer to Appendix ? for floor plans highlighting the location and type of firefighting equipment deployed on each floor.

The principle focus for all persons evacuating the building must be on preservation of life; Fire Extinguishers are strategically placed to provide a method of protecting established Escape Routes in the event of fire.

12.0 - Procedures
for coordinating
evacuation and for
Fire Brigade liaison

Please amend this section to fit with your Councils policies and senior management team structure. You will also need to update the Incident Liaison Officer description if your building does not have an AMEY Security Team on site.

The Senior member of the Security Team on duty (**referred to henceforth as the Incident Liaison Officer**) is the person responsible for the co-ordination of Fire Evacuation Officer during an evacuation, and is the person responsible for confirming successful evacuation of the premises or otherwise to the Fire Brigade.

The Incident Liaison Officer is **NOT** the incident commander for the Council and does not have authority to make executive decisions on the behalf of the Council; such authority resides with the Chief Executive or in his absence a member of EMT.

The Incident Liaison Officer is responsible for the collection and provision of the site Grab Bag to the Fire Brigade upon their arrival.

The site Grab Bag should contain the following items:

- Plans providing the location of isolation points for utilities, generator fuel supply etc.
- Plans for the site, including services, floor plans, refuge points, emergency exit routes.
- Asbestos Register
- COSHH Register
- Business Continuity Plan
- Key Contacts List

The Incident Liaison Officer will:

- Be the main point of contact for the emergency services;
- Ensure no-one reoccupies the building until directed to by the Fire Brigade;
- Show the Fire Brigade where the fire panel is;
- Provide the Fire Brigade with details of the building layout;
- Provide the Fire Brigade with the details of the Facilities Manager for the building;
- Record the incident and pass the information over to the Facilities Manager upon conclusion of the evacuation.
- Inform the Fire Brigade whether the building has been fully evacuated or not, and the last known location of persons trapped as provided by Fire Evacuation Officer.

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- Inform the Fire Brigade of the location and approximate quantities of potentially dangerous (oxidising, explosive, corrosive, poisonous or flammable) substances stored in or near the building;
- Inform the Fire Brigade of the approximate location of the seat of the fire and the best route of approach;
- Inform the Fire Brigade of the best established route for the rescue of trapped persons;
- Provide a copy of a laminated floorplan detailing the layout of each floor of the building showing glass walls, offices etc.
- Provide a copy of a laminated plan showing the location of gas pipes and isolation valves / points for services to the building.

13.0 - Persons who are especially at risk (PEEPs)

Please update this section to refer to the latest version of Fire Risk Assessment for your building, and to reflect if you have PEEP requirements.

The Fire Risk Assessment for the premises, carried out ?? identifies several groups of building users that will need a Personal Emergency Evacuation Plan (PEEP), the depth and detail of which will vary from person to person.

It is the responsibility of the line manager to ensure that concerned individuals in their service are covered by an individual PEEP and that each of these documents is maintained, reviewed and updated on a frequent and regular basis. To assist with the production of a PEEP, please refer to the PEEP form attached to this Plan. The 0365 FEO/W group PEEP list, should be updated listing PEEP information.

The line manager must advise Amey of the PEEP.

It is the responsibility of the Amey Facilities Manager to ensure that copies of the PEEPs be made available if requested by the Fire Brigade. It is recommended that the PEEPs documentation be retained in the Fire Safety Logbook

14.0 - Special arrangements for the evacuation of disabled, young and elderly persons

To avoid unnecessary risk, persons who are unable to exit the building without assistance are not permitted to enter the basement or roof plantrooms, voids or any other areas of the building where an egress route is not readily available.

When required Fire Evacuation Officer will assist disabled staff to the Safe Area in the event of a Fire Evacuation. Similarly, Staff with disabled visitors are required to assist their visitors to a Safe Area. Staff should where possible arrange meetings on ground floor for visitors with mobility issues.

Arrangements for the safe evacuation of persons with disabilities are as follows:

- **All persons are provided with appropriate information, in a format that can be readily understood by them.**
- **Standard Emergency Evacuation Plans (refer to Section 8 on Page 9 of this document). These are available to visitors and form the basis for the production of individual PEEPs.**
- **Visitors with disabilities should be provided with information on the standard PEEPs available by their site contact, with guidance on what to do in the event of an evacuation becoming necessary.**
- **Regular users of the building are consulted and their needs discussed and assessed with the appropriate members of staff. Individual PEEPs are agreed, documented and implemented.**

15.0 - Arrangements for the evacuation of site visitors, contractors and other 3rd parties

Site visitors, contractors and 3rd parties present in the building during an evacuation are required to follow the evacuation procedure laid out in this document.

The site contact for the above is responsible for ensuring that;

- **A copy of this document is provided to contractors who are expected to be on site for a significant period of time;**
- **Site visitors are given a suitable induction on fire warning and evacuation arrangements as detailed in this document;**
- **Contractors or 3rd parties that are expected to be based on site for longer than one calendar month are booked on the next available Building Induction.**

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- In addition, once clear of the building at the Assembly Point, they are to make contact with their site contact and inform them they are clear of the building.
- Please either update this section to reflect the particular requirements in your building, or change to NOT APPLICABLE if this section is not relevant to your building.*
- In the event of fire, the kitchen staff is to ensure that the emergency electricity shut off is activated prior to leaving the area.
- The gas supply to the building is protected by a solenoid valve which is connected to the fire alarm system – in the event of a fire, the solenoid will disengage and the gas supply to the building will be isolated.
- 16.0 - Shutdown / isolation of critical machinery, appliances or processes
- 17.0 - Specific arrangements for high risk areas
- Please either update this section to reflect the particular requirements in your building*
- Access to any high risk area is to be strictly controlled using the TFM Providers Permit to Work (PtW) protocol.
- Any persons wishing to access the roof, basement plant areas or any areas termed as Confined Spaces (typically where a route of egress is not readily accessible in emergency) must be in possession of a completed and verified Permit to Access document which can only be provided by the **Amey Facilities Manager**.
- The Premises Controller must be under explicit instructions to refuse to provide keys or other means of access to these areas without the production of a verified Permit to Access.**
- All access to controlled areas is to be logged and recorded by the Premises Controller. This information is to be made available to the Fire Brigade upon arrival to site in the event of a fire.
- Please either update this section to reflect the particular requirements in your building*
- 18.0 - Arrangements for an Emergency Plan to be used by a Hirer of part of the premises
- Any Sub Tenants within the building are responsible for the production of their own Fire Plans, laminated copies of floor layouts indicating designated escape routes which are required to dovetail with the landlords. Tenants are encouraged to attend the regularly held Building Users Group (BUG) meetings to discuss fire arrangements, plan content etc.
- 19.0 - Contingency plans in the event of unavailability of any life safety systems
- This Fire Plan makes the assumption that all life safety systems are available should the need to evacuate the building arise. Should the situation arise where a life Safety system become unavailable, the additional issues that arise are to be dealt with in a specific Fire Plan that operates in complement to this document. This document will be drafted by LINK & Corporate Health & Safety.
- 20.0 - Fire Safety Induction procedure
- Information and instruction is to be conveyed to individuals by the following means:
- Fire Action Notices
 - Relevant Signage
 - Induction Programme, training and refresher training. Individuals must be briefed by their Line Manager or Sponsor BEFORE THEY FIRST USE THE FACILITIES:
 - Action in the event of fire or hearing the alarm.
 - Means of escape
 - Local fire safety features
 - Fire prevention
 - Rules that are specific to the processes or equipment they may be following or operating.
- 21.0 - Fire Training Programme (all staff)
- Local information, instruction and training is based on the arrangements described in this Fire Plan and includes the following:
- The action to be taken on discovering a fire
 - The action to be taken when the alarm sounds
 - Familiarisation with the means of escape from the premises, both primary and secondary for their area of operation.
 - Other relevant local features of the Fire Plan such as Fire Evacuation Officer arrangements, persons who may be in need of assistance (refer to PEEPs log), safe shutdown of critical equipment etc.
 - The location of the Assembly point
 - Appreciation and understanding of the importance of fire resistant doors and the need to close all doors (where safe to do so) in the event of a fire.
 - The location and safe usage of firefighting equipment.
 - Local fire safety awareness and prevention.

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Instruction, training and training exercises should be carried out not less than once in each of the following periods:

- Instruction / Training for new staff – delivered immediately on induction.
- Refresher training for existing staff – once per year.

22.0 - Fire Training Programme (Fire Evacuation Officers)

As above, in addition training will be organised and provided by Learning and Development / Corporate HR (*DELETE AS APPROPRIATE*). in the following areas:

- Generic training comprising of role and responsibilities as stated in the organisational fire policy;
- Correct use of EVAC chairs;
- For persons nominated to assist with the evacuation of individuals named in a PEEP document, specific training as required to effectively assist with the evacuation of said individual(s);
- For members of the Executive Management Team a suitably detailed briefing on the Fire Plan and its requirements, including a copy of the up to date Fire Plan for reference;
- Successful completion of any training deemed necessary by Corporate Health & Safety. Refresher training to be conducted every three years.

Upon successful completion of the training, AMEY will provide;

- Local briefing in their duties in relation to departmental and local arrangements for evacuation, and other assigned duties, such as inspections. This briefing will include a site walkround and familiarisation, high risk areas, on site hazards, Grab Bag training.

23.0 -Fire safety arrangements – Drawings & Plans
24.0 - Fire Safety Systems

Locations of the fire safety arrangements for the building are located in the Fire Logbook and the Fire Brigade Information pack (Grab Bag) which are located in the main Reception. The AMEY Facilities Manager is charged with ensuring these documents are maintained and kept up to date. *Please update as appropriate, or record NOT APPLICABLE if no active fire safety or suppression systems are present in your building*
There is limited coverage of the sub-basement areas by a sprinkler system, and the IT hub rooms are covered by an FM200 chemical fire suppression system.

Evacuation plan details

Detailed procedures that have been developed to assist evacuation (please tick all applicable).			
During an emergency evacuation staff appointed to assist will:			
Assist person to safe area	<input type="checkbox"/>	Guide person to stairs	<input type="checkbox"/>
Assist person into evac chair	<input type="checkbox"/>	Assist person down stairs	<input type="checkbox"/>
Use evac chair down stairs	<input type="checkbox"/>	Warn person of alarm	<input type="checkbox"/>
Inform fire marshals of plan	<input type="checkbox"/>	Assist person to assembly point	<input type="checkbox"/>
Other (include full details)			

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People who will provide assistance during evacuation.		
Name	Role	Contact Number

Received by:	Name:	
	Signature	Date

Distribution list:

- Manager to retain copy on file

Update 365 PEEP list and make security aware.

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APPENDIX 7 - EXAMPLE SIMULTANEOUS EMERGENCY PLAN FOR HOUSING

Purpose

The purpose of the emergency plan is to evacuate all persons safely from the buildings in the event of a fire. The Fire Action Notices situated throughout the blocks state clearly that the evacuation procedure is 'simultaneous', which means the occupants are required to leave at the same time in the event of fire.

The plan will only be adopted in circumstances where a stay put/remain in place evacuation plan is not deemed appropriate owing to an assessment of fire risk

Testing the Plan

It is incumbent upon LBHF to ensure that all staff (including contractors) have received adequate training and that this is reinforced with the provision of regular fire drills.

Fire Drills shall be carried out twice per year.

The outcomes of the fire drills should be recorded and where deficiencies identified, additional training given.

LBHF representative from the Fire Team will be present to observe the fire drill.

LBHF will work with the engaged 24/7 Fire Evacuation Officers with the provision of regular meetings and updates.

Evacuation Procedure

The 'simultaneous' evacuation procedure will be supported by the provision of;

- A mixed fire alarm and detection system – extending throughout the communal areas with connectivity within the hallway of each flat, and a separate individual fire detection system (mixture of heat and smoke detection) within each flat to BS5839-6: 2013. As a minimum this be a Grade D LD2 system;
- The provision of Fire Evacuation Officers providing 24-hour cover; and
- Evac-Chairs situated on each floor within each block for the purpose of evacuating residents who are not able to evacuate themselves.
- Information of persons (where identified) requiring additional assistance in the event of an emergency to evacuate [see PEEPS below]
- On site operational meeting with London Fire Brigade to familiarise arrangements and provide information on persons known to require additional assistance in the event of an evacuation

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Fire Evacuation Officers (FEO)

The FEO will operate from a 'central control' point will be occupied at all times. The control point to be situated within the relevant building, ideally in a void property or reception area.

FEO numbers will be determined by number of storeys and person requiring additional assistance in the event an evacuation to provide 24-hour presence.

The FEO will patrol the blocks and the pattern will be agreed with the LFB

Breaker Fire Evacuation Officers will supplement the service to cover Fire Evacuation Officers during breaks thereby ensuring fire uninterrupted patrolling throughout the blocks.

The commencement of the Fire Evacuation Officer shift

There is a hand-over at change of FEO shift, this will inform the oncoming team leader of any issues.

The Team Leader will ensure there are a sufficient number of FEO on duty who have received adequate and relevant training.

One person will be designated to attend the fire alarm panel on actuation of the fire alarm system.

One person (Team leader) will meet the Fire & Rescue Service in the event of their attendance and give relevant information set out in the section below.

The Team Leader will ensure;

- that each Warden is clear on their role and responsibilities in the event of a fire;
- the hand-held radios are tested and fully working;
- the Evac-Chairs are situated in the correct location; and
- there are a sufficient number of trained Wardens on duty to use the Evac Chairs and implement the evacuation procedures.

Action on hearing the fire alarm

Upon actuation of the communal fire alarm system, the designated Fire Evacuation Officer attending the fire alarm panel will ascertain reason for actuation (identified on the fire alarm panel). The location will be communicated to the team leader who will despatch a Fire Evacuation Officer to the location, this person will investigate and report back to the Team Leader.

The communal fire warning system shall be configured to allow 3 minutes to allow sufficient time to investigate the cause before it activates throughout the block.

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Where the cause of the alarm is accidental, or is unable to be confirmed as a fire, the Warden will radio the Team Leader who will make the decision to reset the alarm.

Where the cause of the alarm is a confirmed fire then the Warden will radio the Team Leader and simultaneously activate the communal alarm system by breaking the nearest manual call point, this will ensure the alarm activates in 'full alarm' mode without time being wasted.

Where an unwanted fire signal is confirmed (by the FEO attending the floor involved) the panel may be reset only by an adequately trained person. The Team Leader will be responsible for recording and reporting the incident to LBHF using the daily/night time log.

Action on discovering a fire

In line with LBHF policy, FEO will not attempt to fight any fire with portable firefighting equipment sited within the building.

Where a fire is discovered, an alarm should be raised by operating the manual break glass call points which are sited on all floors.

The Team Leader will call the Fire & Rescue Service by dialling 999, giving the full address of the property, type and location of the fire.

The 'simultaneous' evacuation procedure will be instigated.

Residents will be made aware of the need to evacuate, this will be done by the FEO raising the alarm to residents by knocking on flat doors and operating air horns on all landings.

During normal office hours the Team Leader will contact LBHF (the Senior Fire Safety Officer) who will instigate an appropriate response to the incident.

Out of normal office hours the Team Leader will contact LBHF (the Emergency Response Officer) who will instigate an appropriate response to the incident.

Evacuation

Personal Emergency Evacuation Plan (PEEPs) will be offered to individual residents and will be undertaken with their co-operation. These plans will be developed in conjunction with this emergency plan. The PEEP will identify those who may need assistance to evacuate the property in the event of a fire and will be shared with the resident before the PEEP is finalised.

The PEEP will be tailored to suit the individual needs of each resident and will identify their movement during the evacuation. Where necessary LBHF will incorporate any necessary building adaptations which may facilitate their escape and to reduce the need for personal assistance.

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Non-ambulant residents will be aided in their evacuation by Fire Evacuation Officers who have received training on the use of Evac-Chairs, these are strategically located within each block.

The Team Leader will identify the resources required to evacuate persons, priority should be paid towards non-ambulant residents. The location and other relevant information regarding residents who require assistance can be found in the Premises Information Box (PIB) which is sited in the entrance lobby of each block. The information within the PIB will be monitored and updated when necessary by the LBHF Fire Team in conjunction with Housing Management Services.

The priority of evacuating the block;

First Priority – will be given to evacuating those residents located on the ‘fire floor’ (the origin of the fire).

Second priority – will be given to evacuating all floors above the floor of origin.

When all floors above the origin of fire have been evacuated, floors below the origin of fire will be prioritised for evacuation.

Evacuation will be to a place of ultimate safety; the designated Assembly point is located at [to be identified].

Where residents with mobility issues are evacuated (e.g. by use of the Evac-Chair) they will be sited within a smoke free corridor at least 2 floors below the fire floor, this will ensure the stairwell remains clear for others to evacuate and the Fire Rescue Service to access the building in the event of fire. At least one Warden should remain with the resident and have adequate communications to request additional assistance, if needed. Ideally, the place of refuge for such persons should not be sited 2 floors below the origin of fire, as this is required for firefighting purposes (the FRS ‘Bridgehead’ – the forward control point in the event of a fire).

The FEO will confirm that they have evacuated their designated floors with the Team Leader, reporting any flats where residents have not responded, and any issues with evacuating non-ambulant residents and those who have refused to leave the building.

This may initially be by verbal communication to the team leader, but must be recorded in writing.

Once evacuated no other persons will be permitted to re-enter the block until advised that it is safe to do so by the FRS Incident Commander.

Attendance of the Fire & Rescue Service

The Fire service take overall charge of the fire or emergency incident.

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The Team Leader (identified by appropriate tabard) will meet the FRS (Incident Commander) giving the relevant information to include the following: (note - this list is not exhaustive)

- i. location of incident flat/floor;
- ii. Any Persons/Flats that are not accounted for;
- iii. Any floors not already checked;
- iv. The exact location of mobility impaired residents;
- v. Any notable hazards identified or reported (hoarding, presence of cylinders, etc);
- vi. The location of dry riser inlet.

The Team Leader will ensure that all residents evacuated are safely taken to the designated fire assembly point, and this will be notified to the FRS Incident Commander.

Lifts – to be specified depending on building design

Lifts provided within the buildings are not firefighting lifts, as such they are not to be used in the event of a fire, this is reinforced with the provision of appropriately worded notices sited adjacent to lift entrance on all floors.

Lifts can be summoned to the ground floor by the Fire & Rescue Service by use of Emergency lift key.

Means of escape - to be specified depending on building design

Means of escape is via the internal protected staircase which is lobbied at each storey and is provided with adequate fixed ventilation.

The stairwell discharges at ground floor level.

It is inevitable that some confusion may ensue during a full evacuation of the block, the Wardens should be mindful that, as far as possible, an orderly evacuation should take place.

It is the role of Fire Evacuation Officers to manage an orderly evacuation at the same time providing a reassuring procedure for occupants who may be inclined to panic.

Monitoring

This emergency plan should be continually monitored and amended where any material alterations to the building have taken place, or additional compensatory measures have been installed, furthermore it is recommended this plan should be agreed in principle with London Fire brigade ensuring it does not conflict with recognised Firefighting procedures for Tower blocks

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Appendix 8 – Fire and Emergency File

Contents as a minimum:

1. Fire strategy design report for the building which details the strategic measures that are provided in the building to satisfy Parts 1 to B5 of Schedule 1 of the Building Regulations (guidance in Approved Document B)
2. For each of Parts B1 to B5: technical specifications, product datasheets, operation and maintenance manuals, inspection and commissioning records
3. Fire load and any risk assessments and risk analysis
4. All assumptions in the design of the fire safety arrangements regarding fire safety management and emergency procedures
5. Escape routes, escape strategy and muster points
6. Passive fire safety measures e.g. cavity barriers, fire door sets, duct dampers etc
7. Details of any fire detector heads, smoke detectors, alarm call points, signage, emergency lighting, dry/wet risers, exterior facilities for firefighting etc
8. Active fire safety measures e.g. sprinklers, smoke control systems
9. Information on any elements of the building fabric that may adversely affect fire precaution e.g. cladding
10. Any high-risk areas e.g. plant room
11. Information on the requirements of the fire safety equipment, routine testing, inspection, and maintenance schedules etc
12. Provisions incorporated in building to facilitate evacuation of disabled and other potentially vulnerable persons

Growth and Place Directorate

GAS SAFETY POLICY

Directorate	Growth and Place
Responsible Person	Head of Mechanical and Engineering
Resident Sign-off	N/A
Approval Date	19 July 2018
Next Review Date	19 July 2019
Version Number	FINAL

NOTE: This is a CONTROLLED document. Any documents appearing in paper form are not controlled and should be checked against the server file version prior to use.

The content of this document is wholly defined by the issue number. This document is issued in its entirety following any revisions and subsequent approval.

DOCUMENT RECORD

Issue No.	Date of Issue	Review date	Reviewed by	Comments	Approved by	Approval Date
Existing Policy	19/6/17	April 2018		Approved policy	Cabinet	April 2017
Revision V1	19/6/17	Sept 2017	LB	Proofread & updates	N/A	N/A
Revision V2	19/6/17	28/2/18	CK/LB	Further amendments in line with technical developments, accuracy & structural changes	N/A	N/A
Revision V3	19/6/17	18/7/18	LB	Complete draft for technical check	N/A	N/A
Revision V4	19/6/18	19/7/18	CK	Technical clarifications	N/A	N/A
Revision FINAL	19/7/18	19/7/19	DM	Approved	David McNulty	19/7/18
Revision FINAL	20/8/18	19/7/19	LB	Minor structural amendments		

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1.0 Introduction

1.1 The London Borough of Hammersmith and Fulham (LBHF) is legally bound as a landlord to keep its residents and the public safe by stringently adhering to gas safety regulations when installing, maintaining or checking all gas appliances, boilers or services, owned or managed by the council's Growth and Place Directorate (GPD).

1.2 Through this policy, and associated procedures, GPD will provide details of how the council will comply with relevant legislation. It will state the responsibilities and competences staff and contractors will have in relation to gas appliances, flues, domestic and communal boilers, heating systems and services. It also covers inspection, monitoring, reporting arrangements and the keeping of records.

2.0 Purpose

2.1 This policy outlines the arrangements operated by the council to comply with the requirements of the Gas Safety (Installation and Use) Regulations 1998 (GSIUR) and amendments and to ensure all risks are mitigated. These risks include:

- fires or explosions caused by gas leaks;
- carbon monoxide poisoning caused by poor combustion attributable to faulty or inadequately serviced appliances;
- scalding due to excessive hot water temperature, resulting from inadequate control of system temperature.

2.2 This policy also outlines the council's responsibilities as a landlord in respect of gas safety.

2.3 The policy is owned by GPD and will be managed by the Gas Safety Team (GST).

2.4 Performance against key performance indicators for gas safety will be reported on a quarterly basis to the Growth and Place Directorate Management Team (DMT).

3.0 Scope

3.1 This policy relates to:

- staff or other persons under the council's control, including contractors;
- all council owned residential properties where the council has a landlord responsibility that include a gas appliance, a flue, a gas meter and associated pipework;
- all hostels, private sector leasing (PSL) and private license accommodation (PLA) properties where gas safety is managed by GPD, that includes a gas appliance; a flue, a gas meter and associated pipework;
- all properties where the council does not own the property but has a landlord's responsibility;
- communal heating systems and associated boilers and plant that are owned and/or managed by the council.

3.2 This policy does not cover corporate buildings owned and managed by the council.

3.3 The testing of gas appliances and installations within dwellings only extends to rented properties. Leaseholders are responsible for the maintenance and testing of their own installations within the demise of their property.

3.4 The scope of this policy and associated procedures cover:

- the health and safety of residents, employees, visitors, and contractors who use or come into contact with gas appliances, equipment and installations within council residential premises;
- inspection and testing of gas appliances, equipment and installations that the council has responsibility for maintaining in safe working order;
- dealing with gas related incidents;
- lines of responsibility within GPD for the management of gas safety;
- provision for staff of suitable and sufficient information and guidance to ensure that all gas installation works and/or repairs, undertaken by the council's contractor, comply with current health and safety legislation relating to gas and gas safety.
- the competences of people who carry out or supervise gas installation works and/or repairs on our behalf;

- legal requirements for maintaining gas records and other gas safety documents.
- a plan for reviewing and monitoring gas safety compliance.

3.5 The council, its employees and contractors must adhere to the following legislation and regulations:

- The Gas Safety (Installation and Use) Regulations 1998
- Gas Safety (Management) Regulations 1996
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Landlord and Tenant Act 1985
- Defective Premises Act 1972

4.0 Policy

4.1 Annual gas safety check - also known as Landlord's Gas Safety Record (LGSR)

4.1.1 An annual gas safety check will be carried out every 12 months and prior to the expiry of the current LGSR on all gas installations and systems that the council is responsible for.

4.1.2 The annual gas safety check will be carried out in accordance with the relevant regulations and the service contract with council contractors. This includes the keeping of records, the supply of documents, additional checks, reporting defects, quality inspections and monitoring of performance.

4.1.3 The contractors will follow the non-access procedure to ensure the 12 month annual gas safety check and certification is done before the current LGSR expires.

4.1.4 The council will carry out and recharge leaseholders if they fail to provide a LGSR before the current certificate expires.

4.2 Gas repairs and maintenance

4.2.1 This includes all day to day repairs and the replacement of systems or appliances on a case by case basis.

4.2.2 All repairs must be responded to in line with the council's repair contract and within the timescales. Quality checks and post inspections will be carried out in line with the term contract and the procedure for quality assurance inspections.

4.4 Installations

4.4.1 All installations must be carried out in accordance with the manufactures' instructions and gas regulations by competent people. All documents required under the term contract must be supplied to the council and all audit and quality assurance checks carried out within timescales.

4.4.2 New installations must be commissioned and the relevant certificate provided to the council in accordance with the contract and Gas Safety (Installation and Use) Regulations 1998 (GSIUR). All relevant checks will be carried out and recorded.

4.5 Communal boilers

4.5.1 The council will ensure that the boilers and associated systems are maintained and serviced to a high standard and repairs are carried out within required timescales to ensure that the systems are effectively operating at all times. This will be undertaken through the delivery of a Planned Preventative Maintenance Programme (PPM) and a response breakdown call out service (operating 24 hours per day, 7 days a week, 365 days a year). The term contractor will provide this service.

4.5.2 Communal boilers and flues, will be serviced, and inspected for safety, at intervals of not more than 12 months. All records of the gas safety inspections providing the required statutory information and any additional information required under the contract will be displayed in accordance with regulations.

4.5.3 A programme of PPM will be carried out twice a year to all communal heating systems to ensure they are maintained to a high standard of reliability and efficiency.

4.5.4 All gas safety certificates and maintenance records will be checked by GDP's GST for accuracy. They will be stored as required by regulations. All quality checks will be carried out and consequent action taken as a result will be reported to the GDP DMT.

4.6 Voids

4.6.1 A gas check will be carried out on all voids and mutual exchanges prior to the new tenant moving in. Properties will not be allocated without a valid LGSR. This check and any works will be carried out in accordance with the void procedure and the term contract and all relevant legislation.

4.7 Independent Audits

4.7.1 The council will commission an external, competent consultant to carry out a programme of inspection and audit of the gas services carried out. The consultant will report to the council on any issues and/or defects. Where required, the contractor and/or GST will remedy the issues through an improvement plan. Targets and progress will be reported to GDP DMT weekly until all actions are complete. A minimum annual target of 10% will be maintained.

4.8 Gas appliance register

4.8.1 The council will hold a register of all gas appliances which will detail a description of the appliance, make, model, location, date of installation and the LGSR and date of expiry.

4.8.2 When appliances are added or replaced the register will be updated accordingly. Where any other section or department commissions the installation or replacement of appliances, they must notify the GDP GST.

4.9 Documents and certificates

4.9.1 The council will keep for 2 years, or as required by regulation:

- an up to date gas appliance register;
- copies of all LGSRs;
- post inspection and quality inspection reports.

4.3 Gas escapes and carbon monoxide

4.3.1 The council and its contractors will adhere to the gas escape procedure following any reports of a gas or carbon monoxide leak. The contractor will also follow the gas industry unsafe situations procedure (GIUSP).

4.3.2 The council will deal with a suspected carbon monoxide incident in accordance with the carbon monoxide incident procedure (CDMMADI).

4.3.3 In all instances contact will be made with the emergency supplier and their advice followed.

5.0 Responsibilities

5.1 Contractors

5.1.1 The council has a term partnering contract (TPC) with Mitie. The contractor is responsible for delivering the following:

- replacement boiler programme;
- day to day repairs to gas installations, appliances, and heating systems;
an annual gas safety check and servicing programme of domestic installations including gas services within dwellings or communal systems
- maintenance and servicing of communal heating systems and boilers;
- maintenance of all communal chimneys, domestic flues etc.

5.1.2 They have the duty to only use approved competent contractors and engineers for any related work to residential properties the council owns, manages, or has responsibility for within the GPD. All gas contractors and engineers must be registered on the gas safe register (LGSR) and must provide such evidence as part of their tender submissions and again prior to work commencing on site.

5.1.3 The contractor/s are required to provide written confirmation of the LGSR for individual engineers and which areas of gas work the individual engineers are qualified to undertake, along with expiry date of the qualification and gas safe registration.

5.1.4 If contacted by a tenant about a gas incident and National Grid (NG) have left documents with the tenant, the contractor undertaking further investigation or undertaking rectification works, shall obtain a copy of all documents left with the resident. The contractor shall provide the council with copies of all documents at their monthly contract review meeting.

5.1.5 The contractor is required to carry out all work, inspection, notifications and monitoring and reporting to the council for all areas relating to gas in accordance with the regulations and the contract. If the contractor has been involved in any gas incident

that is classified as At Risk (AR) or Immediately Dangerous (ID), the contractor shall provide the council with all information as required by the contract and regulations.

5.2 The Council

5.2.1 The G&P Assistant Director, Property and Compliance is responsible for ensuring that a robust gas safety policy is established and maintained for all the council housing stock and associated communal areas

5.2.2 The Assistant Director, Property and Compliance will delegate this to the Head of Mechanical and Engineering who will oversee the implementation of the gas safety policy and will ensure that progress towards meeting the policy is reported upwards.

5.2.3 Delivery of responsive repairs, inspection and testing programmes, repairs and upgrades to gas installations is through the council's term contractor.

5.2.4 Monitoring and management of the contractor's performance and delivery of the testing and investment programmes will be carried out by the GST within G&P who report to the Head of Mechanical & Engineering.

6.0 Monitoring, review, and evaluation

6.1 The inspection and testing programme will be closely monitored by the GST and monitoring will be done through monthly updates and review meetings with the contractor. An independent inspector will take part in the meetings and minutes will be circulated to contractors, inspectors, the Assistant Director, Property Service and operational core group meetings.

6.2 An independent audit on 10% of contractor gas safety installations, servicing and checks will be monitored by the GST dealing with non-compliance or quality issues. The percentage undertaken will reflect the failure rate of the inspected sample over a 3 month period and therefore may go up or down accordingly but never below 10%. Audits will be undertaken using industry best practice.

6.3 Performance will be reported to G&P Assistant Director, Property and Compliance monthly and G&P DMT monthly. Reporting will include:

- % of LGSRs completed in time
- % of post gas safety inspections
- % of faults by category:

- Immediately Dangerous
- At Risk
- Contractual
- confirmation of rectification

6.4 A Technical Compliance group, chaired by the Head of Mechanical & Engineering, will meet at least three times a year and include:

- independent expert (Gas Safe)
- inspectors
- contract supervisors

The group will analyse findings and technical differences. An independent expert will have the final say on the process that everyone must follow. The procedural document will be updated accordingly.

6.5 The Gas Safety team will lead quarterly toolbox talks with contract engineers and third party auditors to ensure shared learning and understanding.

6.6 The G&P health and safety team will undertake an annual audit of working arrangements in line with this policy. Any findings and recommendations will be reported directly to the Assistant Director, Property and Compliance, and G&P DMT.

7.0 **Associated documents**

- The council's corporate health and safety policy
- The equality impact assessment
- Gas escape process
- Carbon monoxide incident procedure
- Quality assurance inspections procedure
- Correction of defects process.
- Voids procedure
- Non access procedure.

8.0 **Appendix 1**

8.1 Detailed responsibilities

9.0 **Associated procedures**

- Fire Risk Assessments
- Asbestos Management Plan
- general emergency procedures

10.0 **Contact Details**

- The contractor's customer service centre 0800 023 4499 or 020 7205 04000
- National Grid (Major Gas Release) 0800 111 999
- GDP H&S manager, hrdhealthandsafety@lbhf.gov.uk, 0208 753 4151
- GDP Head of Mechanical and Engineering gassafetyteam@lbhf.gov.uk or phone 0208 753 4420
- Gas contractor Mitie (individual and communal systems) 0800 023 4499 (option 1 for gas)
- For emergency and gas incidents during office hours hammersmithdomesticenergy@mitie.com. For out of hours emergencies and gas incidents helpdeskoooh@mitie.com
- Stone View (PSL) 0208 886 220

Appendix 1

Detailed Responsibilities

1.0 Chief Executive

1.1 The Chief Executive is accountable for the facilitation, implementation and adherence to this policy, including the allocation of sufficient resources and funds.

1.2 S/he retains accountably as the “responsible person” within the scope of the relevant legislation.

1.3 S/he in this capacity will delegate the responsibility for implementation of this policy to Directors as appropriate.

1.4 Ensure that GDP staff:

- Enforce the requirement regarding the storage of bottled gas as detailed within the tenancy handbook.
- Ensure safe disposal of discarded gas bottles on estates.
- Report any suspicious gas related repairs urgently to the Gas Safety team.
- Assist with the provision of access for gas safety checks

2.0 Directors

2.1 Directors will undertake practical application of the policy within their areas of responsibility, delegating duties as appropriate.

2.2 Directors will ensure that:

- Suitable and sufficient procedures for their areas of responsibility and subsequent actions implemented as appropriate.
- Resources and procedures are correctly used and maintained.
- Identify and facilitate training in accordance with the requirements of this policy.
- Systems are periodically reviewed and tested; ensuring that failures and defects are reported and addressed.
- Incidents or activities resulting in the detection or reporting of carbon monoxide (CO) poisoning to the residents are fully reported and investigated including implementation of investigation recommendations/findings.
- All contractors have in place suitable and sufficient procedures to address issues of gas incidents e.g. gas escape procedure or RIDDOR.
- The Assistant Director, Property Services has the responsibility to provide and maintain the required technical information on gas safety to all tenants, residents, and agents of private sector leased (PSL) and private

letting agreement (PLA) properties where tenants carry out activities that carry a risk in relation to the use of gas.

- All preventative and reactive actions are undertaken in a timely manner.
- All staff and officers are fully supported in decisions made in accordance with this policy.

3.0 Health and safety manager

3.1 The GDP health and safety manager will:

- Maintain a competent person status in matters of general health and safety and fire safety.
- Act as secondary contact with all enforcement agencies.
- Ensure that statutory reports are made to the Health and Safety Executive in a timely manner and by the quickest means possible.
- Provides periodic information and summaries to the GDP DMT and health and safety committees as required.
- Establish an accident/incident investigation teams.
- Report the outcome of any accident/incident investigations and the recommendations arising from to the directors.
- Review the gas policy, in conjunction with the Head of Mechanical and Engineering, every year to ensure it covers current statutory regulations and the council's policies and procedures.

4.0 Head of Mechanical and Engineering

4.1 The gas safety team (GST) is managed by the Head of Mechanical and Engineering. The GST are responsible for the following areas of gas risk management, with respect to all residential properties within the council portfolio and temporary accommodation (PSL/PLA properties).

4.1.1 The Head of Mechanical and Engineering will:

- Ensure the responsive repair and maintenance of gas fired heating and hot water systems.
- Ensure the annual servicing programme of gas fired heating, hot water systems and all landlord gas appliances, including flues takes place in accordance with regulations in relation to a landlord's responsibility and before the LGSR expires.
- Ensure the replacement of gas central heating boilers, systems and associated control in accordance with current legislation, where they are beyond economic repair.
- Ensure property access is managed effectively to ensure compliance.

- Refer difficult to access properties to the environment directorate for issuing of an abatement notice, obtaining court warrant, and execute force entry in to these properties.
- Manage gas emergency response - including liaison with National Grid.
- Maintain the gas database on repairs, including all LGSR certificates.
- Provide input into the procurement of gas service, maintenance, repairs, installation contractors.
- Maintenance records of the gas contractor competency.
- Keep maintenance records of the annual gas safety check for a minimum of 2 years.
- Provide advice and information to stakeholders (tenants, leaseholders, and agents) on gas safety matters.
- Instruct the fitting of carbon monoxide (CO) detection where necessary e.g. boxed in flues.
- Offer leaseholders the contact details of our contractor to arrange a gas service.
- Deal with gas incidents that must be notified to the HSE and head of health and safety.
- Achieve the required quality assurance checks are carried out by the gas safety team, e.g. 10% of post services are inspected for repairs and boiler replacement carried out by the term contractor for gas servicing and repairs.
- Ensure that all defective works identified within the 10% quality check, are rectified by the gas contractor.
- Ensure that all gas incidents that are classified as AR or ID are dealt with in accordance with GIUSP.
- Ensure 20% quality assurance check of the corrected works resulting from defect identified during the 10% quality assurance check.
- Keep records of the 10% quality assurance check by the gas inspector and gas contractor.

5.0 The environment directorate

5.1 The environment directorate is responsible for:

- The issuing of abatement notices to the residents, where the contractor and GST have experienced difficult gaining access to the property for the annual gas safety check.
- Obtaining county court warrants allowing force entry too difficult to access properties.
- Executing forced entry, in conjunction with the contractors and housing management.

6.0 The contractor

6.1 The contractor is responsible for the following areas of gas risk management:

- To make appointment with tenants for the annual gas safety check and gas servicing.
- The execution of the annual gas safety check and servicing associated with the gas appliance and associated equipment.
- Ensure residents receive a copy of the LGSR within 28 days of the check been done or before occupancy. In situations of AR and ID, resident is given copy of warning notice, immediately the situation is discovered.
- Ensure all operatives working with gas are correctly qualified and LGSR.
- Ensure that all gas incidents that are classified as AR or ID are dealt with in accordance with the Gas Industry Unsafe Situations Procedure (GIUSP)
- Inform the council of any health & safety issues seen during visits to its premises.
- Ensure relevant safety information e.g. asbestos containing material are provided to the council.
- Ensure that unsafe appliances are prohibited from being used by residents and correctly recorded and labelled in accordance with the GIUSP.
- Ensure that all safety features and controls are checked and functioning correctly during the annual service.
- When carrying out the annual gas safety check and service, also check operation of smoke detectors and CO alarm.
- Executing all gas repairs and new installation in the council owned properties.
- Carry out 10% quality assurance check of the works associated with the repair, servicing, boiler replacement and new installations.
- Provide the council GST with the copies of the results of the 10% quality assurance check.
- Undertake all corrective works of defects identified by the council gas inspectors during their 10% quality assurance check and provide feedback to inspectors when corrective works are completed.
- Any defect resulting from the servicing and gas safety check and the 10% quality assurance checks carried out by both the contractor and the council are rectified, the system rechecked and a new LGSR issued; details of the remedial actions are to be recorded on the new LGSR.
- Providing appropriate gas safety information to tenants and leaseholders.

- Offer temporary heating facility when the resident or tenant is without heating service during the heating season.
- Ensure all gas analytic equipment is calibrated and recorded within a twelve monthly period or in accordance with the manufacturer's instructions.

6.2 Voids

6.2.1 Properties with individual gas and hot water systems

The voids team is the responsibility of the term contractor who are responsible for the following areas of gas risk management:

- Carry out an initial void check and identify any defect with the existing system.
- Uncap the gas supply and carry out second stage void check once all repairs have been completed and supplying a copy of landlord gas safety record (LGSR) to the GST.
- Ensuring there is an up-to-date valid LGSR certificate for mutual exchange properties and temporary accommodation.
- Notify the GST that the property is void.

6.2.2 Properties with communal heating and hot water systems

The term contractor's voids team is responsible for the following areas of gas risk management:

- Carry out and certificate all gas safety aspects of communal heating and for separate gas supplies for an appliance. Provide all necessary paperwork to the GST.
- Cap the gas supply and make safe and forward copy of the LGSR certificate to the GST.

7 Demolitions and new build

7.1 Demolition of existing properties

7.1.1 Prior to any demolition the council will ensure that:

- The gas supplier(s) and transporter(s) to the properties have been fully notified of the demolition
- Final meter readings have been provided to the supplier(s)
- Gas appliances have been removed from the properties
- Gas meters have been removed by the supplier(s)
- Connections to the properties have been isolated and/or disconnected by the transporter(s)

7.2 New build properties

7.2.1 All gas installations shall be carried out by 'Gas Safe' registered installers and in accordance with all relevant Gas Safety Regulations, Building Regulations and British Standards.

7.2.2 Gas safety certificates shall be provided for all installations in new build properties.

7.2.3 Where gas appliances have been provided by the council these shall be installed by 'Gas Safe' registered installers. Full details will be recorded including makes, models and dates of installation.

7.2.4 All incoming gas supplies shall be individually metered - including landlord's supplies.

7.2.5 Mains powered carbon monoxide detectors shall be fitted in all new build properties.

7.3 Handover requirements

7.3.1 In addition to the health and safety file, the contractor shall compile a handover pack – one for each property. The handover pack shall provide copies of all gas safety certificates. The contractor will also provide and fix laminated tags to identify the location of the gas stop valves. The meters will be read and a meter reading form provided with details of the MPRN to enable residents to initiate gas supplier accounts.

8.0 Private sector leasing

8.1 Housing staff in the property procurement team ensure that that all gas, electric and other compliance documentation is obtained from the private sector leasing landlord and managing agents during the property procurement process. Gas safety and electric certificates are checked for compliance and satisfactory rating on all forms of temporary and private sector accommodation.

8.2 Landlords have the option to carry out the annual inspection and send copies of the certificate to the council, 4 weeks prior to the expiry of the gas certificate.

8.3 Where landlords have not notified the council of their decision to carry out the annual safety check, the council's qualified contractors will carry out the function without further notification.

8.4 Housing staff will update Iworld with the new expiry dates when certificates are received and daily monitoring of reports to ensure continued 100% compliance.

8.5 Housing staff will make appointments where the certificate will expire within two calendar months. Housing staff will send an initial letter to tenants, this will inform tenants of the requirement and the appointment date as well as the importance of allowing access. The consequences of non-access will also be explained.

8.6 Where access is not gained and the repairs team have not been notified, the housing officer will work with environment service to gain access through forced entry if necessary.

8.7 Statistical information will be recorded monthly on the accommodation services KPI spreadsheet by housing staff and reported to directorate health and safety board meetings for monitoring purposes

8.8 Hostel & TOLs (temporary on licence properties)

8.8.1 Hostel gas and all other health and safety compliance is carried out by the council's term contractor.

8.8.2 Housing staff monitoring 100% compliance of the hostels and TOLs and report compliance at directorate health and safety board monthly meetings.