N0N-CONFIDENTIAL

BOROUGH OF TAMWORTH

CABINET

22 July 2020

A meeting of the CABINET will be held on Thursday, 30th July, 2020, 6.00 pm in Online Meeting

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A G E N D A

NON CONFIDENTIAL

1 Apologies for Absence

2 Minutes of Previous Meeting (Pages 5 - 6)

3 Declarations of Interest

To receive any declarations of Members' interests (pecuniary and non-pecuniary) in any matters which are to be considered at this meeting.

When Members are declaring a pecuniary or non-pecuniary interest in respect of which they have dispensation, they should specify the nature of such interest. Members should leave the room if they have a pecuniary or non-pecuniary interest in respect of which they do not have a dispensation.

4 Question Time:

To answer questions from members of the public pursuant to Executive Procedure Rule No. 13

5 Matters Referred to the Executive (Overview and Scrutiny Committee or by the Council) (Pages 7 - 22)

(Report of the Chairs of Corporate Scrutiny Committee, Infrastructure Safety & Growth Scrutiny Committee and Health & Wellbeing Scrutiny Committee)

6 Approval of updated Asbestos & Legionella Policies (Pages 23 - 188)

(Report of the Portfolio Holder for Assets and Finance)

7 Write Offs (Pages 189 - 196)

(Report of the Portfolio Holder for Assets and Finance)

8 Exclusion of the Press and Public

To consider excluding the Press and Public from the meeting by passing the following resolution:-

"That in accordance with the provisions of the Local Authorities (Executive Arrangements) (Meeting and Access to Information) (England) Regulations 2012, and Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting during the consideration of the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraphs 3 and 5 of Part 1 of Schedule 12A to the Act and the public interest in withholding the information outweighs the public interest in disclosing the information to the public"

At the time this agenda is published no representations have been received that this part of the meeting should be open to the public.

9 Progress report on Tamworth Assembly Rooms (Pages 197 - 242)

(Report of the Portfolio Holder for Heritage and Growth)

Yours faithfully

Chief Executive

Access arrangements

If you have any particular access requirements when attending the meeting, please contact Democratic Services on 01827 709267 or e-mail democratic-services@tamworth.gov.uk. We can then endeavour to ensure that any particular requirements you may have are catered for.

Filming of Meetings

The public part of this meeting may be filmed and broadcast. Please refer to the Council's Protocol on Filming, Videoing, Photography and Audio Recording at Council meetings which can be found here for further information.

The Protocol requires that no members of the public are to be deliberately filmed. Where possible, an area in the meeting room will be set aside for videoing, this is normally from the front of the public gallery. This aims to allow filming to be carried out whilst minimising the risk of the public being accidentally filmed.

If a member of the public is particularly concerned about accidental filming, please consider the location of any cameras when selecting a seat.

FAQs

For further information about the Council's Committee arrangements please see the FAQ page here

To Councillors: D Cook, R Pritchard, J Chesworth, M Cook, S Doyle and J Oates.

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MINUTES OF A MEETING OF THE CABINET HELD ON 16th JULY 2020

PRESENT: Councillor D Cook (Chair), Councillors R Pritchard (Vice-Chair), J Chesworth, M Cook, S Doyle and J Oates

The following officers were present: Anica Goodwin (Executive Director Organisation), Stefan Garner (Executive Director Finance), Sarah McGrandle (Assistant Director Operations and Leisure), Lynne Pugh (Assistant Director Finance), Zoe Wolicki (Assistant Director People), Jackie Noble (Head HR and Organisational Development), Tracey Pointon (Legal Admin & Democratic Services Manager) and Jodie Small (Legal, Democratic and Corporate Support Assistant)

Apologies received from: Councillor(s)

8 DECLARATIONS OF INTEREST

Councillor Dr S Peaple declared a Non Pecuniary interest in minute item 12

9 QUESTION TIME:

None received

10 MATTERS REFERRED TO THE EXECUTIVE (OVERVIEW AND SCRUTINY COMMITTEE OR BY THE COUNCIL)

None

11 EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED: That members of the press and public be now excluded from the meeting during consideration of the following item on the grounds that the business involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended).

(Moved by Councillor J Chesworth and seconded by Councillor R Pritchard)

12 INITIAL IMPACT OF THE PANDEMIC ON THE COUNCIL'S BUSINESS AIMS

The Portfolio Holder for Heritage and Growth provided members with information regarding the initial impact of the pandemic on Council's business aims.

RESOLVED That Members;

Endorsed and approved the recommendations contained within the report.

(Moved by Councillor J Oates and seconded by Councillor R Pritchard)

Leader

CABINET

30TH JULY 2020

REPORT OF THE CHAIRS OF CORPORATE, HEALTH & WELLBEING AND INFRASTRUCTURE SAFETY & GROWTH SCRUTINY COMMITTEES

MATTERS REFERRED TO CABINET IN ACCORDANCE WITH THE OVERVIEW AND SCRUTINY PROCEDURE RULES

EXEMPT INFORMATION
None.

PURPOSE

To update Cabinet and to make recommendations to it following consideration of matters by the Scrutiny Committees.

EXECUTIVE SUMMARY

The following Committees have made recommendations to Cabinet in relation to the following matters:

Scrutiny Committee	Title of Matter referred	Date of Scrutiny meeting
Infrastructure Safety & Growth Scrutiny Committee	Electric Vehicle Charging Project Update	08.07.2020
Infrastructure Safety & Growth Scrutiny Committee	Community Safety Plan 2020-2023 and the Tamworth Police Update	08.07.2020
Health & Wellbeing Scrutiny Committee	Council Response to COVID-19 – Vulnerable People	14.07.2020
Corporate Scrutiny Committee	Capital Outturn Report	15.07.2020
Corporate Scrutiny Committee	Member Training Update	15.07.2020

RECOMMENDATIONS

Following consideration by each of the above Committees, the following recommendations are made to Cabinet:

Electric Vehicle Charging Project Update
It is recommended to Cabinet that:

1. Operating Model 2 is chosen
2. a further marketing exercise to secure a supplier / operator is carried out with Council Officers given delegated authority to offer financial incentives in the form of low rental value and / or a financial contribution towards the capital cost
3. a private sector location on the Ventura retail parks is investigated
4. an Action Plan is developed that focuses on new on-street fast charging sites

and on-street residential charging sites.

5. Electric vehicle charging infrastructure is installed in the borough by the end of the 2020/21 municipal year.

Community Safety Plan 2020-2023 and the Tamworth Police Update

It is recommended to Cabinet that it endorse the Tamworth Community Safety Plan 2020-2023 for publication (Appendix 1).

Council Response to COVID-19 – Vulnerable People

It is recommended to Cabinet that a joint letter from all the Leaders of each political group and the Chief Executive be issued to thank all anchor organisations involved in the response to COVID-19 in the borough.

Capital Outturn Report

It is recommended to Cabinet that a review of property funds is undertaken and it is suggested that such review be scrutinised by the Audit & Governance Committee, before any further investments under existing delegations are made.

Member Training Update

It is recommended to Cabinet that:

1. The impact of COVID-19 on member training, and in particular on the need to deliver training (online only) for the use of new IT systems and new processes to successfully deliver remote meetings, be recognised. This included the delivery for all Councillors as well and focussed training for Chairs and Vice-Chairs by an external trainer as well as extensive internal training.
2. The member induction programme for 2021/22 to be reviewed, updated and implemented, noting that:
   - 2.1 the schedule of induction events should be made available to all election agents as early as possible before election day;
   - 2.2 any initial ICT training of newly elected members should be undertaken on a 1-2-1 basis;
   - 2.3 the importance of the induction training should be emphasised to all new members; in particular Safeguarding and Data Protection / FoI.
3. The member training programme be reviewed, updated and implemented, noting that:
   - 3.1 the schedule of training sessions should be made available to all councillors prior to the start of the municipal year, or as soon as reasonably practicable thereafter;
   - 3.2 options to consider training sessions at alternative times of the day (day time / twilight / full day conferences) were not generally supported by the members who responded to the survey;
   - 3.3 shorter and interactive training sessions were recommended where practical;
   - 3.4 refresher IT training is available to all interested members and members should be encouraged to contact ICT support to arrange 1-2-1 support;
   - 3.5 training relevant to specific committee members such as planning, licensing and audit & governance should be scheduled to support members' attendance prior to members making decisions at such committees;
   - 3.6 whilst prior to COVID-19, the use of online training as an alternative to face-to-face training was generally not supported, the need to find alternative delivery methods during COVID-19 has demonstrated that

some forms of online training are fully effective and should be incorporated going forwards;

3.7 members who responded to the questionnaire considered that the training programme covered the correct topics, although some members requested more formal training, perhaps utilising external training bodies;

3.8 all members who responded to the questionnaire, felt that the training programme had helped them understand their role and responsibilities as a Councillor and the work of the Council.

4. All members be reminded of the importance of attending training sessions and in particular members of the regulatory committees, additionally, all members be reminded of the importance of attending scheduled regulatory training sessions. Attendance at regulatory training sessions by members of the regulatory committees to be recorded on the Council's website.
5. Planning training to be mandatory for all members, given all members involvement in the Local Plan. Remote training and online training options to be made available to facilitate this.
6. New members to be actively encouraged to attend the Local Government Association regional event for new councillors.
7. New members will be invited to an introductory meeting with the Leader of the Council and the Mayor.
8. Members to be encouraged to access and use MembersZone regularly which will continue to be updated and the content widened.
9. Democratic Services, the ICT team and Customer Services be thanked for their role in supporting Councillors in the implementation of remote Council and Committee meetings.

OPTIONS CONSIDERED

Options considered were as set out in the reports presented to the relevant scrutiny committee.

BACKGROUND INFORMATION

1. Electric Vehicle Charging Project Update Report of the Assistant Director to the Infrastructure Safety & Growth Scrutiny Committee - dated 8 July 2020
2. Community Safety Plan 2020-23 and Tamworth Police Update Report of the Assistant Director Partnerships – dated 8 July 2020
3. Council Respond to COVID-19 – Vulnerable People Report of the Assistant Director, Partnerships and the Assistant Director Neighbourhoods – dated 14 July 2020
4. Capital Outturn Report of the Portfolio Holder for Assets and Finance – dated 15 July 2020
5. Update on Member Training Report of the Executive Director, Organisation - dated 15 July 2020

APPENDICES

Appendix 1 – Tamworth Community Safety Plan 2020-2023

REPORT AUTHORS

Councillor Thomas Jay
Chair of Corporate Scrutiny Committee
Councillor Richard Ford

Chair of Health & Wellbeing Scrutiny Committee
Councillor Simon Goodall
Chair of Infrastructure Safety & Growth Scrutiny Committee

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Tamworth Community Safety Partnership Plan 2020-2023

Update 2020

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1. INTRODUCTION

Welcome to the Tamworth Community Safety Partnership Strategy 2020 - 2023 . This document is a three year rolling plan which outlines how we are going to collectively tackle community safety issues in the Tamworth borough, how we have achieved against the outcomes set in the previous years and what we will prioritise this year.

All the priorities require a robust multi-agency response, but because they are important for residents and communities, achieving them will have a positive impact on people's quality of life.

The Partnership continues to work together to reduce crime and ASB to improve public perception, wellbeing and community safety in Tamworth

2. BACKGROUND

The Crime and Disorder Act 1998 changed the way crime and anti-social behaviour were to be tackled. It recognised that in order to be effective, agencies needed to work together to address the issues collectively. Each local area formed a Crime and Disorder Reduction Partnership (CDRP) which are now called Community Safety Partnerships.

A comprehensive Community Safety Strategic Assessment is undertaken in Staffordshire and Stoke-on-Trent every three years and an annual update is undertaken in the remaining two years. Additionally this process is undertaken in each district / borough Authority.

The full Strategic Assessment methodology includes the use of a risk scoring matrix called MoRiLE (a technique for Managing Risk in Law Enforcement that ranks crime and disorder issues based on threat risk and harm to individuals, communities and organisations) It differs in that it ranks priorities/themes based on threat risk and harm as opposed to relying mainly on volume of crime figures.

Data from a wide range of sources was analysed to show how the CSP compares with other areas for the priority crime types and how volumes and rates have changed over time and how they vary by ward. Information from research was used to describe any notable risk factors and victim and offender characteristics as well as approaches to partnership working.

The priorities were then ranked against a number of factors, including volume, trend over time, residents' perceptions and how much it was felt that the partnership can influence. This was then reviewed by our stakeholders and finally the top ranked priorities were analysed in depth, to help guide practitioners in formulating actions that they feel will have an impact on each priority

The Tamworth Community Safety Partnership is made up of Responsible Authorities (those bodies for whom membership of the CSP is a statutory obligation) and voluntary members.

Our statutory partners are:

- Tamworth Borough Council
- Staffordshire County Council
- Staffordshire Police
- Staffordshire Commissioners Office

- Staffordshire Fire and Rescue Service (FARS)
- National Probation Service
- Staffordshire & West Midlands Community Rehabilitation Company
- South East Staffs and Seisdon Penisula Clinical Commissioning Group – Primary Care Network
- Midlands Partnership NHS Foundation Trust
- Support Staffordshire
- SCVYS

In addition to our statutory partners we also work with a large number of voluntary and private sector partners as well as community groups to collectively implement and deliver initiatives that will help keep the Tamworth borough a safe place to live, work and visit.

3. Achievements against 2017/20 Identified priorities

3.1.Anti-Social Behaviour

Activity	Outcomes
Summer holiday positive diversionary activities delivered through the Staffordshire Commissioners Office Space summer activity diversionary A programme of positive all year round diversionary activities in school term and holidays commissioned until 31 March 2021 funded in partnership through the Locality Deal Fund and Building Resilient Families and Communities (BRFC), Earned Autonomy Funding £15,000 Innovative grant funding programme contribution from the Staffordshire Commissioner's Locality Deal Fund to develop community projects around ASB/absence from school	50% of the funding for targeted provision Summer holiday reported youth ASB dropped 59.5% between 2016 and 2019 Reduction in absence from school of 0.5% in 2019
Continued development of partnership approach to use of powers under the ASB, Crime and Policing Act 2014 Partnership work at identified hotspot locations to take effective enforcement as necessary offenders	Public Space Protection Orders (PSPOs) introduction in Bolehall and Kettlebrook to address ASB hotspot issues Renewal of Borough Wide Vehicle Nuisance PSPO 98% of publice consulted supported the implementation
Summerwatch educational and awareness activities undertaken Spooks and Sparklers awareness and intervention activity– showing reduction in ASB during Halloween/Bonfire Night	Downward trend in seasonal ASB

Activity	Outcomes
Workshops delivered across a variety of primary schools by Tamworth Borough Council	2018/19 – 160 presentations 2019/20 – 191 presentations
Flames Aren't Games - Staffordshire Fire and Rescue summer campaign for reduction of deliberate fires	Secondary Fires Tamworth 2017/18 – 103 2018/19 - 89 2019/20 – 53 (Downward trend)

Direction of travel: Steady reduction in Reported ASB(-13%) over 12 months ending October 2019

3.2.Protecting the Vulnerable in Our Communities

Activity	Outcome
Ongoing development of Tamworth daily vulnerability and weekly vulnerability multi-agency partnership meetings to co-ordinate approach and problem solving for identified vulnerable people	60 cases discussed and closed in 2019/20
Promotion and support for the Tamworth Night Shelter project for homeless people (October- March annually) run by Heart of Tamworth funded through Housing Solutions Fund and Ministry for Housing, Communities and Local Government (MHCLG)	15 individual clients assisted between 1st October 2019 and 31st March 2020 Rough Sleepers identified and assisted 2017- 4 2018- 3 2019- 5
Dementia Friendly Community status achieved in May 2017	**Type** / **Total** **Champions** 15 **Completed Sessions** 169 **Friends reported at Sessions** 4805 **Digital Friends** 700 **Total Friends** 5505

Activity	Outcome
Ongoing grants Tamworth Borough Council programme for Voluntary and community groups	2018/19 – 72 grants awarded 2019/20 – 67 grants awarded
Commissioning and development of the Tamworth Advice Centre	1929 clients supported for general and specialist debt advice in 2019/20
Commisioning of Communities Against Crimes of Hate to support people affected by hate crime	Based on the number of individuals reporting to CACH there has been a 58% increase since 18/19
Staffordshire Fire and Rescue Service Safe and Well Checks on vulnerable people	**2017 - 20** Technicians – 4799 calls Tamworth Belgrave – 4374 calls Tamworth Mercia – 2151 calls

3.3.Violence – Public Place

Activity	Outcome
The voluntary Street Angels continue to work in the town centre providing re-assurance and support on identified evenings	Ongoing re-assurance
Tamworth Business Crime Reduction Partnership, working with the Licensees Forum, excluded violent individuals from the Town Centre premises.	Linked radio system Shared data
Development of Tamworth Borough Council CCTV under shared agreement with West Midlands Combined Authority (April 2020) and dedicated officer for public realm safety issues	Improved digital upgrade Cross border partnership working
Community Payback scheme continues to be commissioned by Tamworth Borough Council in conjunction with Street Scene for positive work in the community	Ongoing
Police use of dispersal powers	As appropriate

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3.4.Domestic Abuse

Activity	Outcome
Development of work with NEW ERA for Independent Domestic Violence Advisors and Early Intervention Services county wide (funded through the Staffordshire Commissioner and Staffordshire County Council)	493 referrals to the victim service since October 2018. 331 new adult cases (188 adults supported(40 new Children and Young People cases (27 CYP supported) 36 referrals in to the perpetrator service (24 cases supported)
Successful pilot and permanent arrangement of Multi Agency Risk Assessment Conference (MARAC) meetings reducing risk of domestic homicide and protecting the most vulnerable	Between November 2018 and April 2020 - 364 cases heard
Contribution to the Staffordshire County Council Independent Sexual Violence Advisor service for Tamworth through the Locality Deal Fund	Currently Supporting 11 residents
Promotion and support for the Tamworth and Lichfield Domestic Abuse Forum	Seasonal campaigns coordinated • 12 Days of Christmas • White Ribbon
Grant funding of £200,000 from the Department for Housing, Communities and Local Government to Sustainment of the domestic abuse refuge service until 2021 in Tamworth and Lichfield managed by the Pathway Project.	Grant funding from the Dept for Housing, Communities and Local Government of £200,000

Direction of travel: Slight reduction in Reported Domestic Abuse (-6%) over 12 months ending October 2019

3.5.Road Safety

Activity	Outcome
Safe and Sound schools partnership event for Year 5/6 • Fire and Home Safety • On line Safety • Water safety • Dementia Friends • Cycling and truck safety	868 children attended 96% satisfaction levels
Fatal 4 presentations – schools and colleges	Ongoing

Activity	Outcome
Partnership work with Staffordshire Safer Roads Partnership	Staffordshire Safer Roads Partnership

3.6.Alcohol and Substance Misuse

Activity	Outcome
Appropriate signposting through Tamworth Vulnerability Partnership meetings	Referrals to commissioned service Inclusion of mental health practitioners within TVP
Operation TARPA – targeted operations to identify young under-age people gathering to	Ongoing – twice per year Youngsters identified and appropriate actions taken
Partnership activity	Appropriate school presentations Sharing of drug related activity with Police partners

4. PRIORITIES 2020-23

Our priorities have been identified from the following strategic sources which should be read in conjunction with this document:-

- Community Safegy Strategic Assessment 2019
- Staffordshire County Council Early Help Strategy
- Staffordshire Commissioner's Office Safer Fairer United Communities 2017-20
- Staffordshire County Council Community Safety plan

Each priority will be overseen by a strategic lead who will be responsible for developing the CSP's response for their priority area, developing delivery plans, working with other priority leads on cross-cutting areas of work and monitoring performance against outcomes.

To reduce levels of crime and improve community safety in Tamworth the partnership must target efforts in a holistic way to those who suffer most inequality and who demonstrate the highest levels of vulnerability or threat.

The Partnership continues to be funded through the Staffordshire Commisioner's Office (Police, Fire and Rescue, Crime) Locality Deal Fund. Commitment for 2020/21 is £64,000

The Partnerships Co-ordination Group will be responsible for monitoring the emerging issues and the delivery of actions. The plan will also be reviewed and updated on an annual basis.

Further funding streams are available for statutory and volunteer organisations and the Partnership will actively encourage and support bids which meet priority outcomes.

The Partnership Co-ordination Group has the responsibility for developing and delivering the tactical aspects of the plan.

Outcomes against the plan will be reported to the Tamworth Strategic Partnership Board by the Assistant Director Partnerships and Tamworth Police Chief Inspector.

Public Consultation

Feeling the Difference is a long standing public opinion survey giving residents of Staffordshire and Stoke-on-Trent an opportunity to give their views on their local area as a place to live, their safety and wellbeing, policing and other local services.

A high proportion of residents are satisfied with Tamworth as an area to live (93%) and the large majority are satisfied with their quality of life (92%).
Around half (46%) of residents appear to be satisfied with the level of police presence in the local area, while overall feelings of safety in Tamworth are high; local residents report that they feel very safe in Tamworth during the day (98%) and the very large majority also feel safe after dark (85%)

Tamworth Community Safety Partnership Priorities 2020
Anti-Social Behaviour (ASB) **Domestic Abuse and Stalking & Harassment** **Burglaries (Car Key)** **County Lines** **Public Place Violence (including Knife Crime)** **Vulnerable Persons and Contextual Safeguarding (including Drugs)**

Analysis of the data shows that priorities are often inter-related and all partners will continue to develop and share priority data sets that will help to inform Community Safety, Early Help and Placed Based Approach action plans.

The Community Safety Strategic Assessment also recommended the following areas for ongoing consideration within the priority areas:-

- Repeat and Persistant Offending
- Modern Slavery
- Fire and Risk of Fire
- Business Crime
- Community Cohesion and Hate Crime
- Counter Terrorism/Prevent

There is a need for this plan to be a flexible and dynamic document. We will use real-time data to re-assess the proposed actions and complete the measures of success column, this will enable us to be focused on the most pressing issues and ensure we can set achievable targets that make the required impact. These will be set by partners forming specific working groups and producing tactical plans to agree the way forward.

4.1 Anti Social Behaviour [1]

- Develop a range of demand lead partner intelligence meetings and information sharing
- Provide consistent multi-agency approach to the identification and support of vulnerable and repeat victims of crime and ASB
- Promote, arrange and support positive diversionary activity for young people
- Take a partnership approach to the use of appropriate enforcement powers
- Support and develop partnership targeted seasonal education and awareness campaigns
- Continue to support primary and secondary school education initiatives locally and countywide
- Promote volunteering in community projects
- Engage fully in county wide strategies, policies and working groups enabling better outcomes for the communities of Tamworth
- Support initiatives to tackle school absence and ASB

4.2 Domestic Abuse and Stalking & Harassment

- Support and develop partnership targeted education and awareness campaigns
- Support voluntary and other groups through identified commissioning and funding opportunities (to include COVID-19 recovery)
- Support and develop the local MARAC process to reduce risk for victims and families
- Continue to support primary and secondary school education initiatives locally and countywide around healthy relationships
- Engage fully in county wide strategies, policies and working groups enabling better outcomes for the communities of Tamworth
- Support the County wide commissioning for Domestic Abuse Services

4.3 Burglaries (Car Key)

- Support and develop partnership targeted education, awareness and crime reduction campaigns
- Work in partnership to identify perpetrators and disrupt actitivity

4.4 County Lines

- Support and develop partnership targeted education, awareness and crime reduction campaigns
- Develop support in partnership for vulnerable young people through schools and colleges
- Develop links and projects with the Youth Offending services to identify young people at risk of criminal exploitation
- Support as appropriate links to Vulnerable Adolescent Multi Agency Partnership (VAMAP)

4.5 Public Place Violence (including Knife Crime)

- Promote and engage communities to report crime issues of concern via all appropriate channels
- Support and develop partnership targeted education, awareness and crime reduction campaigns
- Provide consistent multi-agency approach to the identification and support of vulnerable and repeat victims of crime and ASB

[1] People, Nuisance, Environmental

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- Engage fully in county wide strategies, policies and working groups enabling better outcomes for the communities of Tamworth
- Reduced placement of vulnerable people into sensitive locations through development of the Tamworth Vulnerability Partnership
- Develop appropriate diversionary activity for young and first time offenders

4.6 Vulnerable Persons and Contextual Safeguarding (including Drugs)

- Use a partnership approach to ensure vulnerable children, families and adults are identified at the earliest opportunity
- Commission targeted and relevant voluntary/third sector services based on demand led initiatives
- Support and engage with the the Staffordshire Building Resilient Families and Communities (BRFC/Troubled Families) Outcomes Planin Tamworth around priority areas for children and families
- Support and develop a partnership approach to countywide and national strategies around vulnerable people (to include PREVENT, Modern Day Slavery, Child Sexual Exploitation and Hate Crime)
- Promote and develop links with relevant preventative and treatment providers
- Support and assist voluntary and other community groups to identify commissioning and funding opportunities to develop resilient communities

5. Links to other strategies

Staffordshire and Stoke on Trent Domestic Abuse Strategy 2017-20

Police and Crime Plan

Staffordshire Managing Offenders 2018-21

Staffordshire Fire and Rescue Plan

Staffordshire Families Strategic Partnership 2018-2028

6. Underlying Principles

These five identified priorities will have a number of underlying principles to ensure that we embed our approach to delivery of the strategy.:

- Prevention wherever possible
- Early intervention
- Targeting prolific offenders
- Targeting resources to hotspot areas
- Supporting victims
- Increasing public confidence

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Through early intervention the CSP will prevent issues escalating, reducing harm to individuals and ensuring that they receive help and support as early as possible.

It is also important to recognise the theme of serious and organised criminality that runs through all these priorities, as well as the work that has been and will continue to be done to develop the partnership response to this.

7. How we will deliver

In order to measure success, the CSP will develop operational plans and performance indicators for each priority and monitor on a regular basis. Priority leads will report on progress to the Tamworth Strategic Partnership and publicly through the Council's Infrastructure Safety and Growth Scrutiny Committee.

The strategy is refreshed annually through reviewing information set out in the Community Safety Strategic Assessment which ensures that current issues are taken into account and used to direct the CSP's strategy and actions to ensure that it remains current and reactive to emerging threats.

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REPORT OF THE PORTFOLIO HOLDER FOR ASSETS AND FINANCE

APPROVAL OF UPDATED ASBESTOS & LEGIONELLA POLICIES

EXEMPT INFORMATION
Not exempt

PURPOSE
The report seeks approval for updates to the Council's Asbestos & Legionella policy documents. These policies have been amended to reflect changes in legislation and also to reflect changes to the organisation.

RECOMMENDATIONS
It is recommended that Cabinet:-

Notes and approves the updated

- Asbestos Policy
- Legionella Policy

EXECUTIVE SUMMARY
The Council is obliged to comply with the regulations relating to the control and management of Asbestos and Legionella. These regulations require that the Council has formally adopted policies and procedures setting out its approach to managing the risks associated with both Asbestos and Legionella.

The Council currently has policies in place these are backed up by an inspection, testing and management regime that keep the Council compliant. As with most regulatory policies there is an obligation to review and update to reflect any changes in regulations and/or changes within the organisation.

The Assets Team in consultation with the Council's external compliance contractor [Grahams] have reviewed the currently policy documents and have made some amendments to reflect changes to legislation, regulations and good practice; the amendments also pick up the organisational changes that have taken place since the policies were last reviewed.

These policies along with the work being done on the ground will ensure that the Council remains compliant.

There are two separate policies covering both Asbestos and Legionella as these are covered under separate regulations.

OPTIONS CONSIDERED
No other options have been considered. The Council is required to have up to date policies in relation to the regulations covering Asbestos and Legionella.

RESOURCE IMPLICATIONS
There are no additional resource implications directly associated with the changes to and approval of these amended policy documents. Resources have been in place for several years to ensure that the requirements of these policies and the regulations to which they relate are being met.

LEGAL/RISK IMPLICATIONS BACKGROUND
The Council has a legal obligation to have policies in place in relation to asbestos and legionella. There is an obligation to review these policies and where reviews result in amendments the amended policy documents should be formally approved and adopted through Cabinet.

EQUALITIES IMPLICATIONS
There are no equalities implications related to the adoption of these amended policy documents.

SUSTAINABILITY IMPLICATIONS
There are no specific sustainability implications related to the adoption of these amended policy documents.

BACKGROUND INFORMATION
The Council currently has Asbestos and Legionella policies in place; sitting behind these is a programme of training, inspection testing, monitoring and recording.

There is a requirement to review and amend these policy documents to reflect any changes in legislation and/or to the Council.

These policies have been reviewed by our external compliance contractor [Grahams] and have been amended to reflect changes in legislation and also to reflect that there have been structure changes within the organisation.

The current policy documents have kept the Council compliant with current regulations, these amended documents will ensure that the Council remains compliant going forward.

The policy documents will be reviewed and amended on an ongoing basis with future amendments being presented to Cabinet for approval as and when required.

REPORT AUTHOR
Paul Weston. Assistant Director, Assets

LIST OF BACKGROUND PAPERS

APPENDICES
Updated Asbestos Policy
Updated Legionella Policy

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Tamworth Borough Council

Management Plan for the Control of Legionella Bacteria in Water Systems

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Legionella Policy

The policy of the Council is to provide and maintain safe working conditions, equipment and systems of work for all staff, residents, visitors and contractors, and to provide such resources, information, training and supervision as required for this purpose.

The Council will provide resource and maintain appropriate management systems, systems of work and equipment to ensure that legionella risks to all staff, visitors and contractors are controlled. Suitable information, instruction, training and supervision will be provided to all those involved in the control of legionella.

The council will adopt the principles of control set out in the HSC publication *'Legionnaires' disease: The control of legionella bacteria in water systems. Approved Code of Practice and guidance on regulations L8 (Fourth edition) HSE 2013*

The management of legionella risk will be a continual commitment by the organisation involving regular management and progress meetings, a risk assessment program, monitoring, inspection and record keeping.

The Head of Programmes and Facilities has been appointed by the Organisation as the Responsible Person (Legionella).

This policy is formally accepted by the organisation. The Council will do all that is reasonably practicable to comply with its requirements, and will make all necessary resources available.

Signed: _____

Chief Executive of Tamworth Borough Council

DATE:

1.0 Introduction

1.1 This Management and Procedures Manual has been prepared for Tamworth Borough Council and sets out a framework for ensuring water systems are installed, operated and maintained in a manner which both reduces the risk of a Legionellae outbreak and ensures an appropriate water quality. This Manual forms the first part of a four part framework which comprises the following elements:

i. Management Policy

Outlines the overall responsibilities of the organization, details responsibilities of individuals, and defines outline operational duties which must be implemented, defines record keeping requirements.

ii. Risk Assessment

Outlines the requirement to identify and assess the risk of Legionellosis from work activities and water sources within the council's estate and the identification of any remedial or precautionary measures that need to be undertaken.

iii. Operational Policy

Details the specific operational criteria that must be achieved for all systems identified in the Risk Assessment as being susceptible to colonising Legionella.

Details the specific maintenance criteria that must be achieved to minimise the risk as identified in the Risk Assessment.

Details of testing protocols, frequencies, record keeping etc.

1.2 The Council has both a moral and legal responsibility to ensure that the risk to employees, visitors and contractors etc. is reduced so far as is reasonably practicable. The staff detailed in this manual, are required to implement the procedures, works, etc. necessary to ensure the Councils obligations and statutory requirements are fulfilled.

Legionella Management Policy

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1.0 What is Legionnaires Disease?

1.1 Background

Legionnaire's disease is a potentially fatal form of pneumonia which can affect anybody, but which principally affects those who are susceptible because of age, illness, immunosuppression, smoking etc. It is caused by the bacterium *Legionella pneumophila* and related bacteria. Legionella bacteria can also less serious illnesses which are not fatal or permanently debilitating e.g. Pontiac Fever and Lochgoilhead Fever.

Legionnaires Disease was first recognised in July 1976, when an outbreak occurred amongst delegates attending an American Legion Convention in Philadelphia. The cause eluded scientists for several months, but in January 1977 the Centre for Disease Control, Atlanta, reported the isolation of the causative agent, which they named Legionella Pneumophila.

1.2 Risk of Infection

On average there are approximately 200-250 reported cases of Legionnaire's disease each year in the UK. It is thought, however, that the total number of cases may be generally underestimated. About half of cases are associated with travel abroad. Infections which originate in the UK are often sporadic, for which no source of infection is often traced. However, clusters of cases also occur and outbreaks have been associated with cooling tower systems and hot and cold water systems in factories, hotels, hospitals and other establishments.

Mortality rates from confirmed cases are, on average 10 – 12%. Since 1980 there have been a number of major outbreaks of Legionnaires Disease in the UK.

1.3 Susceptibility of Individuals

While previously healthy people may develop Legionnaires Disease, there are a number of factors which increase susceptibility:

- increasing age, particularly above 50 years (children are rarely infected)
- sex: males are three times more likely to be infected than females
- existing respiratory disease which makes the lungs more vulnerable to infection or anything that may suppress the immune system
- smoking, particularly heavy cigarette smoking, because of the probability of impaired lung function

1.4 Reducing the Risk

As legionella bacteria are commonly encountered in environmental sources they may eventually colonise manufactured water systems and be found in cooling tower systems, hot and cold water systems and other plant which use or store water. To reduce the possibility of creating conditions in which risk from exposure from legionella bacteria is increased, it is important to control the risk by introducing measures which:

(a) Do not allow proliferation of the organisms in the water system; and
(b) Reduce, so far as is reasonably practicable, exposure to water droplets and aerosol.

The risk of infection depends upon the ability of these organisms to multiply to significant levels, to be then dispersed into the air as an aerosol and to be inhaled in sufficient numbers by susceptible individuals.

By knowing the ideal conditions for the bacteria's growth and taking all reasonable precautions to avoid them we can reduce the risk of sufficient numbers of bacteria being present to cause a health hazard.

Although the bacterium is relatively easily killed it is important to avoid the conditions under which it likes to grow.

Most water systems can provide a potential habitat for the organism. The optimum temperature required is 37°C. At temperatures above 37°C the rate of multiplication of Legionella, in laboratory tests, decreases and at 46°C falls to zero. Bacteria will survive at higher temperatures but the survival time decreases from a matter of hours at 50°C to one of minutes at 60°C and practically zero at 70°C.

Below 37°C the multiplication rate decreases and can be considered insignificant below 20°C. The organism can remain dormant at much lower temperatures and return to active multiplication whenever more favourable temperatures occur.

It is this temperature dependence which gives us the main mechanism of prevention of Legionnaires Disease in hot and cold water systems. If we can keep the cold water cold (below 20°C) and the hot water hot (above 50°C) then the bacteria will either not be able to multiply or will be killed.

However, even with good day to day control of temperature or scale, corrosion and fouling, and the use of effective biocides, it is essential to clean and sterilise all parts of a water system on a regular basis. The recommended times between this process vary dependent upon the type of system, but the objectives remain the same. The essentials of control are to keep any water system as clean as possible.

2.0 Legislation, Standards, Guidance and Codes of Practice

2.1 Introduction

The Legionnaires' disease Approved Code of Practice (ACOP) (L8) is aimed at dutyholders including employers, those in control of premises and those with health and safety responsibilities for others, to help them comply with their legal duties in relation to legionella. This Approved Code of Practice (ACOP) gives advice on the requirements of the Health and Safety at Work etc. Act 1974 (the HSW Act) 1 and the Control of substances hazardous to health (6th edition) (COSHH) and applies to the risk from exposure to legionella bacteria (the causative agent of legionellosis, including Legionnaires' disease). In particular it gives guidance on sections 2, 3, 4 and 6 of the HSW Act and regulations 6, 7, 8, 9 and 12 of COSHH. The Code also gives guidance on compliance with the relevant parts of the Management of Health and Safety at Work Regulations 1999 (the Management Regulations).

The revised version 4 of the ACoP and the Technical Guidance documents were published on the 25th November 2013. The previous version has now been withdrawn. The revision of L8 means that the document is now in two parts and gives a clearer distinction between legal requirements and guidance:

1. Legionnaires' disease: The control of legionella bacteria in water systems. Approved Code of Practice and guidance on regulations L8 (Fourth edition) HSE 2013

2. Technical Guidance HSG 274:

   - Part 1 - The Control of Legionella bacteria in evaporative cooling Systems
   - Part 2 - The control of Legionella bacteria in domestic hot and cold water systems
   - Part 3 - The control of Legionella bacteria in other risk systems

3. BS 8580 Water quality. Risk assessments for Legionella control. Code of Practice British Standards Institution

In addition to the ACOP a number of other sources of legislation, guidance, codes of practice, etc. are available and are listed below:

- Control of substances hazardous to health (6th edition). The Control of Substances Hazardous to Health Regulations 2002 (as amended). Approved Code of Practice and guidance L5 (Sixth edition) HSE 2013
- The Water Supply (Water Fittings) Regulations 1999
- "Safe" Hot Water and Surface Temperatures – Health Guidance Note 1998
- British Standard Specification BS 6700: 1997 for design, installation and maintenance of services supplying water for domestic use within buildings and their curtilages
- British Standard Specification BS 8558: 2015 Guide to the design, installation, testing and maintenance of services supplying water for domestic use within buildings and their curtilages
- Health and Safety Executive – Guidance Note EH48 Legionnaires Disease
- The Chartered Institution of Building Services Engineers TM13 2002 COP Minimising the Risk of Legionellosis

The above documents provide a useful source of data for site staff to manage the control of Legionellosis and should be consulted whenever further information on the subject is required.

2.2 Required Standards at Tamworth Borough Council

Our policy is to follow the guidance in the ACoP (L8) as a means of complying with the Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended). Approved Code of Practice and guidance L5 (Sixth edition) HSE 2013.

Although failure to comply with any provision of the ACoP is not in itself an offence, that failure may be taken by a court in criminal proceedings as proof that a person has contravened the legal requirement to which the provision relates. In such cases, however, it will be open to that person to satisfy a court that he has complied with the requirements in some other way.

Therefore, in order to minimise the potential for an outbreak of Legionella and ensure appropriate water quality standards are maintained, **the responsible persons as detailed in Section shall implement all requirements of the ACoP and, where applicable, adopt the procedures and practices detailed in the supporting documents listed above.**

2.3 ACoP L8: The Key Requirements

The key requirements of the ACoP are listed below and a more detailed copy is included in the Operational Policy Document:

- Identify and assess sources of risk;
- Prepare a scheme for preventing or controlling the risk;
- Implement, manage and monitor precautions
- Keep records of the precautions
- Appoint a person to be managerially responsible

The Operational Policy Manual (Section 3 of this Manual) provides specific detail on the maintenance regimes that must be implemented on the systems on the council's estate.

2.4 Tamworth Borough Council Policy Statement

The policy of the Council is to provide and maintain safe working conditions, equipment and systems of work for all staff, visitors and contractors, and to provide such resources, information, training and supervision as required for this purpose.

The Council will provide resource and maintain appropriate management systems, systems of work and equipment to ensure that legionella risks to all staff, visitors and contractors are controlled. Suitable information, instruction, training and supervision will be provided to all those involved in the control of legionella.

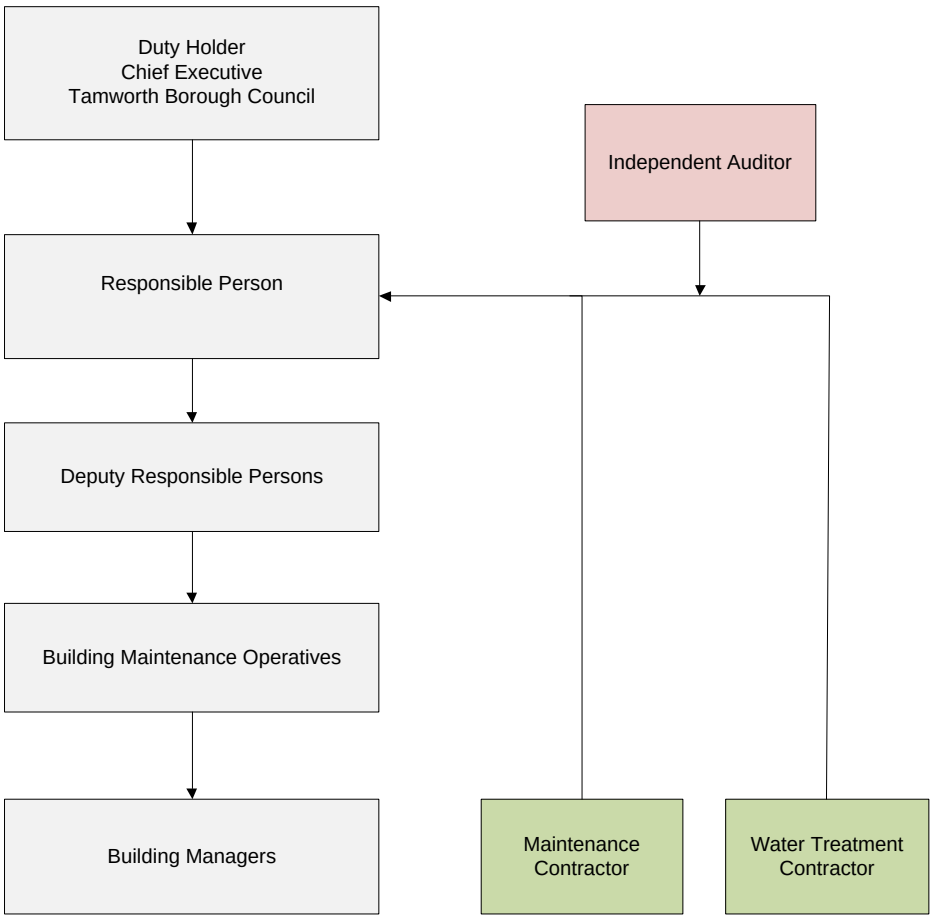
The council will adopt the principles of control set out in the HSE publication *'Legionnaires' disease: The control of legionella bacteria in water systems- Approved Code of Practice and Guidance (L8)'*
The management of legionella risk will be a continual commitment by the organisation involving regular management and progress meetings, a risk assessment program, monitoring, inspection and record keeping.

The Head of Programmes and Facilities has been appointed by the organisation as the Responsible Person (Legionella)

This policy is formally accepted by the organisation. The Council will do all that is reasonably practicable to comply with its requirements, and will make all necessary resources available.

3.0 Arrangements for Managing Legionellosis

The following organisational structure diagram summarises the Councils arrangements for managing legionella.



3.1 Specific Duties and Responsibilities

The ACoP identifies two distinct roles, each having specific responsibilities for the management of legionella bacteria, namely

(a) The Duty Holder
(b) The Responsible Person

3.1.1 The Duty Holder: Chief Executive –

The duty holder must appoint in writing a responsible person to take managerial responsibility for controlling legionella in Council premises and must ensure that the Council meets its statutory obligations. The Chief Executive is ultimately responsible for Health and Safety and the safe operation of the water systems within the council premises.

3.1.2 The Responsible Person: Head of Programmes and Facilities

The responsible person shall accept managerial responsibility for the control of legionella bacteria within all council premises. They will be responsible for the implementation and management of the Legionella Control Plan and all the procedures for control as set out in this policy and operational manual.
The Responsible Persons duties include but are not limited to the following

- Act as a focal point for all Legionellae / Legionellosis related issues within Council.
- Arranging for all premises to be risk assessed by a competent specialist water treatment contractor, no less frequently than bi-annually, in sufficient detail so as to identify and assess the risk of Legionella.
- Arranging for a competent specialist water treatment contractor to undertake inspection and monitoring regime to meet the requirements of the risk assessment and statutory legislation.
- Maintain Council's Legionellae Written Scheme (Management Plan).
- Ensuring up to date schematic drawings / diagrams of the hot and cold water systems are prepared, updated and made available to Maintenance Contractors, Building Maintenance Operatives and Building Managers as necessary.
- Providing an asset register of all associated plant, pumps etc. to Maintenance Contractors, Building Maintenance and Building Managers (or equivalent) as necessary.
- Providing adequate information to the Building Managers/users/Building Maintenance etc. on any risks and measures necessary to ensure that water systems will be safe and without risks to health.
- Ensuring hot and cold water systems are designed and constructed in compliance with relevant water regulations.

- Notifying the Building Maintenance Supervisor, Contracts Manager and the Health & Safety Advisor of any cooling towers and evaporative condensers.

- Develop and implement action plans in relation to identified or potential Legionellae presence.

- Assess Safe Systems of Work / Method Statements and / or Permit to Work systems in relation to any work where there is a risk of Legionellosis.

- Convene meetings of relevant personnel and groups prior to and, where necessary during any work with the potential for a release of Legionnellae, to ensure appropriate procedures and safe systems of work are being applied.

- Liaise with other relevant agencies and personnel, including surveyors, analysts, HSENI, EMAS, Occupational Health / Hygiene professionals, project managers, and emergency services, as appropriate.

- Coordinate any significant Legionellae related works including, so far is as reasonably practicable, compliance monitoring.

- Ensure that relevant employees and / or contractors are provided with appropriate information, including the results of site-specific risk assessments as applicable.

- Ensure that, in the event of a serious Legionellosis related incident, the appropriate senior managers and the HSENI are informed as soon as possible.

- Being accountable to the Chief Executive and the Director Environmental Services for the effective management of Legionellae within Council.

The Assets Department are responsible for the selection of suitable systems. The design, maintenance and operation of the system is crucial to controlling the risk from Legionella bacteria and employees should avoid procuring systems that give rise to a reasonably foreseeable risk of Legionellosis. Competent advice should be sought from sources such as manufactures, suppliers, British Standards and / or their European / International equivalents where necessary.

3.1.3 Deputy Responsible Persons:

The Deputy Responsible Person will, in the absence of the Responsible Person, assume the role of 'Acting Responsible Person'. They will also be responsible for assisting in the implementation, management and operation of the Legionella Control Plan and all the procedures for control as set out in this policy and operation manual. They may also be delegated specific responsibilities as directed by the Responsible Person.

3.1.4 Building Managers

Those Building Managers who are responsible for the day-to-day management of the risk from Legionella bacteria on-site must:

- Allow reasonable access to enable the risk assessment and any remedial works to take place.
- Ensure that no repair, maintenance or alteration work takes place on hot and cold water systems within the building(s) they are responsible for without notifying Facilities Management Department of the planned changes so an assessment can be made as to the potential water hygiene impact on the system.
- Appoint and identify any individuals(s) who will be responsible for completing the routine water hygiene tasks and checks on the premises, i.e. weekly flushing tasks
- Regular maintenance of showers and water systems (with direction from Building Maintenance and following the recommendations of the assessment carried out by the Maintenance Contractor as appropriate), this may include:

    a. Flushing / running showers for a set time at the hottest setting at least once a week;

    b. Flushing / running little used taps, WCs and water sources weekly;

    c. Instigating suitable closedown and reopening procedures where a facility or part thereof, is to be removed from use for any period of time greater than seven consecutive days.

- Facilitating Building Maintenance as necessary.
- Facilitating Maintenance Contractors as necessary.
- Recording such flushing procedures in log sheets and managing / monitoring maintenance records contained within the log book such as regular maintenance, Chlorination records and remedial works.
- Reporting any concerns to Responsible Person (the Responsible Person), such as inappropriate temperatures, in a timely and appropriate manner.
- Ensuring that problems or concerns are followed up with the Responsible Person, in a timely and appropriate manner.

- Ensure that they are aware of the work being undertaken by the contractors and maintenance staff, the risks being introduced and how the work may affect the working environment;

- Maintaining a Contractors Log for their department.

- Report any damage, deterioration or changes in the use of the building, use of the water systems and / or air conditioning plant within their area of operational responsibility to the Responsible Person.

- Ensure that they inform the contractors and maintenance staff of all relevant emergency procedures within their department / area as appropriate.

- Account for contractors and maintenance staff working within their department in the event of an emergency.

- Ensuring only modifications, approved and authorised by the Responsible Person, are made to any system that utilises hot of cold water.

Each building will have its own Legionella Survey / Risk Assessment and particular recommendations, which must strictly implemented and followed. Facility / Building Managers should seek advice from the Head of Facilities Management and the Responsible Person. Facility / Building Managers should also seek advice where there is a concern that exposure to Legionella might present a risk to health.

3.1.5 Water treatment contractor

The Water Treatment Contractor, were employed, will be responsible for undertaking any of the legionella control tasks/procedures as delegated to by the Responsible Person. These responsibilities will be defined in writing in the contract documentation. Any deviation from the initial contract documents shall be mutually agreed and documented as part of the contract review process. It is the council's policy that a specialist water treatment contractor will undertake the following tasks as identified in the Risk Assessment and Operational Policy & Procedure Manual

The appointed specialist water management contractor is responsible for carrying out control schemes measures as directed by the tender specification. A detailed list of the current contractors responsibilities are provided in Appendix A. The duties may include, but are not be limited to:

- Carrying out Legionella Surveys and Risk Assessments.

- Provide a log to record details of all monitoring, inspections and remedial work undertaken.

- Monitoring and inspecting all accessible parts of systems for damage or contamination.
- Disinfecting systems and ensuring treatment regimes are appropriate.

- Legionella Sampling.
- Recording all such inspections, assessments and maintenance regimes and providing any necessary documentation to enable responsible persons to update log books accordingly.
- Advising Responsible Person and / or Facilities Managers of the outcome of inspections and areas of concern in a timely fashion so that recommended preventative work can be implemented to maintain appropriate standards.
- Providing Legionella Awareness training to Tamworth Borough Council staff as appropriate.
- Advising Tamworth Borough Council as to the adequacy of its legionella management plan and control procedures
- All work carried out by the contractor must be carried out in accordance with relevant legislation and industry best practice.
- All contractors must comply with the Councils policy on the control of the contractors.

3.1.6 Independent Auditor

An independent Auditor, external to the Council is responsible for auditing the building water systems operation and control and providing independent advice from time to time, as necessary

3.2. Appointments for the Management of Legionelosis

3.2.1 The Duty Holder is the Council Chief Executive.

3.2.2 The Responsible Person (Legionella) shall be The Head of Programmes and Facilities

3.2.3 The Deputy Responsible Persons (Legionella) will be the Assistant Director Property Services and the Compliance Manager

3.2.4 The appointments of the Responsible Persons (Legionella) and the Deputy Responsible Persons (Legionella) shall be confirmed in writing by the Duty Holder, a copy of which is held in Appendix B.

3.2.5 The details of the current Water Treatment Contractor shall be held in Appendix B.

4.0 Legionellosis Management Plan/ Risk Minimisation Plan

4.1 The Responsible Person and Asset Management Department will be responsible for the implementation and arrangement of the written management plan for the control of legionella bacteria in council properties in accordance with this Policy and Procedure Manual and the HSE ACoP L8, COSHH regulations and all other statutory and advisory provisions afore mentioned. The Legionellosis Management Plan/ Risk Minimisation Plan will take the form of a Legionella Action Plan and will encompass the following key elements

- Risk Assessment
- Risk Control Measures
- Routine Monitoring
- Record Keeping
- Review

4.2 The Legionella Management Plan/Risk Minimisation Plan and arrangements will be reviewed annually on a formal basis by the Responsible Person.
This annual legionellosis risk management audit will be undertaken in order to ascertain the effectiveness of the broad management arrangements. The methodology for audit may vary from year-to-year in order to ensure a fresh outlook on each occasion. The audit report will include recommendations for improvement and forms part of the legionellosis risk management system. A quarterly audit of site log books will also be undertaken**.**

5.0 Risk Assessments

(See section 2 of this Policy and Procedures Manual)

5.1 A suitable and sufficient assessment is required to identify and assess the risk of exposure to Legionella Bacteria from work activities and the water systems on the premises and any necessary precautionary measures. The assessment should include identification and evaluation of potential sources of risk and:

- The particular means by which exposure to legionella is to be prevented; or
- If prevention is not reasonable practicable, the particular means by which the risk from exposure to legionella bacteria is controlled.

5.2 Prior to the conduct of on-site risk assessments, a risk screen will be performed in order to prioritise the water systems for detailed risk assessment, in order that the potentially highest risk building are assessed first.

Where the assessment demonstrates that there is no reasonably foreseeable risk or that risks are insignificant and unlikely to increase, no further assessments or measures are necessary. All risk assessments should be reviewed annually.

5.3 The risk assessment shall form the basis of the Legionella Management/ Risk Minimisation Scheme describing the particular means by which the risk from exposure to Legionella bacteria is to be controlled. The remedial actions within the Legionella Management Plan/ Risk Minimisation Scheme shall be reasonably practicable and prioritised on the basis of risk, cost and difficulty.

6.0 Operational Control Measures

(See section 3 of this Policy and Procedures Manual)

6.1 Where the risk assessment shows that there is a reasonable foreseeable risk and this cannot be totally eliminated, there should be a written scheme for controlling the risk from exposure. This scheme should specify measures to be taken to ensure that it remains effective and should include:

- An up-to-date plan showing layout of the plant or system, including any part temporarily out of use;
- A description of the correct and safe operation of the system;
- The precautions to be taken;
- Checks to be carried out to ensure efficacy of the scheme and the frequency of such checks;
- Remedial action to be taken in the event that the scheme is shown not to be effective.

6.2 General Statement of Control

There are many ways in which exposure to legionella bacteria can be controlled and the complexity of controls will vary depending on the risks posed by any one system. The risk from exposure will normally be controlled by measures, which do not allow the proliferation of legionella bacteria in the system and reduce exposure to water droplets and aerosol. Control measures will generally include the following precautions where appropriate:

- Controlling the release of water spray;
- Avoidance of water with temperatures between 20°C and 45°C;
- Avoiding water stagnation, which may encourage the growth of bio film;
- Avoiding the possibility of materials which provide a harbour for nutrients which encourages the multiplication of bacteria e.g. dead animals, wood etc., which can fall into open water tanks;
- Avoid use of materials in systems that can harbour or provide nutrients for bacteria and other organisms;
- Keeping systems clean to avoid the build-up of sediments which may harbour bacteria
- The use of suitable and safe water treatment programmes;
- Effective monitoring and management systems, which ensure correct and safe operation together with effective maintenance of the water system.

6.3 Any written scheme, which includes the use of chemicals, must contain manufactures details on the effectiveness, the required concentrations and contact time required for effective treatment. They should also contain the heath and safety information for the storage, handling, use and disposal of the chemical.

6.4 The cleaning and disinfection procedures should be clearly stated. Where monitoring procedures are required the scheme must clearly state the required frequency, sampling locations and procedures to ensure consistency. It must make clear the acceptable physical and chemical parameters together with allowable tolerances. There must also be guidance on the remedial action to be taken in case

the control limits are exceed, including lines of communication, which should include all appropriate appointed persons.

6.5 It is essential that the risks are adequately controlled therefore written schemes must state what arrangements have been made to ensure they are properly implemented and managed. Anyone who is responsible for managing the scheme or undertaking monitoring of the control measures needs to be identified in the written scheme by name. All written schemes must also contain a Normal Operating Procedure together with an Emergency Action Plan. The primary objective should be to avoid conditions, which permit Legionella Bacteria to proliferate and to avoid creating a spray or aerosol.

7.0 Monitoring and routine inspection

7.1 Where there is a significant risk there is a need to ensure that the control measures remain effective. This should be the duty of the responsible person or where appropriate, a Council appointed external contractor and should involve:

- Checking the performance of the system and it's component parts:
- Inspecting the accessible parts of the system for damage and signs of contamination; and
- Monitoring to ensure that the treatment regime continues to control to the required standard

7.2 The frequency and extent of the routine monitoring will depend on the operating characteristics of the system and shall be set out in the site specific risk assessment (see Appendix C).

8.0 Record Keeping

(See section 3 of this Policy and Procedure Manual)

8.1 Records of risk assessments and surveys of water systems carried out in accordance with the Approved Code of Practice will be documented. The resulting information is to be held by on an Electronic Web Based Log Book.

8.2 Electronic web based legionella log book

8.2.1 The council will use a Web Based Electronic Logbook System to hold all records pertaining to the control and management of legionella relating to the tasks undertaken by the Water Treatment Contractor. The system will be specified by the Property Services Section. It will be the responsibility of the council to act upon any non conformances reported and to appoint a competent person to undertake all necessary remedial action to mitigate the risk of exposure to legionella bacteria.

8.2.2 The system should fully integrate the key stages of the Legionella management process into one user friendly and secure web page. The system must be able to provide the following information as a minimum electronically and with a delay from site to web page of less than one hour; using GPRS enabled PDA hand held technology. Each water system asset will be allocated a unique Asset Identification Number, in the form of a barcode or similar.

8.2.3 The system must include demonstrable, robust security (minimum 1024Bit SSL Certificate) to protect any and all data relevant to the Contract Administrator and the council such as property names, addresses, contact details and information recorded, during the contact period and beyond. The system must fully comply with the Data Protection Act 1998.

8.2.4 Access to the Electronic Web Based System will be via a secure and unique user name and password. The key personnel involved in the management of the control scheme will have full editable access to the system while other users such as Building Managers will have a read only facility.

8.3 Water Hygiene Logbook (Held on each site where practically possible)

8.3.1 A hard copy log book will be held on each site and will hold the following information;

- A log to be signed by all contractors carrying out work on the buildings water systems and a description of their work.
- A register for weekly flushing of infrequently used outlets. This will also include a procedure detailing how and why outlets should be flushed.

(See Appendix I for an example log book).

8.3.2 To ensure that precautions continue to be carried out and that adequate information is available, 'current' records will be required to be kept are for at least two years after that period. All records should be signed by those performing the various tasks assigned to them. These records shall be retained for five years.

8.4 Information for Employees

All staff involved in the operation of the Legionellosis Management must be given information to ensure they are aware of the risks associated with the water and other risk systems within the council estate. They should have access to the written scheme, all monitoring records and risk assessments. Poor communication has been indicated in previous outbreaks as a contributory factor, therefore all lines of communication should be clear, unambiguous and audited regularly to ensure they are and remain effective.

9.0 Training and Competence

9.1 Only competent persons will be authorised to carry out legionella management and control works. A person shall be deemed competent to carry out the appropriate operation only if they have satisfactorily completed a Council approved course on Legionella control, as well as having other appropriate qualifications, sufficient knowledge and experience relevant to the Legionella control, testing or management operations that they propose to undertake.

9.2 Council Employees

All council employees involved in the control of legionella will be given suitable and sufficient training to enable them to competently carry out all tasks that they are responsible for. The Responsible Person will identify all employees training requirements and co-ordinate the delivery of that training. Typically legionella training will be required as follows

1. Responsible/ Deputy Responsible Persons

   City & Guilds Management of Legionella Bacteria BS0004 or equivalent/similar

2. Building Managers/ Maintenance Operatives

   Legionella Awareness Training, City & Guilds BS0006 or equivalent/similar

9.3 Water Treatment Contractor

Contractors appointed to undertake legionella control operations will be required to conform in full with the requirements of this Policy and Procedure Manual. Additionally contractors shall comply with the following

- Hold current membership of the 'Legionella Control Association' (LCA) as set up jointly by the Health and Safety Executive (HSE) and Water Management Society (WMS). Contractors must comply with in full the LCA ' Code of Conduct for Service Providers'

- All contractor employees undertaking Legionella control operations shall hold the relevant City and Guilds/ Water Management Society accredited qualifications. In exceptional cases, employees who have undertaken alternative training courses and are able to demonstrate competency to the satisfaction of the Responsible Person may be permitted to undertake Legionella control operations.

9.4 Water Analysis Services

Water samples taken for analysis as part of the legionella control program should be submitted only to laboratories that are UKAS accredited for the analysis suites in question. A copy of the laboratories relevant UKAS accreditation certificate/s must be submitted to the Responsible Person for approval prior to any analysis being undertaken.

10.0 The Course of Action if an Outbreak of Legionnaires Disease is suspected

11.1 The nominated responsible person will be informed of a suspected case of Legionnaires 'disease. If a case is suspected then the Health and Safety Advisor and Head of Facilities Management will normally work in association with the Public Health Laboratory Service and the local CCDC to search for the source of the causative organism. It is essential that systems are not drained or disinfected before samples have been taken. The Facilities Management Departments role is an important one – identifying the various water systems within the building and, in particular, to the points from which samples can be taken. Easy access to these sampling points is essential.

10.2 An investigating team will be established under the guidance of the Duty Holder, this will normally comprise of the staff listed in Appendix D

10.3 The investigation will concentrate upon all potential sources of Legionella infection, including:

- the domestic hot and cold water distribution system
- showers or spray washing equipment
- drainage system and traps
- humidifiers in ventilation systems
- cooling coils in air-conditioning systems
- any other water based system

10.4 To assist in such investigations, the Building Manager must be able to provide details of all associated equipment, including all documentation. He must assist by advising the investigating team on the extent of servicing on the site, and by locating taps and sample points.

10.5 Information will also be required, such as whether there have been any local excavation or earthmoving works, alterations to water supply systems or drainage systems or any other factors which may have a bearing on the site.

10.6 The team is responsible for identifying the cause of infection, and will advise on cleaning, disinfection, any modifications, and long-term control measures.

11.0 The Course of Action in the Event of an Outbreak

11.1 Legionnaires Disease is notifiable under public health legislation in the UK

11.2 An outbreak is defined by the Public Health Laboratory Service (PHLS) as two or more confirmed cases of Legionellosis occurring in the same locality within a 6 month period. Location is defined in terms of geographical proximity of the cases and requires a degree of judgement. It is the responsibility of the Proper Officer for the declaration of an outbreak. The Proper Officer is appointed by the local authority under public health legislation and is usually a Consultant in Communicable Disease Control (CCDC).

11.3 Local authorities will have established incident plans to investigate major outbreaks of infectious disease including Legionellosis. These are activated by the Proper Officer who invokes an Outbreak Committee, whose primary purpose is to protect public health and prevent further infection. This will normally be set up to manage the incident and will involve representatives of all the agencies involved. HSE or the local authority EHO may be involved in the investigation of outbreaks, their aim being to pursue compliance with health and safety legislation.

11.4 The local authority, or EHO acting on their behalf (often with the relevant officer from the enforcing authorities – either HSE or the local authority) will make a site visit.

11.5 As part of the outbreak investigation and control, the following requests and recommendations may be made by the enforcing authority:

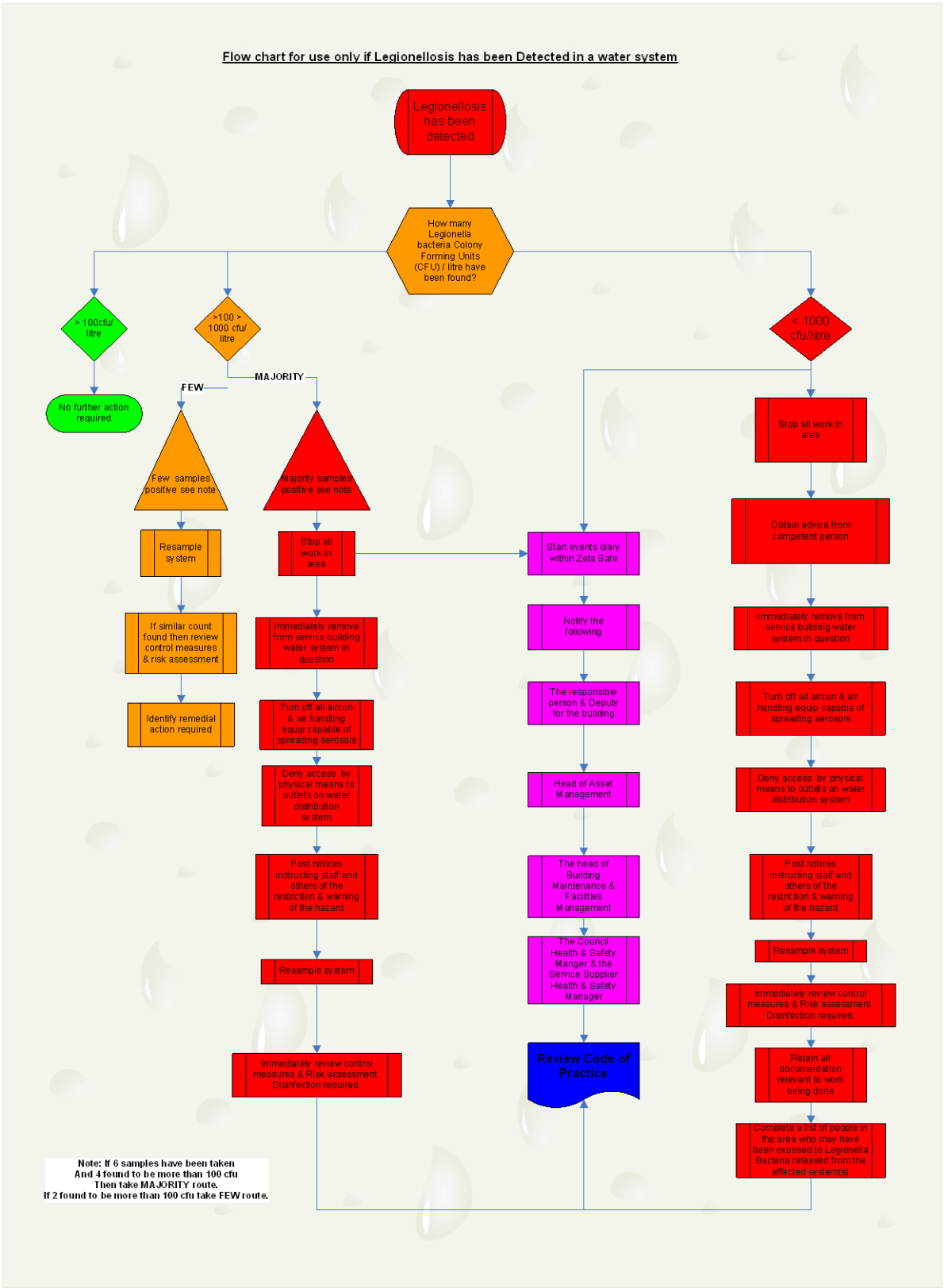
(a) To shut down any processes which are capable of generating and disseminating airborne water droplets and keep them shut down until sampling procedures and any remedial cleaning or other works has been done. Final clearance to restart the system may be required.
(b) To take water samples from the system before any emergency disinfection being undertaken. This will help the investigation of the cause of the illness. The investigating officers from the local authorities may take samples or require them to be taken.
(c) To provide staff health records to discern whether there are any further undiagnosed cases of illness and to help prepare case histories of the people affected.
(d) To co-operate fully in an investigation of any plant that may be suspected of being involved in the cause of the outbreak. This may involve for example
    a. Tracing of all pipe work runs
    b. Detailed scrutiny of all operational records
    c. Statements from plant operatives and managers
    d. Statements from water treatment contractors or consultants

11.6 Any infringements of relevant legislation may be suspect to a formal investigation by the appropriate enforcing authority.

11.7 If a water system other is implicated in an outbreak of Legionnaire's Disease, emergency treatment of that system should be carried out as soon as possible.

12.0 The Course of Action in the Event of a Legionella Positive Test Result

12.1 Summary of procedures for Action to be undertaken following the confirmation of a legionella positive test result.



13.0 Specific Health and Safety Issues

13.1 Work in Confined Spaces

If plant is located in confined spaces, reference on entry into confined spaces can be sought from Safe Work in Confined Spaces Approved Code of Practice, Regulations and Guidance [L101]. A Confined Spaces Risk Assessment should be completed and returned to the Responsible Person prior to any work commencing.

13.2 Water Treatment

Because water treatment chemicals, including chlorine-containing chemicals and solutions, are often toxic or corrosive they should be used cautiously to ensure that they do not endanger the users or other occupants of the building. Caustic resistant gauntlet type gloves will be required. Water treatment should be carried out by, or under the direction of, people who are suitably qualified and experienced.

13.3 COSHH

The use of water treatment chemicals should be subject to a COSHH assessment and permission would be required from the water authority prior to any discharge to sewers, storm water drains and watercourses. The Local Water Authority should be contacted prior to direct discharge to water courses**.**

13.4 Scalding

With regards to scalding risk the council will ensure that all that is reasonably practicable will be done to follow the requirements for the protection of hot water system users.

13.5 Contaminated Aerosols

13.5.1 The disinfection procedures presented for cold water storage tanks, domestic hot water vessels and water systems are designed to minimise the risk to staff and others that may come into contact with water which may have been contaminated with *Legionella sp*. In all instances of draining, water should be drained in such a way as to avoid the creation of an aerosol. This also applies for the safe purging of stagnant water e.g. from unused outlets.

13.5.2 The appropriate protective clothing should be worn during such procedures. This can be a powered filter and hood, European Class TH3 [assigned protection factor of 40] or a power assisted filter and close fitting full face mask TM3 [assigned protection factor 40]. It should be borne in mind that the filter on these systems is liable to get wet and subsequent resistance to air can increase with consequent discomfort to the operator.

13.5.3 Where possible, cleaning methods which create an aerosol [e.g. high pressure water jets] should be avoided. If this is not possible, the operation should be executed when the building is unoccupied, or in the case of permanently occupied building, windows in the vicinity should be closed and air inlets temporarily blanked off. As systems requiring cleaning will have high organic load the operator and others closely involved should wear suitable respiratory protective equipment.

Risk Assessment Policy and Procedures

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1.0 Introduction

Identification and assessment of the risk

A suitable and sufficient assessment is required to identify and assess the risk of exposure to legionella bacteria from work activities and water systems and any necessary precautionary measures on all Tamworth Borough Council premises. The council will comply with its requirements under the Control of Substances Hazardous to Health Regulations 1999, Regulation 6 Management of Health and Safety at Work Regulations 1999, Regulation 3 Health and Safety at Work Act 1974, Sections 2, 3 in undertaking a Legionella/ Water Hygiene Risk Assessment at all premises within the councils estate.

The risk assessment will form the basis of the Legionella Management Plan/ Risk Minimization Scheme, as set out in section 1 of this Policy and Procedure Manual.

2.0 Persons at Risk

The Council have identified that all building users, including employees, residents, contractors, visitors and the general public are at risk from the potential exposure to legionella bacteria. However, the council recognizes that due to the nature of legionellosis certain individuals may be at greater risk, these include;

- Smokers/ drinkers
- Individuals with existing respiratory conditions
- Males over the age of 50yrs
- Immune-suppressed individuals e.g. the aged or the young

The council will identify any specific groups of building users at significant risk or susceptibility and will fully inform the individual/s undertaking the risk assessment.

3.0 Buildings and Systems at Risk

It is generally considered that all buildings that contain a water system of any description are at risk from the potential proliferation of legionella bacteria which may result in the potential exposure to building users.

The following types of water systems are considered to present a reasonably foreseeable risk of causing an exposure to legionella bacteria and should be prioritised for assessment as part of the Legionella Management Plan/Risk Minimisation Scheme;

- Water systems incorporating a cooling tower
- Water systems incorporating an evaporative condenser
- Hot and cold water systems
- Other plant and systems containing water that is likely to exceed 20°C but not 60°C, and which may release a spray or aerosol during operation or when being maintained.

Risk Categorisation

For the purpose of risk prioritisation and management, Council buildings and plant are considered to fall into five categories, these are

Class A: Buildings with cooling towers

Class B: Complex buildings with spray outlets/showers

Class C: Simple buildings with spray outlets/showers

Class D: Simple buildings with spray outlets

Class E: Mains fed buildings with point of use water heaters

4.0 Review of Risk Assessment

4.1 It is the council's policy that all risk assessments are reviewed annually by a competent person. The purpose of this review is to assess the effectiveness of the control scheme, its management and to identify any changes to the water systems or the building use.

Additionally the risk assessments shall be reviewed in the following circumstances, where there are

- changes to the water system or its use;
- changes to the use of the building in which the water system is installed;
- the availability of new information about risks or control measures;
- the results of checks indicating that control measures are no longer effective;
- a case of Legionnaires' disease/legionellosis is associated with the system.

4.2 High Risk Buildings and Systems

Buildings that are identified and categorised as High Risk (Class A and B) will undergo a desktop risk assessment review, every 3 months and undertaken by the Responsible Person. This will involve an audit of all records held including the on site hard copy logbook and the electronic web based system.

4.3 Independent Auditor

The Council will employ the services of an Independent Auditor to audit and assess the effectiveness of the Risk Minimisation Scheme, including the risk assessments, internal audit procedures, and record keeping. The auditor will be employed on an annual basis or at the discretion of the Responsible Person.

5.0 Risk Assessment

Competency

Risk Assessments will only be undertaken by individuals who are suitably and sufficiently trained, qualified and competent. It is the council's policy that a specialist Water Treatment Contractor is employed to undertake these risk assessments.

The Responsible Person (Legionella) should assess the competency of any contractor or individual prior to any legionella works being undertaken in accordance with section 1 of this Policy and Procedure Manual.

5.2 Carrying out a risk assessment

A number of factors are required to create a risk of acquiring legionellosis, such as:

(a) the presence of legionella bacteria;
(b) conditions suitable for multiplication of the organisms e.g. suitable temperature (20°C-45°C) and a source of nutrients e.g. sludge, scale, rust, algae and other organic matter;
(c) a means of creating and disseminating breathable droplets e.g. the aerosol generated by a cooling tower or shower; and the presence (and numbers) of people who may be exposed, especially in premises where occupants are particularly vulnerable, e.g. healthcare.

While there will inevitably be common factors associated with the many and varied types of premises being assessed, the individual nature of each site should be taken into account. In complex systems or premises, a site survey of all the water systems should be carried out and should include an asset register of all associated plant, pumps, strainers and other relevant items. This should include an up-to-date drawing/diagram showing the layout of the plant or system, including parts temporarily out of use. A schematic diagram would be sufficient. It should then be decided which parts of the water system, for example, which specific equipment and services, may pose a risk to those at work or other people.

5.3 The following list contains some of the factors which should be considered, as appropriate, when carrying out the assessment:

(a) the source of system supply water, for example, whether from a mains supply or not;
(b) possible sources of contamination of the supply water within the premises before it reaches the cold water storage cistern, Calorifier, cooling tower or any other system using water that may present a risk of exposure to legionella bacteria;
(c) the normal plant operating characteristics; and
(d) unusual, but reasonably foreseeable operating conditions, for example breakdowns.

5.4 Specification for the Risk Assessment

The following sets out the specification for all risk assessments and risk assessment reviews that are undertaken on council buildings or water systems.

5.4.1 The risk assessment is to be carried out by a fully trained surveyor who has been trained in accordance with the City and Guilds accredited course BS4 or equivalent, Legionellosis: Hazard Identification and Risk Assessment of Water Systems within Buildings or equivalent. Copies of the surveyors training records will be required to be submitted to the Authorized Officer before any work commences.

5.4.2 The risk assessment is required to be carried out in accordance with the section identification and assessment of the risk, detailed within part 1: The Approved Cope of Practice within HSE document Approved Coe of practice and Guidance, L8 “Legionnaires Disease” The Control of Legionella Bacteria in Water Systems.

5.4.3 The Risk assessment is to be supplied in 1 no. hand bound copy and 1 No. PDF copy on a secure web page. The risk assessment is to be provided in the following section for the ease of identification and contain the information as listed as a minimum in a logical format enabling ease of use to the end user.

The Risk Assessment documentation should conform to the requirements outlined in ACoP L8 and BS 8580. Refer to Appendix F for further information.

Operational Policy and Procedures

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1.0 Introduction

The following policy and procedures set out the specific operational requirements for hot and cold water and other risk systems and associated plant within the Tamworth Borough Council estate. These operational procedures are designed to mitigate the risk of the potential proliferation of legionella bacteria in water and other associated systems by reducing the risk, so far as is reasonably possible. These operational procedures set out the basis for the written scheme for the control of legionella bacteria. In all cases reference should be made to the specific site Risk Assessment and the recommendations for the control scheme and the water systems contained within.

2.0 Domestic Cold Water Systems:

2.1 Non-Mains Water Supplies

Natural water sources such as borehole supplies may be contaminated with legionellae. Sampling for Legionella testing shall be undertaken where such supplies are used.

2.2 Cold Water Cisterns and Cold Feed Tanks

All new domestic cold water storage cisterns and tanks shall comply with the requirements of the Water Byelaws 2000 for cold water storage [heating system header tanks - F&E are excluded]. The organisation is subject to a risk assessment programme as required by the HSE L8 ACoP. The findings of the risk assessments include prioritised recommendations. The actions necessary to bring existing tanks to the standards required by the Water Byelaws, and timescales appropriate are tabled in the legionellosis risk minimisation scheme, and are reviewed as part of legionellosis risk re-assessment.

All cold water storage tanks with a water storage capacity of greater than 1000 litres containing potable water are to be examined and the temperature tested on a regular six monthly cycles and cleaned on an annual basis as required.

All other domestic cold water storage tanks are to be examined on an annual basis [where possible to coincide with the annual legionellosis risk re-assessment exercise], and cleaned and disinfected as detailed in the Tank Cleaning Procedure as required.

2.3 Connections to Outside Services

The existence of these connections and their necessity is checked on an annual basis.

2.4 Pressurisation / Supply Pumps

Where two or more pumps have been fitted for pressurisation systems, the lead pump shall be changed over at least weekly in order to avoid water stagnation.

Dates and times of the manual pump change-over shall be recorded in the plant room log book. Print-outs of regimes for automatic systems will be adequate.

Where pumps have not been in service for a period of four weeks or greater, or have been removed for any reason, the pump and associated pipe work shall be thoroughly washed out and disinfected before being brought back into service. Disinfection of pumps shall be to 50ppm free residual chlorine for 1 hour and pumps shall be totally submerged during this period. An incident report record sheet shall be completed giving details of why the pump was out of use.

3.0 Domestic Hot Water Systems

3.1 Calorifiers and hot water cylinders are all a means of producing domestic hot water and are subject to the procedures below. Hereinafter the term "calorifier[s]" is used to describe any domestic hot water storage vessels.

3.2 Hot Water Storage and Distribution Temperatures

The storage of domestic hot water should be arranged to ensure that a water outflow temperature of at least 60°C is achieved. It is important to maintain temperatures at above this figure [Legionellae organisms will survive for only a short period of time above this temperature - approximately two [2] minutes].

Permanent continuous monitoring of water temperatures via a building management system or data logger is recommended for higher risk premises in order to demonstrate performance.

The outflow water temperature, under prolonged maximum continuous demand [at least 20 minutes] from calorifiers should not be less than 60°C.

While it is accepted that occasionally under peak instantaneous or prolonged demand that the water outflow temperature will fall, it is not acceptable if this occurs frequently [more than twice in any 24 hour period] and / or for long periods [exceeding 20 minutes].

Under no circumstances shall the domestic hot water flow temperature fall below 50°C.

It is recommended that disinfection by pasteurisation is undertaken if the water temperature of the calorifier falls below 45°C.

A minimum domestic hot water circulation temperature of 50°C shall be maintained.

3.3 Calorifier Operation

Calorifiers in high risk premises are to be run 24 hours per day, 7 days per week, and the domestic hot water circulation pump kept running. Should it be necessary for interrupted operation or shut-down, then the calorifier should be allowed to maintain its water storage temperature and the domestic hot water pump should be started up to ensure full temperature through-out the distribution system for at least one hour prior to occupation of the premises.

3.4 DHW Circulation Pumps

Domestic hot water circulation pumps should perform in such a way to ensure a minimum water circulation temperature of 50°C.

Only one domestic hot water distribution pump should be installed near the calorifier, and a spare pump kept for immediate replacement in the event of pump failure.

In circumstances where it is impracticable to remove pumps, the pumps shall be switched daily to ensure that all pumps are regularly brought into service, thus avoiding stagnation. It may be more effective to utilise an auto-changeover system.

Shut down of the pumped circulation system should be avoided. To do so will result in a loss of the required distribution temperatures.

4.0 Other Risk Systems

Monitoring requirements for other risk systems should be based on the attached table [which is based on a similar table in the Technical Guidance HSG 274 Part 3 - The control of Legionella bacteria in other risk systems]

See Appendix E.

4.1 Water Conditioning

The hot water treatment method used by the Council is that of full temperature control. Should an alternative water treatment regime be sought the onus shall be on the organisation to establish the efficacy of the system in its control of Legionella for each site, this shall be in the form of a trial to establish:

- A control level;
- The ability to achieve that control level, and;
- The assurance that the control level will be maintained.

Regular Legionella sampling will be required if biocidal treatments are used as an alternative to temperature.

4.2 Cleaning and Disinfection

Water systems will be cleaned and disinfected under the following circumstances as part of a planned maintenance program or reactive works:-

System/ Service	Circumstance Requiring Cleaning and Disinfection	Frequency
Domestic cold water tank	New installations.	As required
	Empty tank re-commissioning.	As required
	Tank temperature exceeds 20°C.	As required
	Tank contains moderate sediment, i.e. a complete covering of the tank base.	As required
	Tank contains moderate corrosion.	As required
	Contamination of tank by vermin or vermin faeces.	As required
	Gross organic contamination e.g. large number of dead insects.	As required
	Regular programme for high risk category.	Annually
	Regular programme for significant risk category.	2 yearly
	Regular programme for moderate/low risk systems [excluding small tenanted residential properties].	5 yearly
	controls-assurance.co.uk advice - interpretation of microbiological results – drinking water tanks	As required
Domestic cold water distribution system	New installations and small modification/ additions.	As required
	Contamination of tank by vermin or vermin faeces.	As required
	Gross organic contamination e.g. large number of dead insects.	As required
	Controls-assurance.co.uk advice - interpretation of microbiological results.	As required
Domestic hot water calorifer	New installations and modifications / additions.	As required
	Calorifier falls below 45°C.	As required
	Empty calorifier recommissioning.	As required
	Contamination of header tank by vermin or vermin faeces.	As required
	Regular programme [excluding small tenanted residential properties], where access panels are fitted.	Annually
	Consultant advice - interpretation of microbiological results.	As required
Domestic hot water distribution system	New installations and modifications / additions.	As required
	Contamination of header tank by vermin or vermin faeces.	As required
	Controls-assurance.co.uk advice - interpretation of microbiological results.	As required

6.0 MANAGEMENT REVIEW

6.1 Review

Quarterly management review meetings shall be held in order to assess the progress with respect to management issues and the Legionella Management Plan/ Risk Minimisation Scheme.

These meetings will also assess progress against the action plan in order to identify any problems with the implementation of specific remedial measures.

6.2 Sampling and monitoring

The table below summarises the temperature sampling and monitoring frequencies which are to be applied as part of the control scheme were applicable and in accordance with HSE HGS 274 Part 2.

Frequency	Check	Standard to Meet		Notes
		Cold Water	Hot Water	
Weekly	Little used outlets	Flush through and purge to drain, or purge to drain immediately before use, without release of aerosols		
Monthly	Sentinel taps (nearest, furthest and intermediate points from the feed tank or calorifier	Water temperature should be below 20ºC after running the water for u p to two minutes	Water temperature should be at least 50ºC within a minute of running the water	This check makes sure that the supply and return temperatures on each loop are unchanged
Monthly	If fitted, input to TMVs on a rotational basis		Water temperature should be at least 50ºC within a minute of running the water	One way of measuring this is to use a surface temperature probe.
Monthly	Water leaving and returning to calorifier		Outgoing water should be at least 60ºC, return at least 50ºC.	If fitted, the thermometer pocket at the top of the calorifier and return leg are useful points for measurement. A building management system could be used to carry out measurements and logging
Quarterly	Dismantle, clean and descale shower heads.			
Quarterly	Cold Water Storage Tanks	Carry out temperature checks		Check temp at inlet valve and general cleanliness of tanks.
Six monthly	Incoming cold water inlet (at least once in the winter and once in the summer)	The water should preferably be 20ºC at all times		The most convenient place to measure is usually at the ball valve outlet to the cold water storage tanks.

Appendices

Frequency	Check	Standard to Meet		Notes
		Cold Water	Hot Water	
Six Monthly	Bacterial Water Sample Analysis from cold water storage tanks designed to supply a potable water service	Bacterial readings are to comply with the Drinking Water Inspectorate		All samples taken MUST be analysed within a UKAS accredited laboratory.
Annually	Site specific compliance audit.			Carry out full inspection of the water system/records and report on any changes or defects. Update schematics if required
Annually	Cold water storage tanks			Visual inspection
Annually	Representative number of taps on a rotational basis	Water temperature should be below 20ºC after running the water for up to two minutes	Water temperature should be at least 50ºC within a minute of running the water	This check ensures the whole system is reaching satisfactory temp for Legionella control
Annually	Calorifier flush and sample		Hot water sample. Ensure correct temperatures	
2 yearly	Risk Assessments			Review and update accordingly, including areas of remedial/maintenance works required

6.2.1 Water Temperature Checks

Temperature checks on the calorifier and distribution system should be carried out as detailed below on a monthly, six monthly and annual basis. In the event of a non-compliance, the Responsible Person [*Legionella*] shall be informed immediately. Use of a digital thermometer with a touch and immersion probe is recommended.

Although the HSE recommends spot temperature checks, continuous monitoring will be necessary in certain circumstances, dependent on the risk assessment findings.

Cold water storage tank temperatures should be checked during periods of high ambient temperatures [e.g. afternoons between June and August], water temperatures should be no greater than 20°C. At the same time, the furthest and nearest draw off points in the system should be checked to ensure that the water distribution temperatures no greater than 20°C within 1 minute of running the water [at full flow]. A similar temperature check regime should be undertaken during the winter months to identify the performance of cold water distribution systems and the impact of heat gain from heating systems.

6.2.2 Hot and cold water distribution temperatures from sentinel taps:

For domestic hot water services, these are the first and last taps on a re-circulating system. For cold water systems or non-recirculating hot water systems this is the nearest and furthest taps from the storage tank.

For cold water outlets, the temperature should be no greater than **20°C** after two minutes of running the water. For hot water outlets, the temperature should reach **50°C** within one minute of running the water.

6.2.3 Calorifier flow and return temperatures:

Outgoing water from the calorifier should be at least **60°C**, and water returning to the calorifier should be at least **50°C**. These temperatures can be taken from adequately calibrated temperature gauges fitted to the vessel and return pipe work. If temperature gauges are not fitted, then suitable surface temperature probes may be used.

6.2.4 Input temperature to thermostatic mixer valves:

Where fitted, the input temperatures to thermostatic mixer valves should be at least **50°C** within a minute of running the water. Outlets with TMV's should be monitored on a sentinel basis as detailed above.

6.2.5 Incoming mains cold water:

Where there is a cold water storage tank, this should be measured at the ball valve outlet. The water should preferably be no greater than **20°C**. However, during a prolonged hot summer the incoming water may rise above this temperature. Under the Water Supply [Water Quality] Regulations, water utilities are permitted to supply water to premises at temperatures up to **25°C**. If incoming water temperatures are above **20°C**, the water undertaker should be advised to see if the cause of the high temperature can be found and removed.

Monitoring should ideally be carried out so that one check takes place in the summer months and the other in the winter months.

6.2.6 Representative number of taps on a rotational basis:

In order to ensure that the whole system is reaching satisfactory temperatures for Legionella control, the outlet temperatures should be taken from a representative number of outlets other then sentinel taps.

For cold water outlets, the temperature should be no greater than 20°C within two minutes of running the water. For hot water outlets, the temperature should reach 50°C within one minute of running the water.

Where water temperatures fail to satisfy the criteria described, the Responsible Person [*Legionella*] shall be informed, and a full investigation must follow.

6.2.7 General Microbiological/Legionella Sampling in Hot/Cold Water Systems

Circumstances under Which Samples are taken

Samples for general microbiological testing i.e. total aerobic bacterial counts at 22°C and 37°C, coli forms and E.Coli are taken:-

- One week following handover of a new building or water system;
- As part of the routine monitoring of drinking water tanks;
- In response to taste or odour or sustained discoloured water complaints.

When such samples are taken, a mains supply sample should be taken as a control, to verify whether the supply could be the source of any identified problems. The water supplier is also contacted for distribution zone water quality data, for the same reason.

6.2.8 Samples for Legionella testing are taken

- Monthly from hot water systems treated with biocides where storage and distribution temperatures are reduced from those recommended in the HSE's ACOP/Guidance Document L8. At the time of preparation of these procedures, there is only one such system within the organisation;
- Weekly from hot water systems where control levels of the treatment regime, i.e. temperature in this case, are not consistently achieved – these samples should be taken until the system is brought back under control;
- When an outbreak is suspected or has been identified;
- Regularly where a department specialises in services for "high vulnerability" healthcare patients.

6.2.9 Action Levels for Legionella in Hot and Cold Water Systems

Legionella Bacteria [cfu/litre]	Action Required
More than 100 but less than 1000	Either: If only one or two samples are positive, system should be re-sampled. If a similar count is found again, a review of the control measures and risk assessment should be carried out to identify any remedial actions. If the majority of samples are positive, the system may be colonised, albeit at a low level, with Legionella. Disinfection of the system should be considered but an immediate review of control measures and risk assessment should be carried out to identify any other remedial action required.
More than 1000	The system should be re-sampled and an immediate review of the control measures and risk assessment carried out to identify any remedial actions including possible disinfection of the system.

6.2.10 Laboratory competence

Samples for Legionella shall be tested by a UKAS accredited laboratory that takes part in the PHLS Water Microbiology External Quality Assessment Scheme for the isolation of Legionella from water.

7.0 Records

7.1 Retention Period

The following types of records are kept.

Record	Retention Period
This policy and procedures document	Throughout the period for which they remain current and for at least two further years.
Risk assessments	
Risk minimisation scheme and details of its implementation	
Monitoring, inspection, test and check results, including details of the state of operation of the system	At least five years

7.2 Record Keeping

Monthly monitoring records are stored on the electronic web based log book system ZetaSafe. Via the use of a PDA GES Water Hygiene Technicians are responsible for populating the electronic database with temperature results and inspections during monthly monitoring site visits.
Non-conformances identified during the monitoring visit are categorised as High (Priority 1), Medium (Priority 2) or Low (Priority 3) as Per ES 040 Guidelines Non Conformance Reporting ACoP L8 Monitoring- Appendix.
Any Priority 1 high risk non conformances are emailed at the time of the site visit directly to the ABC Facilities Team and to the GES Helpdesk.
It is the responsibility of the GES Contracts Supervisor to follow up all Priority 1 non-conformances with a phone call to the ABC Facilities Team to ensure they are aware of the situation and offer remedial advice. It is the responsibility of the Facilities Team to routinely log onto the zetasafe database (every two weeks) and address all non-conformances. It is the responsibility of the Contracts Supervisor to routinely log onto the zetasafe database and review the performance of the management of the database and identify any areas/asset where there are consistent non conformances. This is communicated back to the ABC Facilities Team.

8.0 Schematics

8.1 Water system schematics are produced for all hot and cold water systems, with the exception of point of use water heaters and small tenanted domestic premises served by individual single-pipe water systems. The schematics show the storage systems in plant rooms and tank rooms. Distribution schematics show sentinel outlets on block plans [where available].

8.2 For each water system that presents a risk from Legionella bacteria, a schematic or drawing shall be held, showing:-

- Origin of water supply;
- General layout of the system;
- How the system operates;
- All associated storage and header tanks;
- All standby equipment;
- Any parts of the system that may be out of use temporarily;
- Any problem areas such as dead legs;
- Regular operation and test points e.g. sentinel outlets and major plant

These schematics/drawings may also show:-

- All system plant, e.g. water softeners, filters, strainers, pumps, non-return valves and all outlets, for example showers, wash hand basins etc;
- All associated pipe work and piping routes.

8.3 Drawings/schematics shall be checked to coincide with risk re-assessment, to ensure that they are up to date.

The degree of complexity of schematics will be as follows:-

Risk	**Drawing/Schematic Type**
High	As-fitted drawing, water storage system schematic and simple distribution schematic
Significant	Water storage system schematic and simple distribution schematic
Moderate	Water storage system schematic
Low	None

9.0 TECHNICAL PROCEDURES

Cleaning of CWSTs

Members of staff either of the organisation, or contract staff shall not be permitted to enter any water storage system [i.e. tank, calorifier, AHU] if they are suffering or have recently suffered from any gastric or other communicable illness, or a condition which may result in their increased susceptibility to legionellosis. It is the responsibility of the individual to inform their supervisor immediately if applicable.

All tanks are classified as potable water tanks.

The Responsible Person/ Building Manager shall notify all users of the proposed line of action, and of any disruption or modification to service. The Building Manager being the individual responsible for the management of the task in question.

All equipment and tools to be employed during the cleaning and disinfection process must be dedicated only to this task - this will include hire equipment. All equipment should be disinfected in a high concentration of chlorine solution prior to commencement of the process.

Refer to Appendix H.1 for the procedure of tank clean and disinfection.

Cold Water Tanks with Water Temperature Greater Than 20°C

This procedure is to be implemented when cold water tanks [domestic hot water header tanks or cold down service tanks] are found to contain water with a temperature of greater than 20°C. This may sometimes be suggested initially, when water at greater than 20°C is supplied by cold water outlets, which normally supply water at a temperature of no greater than 20°C. The temperature of the relevant storage tank should be taken, and the following procedure followed if necessary.

Examples of failures which may be responsible for tepid cold water [greater than 20°C]:

- High ambient temperature and heat gain - may be accentuated by poor ventilation, glass windows above tanks, lack of or poor insulation.
- Mixing valve failure causing back feeding - non return valves are recommended.
- Domestic hot water system venting over the tank.
- Failure of the primary heating coil.

Refer to Appendix H.2 for procedure for dealing with CWST with temperatures greater than 20°C.

Calorifier Flushing

Each calorifier should be flushed quarterly through its drain valve by opening the drain valve three [3] times, each time for a three [3] minute period. The hose from the drain valve is to discharge to a container filled with clean water as described in the section dealing with the safe discharge of stagnant water.

Calorifier flushing should be carried out after temperature checks on the calorifier and system have been completed. The calorifier maintenance record form should be completed.

Refer to Appendix H.3 for procedure for calorifier maintenance.

Stratification Checks

Domestic hot water storage vessels should be subject to water temperature stratification checks on a bi-annual basis [i.e. every two years] for each calorifier. These checks should extend over a period of seven [7] days. Checks should also be made where de-stratification pumps have been fitted to establish that such a pump will ensure that the water temperature at the base of the vessel achieves 50^{o}C.

The sophistication of the temperature checking process depends on the water system legionellosis risk:-

Water system	**Type of temperature check**
High	BMS
Significant	Portable logger
Moderate	Spot checks
Low	None

Calorifier temperature stratification checks are not undertaken in small tenanted domestic properties with individual single pipe water systems.

Showers

Showers which are rarely used should preferably be removed, or run at least weekly for a 3 [three] minute period.

A memo is to be issued to all Building Managers indicating this requirement, and requesting notification of showers for removal. Label all showers "**THIS SHOWER MUST BE RUN WEEKLY**". A memo should be issued to all users / managers with showers indicating their responsibility to ensure that showers are run on a weekly basis.

Shower heads are cleaned and de-scaled where necessary, on a quarterly basis.

Domestic Hot Water Temperature Less Than 45°C

This procedure must be employed following a reduction of domestic hot water temperature to below 45°C for any reason.

Such temperature reductions can result from system failures such as:

- Primary heat source failure;
- Calorifier water temperature controls failure;
- Domestic hot water distribution pump failure;
- System shut down for modification or repairs.

Refer to Appendix H.4 for procedure for dealing with DHW temperatures less than 45°C.

Cleaning Water Systems within Buildings

Installations within buildings

All visible debris and scale shall be removed from the cistern. The cistern and distribution pipe work shall be filled with clean water and then drained until empty of all water. The cistern shall then be filled with water again and the supply closed. A measured quantity of Sodium Hypochlorite solution of known strength shall be added to the water in the tank in order to give a free residual chlorine concentration of 50mg/l [ppm] in the water. The cistern shall be left to stand for one [1] hour. After this time period, each draw-off point shall be successively opened working progressively away from the cistern. Each tap and draw-off point shall be closed when the water discharge begins to smell of chlorine. The cistern shall not be allowed to become empty during this exercise. If necessary it shall be refilled and chlorinated as above. The cistern and pipes shall remain charged with chlorinated water for a further one [1] hour.

On completion of this period, the tap furthest from the tank shall be opened and the level of free residual chlorine in the water discharged from this tap shall be measured. If the concentration of free residual chlorine is less than 30 mg/l [30ppm] the disinfection process shall be repeated.

The tank and pipe work shall remain charged with chlorinated water for one [1] hour [for existing installations], sixteen [16] hours [for new installations]. Systems fed directly off the mains water supply shall have a chemical injection point fitted by others, and then thoroughly flushed out with clean water until the free residual chlorine concentrations measured at the taps are no greater than that present in the supplier's mains water.

On completion of the cleaning exercise, a certificate of cleaning and chlorination shall be issued stating that the system has been cleaned and chlorinated in accordance.

Safe Purging Of Stagnant Water

Stagnant water may potentially contain large numbers of legionellae. In order to avoid the risk of legionellosis, precautions are taken to avoid the creation of aerosols and to avoid the exposure of people to any unavoidable aerosols.

The specific precautions may vary according to the particular circumstances, but typically include:-

- Running a hose from the outlet into a container of clean water;
- Running hoses directly into a drain cover;
- Running fire hoses at a distance from occupied buildings;
- Closing windows and air conditioning intakes where aerosols are created outdoors;
- Wearing respiratory protective equipment [remember this does not protect nearby members of the public and others who are not wearing masks].

Care should be taken to avoid the possibility of back siphon age into mains water supplies.

Flushing of Infrequently Used Outlets

In order to avoid the risk of stagnation of water in outlets that are not used regularly it is recommended that such outlets are flushed on a weekly basis and that this action is documented in a site specific log book.

Flushing should be performed in line with the following procedure:-

- Identify any outlets that may be infrequently used
- Flush through each tap at the outlet for at least 3 minutes
- Record the flushing in a site specific log book

Any outlets that may have remained unused for a significant period of time should be purged

10.0 Management of Infrequently Used Buildings:

This procedure describes how the Council controls and manages the risks associated with the proliferation of and exposure to legionella bacteria in buildings that are classified as infrequently occupied,

- Part closed or unoccupied,
- Under temporary closure
- Under indefinite closure
- Residential or leased buildings
- New or refurbished buildings

10.1 Definition:

An infrequently occupied building can be defined as one were the water systems contained within that building are not used or maintained to a frequency where the minimum operating control measures as set out in HSE ACoP L8 are not met on at least 5 out of 7 days per week.

A full risk assessment should be carried out on all buildings on a minimum of a two yearly cycle, in accordance with the councils Risk Assessment Policy and Procedures Manual to determine whether or not a building should be classified as infrequently occupied.

This procedure may typically, but not exclusively apply to the following buildings within the council's estate

- Pavilions
- Community Centres
- Halls

10.2.1 Responsibility

It is the responsibility of the nominated Responsible Person for each building to co-ordinate, monitor and measurement activity. It is also the responsibility of all individuals to undertake the works they are involved in accordance with these procedures, control documents, relevant legislation, guidance documents and recognized best industry practice. This will include all,

- Contractors
- Council Staff
- Visitors

10.3 Occupation of New Premises

Procedure until Occupation

This procedure is designed to prevent the risk of legionellosis developing in a new building / department through the interim period following construction, commissioning and hand over to occupancy.

Design and Build Contracts - outbreaks of Legionnaires 'disease has been associated with 'design and build' type contracts. It is vital that Development and Factoring staff who projects manage such projects ensure that immediately before occupation that cleaning and disinfection of water systems is undertaken.

Once the system is in use and has been cleaned and chlorinated prior to hand over, a Responsible Person shall be nominated to monitor and observe the system, and ensure that the system is operated in accordance with the Organisation's 'Procedure for Temporary Closure' and the relevant record sheets completed.

At the point of hand over all relevant information on system performance together with as-fitted drawings and design criteria of the domestic hot water systems and cold water services shall be submitted to the relevant Officer who will be responsible for the premises.

Occupancy of the new property should be as soon after hand over as possible to prevent further costs being incurred due to the need for re-chlorination of the water systems

10.4 Residential Accommodation/ Leased and Buildings

This sub-section applies to domestic properties served by individual water systems. Where domestic properties share a common water system, the procedures for the larger premises apply.

By contract, Tamworth Borough Council has a responsibility to risk assess and ensure the safety of the water from the incoming mains and other communal supplies up to where the water enters the part of the building the tenant occupies; however, the tenants have the responsibility to do the same from the point at which it enters their premises. All tenants will be informed of the potential risk of exposure to legionella and its consequences and advised accordingly. Simple control measures can help manage the risk of exposure to legionella and should be maintained, such as:

- Tenants to regularly clean and disinfect showerheads.
- Tenants to inform the association if the hot water is not heating properly or if there are any other problems with the system, so that appropriate action can be taken.
- Tenants to use all hot and cold water systems at least weekly.
- Tenants to arrange a suitable flushing regime (or other measures, such as draining the system) if their dwelling is to remain vacant for long periods.

10.4.1 Hot water control parameters

By contract, Tamworth Borough Council has a mandatory requirement to perform vital gas safety checks or routine maintenance visits. At the time of the annual CP12 inspection, the engineer will perform a physical thermostat inspection to ensure that the hot water storage vessel is operating as per the legal requirement.

10.4.2 Cold water control parameters

By contract, Tamworth Borough Council has a mandatory requirement to perform vital gas safety checks or routine maintenance visits. At the time of the annual CP12 inspection, the engineer will test the cold water temperature (mains water & tank water). Using a calibrated thermometer, and a suitable penetration probe, the engineer will allow the cold water to run for two continuous minutes before recording and logging a final temperature.

10.4.3 Vacant premises

Hot and cold-water services within unoccupied properties will be flushed on a weekly basis until such times as the property becomes occupied. Flushing records will be held in a central location.

Maintenance Actions/Checks Prior to Occupation by a New Tenant

Whenever the expected time delay between vacation of accommodation by one tenant and occupation by the next is greater than one week, the following actions should be taken.

The accommodation unit is visited by a member of Facilities Management Department, within one week prior to occupation. The following actions are taken, in the order stated:-

- The hot water system is switched on;
- All WCs are flushed twice [on full flush where dual flush type];
- The cold water storage tank, where present, is checked for gross contamination e.g. microbiological growth, the presence of organic debris or live organisms such as insects – in the event of discovering such contamination the Facilities Management Department is informed to arrange tank cleaning and disinfection. The remaining actions below are not undertaken until the cleaning and disinfection of the tank is complete;
- Each hot and each cold water outlet is run for three minutes, creating as little aerosol as possible;
- The shower head is removed and the shower hose run underwater for three minutes;
- The hot water system is left switched on;
- Any defects are reported to the Facilities Management Department and wherever possible, rectified prior to tenant occupation.

These actions apply to accommodation served by either a conventional hot water system or a combination boiler.

10.5 Provision of Information for New Tenants

The organization can influence but not control the actions of its domestic tenants. It exerts its influence by the provision of the following guidance as part of the general information pack provided to new tenants.

"The water systems in this accommodation have been prepared by the Facilities Management Department in such a way as to protect water hygiene. You can protect your own health and safety by:-

- Ensuring that all outlets are used regularly [preferably once per week] or run for a couple of minutes per week to keep the water fresh;

- Reporting any water system defects, such as hot water temperature failure or dirty drinking water, to the Council as soon as possible".

10.6 Procedure in the Event of Closure of Part or All of a Building

Background

Where part or all of a building is going to close for a period of greater than one week, the relevant manager must notify the Responsible Person [*Legionella*] of the details.

Following a closure decision, negotiations between the relevant manager and the Responsible Person [*Legionella*] must take place to ensure that the following procedure is established and documented, and to clearly define what actions named individuals shall perform.

Period of Closure

The period of closure should be established at the earliest point in negotiations. The period for which an area is closed can play an important part on the cost implication and involvement of a closure.

10.7 Temporary Closure

Where a closure is expected to not exceed 60 days a nominated individual shall be identified to run every tap for 3 minutes and flush every toilet weekly. The nominated individual should then complete the record sheet, signed by themselves and their relevant manager, the completed form being forwarded to the Responsible Person [*Legionella*].

Before the closed area is re-occupied the Facilities Management Department shall carry out an inspection and test of the water systems and report its condition to the Responsible Person [*Legionella*] for any remedial works that may be required.

It is the responsibility of the relevant manager to notify the Facilities Management Department of their intention to re-open a temporarily closed area.

10.8 Indefinite Closure

In the instance that part or all of a building is to close with no planned re-opening date, or where the closure period exceeds 60 days, negotiations must be held as detailed in the "background" subsection above, and funding made available to the Facilities Management Department by the manager of the department that is closing, in order to disconnect and drain the water services within the affected area. The relevant manager should be aware that considerable cost for modifications could be needed to achieve this requirement in some large properties.

10.9 Detail of Works for an Indefinite Closure

Where relevant - all water tanks associated with the affected area shall be drained, cleaned and dried out.

All pipe work and devices shall be drained and where applicable domestic hot water calorifiers [or other storage vessels] shall be opened up, cleaned and left open to the atmosphere.

Pipe work shall be disconnected from the mains services and capped off, mains cold water services shall be isolated and capped off from the system and all relevant pipe work drained.

Notices shall be posted throughout the affected area stating that all water services are disconnected.

The Facilities Management Department shall be responsible to ensure that an adequate water seal exists in unused toilets to prevent odours from the foul drain system entering the premises.

Adequate records of actions, and amended water service schematic diagrams shall be produced by the Facilities Management Department showing the relevant modifications and disconnections made to the water systems. The Indefinite Closure Form shall be used for record keeping purposes.

10.10 Re-occupation of an Indefinitely Closed Area

In the event of re-occupation of an indefinitely closed area, full negotiations must take place between the relevant manager and the Facilities Management Department prior to the re-occupation exercise.

The Facilities Management Department will require the following information: -

- The planned re-opening date;
- Any proposed changes of use of the area;
- Any areas which will not be used.

Before the water system is put back into service, any necessary modifications and maintenance shall be carried out prior to the cleaning and disinfection of the system.

Appendices

Duties of Water Treatment Contractor

The Contractor

The contractor is responsible for all aspects of the Legionella monitoring and management regime as outlined in ACOP L8, excluding:-

- Weekly Flushing of outlets

The Contractor will, on receipt of an order from the client (Tamworth Borough Council) undertake remedial works identified in the Legionella risk assessments and through regular monitoring works.

The contractor will also provide on site log books as well as an electronic log book in the form of zetasafe, www.zetasafe.co.uk. Responsibilities for the online log are outlined below.
During the contract mobilization stage, the contractor will set up and populate the electronic logbook system, while running a paper reporting system in tandem, until such time as the Zeta Safe system is rolled out to all council departments. The contractor will be responsible for adjusting thermostatic control settings were applicable, to regulate the hot water systems on the councils estate.
The contractor must report all faults to the site responsible person as per their procedure GAMMP 09 Site Operations. All low/medium risk faults will be dealt with locally by the relevant site responsible person. The contractor must also compile a weekly summary report of all major/high risk faults observed to be submitted to the council Building Safety Team.

The Client (Tamworth Borough Council)

The client is responsible for the weekly flushing of infrequently used outlets as identified in the Legionella risk assessment. This must be documented in the site specific log book. The client is responsible for the provision and maintenance of the hard copy site log book.
The client is also responsible for the ordering of remedial works as identified and reported to the client through the Legionella risk assessment and through ongoing monitoring works, reported via the zetasafe on-line log book and the weekly action summary reports.

ZetaSafe

Responsibilities for the Client

The council will identify a person or series of persons who will be appointed as authorised users for the system. Each user will be assigned accessibility and editable rights dependant and relevant to their responsibilities under the Legionella Management Plan. The council will be ultimately responsible for the management and use of the test data stored on the database, this includes

- Appointing relevant authorised users
- Providing the contractor with one main point of contact, in the form of an email address, for the reporting of high risk or emergency situations
- The updating and ‘signing off’ of system ‘notes’
- Periodic or continual checking of the test data, non conformance ‘notes’ and recommendations stored
- Proactively using the information stored to assist in management and control of Legionella

Responsibilities of the Contractor

The contractor will be responsible for the provision and set up of the system. This includes all technical service management, maintenance and security issues associated with the system. The contractor is required to undertake periodic inspections and other works in accordance with the contract specification, relevant legislation and guidance documents. The contractor will be responsible for the reporting of test results and for providing adequate and relevant supporting recommendations for remedial action. The contractor will specifically be responsible for the following

1. Setting up and providing access to a web based and unique secure log in of all identified council users
2. Setting up specific access/ editable rights for those indentified council users dependant on and appropriate to their role in the Legionella Management Plan
3. Setting up of appropriate test suites and asset types on the system, relevant to those on the councils estate
4. Setting up and maintaining periodic inspection schedules for all sites and identified assets in line with HSE ACoP L8
5. Fixing and maintaining a unique asset identification numbers on all major plant/ assets in the form of a barcode sticker
6. Undertaking periodic inspection of buildings and assets as per the inspection schedule/control program set up as they fall due
7. Providing a facility/ procedure for the prompt and timely reporting of high risk occurrences to the appropriate council representative
8. Providing training in the use of the system for authorised council users
9. Providing adequate information regarding recommended remedial action associated with ‘notes’
10. Keeping the system operation up to date in line with industry good practice and any relevant changes in legislation of guidance
11. Providing the client with a monthly ‘outstanding Note/Non Conformance’ report

Appointments of Responsibility for Control of Legionella Bacteria

RESPONSIBLE PERSONS (CORPORATE)

Overall Responsibility:

Appointment: *Duty Holder*

Name: Andrew Barratt

Position: Chief Executive

Tel: 01827 709709
Mob:
Fax:
E-mail: andrew-barratt@tamworth.gov.uk

Signed:

Date:

Nominated Technical Responsibility:

Appointment: *Responsible Person*

Name: Mark Rosten

Position: Head of Programmes and Facilities

Tel: 01827 709 406
Mob: 07800677322
Fax:
E-mail: mark-rosten@tamworth.gov.uk

Signed:

Date:

Delegated Operational Responsibility and co-ordination of all council staff to ensure operational procedures are undertaken:

Name: Barry Curtis

Position: Compliance Manager

Tel: 01827 709385

Mob: 07528630011
Fax:
E-mail: barry-curtis@tamworth.gov.uk

Signed:

Date:

General Health and Safety advice:

Name: Steven Langston

Position: Health and Safety Manager
Tel: 01827 709224
Mob:
Fax:
E-mail: steven-langston@tamworth.gov.uk
Signed:

Date:

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The Control Scheme - for Domestic hot & cold water systems

Risk assessment has concluded that there is a reasonably foreseeable risk of exposure to legionella from hot and cold water systems within this property. The use of water systems, parts of water systems or systems of work that lead to exposure must be avoided so far as is reasonably practicable. Where this is not reasonably practicable, there should be a written scheme for controlling the risk from exposure that should be properly implemented and managed. The following table provides a checklist for hot and cold water systems with an indication of the frequency of inspection and monitoring required. This should form the basis of your site-specific Water Safety Plan (WSP).

The Control Scheme Corporate	
Asset	**Minimum Compliance Frequency**
Flush infrequently used outlets	**Weekly**
Rotate standby pumps	**Weekly**
Water Softener – Visually check salt levels	**Weekly**
Test sentinel & representative cold outlets for temperature compliance	**Monthly**
Non-circulating hot water system: Test sentinel & representative hot outlets for temperature compliance	**Monthly**
Circulating hot water system: Test return legs of the principal loops and subordinate loops rather than taps for temperature compliance	**Monthly**
Temperature measurements from feed surfaces supplying (TMV) / (TMT) at sentinel test points	**Monthly**
Test flow & return pipework for temperature compliance	**Monthly**
Arrange for Pressure Vessels (PV) to be purged	**Monthly – Six Monthly**
Arrange for Expansion Vessels (EV) to be purged	**Monthly – Six Monthly**
Dismantle, clean and disinfect (de-scaling as necessary) showerheads and hoses	**Quarterly**
Dismantle, clean and disinfect (de-scaling as necessary) miscellaneous spray fittings (e.g. spray taps, pot wash etc.)	**Quarterly**
Service and maintain filtration devices	**Six Monthly**
Service and maintain Inline strainers	**Six Monthly**
(POU) Filters: replace filters as recommended by the manufacturer	**According to manufacturer's guidelines**
Check tank water for temperature compliance	**Annually**
Visually inspect cold water storage tank and carry out remedial actions where necessary	**Annually**
Visually inspect integral cold water storage tanks associated with **Combination Water Heaters**	**Annually**
Visually check on internal surfaces of hot water storage vessels for scale and sludge	**Annually**
Purge hot water storage vessels in order to note condition of drain water	**Annually**
Dismantle, clean and disinfect (de-scaling as necessary) Thermostatic Mixing Valves (TMV)	**Annually or on a frequency**
Thermostatic Mixing Valves (TMV) tested for safety to maintain protection against scald risk	
Water Softener – Service and disinfect	**Annually, or according to manufacturer's guidelines**

The Control Scheme Corporate	
Asset	**Minimum Compliance Frequency**
Commission and test RPZ valves	**Annually**
Cold water storage tank remedial works sanctioned upon failed inspection report	**Defined by regular inspection**
Microbial sampling (when control parameters are breached)	**As Determined by Risk Assessment Or Management Reviews**

Legionella Detection Investigatory Team

To be appointed

Appendix E: Schedule of Monitoring Inspections for 'other' Risk Systems HSG 274 Other Risk Systems

Maintenance Checks for Other Water Systems

System/service	Task	Frequency
Ultrasonic humidifiers/ foggers and water misting systems	If the equipment is fitted with UV lights, check to ensure the effectiveness of the lamp (check to see if within working life) and clean filters	Six monthly or according to manufacturer's instructions
	Ensure automatic purge of residual water is functioning	As part of machinery shut down
	Clean and disinfect all wetted parts	As indicated by risk assessment
	Sampling for legionella	As indicated by risk assessment
Spray humidifiers	Clean and disinfect spray humidifiers and make-up tanks, including all wetted surfaces, descaling as necessary	Six monthly
	Confirm the operation of non-chemical water treatment (if present)	Weekly
Air washers, wet scrubbers, particle and trivial gas scrubbers	Clean and disinfect air washers, wet scrubbers, particle and trivial gas scrubbers and water storage tanks	As indicated by risk assessment
	Apply, monitor, and record the results of the water treatment	As indicated by risk assessment
Water softeners	Clean and disinfect resin and brine tank – check with the manufacturer what chemicals can be used to disinfect resin bed	As recommended by manufacturer
Emergency showers, eyebaths and face-wash fountains	Flush through and purge to drain ensuring three to five times the volume of water in the stagnant zone is drawn off	As indicated by risk assessment, but at least every six months
	Inspect water storage tanks (where fitted)	Monthly
	Clean and disinfect shower heads, nozzles, roses, 'Y' strainers, and water storage tanks (where fitted)	Quarterly, or more frequently, as indicated by the risk assessment
Sprinkler and hose reel systems	When witnessing tests of sprinkler blow-down and hose reels ensure that there is minimum risk of exposure to aerosols	As directed

System/service	Task	Frequency
Spa pools	Detailed HSE/PHE guidance on the management of spa pools is available in *HSG 282 The control of legionella and other infectious agents in spa-pool systems*	
Whirlpool baths	Clean, flush and disinfect air channels Remove, flush and clean jets	As indicated by risk assessment
Horticultural misting systems	Clean and disinfect distribution pipework, spray heads and make-up tanks including all wetted surfaces, descaling as necessary	Quarterly or as indicated by risk assessment
Dental equipment	Drain down, clean, flush and disinfect all system components, pipework and bottles	Twice daily (typically at the start and finish of each working day). Disinfectant contact time as recommended by the manufacturer
	Clean storage bottles, rinse with distilled or Reverse Osmosis (RO) water, drain, and leave inverted overnight	Daily
	Take microbiological measurements – refer to *Decontamination Health Technical Memorandum 01-05:*	As indicated by risk assessment
Vehicle wash systems	Check and clean filtration systems, collection tanks and interceptor tanks and check treatment system A biocide programme should be in place and should be monitored and controlled similar to the standards required in cooling towers	As indicated by risk assessment
	Sample for legionella	Initially to establish that control has been achieved and thereafter quarterly or as indicated by risk assessment

Appendix E

System/service	Task	Frequency
Fountains and water features	Clean and disinfect ponds, spray heads and make-up tanks including all wetted surfaces, descaling as necessary	As indicated by the risk assessment, and depending on condition
Industrial process water systems	Conduct a risk assessment of each system, preferably using an assessment team comprising members knowledgeable in legionella management and control, as well as those familiar with the design and operation of the system Devise a control scheme based on this risk assessment	Monitoring, inspection, and testing frequencies to be determined as indicated by the risk assessment

Appendix F: Risk Assessment

Specification for the Risk Assessment Report

Front Page

- Client Name and address
- Site Name and address
- Site Contact and telephone No
- Surveyors Name
- Date of Assessment
- Contractor Contact Details

An Executive Summary

- Category of risk
- Matters of evident concern
- Recommendations for actions

A Policy statement

The contractor is to provide a policy statement signed by a Director / Senior Manager containing important information about the risk assessment document.

Introduction to the risk assessment – For Example:-

- Legal requirements and implications
- Overview of other relevant regulations
- General guidance on the requirements of ACOP/L8 guidance for system contained within document
- Additional considerations, e.g. scalding risk, asbestos, access.
- Summary checklist of ACOP/L8 recommendations
- Any Other useful information

Site Information/ Building Information

- Property type and size
- Property description
- Details of buildings/rooms on site

System Information

- Quantity and location of cold water storage tanks
- Quantity and location of calorifiers/water heaters
- Quantity and location of other systems, e.g. spas, swimming pools, water features
- Site management system and control measures

The Risk Assessment

Key risks identified in the following categories:-

1. Cold water services
2. Hot water services
3. Other water services
4. Overall Building risk factor

Each of the items 1-4 listed above is to be risk rated into one of the following risk categories as follows

- No foreseeable risk
- Low
- Medium
- High
- Very High

The contractor is required to provide the following information for each cold water storage tank, calorifier, and water heater identified on site:

Assessment of Calorifier / Water Heaters.
Details should include the following:-

- Dimensions, capacity and construction
- Does the quantity of hot water stored meet normal operational demand without falling below 60°C?
- Heat Source
- Anti – stratification pump and timer
- System pumped/gravity
- Insulation type and condition
- Drain valve installed/operational
- Flow, return and base temp
- Corrosion
- Supplied from mains and cistern
- Supply pipe work material and size
- Flow pipe work material and size
- Return pipe work material and size
- Condition of supply, flow and return pipe work valves
- Type and condition of installation to supply, flow and return pipe work
- Labelling
- Power, lighting and access
- Any other significant details

Assessment of cold water storage tanks

- Dimensions and capacity
- Does the tank have less than 24 hrs usage?
- Material and construction
- Supply, stored and ambient temperature
- Insulation type, thickness and conditions
- Close fitting lid, ball valve hatch and air vent installed
- Cistern configuration e.g. single, linked, series, parallel
- Overflow pipe – size, material, screened
- Warning pipe – size, material, screened
- Internal tank condition
    - Sludge/slime
    - Corrosion

    - Stagnation
    - Contamination
    - Water flow
- Supply pipe – size and material
- Outlet pipe – size and material
- Type and condition of insulation to supply and outlet pipe work
- Type and condition of valves o supply and outlet pipe work
- Return pipes – quantity and size
- Power, lighting and access

Asset register

The contractor must include an asset register for every asset associated with the water system. Each asset must be given a unique asset no. The assets are to be included within two sections – plant assets and outlet assets and include the following

Plant asset register

- Asset No
- Description
- Location
- Comments
- Supply Temperature
- Stored temperature

Outlet Asset registers

- Asset no
- Location
- Description
- Type
- Quantity
- Supplied from
- Aerosol potential – yes/no
- Comments
- Temperatures – hot, cold, mixed
- Sentinel – yes/no

Actions / recommendations

The contractor must include a full list of recommendations for items required to be carried out to the cold water storage tanks, calorifiers, water heaters and associated system to meet the requirements of ACOP/L8 guidance. The recommendations must be recorded in asset no order and include the following information

- Asset no
- Recommendation
- Priority
- Section for signature and date on completion of remedial action

System Schematics

The Contractor must include a schematic drawing of each building on site showing the complete water systems. The schematic must show each room containing a water system asset and the supplies to the rooms. The drawing must include a legend and the water services within the building, colour coded to show:-

- Mains cold water
- Cold water down services
- Hot water flow
- Hot water return
- Plant with asset number
- Sentinel outlets identified

Appendix G - CS 040 Guidelines Non Conformance Reporting ACoP L8 Monitoring					
Asset Type	**Test**	**Control Limit**	**Result**	**Contributing Risk Factor**	**Priority Rating**
HWSV	Storage Temperature	>60 ◦C	<48◦C	*If switched ON and thermostat set*	1
			>48<55◦C		2
			>55<60◦C		3
	Return Temperature	>50 ◦C	>20 <50◦C		2
	Visual inspection of drain water	Clear within 5L of through flush	Fail	*If storage/return temperature >20 <48 ◦C*	1
	Visual inspection of internal surfaces	Accumulation of scale	Present		1
		Accumulation of sediment	Heavy		1
		Accumulation of sediment	Moderate		2
Storage WH	Outlet Temperature	>50 ◦C within 1 minute	>20 <50◦C		2
	Visual inspection of drain water/internal	Free from organic matter	Fail		2
Limited Storage WH	Outlet Temperature	>50 ◦C within 1 minute	>20 <50◦C		3
	Visual inspection of drain water/internal	Free from organic matter	Fail		3
Combi Boiler/PHE	Flow Temperature	>60 ◦C	>20 <48◦C		2
			>48<60◦C		3
Domestic CWST	Incoming Main Temperature	<20 ◦C	>25◦C		1
	Storage Temperature	<20 ◦C	>20◦C		1
	Visual Internal Inspection	Stagnation or bio films	Present		1
		Presence of corrosion	Heavy		1
		Presence of corrosion	Moderate		2
		Presence of corrosion	Light		3
		Sediment accumulation	Heavy		1
		Sediment accumulation	Moderate		3
	Visual Design/Condition Inspection	Compliant with Water Regulations	No		2
Potable CWST		Presence of corrosion	Yes		1
		Sediment accumulation	Yes		1
	Visual Design/Condition Inspection	Compliant with Water Regulations	No		1
Sentinel Cold Water Outlets	Temperature	<20 ◦C within 2 minutes	>20◦C		2
			>20◦C	*After flushing if still out of spec inspect CWST*	
Sentinel Hot Water Outlets	Temperature	>50 ◦C within 1 minute	>20<50		2
			>60◦C	*Scald risk if vulnerable adults/children present*	1
TMVs	Mixed Outlet Temperature	Not exceeding 43◦C	>50◦C		2
		Fail Safe Check	Fail	*Scald risk if vulnerable adults/children present*	1

Appendix H – Technical Procedures

Tank Cleaning Procedure – Appendix H.1

The Process Steps [Free Residual Chlorine]:

[a] Isolate and shut down the cold water storage tank and remove the cover or inspection hatch. The operator shall display warning labels in and around the plant room stating chlorination in progress;

[b] The tank shall be examined visually for signs of corrosion [if applicable], debris and biological growth. The water storage temperature and any such defects identified are recorded for reporting to the Facilities Management Department.

[c] Permission must be obtained from the relevant water authority before dumping the tank contents. The relevant water authority will need to be informed of the volume to be discharged, any further quantities of chlorinated water are to be dumped as a result of tank cleaning should be included. It may be necessary to neutralise the chlorine with sodium thiosulphate before dumping.

[d] Tank cleaning shall be performed using non-abrasive cleaning materials;

[e] Protective clothing, footwear, face goggles and masks are to be employed. These items must be specific to the task of cleaning and chlorination, and must not have been used for other activities;

[f] Where tanks are to be painted, only paints or coatings and materials that are recognised and approved by the WRC and detailed in "The Water Fittings and Materials Directory" shall be employed. The specification for any such product must be submitted to the Responsible Person or their nominated deputies for their approval prior to use;

[g] Details of all cleaning and painting materials shall be listed on the cold water tank inspection record sheet;

[h] On completion of the cleaning / painting exercise, and after the necessary paint maturing period [if required], the tank shall be thoroughly flushed and washed out with water, refilled to the tanks normal working level and dosed to a level of 50 ppm free residual chlorine. The tank shall be left to stand for a minimum period of one [1] hour. During this period the level of free chlorine shall be monitored and maintained at 50 ppm;

[i] On completion of the tank chlorination period, the tank contents shall be discharged as previously detailed in section [c]. The tank is then refilled to its normal operating level with fresh water. The free chlorine level in the tank water shall be monitored until it matches that of the incoming water supply;

[j] On completion of this exercise the tank shall be put back into service immediately.

[k] On completion of the tank cleaning or inspection exercise, it is recommended that details should be entered onto a tank cleaning record label to be posted on or adjacent to the tank. Such a label must be robust, and able to withstand contact with water;

[l] Details of findings, actions taken and test results are to be entered onto the Cold Water Storage Tank Maintenance Record Form. Chlorination certificates are to be obtained and held within the onsite hard copy logbook and on the web based electronic system.

Any defects shall be reported immediately to the responsible person or nominated deputies.

Once a system has been filled, the Council and / or their Contractors will not drain that system unless full disinfection is to be undertaken before the system is brought into use again. The only exception is in the case of an emergency and with the consent of the Responsible Person. However there should be a regular flushing programme if the system is not brought into service within one week. Records of such flushing should be kept.

Cold Water Tanks with Water Temperature Greater Than 20°C – Appendix H.2

[a] The person identifying, or receiving report of a tepid cold water occurrence must notify the Responsible Person [*Legionella*] as soon as the problem is identified, and an appropriate Facilities Management Department representative should be identified to be responsible for dealing with the occurrence;

[b] The individual shall verify the problem by taking the water temperature of the appropriate cold water storage tank. If the cold water storage temperature is greater than 20°C, the temperature of the incoming mains cold water should be taken;

If the incoming water is 19°C or greater, and the tank water is no greater than 2°C higher, no actions are necessary unless the incoming water exceeds 25°C [in which case the Responsible Person [*Legionella*] will contact Scottish Water];

If the water temperature in the tank is greater than 2°C higher than the incoming water supply, the following actions should be implemented [see [c] to [f]];

[c] The reason for failure must be identified and rectified as soon as possible;

[d] If the cause of the warm water is identified as heat gain to the tank, drain the tank contents and clean if necessary. A permanent solution, such as ventilation for the plant room or reducing the water storage volume must be implemented;

[e] If the reason for warm water is found to be due to ingress of hot water [i.e. from the DHW system or similar source], the Facilities Management representative department shall:

[i] Inform the users of the failed system that they must not draw off any cold water [and hot water if a single domestic hot water header] from the affected system until further notice;

[ii] Chlorine disinfection of the tank and distribution system shall be carried out in accordance with the tank cleaning/disinfection procedure;

[iii] The tank shall be brought back into service, as detailed in the tank cleaning/disinfection procedure;

[iv] The users shall be informed that the system is back in operation;

[f] The Facilities Management Department Representative shall complete an Incident Report Sheet.

Calorifier Maintenance – Appendix H.3

The cleaning procedure for calorifiers is as follows:

[a] The calorifier shall be taken off line by isolating the service valves;

[b] The calorifier shall be heated up until the contents have reached 70°C and held at this temperature for a period of at least one [1] hour;

[c] The calorifier is drained [with consideration of the Water Authority as before]. The inspection hatch is removed. The drain down time is recorded and a photo of the internal condition is to be taken and held with the record sheet;

The calorifier should be drained with the hose pipe outlet discharging below water level i.e.: into a container of clean water.

[d] The calorifier should then be hosed out to remove any debris, scale or other deposit. Care will be taken to ensure that aerosols are kept to a minimum;

If the calorifier does not have an inspection hatch, the pipe work at the top of the vessel should be disconnected to allow the insertion of a high pressure water hose to allow debris to be washed down off internal surfaces;

[e] The internal and external condition of the calorifier and pipe work should be examined; any defects should be reported immediately to the Supervisor. The safety valve should be checked, overhauled and re-set as necessary including temperature, altitude and pressure gauges to be checked;

[f] The calorifier can then be re-constructed, ensuring that only materials and compounds approved in the Water Fittings and Materials Directory are employed;

[g] On completion of calorifier assembly, the following sequence must be undertaken:

[i] Refill with cold water;

[ii] Drain the calorifier [advise should be sought from the local Water Authority prior to any discharge];

[iii] Refill with cold water, leave cold feed valve open;

[iv] Run calorifier at a temperature of 70°C for at least one [1] hour. Test the operation of a high limit cut out system if fitted. Check the temperature of the calorifier top and bottom with a touch thermometer;

[v] Allow the system to cool down to the operating temperature and put the system back on line immediately.

[vi] Adjust any controls as necessary;

[h] Undertake sterile bacteriological sampling for the parameters identified in the cold water tank cleaning procedure. Samples to be taken from the calorifier drainage tap [if possible], and nearest and furthest outlet.

[i] Complete calorifier maintenance record form.

Domestic Hot Water Temperature Less Than 45°C – Appendix H.4

[a] In the event of a reduction in domestic hot water temperature to less than 45°C, the Responsible Person [*Legionella*] or nominated deputies and the appropriate Facilities Management Department representative should be notified immediately. It may be wise to fit calorifiers with an alarm system. This will be relatively easy to achieve for vessels on a BMS system. The reason for failure must be identified and rectified as soon as possible;

[b] The Facilities Management Department representative shall notify the users on the failed system that they must not draw off any hot water from the affected services until further notice;

[c] The user shall ensure that their staff members are aware of the situation, and that in turn shall prevent patients from using affected services;

[d] Thermal disinfection shall be carried out by raising the domestic hot water temperature of the contents of the calorifier to 60°C, and then circulating this water throughout the affected distribution system for at least one [1] hour. Each tap or appliance should be run in sequence until full temperature is achieved [this should be measured]. To be effective the temperature in the calorifier should be high enough to ensure that all distribution outlets receive water at a temperature of greater than 60°C. Ensure the return flow to the calorifier is a minimum of 50°C;

Care must be taken not to exhaust the calorifier during this operation;

[g] The users shall be informed that the system is back in operation;

[h] Legionella samples are to be taken;

[i] The Facilities Management Department representative shall complete an Incident Report Record.

Management of Water Features Appendix H.5

Carry out the *minimum* following maintenance on the Water Feature; Ensure a log is kept of all activities;

Daily

Check water treatment – if not automatic or continual.

Check water clarity.

Check disinfectant levels in reservoirs.

Monthly

Bacteriological water sampling

Check Temperatures

Filter inspections and changes

Clean pumps

Quarterly

Undertake Legionella sampling (As a measure of best practice, undertake monthly legionella sampling)

Annually

Check written procedures are up to date

Operational Temperature Checks

If the stored water temperature within any supply water storage cistern is recorded at a temperature above 20°C it is recommended that to avoid bacteria proliferation within the cistern, that disinfection remedial action be undertaken as soon as possible.

Management of Sprinkler Systems – Appendix H.6

Carry out the *minimum* following maintenance on the Sprinkler System; Ensure a log is kept of all activities;

Recommendations for Control

Monthly

Undertake temperature testing on a monthly basis when the system is operational to ensure that temperatures of <20°C are maintained.

Quarterly

The sprinkler heads should be subject to regular inspections and cleaned as required.
Filters should be cleaned and disinfected.

Undertake Legionella sampling when system in use (As a measure of best practice, undertake monthly legionella sampling when system is in use)

As Required

Drain down the system when not in use (i.e. winter periods)

On re-commissioning the system after a period of low use, all operatives who may come into contact with water particles from the system must wear disposable particulate respirators with a minimum assigned protection factor of 3.

Ensure any automatic sprinkling operation is undertaken during the hours when the Golf Course is closed to the public.

Ensure that any hose-based manual watering from the system has been preceded within the previous week by an automatic sprinkling operation.

The pump and filters should be serviced in accordance with manufacturer's instructions.

Appendix I - Legionella Site Log Book

Site Visitor Log Sheet

DATE	NAME	ORGANISATION	COMMENTS	SIGNATURE

Procedure for flushing of Infrequently Used Outlets

Outlets and showers that are not frequently used can present conditions that favour the proliferation of legionella bacteria. Therefore it is important that **ALL** infrequently used outlets and showers are identified and flushed weekly.

TAPS

- Run both the hot and cold tap(s) for a period of five minutes. This should be carried out with minimal production of aerosol.
- If an outlet has not been used in more than seven days then this outlet should be purged to a drain.
- This action **MUST** be recorded on the '*infrequently used outlets'* log sheet.

SHOWERS

- Run both the hot and cold water supplies, or warm if on a single mixer tap, through the showerhead for five minutes.
- Remove the shower head. If this is not possible, then run the shower into a bucket of water or wrap a black bag (with a hole in the bottom) round the head fixture to avoid creating an aerosol.
- This action **MUST** be recorded on the '*infrequently used outlets'* log sheet.

Infrequently Used Outlets Log

Location	Signature	DATE

Asbestos Management Policy

Tamworth Borough Council

Part 1: Introduction

Part 2: Policy

Part 3: Organisation and Responsibilities

Part 4: Procedures

INTRODUCTION

Appendices:

1. Management Contacts
2. Enquiries
3. Identification of Asbestos Containing Materials
4. Asbestos Register
5. Risk Assessment of Asbestos Containing Materials
6. Management of Asbestos Containing Materials
7. Project Management Procedures for all building works – Including refurbishment, maintenance works, IT works etc
8. Specialist Contractors
9. Emergency Procedures
10. Information and Training
11. Action Plan
12. Review of the Asbestos Management Plan
13. Key regulatory documents
14. Asbestos History
15. Control of Asbestos Hazards
16. Information and Training
17. Asbestos Surveys
18. Labelling
19. Asbestos Removal Contracting
20. Uncovering of Suspected Asbestos Materials
21. Incidents
22. Emergency Procedures
23. Internal Audits
24. Asbestos Management Records
25. Asbestos Management Forms

INTRODUCTION

Tamworth Borough Council Asbestos Policy

The policy of the Council is to provide and maintain safe working conditions, equipment and systems of work for all staff, residents, visitors and contractors, and to provide such resources, information, training and supervision as required for this purpose.

The Council will provide resource and maintain appropriate management systems, systems of work and equipment to ensure that asbestos risks to all staff, residents, visitors and contractors are controlled. Suitable information, instruction, training and supervision will be provided to all those involved in the control of asbestos.

The council will adopt the principles of control set out in the Control of Asbestos Regulations 2012. The duty to manage asbestos is directed at those who manage non-domestic premises: the people with responsibility for protecting others who work in such premises, or use them in other ways, from the risks to ill health that exposure to asbestos causes. Regulation 4 of the Control of Asbestos Regulations 2012 ACOP L143 'Managing and working with asbestos' places a specific requirement on the duty holder to:

- take reasonable steps to find out if there are materials containing asbestos in non-domestic premises, and if so, its amount, where it is and what condition it is in
- presume materials contain asbestos unless there is strong evidence that they do not
- make, and keep up-to-date, a record of the location and condition of the asbestos-containing materials - or materials which are presumed to contain asbestos
- assess the risk of anyone being exposed to fibres from the materials identified
- prepare a plan that sets out in detail how the risks from these materials will be managed
- take the necessary steps to put the plan into action
- periodically review and monitor the plan and the arrangements to act on it so that the plan remains relevant and up-to-date
- provide information on the location and condition of the materials to anyone who is liable to work on or disturb them

There is also a requirement on others to co-operate as far as is necessary to allow the duty holder to comply with the above requirements

The management of asbestos risk will be a continual commitment by the organisation involving regular management and progress meetings, a surveying program, re-inspection programme and record keeping.

The Head of Programmes and Facilities has been appointed by the Organisation as the Responsible Person (Asbestos).

This policy is formally accepted by the organisation. The Council will do all that is reasonably practicable to comply with its requirements, and will make all necessary resources available.

Signed: _____

Chief Executive of Tamworth Borough Council

DATE:

1: Introduction

1.1 Introduction

This Asbestos Management Plan (AMP or Plan) sets out how Tamworth Borough Council manages the risks from asbestos containing materials (ACMs).

It sets out Tamworth Borough Council policy and procedures and is designed to effectively manage and minimise asbestos related health risks to personnel working at Tamworth Borough Council or occupying its premises.

Surveys for ACMs have been carried out at all Tamworth Borough Council sites. This information forms the basis of the current Register. Further surveys and re-inspections have been carried out related to specific projects or investigations. Where a survey has not been carried out ACMs are to be presumed present unless known otherwise.

The presence of an ACM does not in itself constitute a danger. However, the ACM may become hazardous when disturbed, damaged or degrades to an unsuitable condition and must be treated accordingly. Activities which give rise to airborne dust, e.g. breaking, sawing, cutting, drilling etc. are most likely to present risks.

2: Policy

2.1 Policy

Tamworth Borough Council Policy is:

- To prevent exposure to the hazards associated with asbestos
- To promote awareness of the Asbestos Management Plan (AMP) and the hazards of asbestos, through training and induction of staff and those working on behalf of the Tamworth Borough Council
- To hold regular meetings with key groups to increase awareness of asbestos issues
- To provide and maintain a live Asbestos Register
- To provide information and advice on asbestos issues
- To develop, implement and review an effective management strategy so that appropriate measures, such as sealing, labelling, inspection or removal of ACMs are undertaken
- To regularly review the AMP

The Plan complies with the Health and Safety at Work etc. Act 1974 and the Control of Asbestos Regulations 2012. The Plan, Policy and Procedures apply to all parts of the Tamworth Borough Council without exception. The Principles of the Plan also apply to all those workplaces used by Tamworth Borough Council staff.

2.2 Asbestos Management Plan

The Plan sets out the mechanism by which ACMs are managed. It includes details on how the Tamworth Borough Council intends to:

- Protect those working on the fabric of Tamworth Borough Council properties.
- Protect those working within or occupying Tamworth Borough Council properties.
- Effectively control any works likely to affect ACMs
- Identify and categorise ACMs and to manage these hazards based on prioritisation and assessment of the risk that they present
- Produce a prioritised programme for the remediation of ACMs that, because of their location and, or condition, present an actual or perceived risk to health
- Monitor and maintain the condition of identified ACMs that are assessed as being able to be left in-situ.

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ORGAINSATION and RESPONSIBILITIES

3.1 Responsibilities

The Assistant Director Assets is responsible for ensuring that:

- The Asbestos Management Plan is implemented
- The Plan and associated procedures are integrated into Tamworth Borough Council operating procedures
- Where projects, supervisors and employees have been assigned specific asbestos management duties these are documented and implemented in accordance with the Tamworth Borough Council procedures
- Tamworth Borough Council employs contractors for work with ACMs in accordance with procedures within the Plan.
- An annual report is prepared for the Corporate Management Team of the Council.
- Adequate resources are provided and allocated to carry out the Plan within the budget available to the Council
- The necessary requirements for the safe management of ACMs are fully identified and incorporated into any design or specification for all those with responsibilities.
- Adequate information regarding ACMs is sought for all potential purchases.
- An adequate training plan should be prepared to reflect the needs of Council.
- Any building purchased on behalf of the Tamworth Borough Council is free of ACMs, so far as is reasonably practicable

The Head of Programmes and Facilities is responsible for ensuring that:

- Their Project Officers and Asset team are aware of the Plan, and have the necessary skills to implement their responsibilities under the Plan.
- Tamworth Borough Council employs contractors for work with ACMs in accordance with procedures within the Plan.
- The necessary requirements for the safe management of ACMs are fully identified and incorporated into any design or specification to ensure all necessary training is implemented.

The Health and Safety manager is responsible for:

- Where reporting is not a requirement of a Main Contractor or similar, reporting incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- Providing advice and guidance to Tamworth Borough Council to ensure that competent contractors for work with ACMs are appointed in accordance with procedures within the Plan.
- Collating Dangerous Occurrence Forms

The Compliance Manager is responsible for:

- Monitoring the AMP implementation to ensure that working arrangements and provision of financial, technical, human and other resources are suitable and sufficient to meet its requirement
- Tamworth Borough Council employs contractors for work with ACMs in accordance with procedures within the Plan.
- Undertaking an auditing role on representative projects – including aspects of Asbestos Project, Asbestos Contractor and Analyst performance
- Ensuring any breaches of compliance with the AMP are fully investigated ACMs, so far as is reasonably practicable

ORGAINSATION and RESPONSIBILITIES

The Compliance Manager is responsible for ensuring that:

- Information on ACMs is appropriately stored and is made available to all interested parties including Trade Unions
- Appropriate records of asbestos works are properly kept
- The Asbestos Register is maintained and regular audits of the Asbestos Register are undertaken
- Tamworth Borough Council employs contractors for work with ACMs in accordance with procedures within the Plan.
- Following risk assessment ACMs are assigned appropriate management options and priority actions are timetabled
- Arrangements are made so that Tamworth Borough Council employees have the necessary Compliance, training and allied competencies to discharge the duties assigned to them under the Plan
- Arrangements are made so that all relevant personnel and organisations receive appropriate information, instruction and training related to ACMs and the existence and use of the Asbestos Register
- Regular meetings are held with relevant parties, e.g. Progress Meetings, Trade Union Liaison Meetings
- The performance of the Plan is annually reviewed and amended as necessary
- An annual Report on the Plan and related issues is submitted to the Assistant Director Assets Emergency procedures are established
- A list of Licensed Asbestos Removal Contractors and Analytical Companies approved for use on Tamworth Borough Council sites is maintained and monitored

Project Officers. For the purpose of this document a project Officer is defined as any person coordinating works. The Project Officer is responsible for ensuring that:

- Areas are assessed for ACMs at the feasibility stage of a project. Guidance on the assessment required is given in Appendix 7
- Tamworth Borough Council employs contractors for work with ACMs in accordance with procedures within the Plan.
- All appropriate actions within the AMP are implemented
- Project changes are promptly reviewed with respect to asbestos information, for example where extension of project area, or changes to M&E installations occur. Actual reviews may fall within the remit of other project team members, such as the CDM Co-ordinator.
- Any necessary works use the management service provided by the Compliance Manager or are managed to at least the same level as set out in 3.2.7
- The Building Project is informed of all relevant project information
- All project personnel are informed of the location of any known ACMs affecting the project
- Works are halted if suspect ACMs are discovered during the course of work and further advice is sought from the Compliance Manager.

ORGAINSATION and RESPONSIBILITIES

The Project Officer is responsible for

Undertaking a range of tasks either on behalf of Council Management or, when specifically instructed, for a Project Officer. These tasks are:

General ACM Management	
Carrying out appropriate level of investigation or similar in response to an enquiry and providing a documented report	*
Identifying ACMs as required, undertaking formal risk assessment and updating the asbestos register	*
Ensuring that, where ACMs are removed, or remain in-situ under a monitoring regime the Asbestos register is updated	*
Organising a regular audit of the Asbestos Register	*
Assessing, reviewing and recommending management actions in light of inspection findings and changes in regulations or current good practice	*
Reviewing and amending where necessary standards of works detailed in the Tamworth Borough Council general specification for works with asbestos containing materials	*
Organising and undertaking a regular inspection of ACMs	*
Recommending and specifying programmes of work for asbestos management specific projects	*
Reporting incidents to the Assistant Director Assets and Health & Safety project and completing Dangerous Occurrences forma as necessary	*

ORGAINSATION and RESPONSIBILITIES

Management of remedial works

- Preparing a specification for asbestos remedial works and issuing to the project Officer
- Recommending appropriate Asbestos Contractors and Analysts from a pre assessed list
- Assessing Asbestos Contractor's Plan of Works and recommending selection where applicable
- Informing the Project Officer of asbestos remedial works implications
- Assessing the appropriate level of analytical support and attendance
- Informing appropriate staff of asbestos related works in good time via the project notification process
- Making local arrangements with building users and service providers to facilitate the asbestos works
- Organising where appropriate an asbestos contract pre-start meetings to agree the Plan of Works, attended generally by the Site project, Contractor and Analyst
- Reviewing method statement amendments with Contractor's Site Supervisor and Senior Project
- Ensuring site works comply with relevant Tamworth Borough Council requirements
- Monitoring Asbestos Contractors to assess their compliance with statutory and Tamworth Borough Council requirements, reporting and discussing deficiencies with the Assistant Director of Assets The frequency of site method statement changes to be included in these reviews.
- Stopping work where an Asbestos Contractor does not perform to the required health and safety standards, or where his actions appear likely to result in breach of health and Safety or Tamworth Borough Council's standards
- Assessing, directing and assisting in access requirements as required related to relevant air monitoring strategies

Information, liaison and education:

- Reviewing with the Assistant Director Assets and Head of Programmes and Facilities
- Providing expert advice on ACM's and their treatment to those with responsibility under this asbestos management policy
- Participate in the organising and delivery of asbestos awareness seminars
- Attend progress meetings
- Maintaining regular dialogue with the Health & Safety Project including reports on visits and actions by the HSE, local authority environmental health and similar bodies
- Providing the HSE and similar bodies with details of asbestos management procedures and projects where relevant in accordance with instructions from the Health & Safety Project. Details to be provided prior to project start, or on completion, as relevant
- Providing specialist reports on budget, materials status, etc. as required, including an annual report to the Assistant Director of Assets

Record keeping:

- Updating the Asbestos Register
- Updating asbestos drawings to the Tamworth Borough Council database

- Ensuring that all statutory documents generated by the works are properly completed and a record kept
- Keeping detailed project records relating to asbestos remedial or investigative works
- Providing the Project Project with an Asbestos Works Completion statement when appropriate

Asbestos Contractors are responsible for:

- Complying with current legislation, associated Approved Codes of Practice and Guidance and the Tamworth Borough Council AMP and Project Procedures
- Attending site to assess and prepare quotations against asbestos remedial works specifications, the Contractor to raise any issues relating to the health and safety aspects or potential costs of a project
- Providing a Plan of Work to the Project Officer and the Statutory Authority. This to include details of project resources and timetable and an emergency procedure discussed and agreed with the Project Officer
- Providing Statutory Notice to the Statutory Authority prior to commencing asbestos works, or, by agreement and at the request of the Project Officer, applying for a waiver from the minimum notice
- Attending the asbestos contract pre-Start meeting, Progress Meetings, and handover Meeting as required
- Carrying out regular inspections of the work environment, any defects found by or reported to the Project Officer or Analyst being rectified by the Contractor immediately
- Complying with all reasonable requests from the Project Officer
- Complying with Permits to Work
- Liaising with the Analyst to ensure the satisfactory progress of the works
- Providing copies of notification and consignment notes and other relevant documentation with final account to the Project Officer.

Analysts are responsible for:

- Maintaining UKAS accreditation relevant to instructed tasks
- Providing pro-active support to the Project Officer, but to a level which would not fall within the HSE requirement for a supervisory License.
- Reviewing and commenting on asbestos works specifications and, prior to start of the works, on the Contractors Plan of Work
- Providing quotations which reflect the anticipated project site and analytical requirements
- Attending meetings, including but not restricted to, Pre-start, Project Progress and Handover Meetings.
- Completing check lists, warning and advisory signs etc. as supplied by the Project Officer
- Assisting with the application and completion of Tamworth Borough Council specified permits and warning signs etc, relevant to the asbestos remedial project, including hot works permits etc.
- Carrying out analytical works and inspections as agreed with the Project Officer. Where site conditions alter, and the Project Officer is not immediately available, the Analyst to adjust the level of testing and inspection to ensure that all information relevant to the continued health and safety of the Contractor and building occupants is obtained

- Reporting to the Project Officer any defects or non-compliances relating to the Contractors performance, including suitability of the work areas, adherence to the Plan of Work, Statutory Instruments and AMP. Where the Project Officer is not immediately available the Analyst to take any measures necessary to ensure the health and safety of the Contractor and building occupants
- Checking areas on completion of asbestos remedial works to ensure that the Contractor has completed his scope of works and all affected areas have been left in a satisfactory condition
- Maintaining regular contact, as minimum at start and at end of each site day, with the Project Officer, regarding progress of site works
- Reporting to the Project Officer any aspects of asbestos management encountered on site which could give rise to health risks
- Reporting to the Project Officer any aspects of asbestos management encountered on site which could give rise to health risks
- Issuing formal Reports, including 4 Stage Clearance and Certificate of Re-Occupation, to the Project Officer on completion of site works.

Staff are responsible for:

- Reporting to the Help Desk, any known ACMs which are damaged or disturbed or any suspect ACMs of any condition and any defects or concerns they may have related to asbestos issues or remedial works
- Contacting their Building Project, or Project Officer where already appointed, regarding any work to be undertaken which may involve ACMs
- Attending asbestos awareness training when so requested

Contractors are responsible for:

- Ensuring that they respond to, and maintain, all communications with their Project Officer
- Compliance with the AMP and relevant procedures, and where acting as sole, main or principal contractor to have a thorough understanding of these procedures
- Ensuring that all sub-contractors are informed of the AMP and relevant procedures, and are aware of the location of ACMs within the project area
- Co-operating with any Licensed Asbestos Removal Contractors or associated contractors working within or adjacent the known or intended project area
- Ensuring that emergency measures are in place for any suspected or known exposure to ACMs and that these are in line with Tamworth Borough Council procedures

4.0 Asbestos Management Procedures

Procedures are detailed within the Appendices.

Procedures are included within the formal Plan review and are amended as required.

APPENDIX 1-Management Contacts

MANAGEMENT CONTACTS

Key Contacts

Assistant Director of Assets

Head of Programmes and Facilities

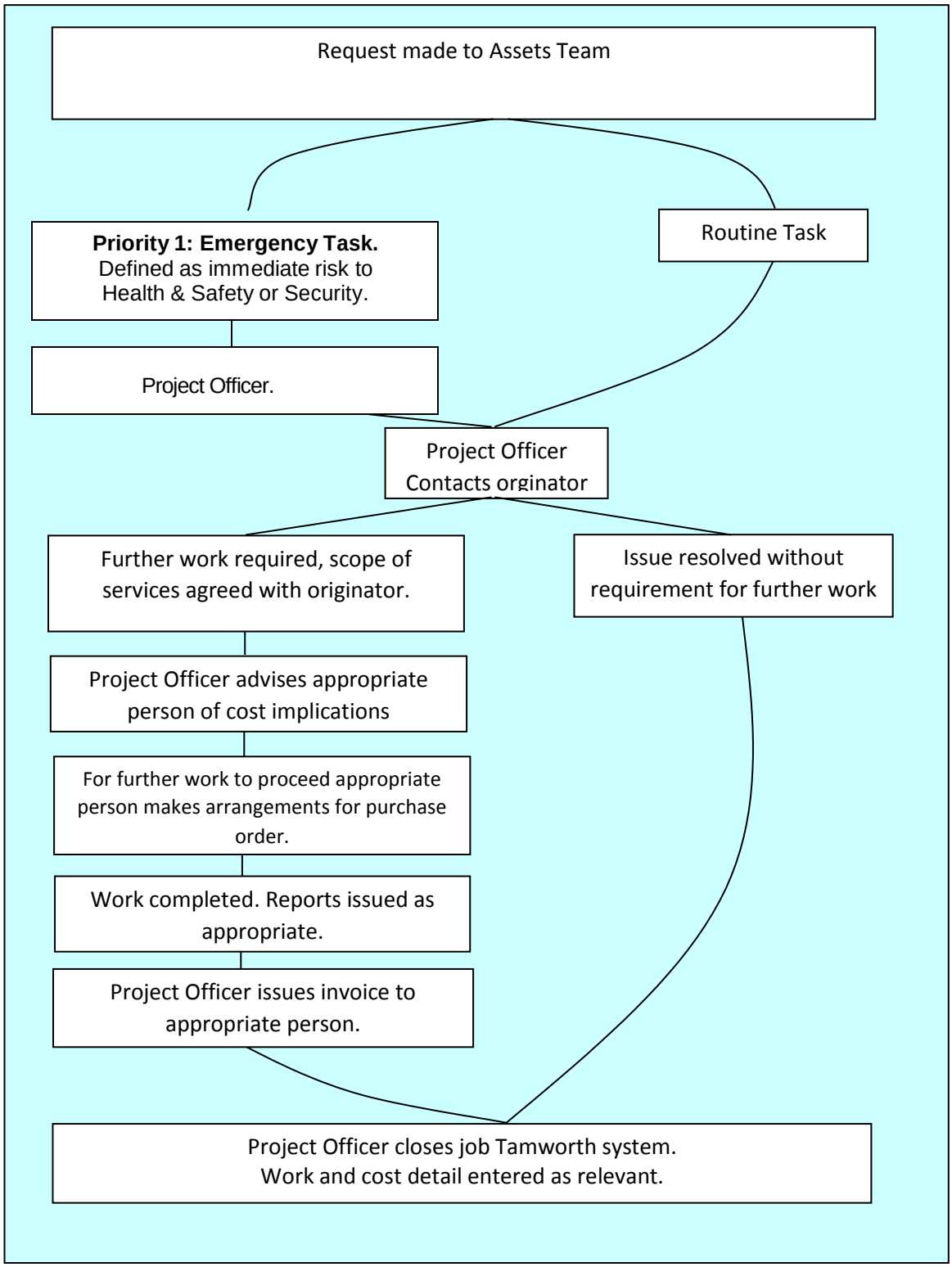
Compliance Manager

Health and Safety Manager

APPENDIX 2-Enquiries

Enquires

Enquiries are routed as follows:



APPENDIX 4- Asbestos Registers

Identification of Asbestos Containing Materials

Historical Background

Tamworth Borough Council wide survey data from 2013 has been, and continues to be, supplemented with information gained during local detailed surveys and investigations.

Surveys for ACMs

Priority areas for survey are identified by the Compliance Manager, generally in relation to planned maintenance tasks and refurbishment projects.

The provision for full refurbishment and demolition surveys is incorporated in projects for planned kitchen, bathroom and boiler replacements

Surveys and re-inspections are carried out to comply with HSE guidance, for example, document HSG 264: The Survey Guide.
An appropriately accredited Inspection Body carries out surveys with the works managed by the appropriate Project Officer.

Survey types are detailed in HSG 264, a summary is given below

Management Surveys

Management surveys are intended to identify ACMs that could affect the normal occupation of a building. This includes ACMs that might be disturbed not only by regular maintenance activities, but also those affected by reasonably foreseeable activities such as cabling works in risers.
The 2010 HSG 264 guidance emphasises the benefit of thorough surveys, with attempts to be made to open up areas where maintenance or similar can be anticipated. Samples of suspect materials should be taken, although some level of 'presumption' and reduced sampling regimes are acceptable so long as the consequent management of identified or suspected ACMs is appropriate.
'Management surveys' fell under Type 1 and 2 survey descriptions in earlier HSE guidance (MDHS 100). The current knowledge of ICL ACMs is at a level comparable with this 'Management Survey' definition. However the significant volume of survey work undertaken in the mid-1990s was generally to occupied buildings, this occupation may have caused Surveyors access problems with related limitations to the survey findings.

The HSE expects virtually all non-domestic premises to have Management Survey information already; this data is essential for the Duty holder to effectively manage ACMs and thus comply with the 'Duty to Manage' requirement stated in Regulation 4 of the Control of Asbestos Regulations 2012.

APPENDIX 4- Asbestos Registers

Refurbishment surveys and demolition surveys

These surveys attempt to locate and describe all ACMs in a project area and are required well before any refurbishment or demolition is due. This type of survey is also required for what may appear, initially, as relatively minor work, for example, formation of a riser, or dismantling of heating plant. Prior to January 2010 these surveys were termed 'Type 3' in the HSE MDHS 100 guidance.

To enable this level of identification the area must be fully accessible to the surveyor and appropriate investigation techniques and equipment be employed. Survey planning is essential, to allow the Surveyor to understand the scope of the intended works, for any exclusions to the survey to be agreed with the Client, and for arrangements to be made to the clear and isolate the survey area. HSG 264 emphasises the need for the survey area to be isolated from building occupants and that, ideally, reoccupation after survey is not planned. However it recognises that this is not always achievable. Where the survey area is to be reoccupied assurance that it is acceptable for reuse should be obtained from the Surveyor.

Intrusive investigation works can be significant – making good after survey works is minimal unless requested otherwise. Suspect materials are sampled during the survey, and the extent of ACMs estimated. The condition of the ACM is generally not reported except where materials are damaged, if areas of asbestos debris may be expected, or if there will be a time delay between the survey and the intended refurbishment or demolition.

For a refurbishment/demolition survey to be successfully completed at least the following criteria must be met:

- area is unoccupied, with no intention to reoccupy after survey
- area is fully accessible – with fixings, furnishings, and heavy equipment removed, or at least easily movable
- area is fully accessible in terms of decontamination sign-offs and other relevant authorisations
- suitable survey techniques are employed – breaking through of partitions, opening up of floor voids, use of access platforms for high level areas etc.

If the conditions above are not met the survey will not be considered comprehensive; limitations will be noted in the Survey Report and arrangements will need to be made to undertake further survey work when the site conditions area appropriate.

The HSE recognise that unidentified ACMs may still remain in the survey area, thus appropriate controls need to be in place for the actual refurbishment period, and most certainly for any demolition works.

ACMS in Equipment

ACMs have frequently been used in scientific or technical equipment. Asbestos fibres have a range of properties - insulating, non-electrical conductive, resistance to acid – which made them suitable for many uses including within kilns, hot-boxes, packing, and electrical equipment.

APPENDIX 4- Asbestos Registers

It is the responsibility of the Head of Department to have asbestos containing departmental equipment, materials and apparatus clearly identified, appropriately recorded and managed

Asbestos Registers

Asbestos Register Content

The Register records known and suspected ACMs in Tamworth Borough Council managed properties. It contains information on their

- location
- extent
- condition
- labelling status

The Register is aligned with the recommendations of HSG 264 information recorded allows objective risk assessments to be carried out.

The Register also provides some detail on:

- non ACMs where, in the normal course of the building operation, they may be confused with ACMs
- areas, where known, which have not been surveyed.

The presumption must be made that ACMs may be present in all un-surveyed areas and for all surveyed areas where the location would not have fallen within the scope of the original 1994 survey inspection.

Drawings

Drawings may be used to illustrate the Register information; these will be colour marked up and subject to update procedures. Drawings are not currently part of the formal issued Register.

Storage

The Register is stored electronically.

The Head of Programmes and Facilities holds current Register and archive Registers. The working Register copy is held by the Compliance Manager.

Availability

The Asbestos Register is available to all who may reasonably require such information. A version of the most recently issued Register is on a shared computer drive.

Updates

The Register is updated by the Compliance Manager, and regularly re-issued to the Head of Programmes and Facilities. Individuals, departments or organisations who affect data in the Register should supply relevant information to the Compliance Manager.

Update may be required after:

- Identification of further ACMs
- Surveys
- Removal of ACMs
- Inspection/monitoring exercises
- Changes in building layout or area use.

At the AMP review the Head of Programmes and Facilities will assess the range and quantity of amendments received.

APPENDIX 4- Asbestos Registers

Audit

Regular Register audits will be instructed by the Head of Programmes and Facilities. This will include comparison of representative Asbestos Register entries against site inspections and records of asbestos remedial works.

The audit report will be made available to all relevant parties and will form part of the AMP Review

APPENDIX 5- Risk Assessment of ACM's

Risk Assessment of The Asbestos Containing Materials

Assessment System

All ACMs in the Asbestos Register are objectively assessed by the Compliance Manager using a formal numerical scoring scheme. This considers aspects of materials assessment and priority assessment as described in the HSE document HSG 227 'A comprehensive guide to managing asbestos in premises'.

The materials assessment considers features of the material, the priority assessment takes into account the environment in which the ACM is found and the likelihood that persons may be exposed to asbestos fibres.

The scheme considers the following parameters:

- product type
- condition
- surface treatment
- asbestos type
- location
- position of material, for example how accessible it is during normal building occupancy
- susceptibility to damage
- number of people potentially exposed
- whether the material is subject to maintenance, refurbishment or other possible disturbance.

The Site Project Officer and keeps details on the scoring scheme and reviews the scores annually.

ACMs with higher assessment scores are likely to require greater consideration regarding remediation measures than those with lower scores.

APPENDIX 6- Management of ACM's

Management of Asbestos Containing Materials

Management options stated within the Asbestos Register are assigned by the Compliance Manager and are considered the appropriate choice at the time of Register review.

The final choice of asbestos management option is taken by the Head of Programmes and Facilities after consideration of the assessment score and discussion with relevant parties, for example, those with information on future maintenance or refurbishment plans.
Long term ACM maintenance considerations, including cost, resources, potential for exposure etc, will be taken into account and opportunities taken for removing materials, particularly during periods of building closure or refurbishment.

In general ACMs with higher risk scores will be identified for remedial works, whilst those with lower scores will be retained within the management scheme for in-situ materials.

Records of decisions made, together with any discussion and rationale supporting such decision, will be kept by the Head of Programmes and Facilities.

Inspection of ACMs

Formal re-inspections of known or suspected ACMs, will be carried out by a UKAS accredited Inspection Body and will be arranged and co-ordinated by the Compliance Manager. Re-inspection will require checking of known ACMs against Register information.

An outline scope of work may be prepared by the Compliance Manager for re-inspections; this may give requirements such as:

- Programming of the works
- Access arrangements
- Reporting arrangements

Re-inspection findings will be:

- Used to update the Asbestos Register
- Subject to formal risk assessment

The inspection period will be set by the Compliance Manager, taking into consideration a review of current risk assessments and previous inspection history. ACMs of higher score may be subject to more regular re-inspection than those of lower score.

The inspection period will be documented in the formal AMP Review and Action Plan.

APPENDIX 6- Management of ACM's

Leaving Asbestos Containing Materials in Situ

Where ACMs are in good condition and not disturbed during the normal use of premises particularly with minimal potential for fibre release, they may be left in-situ. The Head of Programmes and Facilities is responsible for ensuring these materials are kept in a sound condition.

Regular Inspection
ACMs left in-situ will be subject to an inspection regime. The Compliance Manager will determine the inspection period, likely to be 6 or 12 months dependent on risk assessment.

Labelling
Labelling with standard 'asbestos warning labels' or fixing of appropriate warning signage will be carried out to all known accessible ACMs considered to be of significant risk where this is deemed to:

- help prevent accidental damage, and
- not cause undue concern

Labelling of lower risk materials, for example, packing to soil pipes, seals to ductwork, may not be carried out if other control mechanisms e.g. site awareness, are considered adequate in preventing accidental exposure.

Improvement works

Where the ACM has minor damage, simple repair and/or sealing (encapsulation), may be appropriate. The technique and materials used will be dependent on the ACM and may include over-cladding or use of liquid applied encapsulants. These encapsulants are typically polymeric applications which dry to give a robust water resistant surface. Repairs and any encapsulation measures will be undertaken by a Licensed Asbestos Contractor, with the local area being isolated, either by constructing an enclosure or using local exclusion techniques

APPENDIX 6- Management of ACM's

Removal of Asbestos Containing Materials

The term 'removal' is used to describe both the removal of bulk materials and the decontamination of areas where debris or trace asbestos contamination has been identified.

Removal of ACMs is carried out as a result of:

- Such work being stated within the Action Plan
- Recommended works related to planned projects, or
- Unplanned circumstances, for example: identification of high risk ACMs damage to ACMs
- ACMs subject to maintenance or building works not foreseen during the AMP Review**.**

The option to remove ACMs will be authorised by

- the Head of Programmes and Facilities for aspects of on-going management of ACMs
- the Project Officer for any specific building or project works.

The Project Officer will authorise the financial spend related to the removal works, the extent of such work will be based on recommendations given by the Compliance Manager or appointed advisor. The responsibility for arranging and co-ordinating asbestos remedial works lies with the Project Officer, it is anticipated that they will appoint the Compliance Manager to take on all relevant tasks. Further details are within Appendix 7.

Removal of ACMs is an operation with inherent risks and requires effective management. Consideration of building occupation, co-ordination with other projects, effective use of budget, etc. will be taken into account when arranging remedial works.

Remedial works planning must allow sufficient time for key stages, including:

- Agreement of scope of works
- Contractor's quotation period
- Method statement assessment
- Decant arrangements
- Statutory HSE notification
- Re-instatement requirements assessment
- Occupant Liaison meetings
- Pre-start meeting.

APPENDIX 6- Management of ACM's

Completion of Asbestos Remedial Works

The Compliance Manager generally provides a completion document to the Project Officer, this will include:

- a clear summary of what materials have been removed
- project references
- contact and documentation details
- comment on residual asbestos risks

Remedial Works Records
These are held by the Compliance Manager, with relevant documents copied to the Project Officer. Records include as minimum:

- Works specification
- Removal method statement
- Air monitoring reports
- Certificate of Re-Occupation with 4 Stage Clearance documentation (where relevant)
- Waste consignment notes Records will be held for an appropriate period. Disclosure of information

Records will be held for an appropriate period in accordance with the relevant legislation [currently minimum requirement is 40 years].

Disclosure of Information

Initial requests to be made to the relevant member of Tamworth Borough Council, for example Project Officer, or Safety Manager
Office. Enquiries then to be routed, if required, to the Compliance Manager via the Customer Contact Centre Where relevant, for example where issues relate to health or financial aspects, the Site Project Officer will forward the request to the appropriate Tamworth Borough Council authority.

Minor Asbestos Removal Remedial Works

Some works with ACMs may be carried out by in-house maintenance employees or regular Tamworth Borough Council Contractors not holding an HSE License for work with ACMs.
These works will be of a minor nature and will be co-ordinated by the Compliance Manager.

Such works may include:

- Removal of compressed asbestos fibre (CAF) gaskets from pipe flanges
- Collection of asbestos cement (AC) debris or materials

Each type of work is to be notified in advance to the Compliance Manager for review. A record will be kept by the Compliance Manager of all reviews.

Where works are carried out by regular/term Contractors the key personnel will be expected to attend the appropriate Tamworth Borough Council asbestos awareness training session. These 'Preferred Contractors', likely to be a small number of companies, will have an enhanced awareness of Tamworth Borough Council procedures and knowledge of the site. The Site Project Officer will hold a listing of these Preferred Contractors.

APPENDIX 6- Management of ACM's

APPENDIX 7:- Project Management Procedures for All Building Works

Development Work

For the purpose of this AMP the term 'work' is used for any activity that has the potential to affect the fabric, finishes or services of a building, or which requires entry to services areas or voids.

Review of work area

All works within the Tamworth Borough Council estate with the potential to alter or damage the fabric of the building, service voids, building services etc, must be reviewed by the Project Officerwith regard to:

- Possible presence of ACMs
- Control measures to be taken to avoid damage or exposure
- Any necessary remedial/removal works
- Potential impact on project programme.

This review is to be at a level appropriate for the project in terms of its scale of refurbishment, known asbestos data, and regulatory requirements. The Project Officer is expected to seek guidance from the Compliance Manager, or equivalent, and make use of their specialist asbestos consultancy services where relevant.

Initial contact with the Compliance Manager should be via the Customer Contact Centre. Additional information and/or site walks may be required to give the Compliance Manager a more informed picture of the project requirements.

The review must be carried out by the Project Officer at an early stage of the project to allow sufficient time for project implications of ACMs to be assessed. Discussions on project design and site inspections may be required dependant on scale of project.

Project Officer Role

On receipt of the Work Request the Compliance Project will assess the project and undertake, as relevant, the following:

- Assessment of cost of, and agreement on, scope of Asbestos Management Services
- Review of known ACM information
- Discussion on project detail with Project Officer
- Site walk(s) with Project Officer and/or relevant contractors
- Site investigation, such as a formal survey (See Appendix 3)
- Report issue.

A preliminary Report may be generated by the Compliance Manager for certain works, generally those related to larger or more complex projects

APPENDIX 7:- Project Management Procedures for All Building Works

Site Project's Role contd.

The preliminary Report may include:

- Information on known ACMs
- Level of site investigation required, for example any requirement for management or refurbishment/pre demolition surveys, including their impact on occupants and project timetable
- Requirement for services isolations
- Requirement for space e.g. contractors welfare, decontamination unit, analytical office etc.
- Requirement for additional services e.g. use of a Licensed Scaffold Contractor to provide access.

The final Report style and content will be dependent on the complexity of the project and may range from an email to a Survey Report with marked up plans.
Guidance on remedial measures required, including any control measures, such as protection or further labelling of ACMs, and budgets may be included.

Recommendations made by the Compliance Manager for remedial action should be incorporated into the
Project Works.

Implementing the recommendations of the Project Officer

Where remedial works are required these may include:

- Remedial/removal works being undertaken to ACMs NOT DIRECTLY affected by the project scope, but which lie within, or directly adjacent, the project location. The intention being to use the refurbishment period to improve the Tamworth Borough Council environment, with minimal disruption to building use. Such remedial works will normally be funded by the Project.

- Co-operation with programming of the works, for example, the preference that asbestos remedial works are carried out as a priority activity either prior to the Main Contractor taking possession of the site or at the start of the possession period.

- Assisting in making space available for asbestos remedial works equipment, such as parking for decontamination units (DCUs), appropriate office space for the Analyst.

- Arranging any necessary services isolations or enabling works – such as steam shutdowns, cutting out of non-asbestos redundant ductwork, removal of fixtures, fittings, furniture or certain building features.

APPENDIX 7:- Project Management Procedures for All Building Works

Informing Project personnel

Aspects to be considered include:

- Site handover arrangements comprising documentation such as the Project Officer Report, Asbestos Works Completion statements etc

- Site familiarisation walks with key personnel such as Site Foreman, Site Project et al.

- Highlighting the requirement for asbestos information to be reviewed when project changes, such as M&E scope, or extension of project area, are proposed. The review to be undertaken by the appropriate Project team member, this may include the Main Contractor, CDM Co-ordinator and/or Project Officer.

- Particular attention to co-operation and co-ordination where Contractors who do not hold an HSE License for asbestos works are used for enabling works prior to asbestos remedial works being undertaken. It is essential that these 'non-asbestos' contractors
  Are
- aware of any risks and related controls
- undertaking enabling works that are sufficient to provide necessary access etc. for the future Asbestos Licensed Contractors works

Additional or Suspect Asbestos Containing Materials

The Project Officer is responsible for making sure works are halted if suspect ACMs are discovered and that further advice is sought.
In practice, it may be the Site Project who takes the first action of stopping works to the affected areas, they should then contact the Project Officer. Further guidance would normally be obtained from the Compliance Manager however, in certain situations the Project Officer may consider that they have adequate knowledge, competency and experience to resolve the issue themselves.

Removal Works

Further details on the removal of ACMs is within Appendix 6.

Project stage summary/programme

The following gives guidance on typical projects where the Compliance Manager has been instructed to undertake a review/investigation etc. Workload, investigation constraints, HSE notification periods etc., will affect the actual programme.

The examples assume the Project Officer has supplied all relevant project information and there are no delays in accessing areas or decanting prior to asbestos removal works. The examples show that more complex projects can require at least 3 months planning prior to completion of asbestos related works.

APPENDIX 7:- Project Management Procedures for All Building Works

Item	Description of work				
	New cable route. **No asbestos remedial works required**	**Redecoration of a residence.** **ACMs present**	**Maintenance work.** **Remove 2m section of asbestos lagged pipework**	**Reconfiguration of 1 office.** **Asbestos ceiling tiles**	**Refurbishment of 3 laboratories.** **Numerous ACMs**
	Action in Week;				
Project Officer:					
Contact Help Desk	1	1	1	1	1
Compliance Manager:					
Agree services scope and management costs	1	1	1	1	1
Preliminary report	1 - 2	1 – 2	1 – 2	1 - 2	1 - 2
Survey	1 - 2	1 – 2	1 – 2	1 - 2	1 - 3
Report issued	1 – 2	1 – 2	1 – 2	2 – 3	3 – 4
Further survey e.g. 'Refurbishment/Pre-Demolition' in unoccupied areas	-	Not required	Not required	Agreed with Project Officer Assume Week 4	Agreed with Project Officer Assume Week 4
Remedial works required	None	None. Decorating contractor to receive site specific asbestos awareness	Remove asbestos insulation to pipework	Remove ceiling tiles	Remove bulkheads, fume cabinets and exhaust ducts
Remedial works specification	None	None	2	4	5
Appoint Contractor	-	-	3	6	8
Contractor:	-				
HSE Notice period	-	-	3 - 4	6-7	9 - 10
Site work start	-	-	5	8	10
Asbestos site works completed.	-	-	5	9	12

APPENDIX 8:- Specialist Contractors

Licensed Asbestos Removal Contractors

Remedial works to ACMs, including encapsulation, will generally be carried out by a Contractor holding a
License under the Asbestos Licensing Regulations.

In specific circumstances non Licensed Contractors or Tamworth Borough Council employees may undertake work where this falls outside the asbestos licensing requirements and is of acceptably low risk. In these circumstances all relevant health and safety regulations, including provisions of the Control of Asbestos Regulations must be complied with. The Compliance Manager must review and accept proposed procedures and work methods.

Choice of Licensed Contractor

Contractors will be subject to in-house selection and approval procedures, co-ordinated by the Head of Programmes and Facilities and Assistant Director of Assets

Audits of Contractors undertaking work with ACMs will be carried out by the Compliance Manager. Such audits will include assessment of at least:

- Quality of completed work
- Safety issues throughout the remedial works
- Compliance with Contractor's own Safety Management systems
- Feedback and safety etc. information from the UKAS accredited Consultancy engaged for the associated inspection and analytical works
- Adherence to programme

Use of Advisory Services

Advice and services may be sought from external specialist organisations. Only organisations holding the appropriate qualification and UKAS accreditation, for example to ISO 17020 for building surveys for ACMs or to ISO 17025 for analytical services, will be used.

APPENDIX 9:- Emergency Procedures

Definition of an Emergency

Emergencies are unexpected situations requiring sudden and urgent action. In the context of asbestos the immediate measures taken should prevent or minimise exposure to airborne asbestos fibre. Following this action there may be a subsequent requirement to bring in specialist contractors such as an UKAS accredited Analytical Consultancy or Licensed Contractor. The Head of Programmes and Facilities will assess and make suitable arrangements, and if appropriate inform the site project.

The following emergency situations are considered:

A Personnel in areas of potential elevated airborne asbestos fibre

For example:

- Known or suspected ACMs are damaged
- Asbestos remedial works cause an uncontrolled release of airborne fibres, for example if an asbestos removal work enclosure is damaged

Action to be taken:

- Do not disturb the material or stay longer in the affected area than is essential

- If the problem is within, or associated with, a Project area, contact the Site or Project Officer.

The Site Project will then contact the Head of Programmes and Facilities who will provide site specific advice.

Notify the Health and Safety Project.

- If the emergency relates to a damaged ACM, and it is safe and appropriate to do so, cover the material with polythene or other barrier to prevent disturbance by air currents.

- Seal off the area – close windows, doors etc. so long as this is possible without causing further disturbance to the material/staying longer in the area.

- Evacuate the local area and prevent others from entering the area by using signage, sealing up doorways or posting guards at an appropriate distance.

Additionally for Project Areas:

The Site Project Officer should halt all local works and take any necessary or recommended action. Such action may include informing staff and building occupants, clearing the area or site etc. The Project Officer must be informed of all developments.
General, contractor specific and site health and safety reporting procedures may be triggered by these events.
Where the emergency has been caused by finding damaged ACMs it is likely that the longer term action will be the removal of the material, with the costs borne by the project.

APPENDIX 9:- Emergency Procedures

B Non specialist personnel required to enter areas of elevated airborne asbestos fibre

For example:

- Plumbers or electricians are needed within known contaminated areas to carry out emergency services isolations
- Experts are required to enter asbestos work enclosures to give first aid

Action to be taken:

- Contact the Site Manager, via the Project Officer (for Project Works).

Access can only be given if the individual has received appropriate training, protective equipment and is accompanied by a Licensed Contractor or Analyst.

APPENDIX 9:- Emergency Procedures

Reports and Records

Tamworth Borough Council Dangerous Occurrence Report
Sample form held at the rear of the policy are to be used as Reports and are to be completed by the Individual/appointed representative or Project Officer and submitted to the Health and Safety Team..

Accidental Asbestos Exposure Form
To be completed whenever an Tamworth Borough Council employee considers they may have been exposed to airborne asbestos fibre. “Exposure” will generally be taken to mean exposure to a known or possible level approaching or exceeding a control limit.

The form will record information including

- Name
- Date and time of incident
- Nature of exposure (damage or work to ACM, uncontrolled release of asbestos fibre from asbestos removal enclosure etc.)
- Location of incident
- Type of asbestos fibre/asbestos material
- Duration and level of exposure
- Copies of any associated analytical records
- Details of advice etc. given to individual (health risks of asbestos etc.)

The Compliance Manager will provide technical information and the Form will be reviewed, completed, and kept by the Human Resources. A copy will be given to the employee with the recommendation that it be kept indefinitely.

Where the exposure relates to non- Tamworth Borough Council employees the Compliance Manager will record known details, these will be kept within the Tamworth Borough Council Asbestos Management record system.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) where exposure occurs above the control limits set in the Control of Asbestos Regulations the requirement to report the incident under RIDDOR will generally be assessed and carried out by the Health and Safety Team.
If the exposure occurs in an area under the control of a Principal Contractor the reporting requirement is the contractor’s responsibility.

Contractor Safety Reports
Company generated reports should be copied to the Project Officer and forwarded by them to the Compliance Manager and the Health and Safety Team

Disclosure of Information

The Health and Safety Team may request copies of any reports in order to carry out investigations into the underlying causes of the emergency
Requests from individuals or other parties should be made to the relevant Project, for example Building or Project Officer. It is unlikely that information would be released unless for individual e.g. insurance, purposes or to provide anonymous data for consideration in the AMP Review.

APPENDIX 10:- Task Information and Training

Information

Information on the AMP and the management of ACMs will be available to all relevant personnel and organisations. General and Tamworth Borough Council specific information may be posted on relevant notice boards or produced for distribution in electronic format.

Where more specialist knowledge is required this may be sourced from specialist consultancies and publications, including HSE documents.

Training

It is acknowledged that effective management of ACMs requires knowledge of a specialised area of health, safety and construction works.

The Assistant Director of Assets shall ensure that a suitable level of expertise is available at Tamworth Borough Council, either by in-house training of employees, by using external training courses or resources, or by establishing a relationship with a specialist external organisation such as a UKAS accredited Consultancy.

The Head of Programmes and Facilities assesses training requirements and co-ordinates it's provision.
The intention is to provide an open and responsive culture where individuals have an awareness of the risks and an appreciation of the effectiveness and suitability of, and requirement for, management procedures.

The key areas covered by in-house training sessions are:

AMP purpose, general arrangements, availability and location responsibilities of employees and key groups

Asbestos Register its location, use and availability

ACMs health effects their range and distribution at Tamworth Borough Council

Work practice Safe systems and arrangements

It is acknowledged that risk groups, such as new employees, newly appointed contractors etc, may require asbestos awareness training or similar as part of their initial Tamworth Borough Council induction process.

In summary:

- Initial asbestos awareness/training will be carried out for relevant employees and contractors
- Continuing asbestos awareness/training will be carried out as necessary
- Problems or incidents with ACMs will be investigated and a review of training arrangements carried out if considered appropriate.

APPENDIX 10:- Task Information and Training

Outline of Training Topics

Training agenda will be amended as required, tailored to the requirements of the audience

Topic	Group		
	Maintenance, Security, Technicians etc	Consultants, Contractors	Employees with extra Responsibilities
Asbestos health risks			
AMP and Procedures			
Responsibilities			
ACMs – uses and distribution at Tamworth Borough Council			
Procedures for building works			
Advanced knowledge			

Employees considered to have extra responsibilities includes:

- Head of Programmes and Facilities
- Assistant Director Assets
- Health & Safety Manager
- Project Officer

Advanced knowledge may include formal qualification in health and safety or asbestos specific topics.

APPENDIX 10:- Task Information and Training

Training for Specific Tasks with Asbestos Containing Materials

Where employees are expected to carry out works with ACMs specific training will be provided. Such tasks may include:

- Labelling of ACMs
- Emergency sealing off/decontamination of areas following disturbance to ACMs or after discovery of orphaned asbestos.

The Head of Programmes and Facilities will keep details of training agenda, training dates and which individuals have been trained for specific tasks.

Training review

The Head of Programmes and Facilities will review the training arrangements annually to assess if:

- All individuals/department/groups requiring training have been identified
- Re-training requirements are adequate
- Tamworth Borough Council induction arrangements are adequate
- Course content is appropriate.

APPENDIX 11:- Action Plan

Action Plan

The Action Plan will contain priorities and timetables or targets for both remedial works e.g. removal works and non-remedial works e.g. training issues, survey requirements.

Consideration of a timetable for remedial works will take account of several factors including:

- ACM risk assessment score
- Building occupation constraints
- Financial resources
- Other planned building works.

The Head of Programmes and Facilities will review the Action Plan; the Plan will be finalised by the Assistant Director Assets.

Action Plans will be included within the AMP Review, and later retained as archive documents, kept by the Head of Programmes and Facilities.

APPENDIX 12:- Review of Asbestos Management Policy

Review Purpose

The Head of Programmes and Facilities will arrange a regular review of the AMP. The intention of the review will be to assess:

- Management procedures and their effectiveness.
- Effectiveness of the management plan in terms of its integration into all matters relating to the building fabric and use
- Overall progress made against the Action Plan
- Suitability and maintenance of communication, instruction, training of personnel, employees and contractors
- Suitability and success of record keeping tasks

Significant findings and comments will be reported to the Assistant Director of Assets. A record of the Review will be kept by the Head of Programmes and Facilities.

Review Timetable

The Head of Programmes and Facilities will set the timetable and date of the next review. A Review will be:

- Carried out on a 12 monthly basis
- Considered when significant events occur - for example, on completion of major asbestos removal projects, following exposure of personnel to significant airborne asbestos fibre levels, transfer or increase of premises, or if arrangements within the AMP are no longer considered to be adequate.

Review Attendees

The Head of Programmes and Facilities will invite appropriate representatives.

Review Agenda

The Head of Programmes and Facilities will set the Agenda and will distribute to all relevant personnel in sufficient time for data and feedback to be collated.
The agenda will include some or all of the areas set out below:

AMP

Compliance with HSE and Tamworth Borough Council procedures
Management and Organisation structure
Audits and Reports

Action Plan Remedial Works Asbestos Register
Asbestos awareness/training
Incidents with ACMs
HSE reports

APPENDIX 12:- Review of Asbestos Management Policy

APPENDIX 13:- Key Regulatory Documents

LEGISLATIVE REQUIREMENTS

This document represents Tamworth Borough Councils commitment, in line with the Control of Asbestos at Work Regulations 2012, to the management of asbestos in their premises. It sets TAMWORTH BC Estates Department overall policy relating to asbestos in their premises and describes the management plan required by Regulation 4 of the CAR.

Asbestos Regulations	
SI No.	Control of Asbestos Regulations 2012
Asbestos – Approved Codes of Practice and Guidance	
L143	ACoP – Managing and Working with asbestos (2013)
HSG 53	Respiratory protective equipment at work (2013)
HSG 264	Asbestos: The Survey Guide
HSG 247	Asbestos: The Licensed Contractors guide (2006)
HSG 248	Asbestos: The analysts guide for sampling, analysis and clearance procedures
HSG 210	Asbestos Essentials – Task Manual for building, maintenance and allied trades of non-licenced asbestos work (2012)
HSG 227	A comprehensive guide to managing asbestos in premises (2012)
Medical Series	
MS 34	Guidance for appointed doctors on the Control of Asbestos Regulations (2012)
Health and Safety – Approved Codes of Practice and Guidance	
INDG 453	A brief guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013) RIDDOR
Waste Regulations	
SI No. 988	Waste (England and Wales) Regulations 2011
SI No. 894	The Hazardous Waste (England and Wales) Regulations 2005
SI No. 1056	The Waste Management Licensing Regulations 1994 as amended 2003

APPENDIX 14:- ASBESTOS

Asbestos

Asbestos is a term applied to some mineral silicates present in a fibre form. There are many members of this mineral group; common among these are blue asbestos (crocidolite), white asbestos (chrysotile) and brown or grey asbestos (amosite). Because of its unique properties – flexibility, tensile strength, insulation (from heat and electricity) and chemical inertness – asbestos was one of the most useful and versatile minerals known to mankind. It is the only natural mineral that can be spun and woven into useful fibres and fabrics in a similar way to cotton or wool. Large deposits of asbestos have been discovered in many areas of the world including the Soviet Union, Northern Italy, Canada, USA, South Africa and Zimbabwe. Uses of asbestos have included fibro-sheeting, corrugated roofing, asbestos cement pipes, thermal insulation and fireproofing. It has also been used as an additive in paints and sealants, in textiles such as felts and theatre curtains, in gaskets, and in friction products like brake linings and clutches. During the peak building years, i.e. 1950s, 60s and 70s, asbestos found its way into most public buildings, including hospitals, schools, libraries, office blocks and factories. Due to the extensive use of asbestos in a wide variety of products it is present in many workplaces. Consequently it may pose an occupational health risk to persons who work in close proximity to ACM.

The Health Effects

The health effects from exposure to asbestos result from the inhalation of asbestos fibres. If asbestos fibres are inhaled, they must first pass the filtration mechanisms lining the nose and the mouth down to the fine airways that lead to the small alveoli. Hence, only very small particles barely visible with a high-powered microscope, may eventually reach the alveoli. Fibres such as blue asbestos, which are relatively long and very fine, are more likely to reach the alveoli. Asbestos fibres reaching the alveoli are handled in different ways. Some are carried out of the lung through the lymphatic system. Of those remaining some do not cause ill effects whilst some can lead to lung changes such as the following:

• Asbestosis: This is a form of fibrosis (scarring) of the lungs, which results in breathlessness.

• Lung cancer: A cancer of the larger and medium sized airways, which are similar to, that caused by smoking. The combination of asbestos exposure and smoking has a synergistic effect, which greatly increases the risk of lung cancer.

• Mesothelioma: Rare cancer of the pleura and peritoneum. Crocidolite

APPENDIX 14:- ASBESTOS

Application of Asbestos in Buildings

Since the early 1999 asbestos has not been manufactured or used in the United Kingdom (except in some frictional products including brake linings). As ACM has been used extensively throughout the building industry asbestos is still present in numerous workplaces and it is still encountered by many occupational groups.
The asbestos related health risk to the occupants of buildings/workplaces, which contain asbestos, is negligible. Whilst ACM located within a workplace present a hazard they do not present a risk if no asbestos fibres are released to the air. Asbestos has been used in several thousand different products. Common materials known to contain asbestos include but are not limited to:

- Sprayed on fire proofing to structural steel beams (limpet asbestos);
- Sprayed under roofs and ceilings as decoration and for sound/fire insulation properties (vermiculite);
- Sprayed on for rating wall brackets and joint seals;
- Asbestos cement products including roof, internal and external wall and ceiling cladding, moulded pipe and conduit, downpipes and guttering;
- Door seals;
- Insulation to boiler / heating pipes and other industrial plant;
- Permanent formwork;
- Expansion joints;
- Gasket material;
- Laboratory ‘Matts’;
- Vinyl floor tiles;
- Paints;
- Insulation to fire doors,
- Waterproofing membrane;
- Electrical switchboards;
- Insulation to heaters coils inside air conditioning ducting;
- Muffler bandage;
- Brake linings and clutch pads;
- Wall and ceiling insulation.

APPENDIX 15:- CONTROL OF ASBESTOS HAZARDS

Control of Asbestos Hazards

The control of asbestos hazards should utilise the most appropriate method applicable to the particular circumstances. Based upon the assessment of the condition of the asbestos, it's potential to suffer damage or mechanically degrade, and the likelihood of exposing people to airborne asbestos, the following control strategies are relevant:

- Leave in situ (Manage);
- Encapsulation;
- Enclosure; and
- Removal

These control strategies are discussed below:

Leave in Situ (Manage)

The identification of asbestos in a building or plant does not automatically necessitate its removal. Asbestos in a stable condition and not prone to mechanical damage can generally remain in situ. The asbestos will need to be inspected on a regular basis to ensure its integrity is maintained, should be labelled with an appropriate warning, and must be removed under controlled conditions prior to demolition or refurbishment works that may disturb the asbestos.

Encapsulation or Sealing

Encapsulation refers to the coating of the outer surface of the asbestos material by the application of a sealant compound that usually penetrates to the substrate and hardens the material. Sealing is the process of covering the surface of the material with a protective coating impermeable to asbestos. Encapsulation or sealing helps protect the asbestos from mechanical damage, and is designed to reduce the risk of exposure by inhibiting the release of asbestos fibres into the airborne environment, and increase the length of serviceability of the product. The use of encapsulation or sealing may be of limited application. It is not considered to be an acceptable alternative to repairing or removing severely damaged ACM

Enclosure

Enclosure involves installing a barrier between the asbestos material and adjacent areas. This is effective in inhibiting further mechanical damage to the asbestos, and friable products such as calcium silicate pipe lagging or sprayed limpet asbestos may be targeted for enclosure where removal is not an option. The type of barrier installed may include plywood or sheet metal products, constructed as boxing around the asbestos.

Removal

Removal of asbestos must be performed under controlled conditions, depending on the type of asbestos product to be removed. Removal is considered preferable to the other abatement options such as enclosure or encapsulation, as it eliminates the hazard from the workplace. The removal process, however, does pose an increased risk to personnel engaged in the removal, and may result in increased airborne fibre levels in adjacent occupied areas if the removal program is not strictly controlled. Asbestos removal is generally an expensive exercise, and can cause major disruptions to building occupants. The removal of asbestos is considered appropriate when the asbestos product is deteriorated, has reached an unserviceable condition, or is at risk of being disturbed, and the other control options are not feasible. Where demolition or refurbishment works are to occur, and this work is likely to impact on ACM, the asbestos must be removed under controlled conditions prior to the commencement of any site works.

APPENDIX 15:- CONTROL OF ASBESTOS HAZARDS

Managing In Situ Asbestos

General

The management of in situ asbestos is important to ensure ACM are not damaged or deteriorate to such an extent that, workers or visitors are unnecessarily exposed to airborne asbestos fibres. It is also the aim of Tamworth Borough Council to incorporate asbestos issues into internal works orders and building works contracts, designed to ensure that any asbestos that may be encountered during the work to be undertaken is dealt with in the appropriate manner.

Re-inspections

Re-inspections of ACM to be conducted by competent personnel trained in the identification of ACM's and the risk assessment processes (i.e. Consultant Occupational Hygienist). The inspections will involve visual assessment of the condition of the materials to determine whether the material remains in a satisfactory condition, or if deterioration has occurred since the previous inspection. Such re-inspections will determine if any remedial action, such as encapsulation, isolation or removal of the ACM, is required. Re-inspections will be performed on a regular basis. Normally, re-sampling of materials would not be required during re-inspections. If, however, previously unidentified or undocumented asbestos, or materials suspected of containing asbestos, are encountered during the re-inspection process, sampling and analysis will need to be performed. The asbestos register, where necessary, will be updated and reissued at the completion of the re-inspection work.

APPENDIX 16:- INFORMATION AND TRAINING

Information and Training

Training and sharing of information is one of the most important elements of this AMP. All categories of personnel employed at the council will be given appropriate Asbestos Awareness Training to ensure adequate awareness of the health risks of asbestos, methods of prevention and control, proper work practices, emergencies and use of personal protective equipment. Asbestos Awareness Training will be conducted for employees as required to keep employees abreast of updated information and procedures and to reaffirm Tamworth borough Council health and safety requirements. The training will be conducted for personnel who may become involved with the handling of ACM in their day-to-day job activities. These personnel will include maintenance and trades staff that may encounter ACM during their normal course of work. Those personnel required to supervise asbestos removal projects will also receive the additional training. The training for employees will be conducted in a manner which the employee is able to understand and will be given in verbal and written form and with the use of visual aids and worker participation. These approaches are to be used in a manner that will ensure adequate awareness of the health and safety risks in TAMWORTH BC properties, methods of prevention and control and appropriate work practices. An important element of the information provided will be on the responsibilities of management and employees in relation to asbestos matters and the health hazards that may result if these responsibilities are neglected. The training program will include, but not be limited to, the provision of information on the following:

Information, Instruction and Training

1) *Every employer shall ensure that adequate information, instruction and training is given to those of his employees –*
   a) *Who are or who are liable to be exposed to asbestos, or who supervise such employees, so that they are aware of –*
      I. *The properties of asbestos and its effects on health, including its interaction with smoking,*
      II. *The types of products or materials likely to contain asbestos,*
      III. *The operations which could result in asbestos exposure and the importance of preventive controls to minimise exposure,*
      IV. *Safe work practices, control measures, and protective equipment,*
      V. *The purpose, choice, limitations, proper use and maintenance of respiratory protective equipment,*
      VI. *Emergency procedures,*
      VII. *Hygiene requirements,*
      VIII. *Decontamination procedures,*
      IX. *Waste handling procedures,*
      X. *Medical examination requirements, and*
      XI. The control limit and the need for air monitoring,

   In order to safeguard themselves and other employees; and
   b) Who carry out work in connection with the employer's duties under these Regulations, so that they can carry out that work effectively

(2) The information, instruction and training required by paragraph (1) shall be –
   a) *Given at regular intervals;*
   b) *Adapted to take account of significant changes in the type of work carried out or methods of work used by the employer; and*
   c) Provided in a manner appropriate to the nature and degree of exposure identified by the risk assessment, and so that the employees are aware of –
      i) *The significant findings of the risk assessment, and*
      ii) The results of any air monitoring carried out with an explanation of the findings.

APPENDIX 16:- INFORMATION AND TRAINING

There are three main types of information, instruction and training (simply referred to as training from now on). These are:

(a) Asbestos awareness training. This is for those persons who are liable to disturb asbestos while carrying out their normal everyday work, or who may influence how work is carried out, such as:

I. General maintenance staff
II. Electricians
III. Plumbers
IV. Gas fitters
V. Painters and decorators
VI. Joiners
VII. Plasterers
VIII. Demolition workers
IX. Construction workers
X. Roofers
XI. Heating and ventilation engineers
XII. Telecommunications engineers
XIII. Fire and burglar alarm installers
XIV. Computer installers
XV. Architects, building surveyors and other such professionals
XVI. Shop fitters

(b) Training for non-licensable asbestos work. This is for those who undertake planned work with asbestos which is not licensable such as a roofer or demolition worker removing a whole asbestos cement sheet in good condition or analytical staff and asbestos surveyors.

(c) Training for licensable work with asbestos. This is for those working with asbestos which is licensable such as removing asbestos insulation or insulating board.

Asbestos Awareness Training

Asbestos awareness training is required to be given to employees whose work could foreseeably expose them to asbestos. In particular, it should be given to all demolition workers and those workers in the refurbishment, maintenance and allied trades where it is foreseeable that their work will disturb the fabric of the building because ACMs may become exposed during their work. Exemption from this requirement would apply only where the employer can demonstrate that work will only be carried out in or on buildings free of ACMs. This information should be available in the client's asbestos management plan.
This training should cover the following topics in appropriate detail, by means of both written and oral presentation, and by demonstration as necessary:

(a) The properties of asbestos and its effects on health, including the increased risk of lung cancer for asbestos workers who smoke;
(b) The types, uses and likely occurrence of asbestos and ACMs in buildings and plant;
(c) The general procedures to be followed to deal with an emergency, for example an uncontrolled release of asbestos dust into the workplace; and
(d) How to avoid the risks from asbestos, for example for building work, no employee should carry out work which disturbs the fabric of a building unless the employer has confirmed that ACMs are not present.

APPENDIX 16:- INFORMATION AND TRAINING

Training for Non-Licensable Asbestos Work

Persons requiring this type of training would include those whose work will knowingly disturb ACMs, such as maintenance workers and their supervisors; and those who carry out asbestos sampling and analysis. It should be given in addition to the asbestos awareness training outlined in paragraph. This training should cover the following topics in appropriate detail, by means of both written and oral presentation, and by demonstration:

(a) The operations which could result in asbestos exposure and the importance of preventive controls to minimise exposure;
(b) How to make suitable and sufficient assessments of the risk of exposure to asbestos;
(c) The control limit, and the purpose of air monitoring;
(d) safe work practices, control measures, and protective equipment including an explanation of how the correct use of control measures, protective equipment and work methods can reduce the risks from asbestos, limit exposure to workers and limit the spread of asbestos fibres outside the work area;
(e) The maintenance of control measures, including where relevant the maintenance of enclosures;
(f) Procedures for recording, reporting and correcting defects;
(g) The appropriate purpose, choice and correct selection from a range of suitable RPE including any limitations;
(h) The correct use, and where relevant, cleaning, maintenance and safe storage of RPE and PPE, in accordance with the manufacturer's instructions and information;
(i) The importance of achieving and maintaining a good seal between face and RPE, the relevance of fit tests, and the importance of being clean-shaven;
(j) Hygiene requirements;
(k) Decontamination procedures;
(l) Waste handling procedures;
(m) Emergency procedures;
(n) Which work requires an HSE licence
(o) An introduction to the relevant Regulations, Approved Codes of Practice and guidance that apply to asbestos work and other Regulations that deals with the carriage and disposal of asbestos;
(p) For analysts, personal sampling and leak and clearance sampling techniques; and
(q) Other work hazards including working at height, electrical, slips, trips and falls.

Where any employees are required to use the following plant and equipment or carry out the following work activities then practical training (ie giving someone the opportunity to try and practice something for themselves rather than having it explained or demonstrated to them) should be given:
(a) Use of decontamination Compliance;
(b) Use of PPE, particularly RPE;
(c) Construction of mini-enclosures where necessary; and
(d) Use of control techniques, such as Class H vacuum cleaners (BS EN 60335).

The procedures for providing information, instruction and training should be clearly defined and set out in a written health and safety policy document. This should be reviewed regularly, particularly when work methods change. Records should be kept of the training undertaken by each individual.

APPENDIX 16:- INFORMATION AND TRAINING

Training for Licensable Asbestos Work

Chapter 4 of HSG247 Asbestos: The licensed contractors' guide (The licensed contractors' guide)13 sets out the detailed content of the asbestos training modules for operatives, supervisors, projects, directors, supervisory licence holders and licensed scaffolders that are involved in licensable work.
All information, instruction and training given should include an appropriate level of detail, suitable to the job, and should use written materials, oral presentation and demonstration as necessary.
The following is a list of the information, instruction and training that should be given to all employees, including operatives, supervisors, projects, directors and supervisory licence holders in addition to the asbestos awareness training outlined in paragraph 127:

The health risks to employees' families and others which could result from taking home contaminated equipment and clothing, its interaction with smoking and the increased risk of lung cancer for asbestos workers who smoke;

a) The assessment of risk and the purpose of the plan of work;
b) The operations which could result in asbestos exposure and the importance of preventive controls to minimise exposure;
c) The control limit, the assessment of exposure and the purpose and importance of air monitoring to check compliance with the limit, including the purpose of personal sampling;
d) Safe work practices, control measures, and protective equipment including an explanation of how the correct use of control measures, protective equipment and work methods can reduce the risks from asbestos, limit exposure to workers and limit the spread of asbestos fibres outside the work area;
e) The importance of following (and for projects and supervisors ensuring the workforce follow) the procedures, controls and preventative measures set out in the plan of work and risk assessment;
f) The maintenance of control measures, including where relevant the maintenance of enclosures and negative pressure equipment;
g) Procedures for recording, reporting and correcting defects;
h) The appropriate purpose, choice and correct selection from a range of suitable RPE including any limitations;
i) The correct use, cleaning, maintenance and safe storage of RPE, with specific attention to ensuring that the RPE is working correctly in accordance with the manufacturer's instructions and information;
j) The importance of achieving and maintaining a good seal between face and RPE, the relevance of fit tests, and the importance of being clean-shaven;
k) The suitability, correct use, storage and maintenance of protective clothing, including clothing used for transit;
l) Hygiene requirements;
m) Decontamination procedures, particularly within enclosures, airlocks (including bag locks) and hygiene units;
n) Site set-up: marking out the work area, setting up barriers, transit routes and waste storage area, pre-cleaning, sealing sources of potential leaks, construction and layout of the enclosure including negative pressure units, viewing panels and airlocks, positioning of decontamination units, air management and leak testing;
o) Controlled removal techniques and how they work including types of wet surfactant injection of sprayed asbestos and lagging, spray wetting of AIB and asbestos cement, wrap-and-cut, and (if relevant) use of glove bags;
p) Waste-handling procedures including bagging, storage and disposal;

APPENDIX 16:- INFORMATION AND TRAINING

q) Site clean-up and clearance procedures, including the certificate of reoccupation arrangements;
r) Emergency procedures including general procedures such as the uncontrolled release of asbestos fibres into the workplace or outbreak of fire;
s) Medical examination requirements;
t) The results of any air monitoring carried out with an explanation of the findings;
u) For analysts, personal sampling and leak and clearance sampling techniques;
v) Other work hazards including working at height, electrical, slips, trips and falls; and

An introduction to the relevant Regulations, Approved Codes of Practice and guidance that apply to asbestos work and other Regulations that deals with the carriage and disposal of asbestos.

To assist the employer to comply with their legal duties under the Control of Asbestos Regulations, the following additional training should be given to supervisors, projects, directors and supervisory licence holders, at an appropriate level, so that they can effectively carry out their role on site. This should include:

a) Their responsibilities for directing, supervising and monitoring all aspects of work on site, including people's health and safety;
b) The importance of the supervisor being on site at all key stages of the work (witnessing the smoke test, ensuring that the hygiene Compliance are fully operational before work starts, ensuring signs and barriers are correctly erected, carrying out daily checks) to ensure that it is done safely;
c) How to produce and apply plans of work that set out the appropriate procedures, controls and preventative measures based on the assessment, including how and when to update plans;
d) How and when to notify the appropriate enforcing authorities that work is taking place and situations where re-notification is necessary;
e) How to deal with situations where the methods set out in the plan of work cannot be followed due to a change in circumstances and a revision to the plan is required;
f) The application of suitable contingency procedures in the event of a failure of controls;
g) The importance of monitoring and auditing the work activities;
h) The importance of having effective arrangements in place to communicate with and monitor workers inside the enclosure and hygiene unit;
i) A need to provide additional training, information and instruction to workers as necessary such as the use of a particular piece of equipment or work method for which training has not previously been given;
j) How to assess the competence of employees and identify their training needs;
k) When and how air monitoring should be undertaken, how the results are interpreted and to whom they should be communicated;
l) How the results and records of personal air sampling, fit tests and medicals should be kept and maintained and to whom they should be communicated;
m) How to apply the procedures for dealing with accidents, incidents and emergencies;
n) Keeping the work area clean and free of asbestos;
o) The importance of ensuring that the correct procedures are followed at the end of the job to allow a certificate of reoccupation to be issued; and
p) An understanding of what the laboratory analyst will require before clearance sampling is undertaken and the certificate of reoccupation can be issued.

APPENDIX 16:- INFORMATION AND TRAINING

Practical training is essential for those entering enclosures such as operatives, supervisors and supervisory licence holders. Practical training is also required where people are required to use the following plant and equipment or carry out the following work activities or procedures:

a) Decontamination procedures and use of hygiene Compliance;
b) Use of PPE, particularly RPE;
c) Construction of enclosures, airlocks and achieving sufficient numbers of air changes within the enclosure;
d) Controlled removal techniques, including the use of multiple and single needle injection systems, glove bags and wrap-and-cut; and
e) Waste removal procedures on site including double bagging and removal through the bag lock.

Anyone who carries out any examination, testing (including clearance inspection, air monitoring and exposure monitoring) or maintenance of plant or equipment (eg LEV systems and RPE) should have had sufficient training and experience in inspection methods and techniques to ensure that they are competent.

Provision of information

All training certificates issued by such people or organisations should be traceable and have a validity of no more than one year. The employer should carry out checks as may be necessary to establish the authenticity of training certificates. More information on training for licensable work can be found in; the licensed contractors' guide.13

For licensable work, copies of the respective training records should be provided to each individual. The original of the records should be kept centrally and be reviewed annually to help inform what refresher training is required or earlier if concerns are raised about an individual's competence.

Employers should make the following information available to employees and safety representatives:

(a) A copy of the current assessment for the work;
(b) A copy of the plan of work;
(c) Details of any air monitoring strategy and results;
(d) Maintenance records for control measures;
(e) Personal information from health records (only relating to the individual employee concerned);
(f) A copy of the individual's training record (only relating to the individual employee concerned);
(g) The results of any face-fit test for asbestos RPE.

For licensable work, this information should also include:

(a) A copy of the licence;
(b) Details of notification under regulation 9 made to the enforcing authority;
(c) Any anonymous collective information from the health records.

Where the results of air monitoring show that the relevant control limit has been unexpectedly exceeded, employers should tell employees, safety representatives and elected representatives of employee health and safety about this as quickly as possible and give details of the reasons for what happened and the action taken or proposed.

The duration of training should be appropriate to the type of training (initial training or refresher training), the role for which the person is being trained (operative, supervisor or project) and the

nature of the work being trained for (non-licensable work, asbestos removal, work ancillary to asbestos removal e.g. scaffold work, maintenance of plant and equipment etc).

Refresher Training

Refresher training should be given at least every year and should be appropriate to the role undertaken. Those persons who require only awareness training could have refresher training as part of other health and safety updates. Employers should identify the specific training needs of their employees so that the refresher training can be appropriately tailored. It should not be a repeat of the initial training. Where training needs dictate, refresher training should include an appropriate element of practical training, particularly covering decontamination procedures, use of RPE, and controlled removal techniques. Refresher training will be required more frequently than annually if:

(a) Work methods change;
(b) The type of equipment used to control exposure changes; or
(c) The type of work carried out changes significantly.

APPENDIX 16:- INFORMATION AND TRAINING

APPENDIX 17:- ASBESTOS SURVEYS

Asbestos Surveys

An updating of the existing Asbestos Surveys and Registers of Asbestos Containing Materials at Tamworth Borough Council premises is an on-going process. Tamworth Borough Council expects that the surveying company produces a standard asbestos survey report template that will ensure consistent reporting of information when buildings or structures are surveyed for asbestos. The standard asbestos survey report documents the location, extent, type, approximate quantity and condition of asbestos containing materials identified during the survey and includes a qualitative risk assessment. Each asbestos situation identified is given a risk rating, based on the extent, type, condition and accessibility of the asbestos at the time of the site assessment. Generally, each asbestos survey will be undertaken by means of performing a visual assessment of the building, structure or property in question. The asbestos survey and assessments are only performed by persons/organizations trained and experienced in identifying and assessing the risk of asbestos. Representative samples of materials suspected of containing asbestos are collected during the survey. Analysis of these samples will only be undertaken by UKAS Accredited personnel using polarised light microscopy (PLM), supplemented with dispersion staining techniques (i.e. Consultant Occupational Hygienist). All visible and accessible sources of asbestos identified are documented in tabular format in the Asbestos Register, which will form part of the Asbestos Database (######). Those areas not able to be accessed during the course of the site survey are also documented. This is important for future reference. Each survey report is accompanied by sample analysis reports, a photographic record of identified asbestos containing material, risk assessment of the asbestos containing material discovered, background information on typical applications and information on the health effects of asbestos.

Material Sampling

Where a material, dust, debris, powder or similar substance suspected of containing asbestos is detected, a sample shall be taken by a competent person (e.g. Consultant Occupational Hygienist or Compliance management person who has received appropriate training for working with asbestos). Samples shall be placed in an airtight container, appropriately labelled and immediately dispatched for analysis or, where this is not possible, stored in a secure area until dispatched.

Labelling of Samples

Samples shall be adequately labelled, to enable follow-up action and shall include:

1 Name and location of the building, structure, plant or equipment from which the sample was taken;

2 Exact location of the sampled material giving sequential location number from the Asbestos Register;

3 Date of sampling;

4 Batch identification number (if appropriate);

Material Analysis

Analysis of the sample material, dust, debris or powder shall only be performed at a laboratory Accredited by UKAS. When a sample is taken for analysis, the following information should be specified for inclusion in the analysis report provided by the testing authority:

1 The sample identification number;

2 The analysis method used;

3 A description of the sample appearance;

4 Proportion/concentration (if known) and type of asbestos present;

5 Comment on other materials detected.

This information shall be retained in the Asbestos Register.

APPENDIX 17:- ASBESTOS SURVEYS

Identification Requirements

When identifying asbestos for inclusion in the Asbestos Register, the following should, as far as practical, be included:

1 The location of the ACM;
2 Dates when identification was made;
3 Details of the competent person/s who identified the ACM;
4 Location of any ACM (including asbestos material in items of plant and equipment);
5 The type of asbestos material (eg. asbestos cement sheet, asbestos lagging on pipes and flues, asbestos gaskets in plant or machinery, etc);
6 Details of any material presumed to be asbestos;
7 Any inaccessible areas that are likely to contain asbestos material; and
8 Results of any analysis that has confirmed a material in a workplace is/is not an asbestos material.

Risk Assessment and Hazard Ratings

Risk Assessment

Risk assessments shall be conducted for all areas identified as having asbestos and/or ACM to determine appropriate control measures and inspection schedules. Regular, periodic inspections to assess the potential for the release of asbestos fibres into the atmosphere from any ACM shall be conducted by a competent person. The period between assessments will be determined by the risk assessment based on the condition and location of the asbestos and the likelihood of damage or deterioration. The timeframe for assessments is with the frequency of updates to the Asbestos Register unless the risk assessment identifies the need for more frequent inspections and assessments which will be identified in the Asbestos Register for the site. Risk assessments of any ACM should include the following:

1 Date of the assessment;
2 Condition of the ACM (i.e. whether the ACM is friable or bonded and stable, or liable to damage or deterioration, etc.);
3 Likelihood of possible exposure;
4 Whether the nature or location of any work to be carried out is likely to disturb the ACM;
5 Control measures recommended as a result of the risk assessment.

Risk assessments should be reviewed regularly, particularly when:
1 There is evidence that the risk assessment is no longer valid;
2 A significant change is proposed in the place of work or in work practices or procedures to the area that the risk assessment relates;
3 There is a change in the condition of the ACM; or
4 The ACM has been removed, enclosed or sealed.

Priority Rating for Control of Asbestos Containing Materials

Asbestos is hazardous when it is airborne. The health risks posed by ACM or products in premises are due to a number of risk factors including:

- Accessibility of the material;
- Condition of the material;
- Friability of the material; and
- Location of the material.

A hazard level for ACM can be determined by multiplying the hazard level for the given asbestos type by the product of the risk factor hazard levels. The risk assessment methodology used in our

assessment is based on the HSG 264. The hazard levels for this assessment have been assessed according to the criteria contained in HSG 264.

Material Assessment Algorithms

HSG 264 calls for all samples identified as being ACMs to be subject to a Material Assessment Algorithm, in order to assess the potential for fibre release when subject to a standard disturbance. The factors to be considered are;

A	Product Type	Scored 1-3
B	Extent of Damage or Deterioration	Scored 0-3
C	Surface Treatment	Scored 0-3
D	Asbestos Type	Scored 1-3

For each of these factors a score is allocated and the results are added together to give a result between 0 and 12. Scores are interpreted as follows:
Risk Band

0: Not Applicable

<5: Very Low

5-6: Low

7-9: Medium

>9: High

This material assessment purely assesses the condition of the material. It identifies the materials that present a higher risk of fibre release if disturbed. This algorithm does not automatically mean that those materials with a higher score should be given a higher priority for remedial work. Rather, this score should be considered along with other factors involved, such as the location of the material (for example; outside, inside, in plant areas, by or in ventilation systems), its extent, occupancy and the type of activity likely to affect it. Factors effecting such activity are, for example, that it may be only accessed during major works or alternatively, occupants undertake actions which may easily disturb it during everyday activity.

APPENDIX 17:- ASBESTOS SURVEYS

Priority Assessment Algorithms

As part of the recommendations given in the survey reports the duty-holder under CAR should complete their risk assessment by undertaking a priority assessment. The priority assessment looks at the likelihood of someone disturbing the ACM. Table 2 and 3 provides examples for carrying out such an assessment. This will then form the basis of the management plan.

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. industrial or vehicular activity which may contact ACMs)
	3	High level of disturbance (e.g. fire doors with asbestos insulating board sheet in constant use)
Secondary activities for area	As above	As above
Likelihood of Disturbance		
Location	0	Outdoors
	1	Large rooms or well ventilated areas
	2	Rooms up to 100 m^2
	3	Confined spaces
Accessibility	0	Usually inaccessible or unlikely to be disturbed
	1	Occasionally likely to be disturbed
	2	Easily disturbed
	3	Routinely disturbed
Extent / amount	0	Small amounts or items (e.g. strings, gaskets)
	1	$\leq$ 10 m^2 or $\leq$ 10 m pipe rum
	2	> 10m^2 to $\leq$ 50m^2 or > 10 m to $\leq$ 50 m pipe run
	3	> 50 m^2 or > 50m pipe run
Human exposure potential		
Number of occupant	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 in use	0	< 1 hour
	1	> 1 to < 3 hours
	2	> 3 to < 6 hours
	3	> 6 Hours
Maintenance activity		
Type of maintenance	0	Minor disturbance (e.g. possibility of contact when gaining access)
	1	Low disturbance (e.g. changing light bulbs in asbestos insulating board ceiling)
	2	Medium disturbance (e.g. lifting one or two asbestos insulating board ceiling tiles to access a valve)
	3	High level of disturbance (e.g. removing a number of asbestos insulating board ceiling tiles to replace a valve or for re-cabling)
		ACM unlikely to be disturbed
	0	<1per year
	1	> 1 per year
Frequency of maintenance activity	2	> 1 per month
	3	

APPENDIX 17:- ASBESTOS SURVEYS

APPENDIX 18:- LABELLING

Labelling

Warning Signs

All areas of a workplace, including plant, equipment and components that contain shall, where practicable, be signposted with cautionary warning signs to ensure that the asbestos is not knowingly disturbed without correct precautions being taken. Signs should be located at all main entrances to the workplace or all entrances to the areas where asbestos is present. All warning signs shall comply with United Kingdom Standards, Health & Safety signs and Signals act 1999 and CAR 2012

Labelling

In addition to warning signs, when a risk assessment has identified that the asbestos containing materials may be disturbed or there is a potential health risk, the asbestos containing materials must be labelled to warn of the presence of asbestos. The location of the label should be consistent with the location of the asbestos containing materials as outlined by information in the Asbestos Register. A competent person should determine the number and positioning of labels required. Labels used for this purpose must identify the material as containing asbestos and should comply with Health & Safety signs and Signals act 1996 and CAR 2012.This procedure is designed to avoid exposure to asbestos fibre. The following labelling standards shall be observed at Tamworth Borough Council to identify asbestos containing materials.

EXAMPLE Warning Label

APPENDIX 19:- ASBESTOS REMOVAL CONTRACTING

Asbestos Removal Contracting

Contractors carrying out asbestos work at Tamworth Borough Council properties shall prepare procedures detailing steps they will take to comply with the requirements of this Asbestos Management Plan. The procedures will include an overview of the methodology to be used, containment procedures Job Safety Analysis and health protection methods and must be in accordance with but not limited to the Standard Work Procedures contained in **Appendix 4** of this AMP.

These procedures shall be compatible with the AMP and their implementation will be subject to audit by Council Management Services. Where Contractors are engaged in asbestos removal works:

- All contractors tendering for asbestos works will be issued with tender documents, which include access to this AMP and the applicable section of the Asbestos Register.
- Prior to entering site to undertake works, the contractor will provide for approval, their proposed procedures related to the works.
- Only licensed and experienced asbestos removal contractors will be utilised. All asbestos works requiring the use of outside Contractors may require the contractor to provide information concerning their experience, qualifications and approvals. The information sought at the time of tendering will include:

- Name of Company tendering;
- Evidence of currency of asbestos-related insurances;
- Evidence of currency of asbestos licence;
- Name of on-site supervisor, and their qualification;
- Name of workers to be employed on the project and evidence that they have undergone asbestos training;
- A list and details of past asbestos removal projects undertaken in the past six months;
- A list of referees and their contact telephone numbers;
- WMS (Work Method Statements) to be used for the asbestos removal works;
- A copy of any training records for staff; and
- Copies of health surveillance and records of medicals for employees.
- Evidence of co-operation and collaboration with the Consultant Occupational Hygienist. At the time of seeking tender for asbestos related works, a copy of the AMP will be made available to the prospective tenderer, and in award of contract the Contractor will be required to comply with the AMP.

APPENDIX 20:- UNCOVERING OF SUSPECTED ASBESTOS SUSPECTED MATERIALS

Uncovering of Suspected Asbestos Materials

The procedure to be followed in the event of suspected ACM being uncovered is shown in **Appendix 2**.

All incidents concerning the uncovering of suspected ACM are to be dealt with and recorded on the **Asbestos Incident Report** - **AMP Form 1** (**Appendix 1**) by the Tamworth Borough Council's Supervisor or nominated representative with the following details:

• Date and time of uncovering;

• Nature of the problem;

• Response action taken and date of action; and

• Noted for the purpose of updating the property Asbestos Register.

Once the material has been confirmed as containing asbestos, appropriate actions taken.

APPENDIX 21:- INCIDENTS

Incidents

When an incident is identified, it will be recorded. The Tamworth Borough Council responsible person or the Consultant Occupational Hygienist will usually make these observations during routine site inspections. All incidents are to be managed in accordance with Tamworth Borough Council AMP and the Emergency Procedures detailed in **Sections 19** and **21** and illustrated in **Appendix 2**. All reportable incidents are to be documented within the TAMWORTH BC's Incident Reporting Procedures and on the Asbestos Incident Report (**Form 1**) located in **Appendix 1**.

APPENDIX 22:- EMERGENCY PROCEDURES

Emergency Procedures

Emergency procedures on site will cover actions to be taken when asbestos is inadvertently uncovered, catastrophic events occur or air monitoring indicates high levels of airborne asbestos fibre. The procedures contained in **Appendix 2** shall be followed in an emergency. It is important to remember that the first priority must always be the safety of any persons either workers or others involved in the events. Uncovering of asbestos may occur due to human error or to catastrophic event. Catastrophic events may include but not limited to:

- Explosion;
- Industrial Accident;
- Failure of construction structures;
- Failure of an asbestos control (i.e. encapsulation, equipment etc);
- Earthquake;
- Flood; and
- Fire.

In order to ensure that the occupational health impact of unavoidable catastrophic events is minimised, emergency procedures documented in **Appendix 2** are to be followed. All emergency action should take place as soon as possible after the event and the first priority is to stabilise the situation and to prevent further hazard or employee exposure.

Non-Conformances and Corrective Actions

It is the responsibility of every employee who becomes involved in asbestos removal, or with an unsafe act involving asbestos, to report any event which does not comply with this AMP. This reporting must be provided as the event(s) occur, to the Tamworth Borough Councils Project/Supervisor or the OH&S Office. Non-conformances by employees will be managed in accordance with Tamworth Borough Councils procedures. Corrective action will involve:

a) Immediate positive action and notifications to the Tamworth Borough Councils responsible person or the OH&S Office detailing the circumstances and action taken.
b) Longer term corrective action to prevent recurrence of the problem.

APPENDIX 23:- INTERNAL AUDITS

Internal Audits

Sub-contractors undertaking work packages on site where requested by Tamworth Borough Council will prepare Standard Operating Procedures (SOP) detailing steps they will take to comply with the requirements of this AMP, and relevant statutory approvals. SOP's/ must be submitted for review and approval before work commences. These SOP's/ shall form a section of the construction work package Project Plan. The implementation of the SOP's/JSA's will be audited by the Tamworth Borough Councils Project at regular intervals according to established procedures.

Corrective Actions

Corrective Actions will be raised as a result of a finding of non-compliance arising from an audit of contractor's compliance with the AMP, statutory requirements.

Non-Conformances

A non-conformance will be recorded. These observations will usually be made during routine site inspections by Tamworth Borough Council representative, the Consultant Occupational Hygienist or his representative, or by the audit process. Non-conformances Notices will be issued and managed in accordance with Tamworth Borough Council procedures.

APPENDIX 24:- ASBESTOS MANAGEMENT RECORDS

Asbestos Management Records

All asbestos records will be stored and maintained within the Tamworth Borough Councils Records Management system. The records will be updated as required and copies sent to the responsible person in the Tamworth Borough Councils Records Management system.

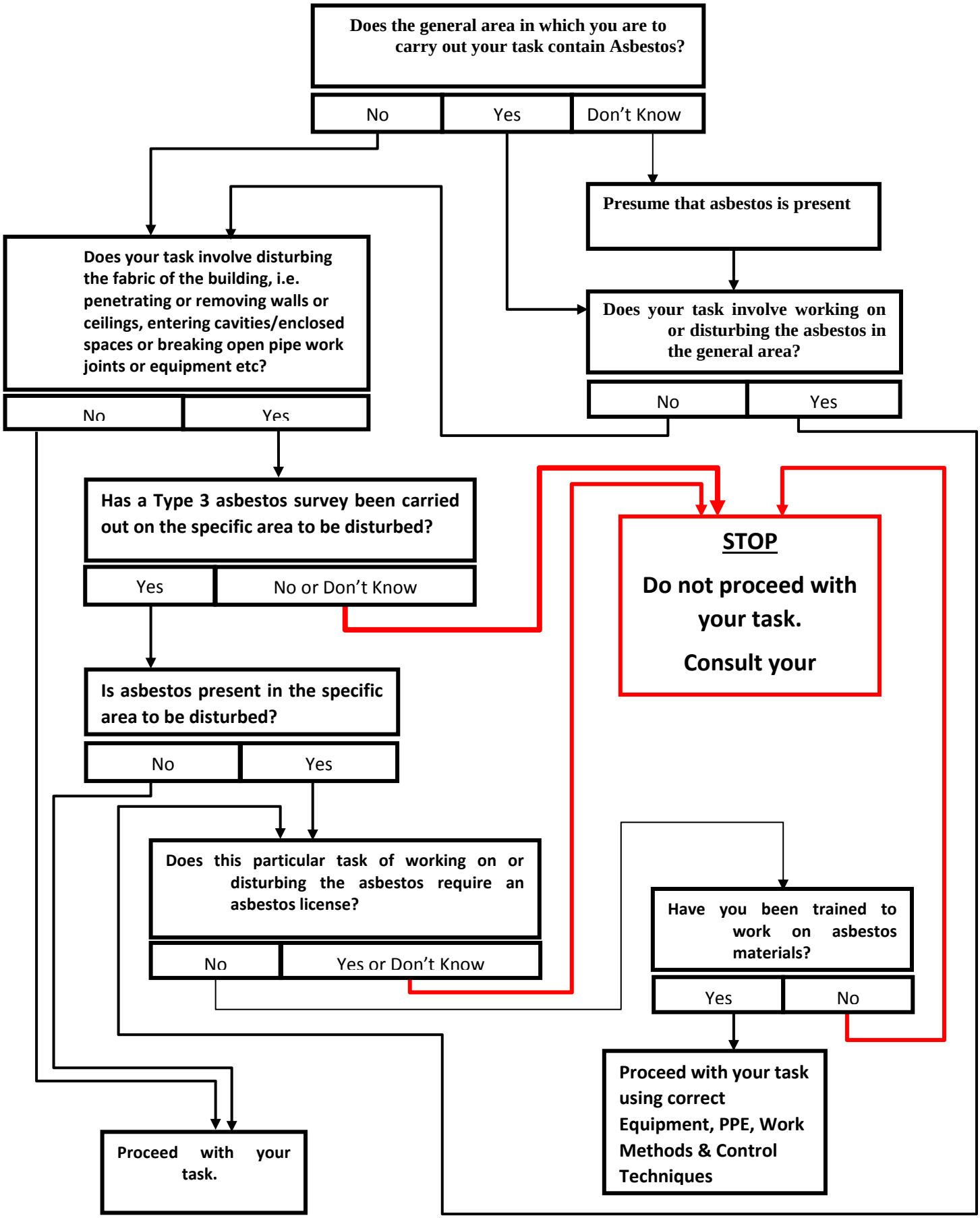
The record system will include:

- Records of inspection and test plans;
- Records of corrective action;
- Records of audits;
- Original records of certification/approvals by statutory authorities;
- Records of surveys;
- Records of complaints from employees;
- Records of inspections, maintenance and tests results;
- Records of training and inductions;
- Records of employee involvement in site works; and
- Contractor reports of asbestos removal work.

AMP FORM 1
ASBESTOS INCIDENT REPORT
Report Number: . . . . . .
Location of Incident (including Building Name & Number):
……
……
Date & Time of Incident:
……
Date Incident reported:
……
Incident Reported By: Reported To:
……
Names of persons present/affected:
……
……
Details of Incident:
……
……
……
……
……
……
……
Signed by Reporter: Signed by Reporter:
……
Classification of Incident:
Minor Asbestos Incident Major Asbestos Incident Complaint
Breach of CAR 2012 Regulations Inspection Uncovering/Discovery of ACM Immediate Action Taken:
……
……
……
……
……
Supervisor:……
cc:……

ASBESTOS MANAGEMENT FORMS

PRE-MAINTENANCE TASK FLOWCHART



ASBESTOS MANAGEMENT FORMS

ASBESTOS RISK ASSESSMENT CHECKLIST

Record of Previous the Flowchart

Issue: **Review** **Author:**	**Pre-Work Task Asbestos Risk Assessment Checklist**				
Supervisors Name:		**Room/Area Name/Number:**		**Job Number:**	**Date:**

Q 1	Does the general area in which work is being carried out contain Asbestos?	Yes		Go to Question 2
		No		Go to Question 3
		Don't Know		Presume that asbestos is present. Go to Question 2
Q 2	Does the task involve working on or disturbing the asbestos in the general area where the work is being carried out?	Yes		Go to Question 6
		No		Go to Question 3
Q 3	Does the task involve disturbing the fabric of the building, i.e. penetrating or removing walls or ceilings, entering ceilings/cavities/enclosed spaces or breaking open pipe work joints or equipment etc?	Yes		Go to Question 4 *(If it is known to be wood, if it is known to be brick etc. and you are not fully penetrating the material to an un-seen side than also proceed with the task.)*
		No		Proceed with the task.
Q 4	Has a Pre-demolition or Refurbishment asbestos survey been carried out on the specific area to be disturbed?	Yes		Go to Question 5
		No		**STOP! Do not proceed with the task. Consult line Manager.**
		Don't Know		**STOP! Do not proceed with the task. Consult line Manager.**
Q 5	Is asbestos present in the specific area to be disturbed?	Yes		Go to Question 6
		No		Proceed with the task.
Q 6	Does the task of working on or disturbing the asbestos require an asbestos licence?	Yes		**STOP! Do not proceed with the task. Consult line Manager.**
		No		Go to question 7
		Don't Know		**STOP! Do not proceed with the task. Consult line Manager.**
Q 7	Have the operatives involved in 'asbestos work' been properly trained, certificated and have the skills to work on asbestos materials?	Yes		Proceed; using trained experts, Correct Equipment, PPE, Written Work Methods and Control Techniques.
		No		**STOP! Do not proceed with the task. Consult line Manager.**
Q 8	Have the operatives had 'asbestos awareness' training within the last 12 months?	Yes		Proceed with the task
		No		**STOP! Do not proceed with the task. Consult line Manager.**

Instructions: Site Managers & Supervisors: Check all 'asbestos information' every time when planning works, complete this form then hand out with work dockets/job sheets. It is your responsibility to ensure that all operatives including sub-contractors are aware of ACMs and relevant information as part of their pre-task briefing.		**Instructions: Operatives: Tamworth Borough Staff and sub-contractor operatives must understand this pro-forma and check it for completeness prior to starting work. Any concerns, suspicions, irregularities, etc, before or during work, STOP! Make safe and consult your supervisor/line Manager.**

ASBESTOS MANAGEMENT FORMS

PERMIT TO WORK - ASBESTOS GUIDANCE & PROFORMA

CONTROL

A Permit to Work procedure is a formal written system used to control certain types of work which are potentially hazardous. The term "Permit to Work" refers to the pro-forma or certificate which forms a part of an overall safe working system.

The essential features of "Permits to Work" are:

1. Clear definition of who may authorise particular work.
2. Clear identification of who is responsible for specifying the necessary precautions to be taken.
3. Effective instruction and training to all personnel in the issue and use of permits.
4. Performance monitoring in order to ensure that the safe system is implemented as intended.

The permit is therefore a written document that gives authorisation to certain people to carry out specific work within certain time constraints and which sets out the main precautions needed to complete the work safely and without any risks to the health of those involved.

The issuing of a "Permit to Work" does NOT

- **Automatically give permission to carry out dangerous work or**
- **In itself make a job safe**

RESPONSIBLE PERSON

For the purpose of this Permit to Work, the Responsible Person is deemed to be a member of the site management team who is appropriately conversant with the current Asbestos Survey report and any accompanying documentation. The Responsible Person should check the exact work areas affected against the Asbestos Survey Report. If asbestos containing materials are likely to be disturbed during the task a Task Specific Risk Assessment and Method Statement must be carried out in line with HSE Guidance. If in any doubt seek further expert advice

ASSESSMENTS OF RISK

The purpose of a Permit to Work system is to ensure that proper consideration is given to the risks of particular work and that these are assessed and controlled before the work starts.

OBJECTIVES

The primary objective of the procedure is to:

- Ensure proper authorisation of designated work within specified areas.

UNDERSTANDING

Management and Supervision must ensure that the persons involved in such work fully understand the exact:

- Identity, nature and extent of the job?
- The hazards involved?
- The precautions to be taken?
- Limitations as to the extent of the work and of the time during which the work may be carried out?

ASBESTOS MANAGEMENT FORMS

LINE MANAGEMENT

It is important to ensure that the line project in direct charge of an area, location, unit, plant, installation or equipment is fully aware of all the work being done. A system of control must be provided. Provision must be made for a record showing that the natures of the work and the necessary precautions have been checked by appropriate persons. Line management should also provide a formal hand-back procedure to ensure that the part of plant, installation or equipment affected by the work is in a safe condition before normal work etc is resumed.

PERMIT TO WORK - ASBESTOS GUIDANCE & PROFORMA

INDIVIDUAL RESPONSIBLITIES

Clear information, instruction, training and guidance should be given to all who have responsibilities under Permit to Work procedures including:

1. Management and , where appropriate, occupiers and owners
2. Contractors, preferred contractors and sub-contractors.
3. Supervisors and Technicians
4. Other employees or non-management and supervisory staff

CIRCUMSTANCES IN WHICH PERMITS MUST BE USED

These include potential hazardous work for which Permits to Work are normally required e.g.

Maintenance Repairs, Inspection, Testing, Alteration, Construction, Re-construction, Dismantling, Adaptation, Modification, Cleaning

This permit need only be issued where the Responsible Person is aware of, or suspects the presence of asbestos in the proposed work area and/or if the nature

ASBESTOS MANAGEMENT FORMS

PERMIT TO WORK ASBESTOS		
This permit to work is issued to the following person. No other work other than that detailed must be carried out.		
Project Title:	**Contractor:**	
Designation:	**Name of personnel:**	
Date(s) of work:	**Duration of Permit:**	
Location(s) of work in the building		
Description of work (specific)		
The contractor must view the asbestos report prior to the commencement of work and have satisfied themselves to the best of their knowledge that their wo not displace the known locations of the asbestos containing materials.		
Contractor:		
Name	Signature:	
Designation:	Time:	Date:
Authorisation:		
Name of Person Issuing Permit (Responsible Person):	Signature:	
Designation:	Time:	Date:
Clearance:		
I hereby declare that the work stated above has/has not been completed **Details:**		
Name (PiC):	Signature:	
Designation:	Time:	Date:
Cancellation:		
All copies of this permit to work are hereby cancelled:		
Name of Person Issuing Permit (Responsible Person):	Signature:	
Designation:	Time:	Date:

ASBESTOS MANAGEMENT FORMS

ASBESTOS WORKS MANAGEMENT CHECKLIST					
Site Address:		**Ref No:**		**Date:**	
Pre start checks			**Notes**		
Has the type of asbestos been identified?			Insert type and rough quantity		
Has the expected duration of the work been established?			Insert expected duration		
Has the asbestos removal been discussed and approved by the Client?			Insert name of client representative and date agreed		
Have all building users been notified and safety arrangements made?			Insert name of Area Custodian		
Has the HSE been notified 14 days in advance?			Form No.		
Name and address of asbestos remover			Insert Name		
Has a copy of the asbestos removers licence been obtained?			Insert Licence No and expiry date		
Has the contractor been workplace inducted and have pertinent workplace hazards been identified?			Insert induction date		
Have site services (water, electrical, drainage, first aid, communications, fire alarms) been identified?			Insert Yes/No and locations if known		
Can the contractor demonstrate adequate levels of insurance cover for the works and is working with asbestos specifically referred to in their schedules of insurance?			Insert Yes/No and details if known		
Is the Contractor on the approved list?			Insert Yes/No and details if known		
Operator risk assessment and method statement checks					
Does the method statement identify expected duration of work			Insert agreed duration		
Does the method statement identify expected levels of asbestos exposure			Insert details		
Does the method statement identify site supervisor and safety advisor who will monitor the work			Insert name and contact details		
Does the method statement identify operatives by name			Insert Yes/No and total No.		
Does the method statement identify removal method safe routes, equipment and enclosure arrangements and testing procedures?			Insert Yes/No and if suitable		
Has the contractor supplied up to date and valid training records for the activities to be undertaken as described in Chapter 4 of the Licensed Contractors Guide (HSE publication HSG247). In addition, do these records show that staff has been adequately trained in the use of any specialist equipment required?			Insert Yes/No and reference to location of originl training certificates and/or copies if held		
Can the contractor demonstrate up to date operative specific RPE face fit testing?			Insert Yes/No and reference to location of original “face fit” certificates and/or copies if held		
Does the method statement identify arrangements for provision of power and clean water?			Insert Yes/No		
Does the method statement identify procedures for removal of contaminated water?			Insert Yes/No		

REPORT OF THE PORTFOLIO HOLDER FOR ASSETS AND FINANCE

WRITE OFFS REPORT

EXEMPT INFORMATION

None

PURPOSE

That Members endorse the amount of debt written off for the period 01 April 2019 to 31 March 2020.

RECOMMENDATIONS

That Members

1) Endorse the amount of debt written off for the period of 1st April 2019 to 31st March 2020 – **Appendix A-D**

EXECUTIVE SUMMARY

The Heads of Service are responsible for the regular review of debts and consider the need for write off and authorise where necessary appropriate write offs in line with the Corporate Credit Policy. This report shows the position for the last financial year. Further updates will continue to be produced on a quarterly basis.

Type	**01/04/19 – 31/03/20 £ p**
Council Tax	£209,550.29
Business Rates	£195,375.95
Sundry Income	£13,956.65
Housing Benefit Overpayments	£24,888.63

A revised approach to the calculation of Business Rates bad debt has been developed which involves a review of all of the outstanding debts to ascertain whether they are likely to be collectable. This has then been used to determine the balance to apply the usual aged debtor percentage.

Business Rates	**01/04/19 – 31/03/20 £ p**
Bad Debt provision	£542,214.20
Less, amount written off to date under delegated powers	£195,375.95
Amount remaining	£346,838.25

OPTIONS CONSIDERED

Not applicable

RESOURCE IMPLICATIONS

The write offs detailed are subject to approval in line with the Corporate Credit Policy/Financial Regulations, and have been provided for under the bad debt provision calculation.

LEGAL/RISK IMPLICATIONS BACKGROUND

Not applicable

EQUALITIES IMPLICATIONS

Not applicable

SUSTAINABILITY IMPLICATIONS

Not applicable

BACKGROUND INFORMATION

This forms part of the Council's Corporate Credit Policy and effective management of debt. The Council is committed to ensuring that debt write offs are kept to a minimum by taking all reasonable steps to collect monies due. There will be situations where the debt recovery process fails to recover some or all of the debt and will need to be considered for write off in accordance with the schemes of delegation prescribed in the Corporate Credit Policy.

The Council views such cases very much as exceptions. Before writing off debt, the Council will satisfy itself that all reasonable steps have been taken to collect it and that no further recovery action is possible or practicable. It will take into account the age, size and types of debt together with any factors that it feels are relevant to the individual case.

Debt Write Off

Authorisations are needed to write off debt:

Authority	**Account Value**
Executive Director/Assistant Director (or authorised delegated officer)	up to £5,000
Executive Director Finance	£5,001 - £10,000
Cabinet	over £10,000

These limits apply to each transaction.

Bad Debt Provision

The level of the provision must be reviewed jointly by the unit and Accountancy on at least a quarterly basis as part of the management performance review, and the table below gives the mandatory calculation.

Where the debt is less than 6 months old it will be written back to the service unit.

Debt Outstanding Provision (net of VAT)	
Between 6 and 12 months old	50%
Between 12 and 24 months old	75%
Over 24 months old	100%

The financial effects of providing for Bad Debts will be reflected in the Council's accounts at Service Unit level.

REPORT AUTHOR

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LIST OF BACKGROUND PAPERS

Corporate Credit Policy - effective management of debt.

APPENDICES

Appendices A to D give details of write offs completed for Revenues and Benefits Services for 01 April 2019 to 31 March 2020.

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Appendix A

Summary of Council Tax Write Offs 01/04/2019-31/03/2020

Date of Write Off	Head of Revenues (£0.00-£75.00)	Head of Revenues (£75.01-£500.00)	Head of Revenues (£500.01-£2,000.00)	Assistant Director of Finance (£2,000.01-£5,000)	Executive Director of Finance (£5,000.01-£10,000.00)	Cabinet (£10,000.01 and Over)	Remitted	Credit Write Off	Reversed Write Off	Total	No. of Accounts (Write Off Only)	Reason(s)
January 2020									(£15.00)	(£15.00)		Payments received
"									(£58.56)	(£58.56)		Dividends received
"									(£702.05)	(£702.05)		Forwarding address obtained
10/01/2020				£2,116.34						£2,116.34	1	Hardship
29/01/2020		£240.66	£1,448.32							£1,688.98	2	Deceased
		£2,599.12	£13,984.40							£16,583.52	23	No trace
		£3,613.58	£6,296.57							£9,910.15	19	Uneconomic to pursue
		£232.28								£232.28	1	Statute barred
February 2020									(£22.50)	(£22.50)		Payments received
"									(£21.97)	(£21.97)		Dividends received
"									(£27.37)	(£27.37)		Exemption added
27/02/2020	£50.03	£292.09	£1,825.56							£2,167.68	5	LCTR- LA Error
"		£388.22	£767.98							£1,156.20	2	Voluntary arrangement
"			£1,345.43							£1,345.43	1	Uneconomic to pursue
		£169.71								£169.71	1	Debt relief order
March 2020									(£30.00)	(£30.00)		Payments received
									(£12.67)	(£12.67)		Dividends received
									(£74.66)	(£74.66)		Liability removed
Q4 Totals	**£50.03**	**£7,535.66**	**£25,668.26**	**£2,116.34**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**(£964.78)**	**£34,405.51**	**55**	
Q1 Totals (B/F)	£5,716.98	£28,104.16	£46,328.18	£12,724.06	£0.00	£0.00	£0.00	£0.00	(£813.88)	£92,059.50	675	
Q2 Totals (B/F)	£35.00	£20,256.85	£19,280.34	£4,875.48	£0.00	£0.00	£0.00	£0.00	(£2,913.01)	£41,534.66	103	
Q3 Totals (B/F)	£0.00	£4,037.89	£15,347.09	£17,890.26	£5,260.19	£0.00	£0.00	£0.00	(£984.81)	£41,550.62	47	
Overall Total	**£5,802.01**	**£59,934.56**	**£106,623.87**	**£37,606.14**	**£5,260.19**	**£0.00**	**£0.00**	**£0.00**	**(£5,676.48)**	**£209,550.29**	**880**	

Appendix B

Summary of NNDR Write Offs 01/04/2019-31/03/2020

Date of Write Off	Head of Revenues (£0.00-£75.00)	Head of Revenues (£75.01-£500.00)	Head of Revenues (£500.01-£2,000.00)	Assistant Director of Finance (£2,000.01-£5,000)	Executive Director of Finance (£5,000.01-£10,000.00)	Cabinet (£10,000.01 and Over)	Remitted	Credit Write Off	Reversed Write Off	Total	No. of Accounts (Write Off Only)	Reason(s)
Q4 Totals	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**0**	
Q1 Totals (B/F)	£0.00	£0.00	£8,222.31	£15,330.61	£5,556.82	£0.00	£0.00	£0.00	(£273.04)	£28,836.70	10	
Q2 Totals (B/F)	£0.00	£0.00	£0.00	£0.00	£0.00	£146,711.50	£0.00	£0.00	(£108.42)	£146,603.08	5	
Q3 Totals (B/F)	£0.00	£1,040.87	£0.00	£7,515.58	£11,379.72	£0.00	£0.00	£0.00	£0.00	£19,936.17	8	
Overall Total	**£0.00**	**£1,040.87**	**£8,222.31**	**£22,846.19**	**£16,936.54**	**£146,711.50**	**£0.00**	**£0.00**	**(£381.46)**	**£195,375.95**	**23**	

No NNDR write offs in Q4

Appendix C

Summary of Sundry Income Write Offs 01/04/2019-31/03/2020

Date of Write Off	Assistant Director of Assets (up to £5,000.00)	Assistant Director Growth & Regeneration (up to £5,000.00)	Assistant Director People (up to £5,000.00)	Assistant Director Operations & Leisure (up to £5,000.00)	Assistant Director Neighbourhoods (up to £5,000.00)	Head of Revenues (£0.00-£2,000.00)	Assistant Director of Finance (£2,000.01 -£5,000.00)	Assistant Director Partnerships (up to £5,000.00)	Executive Director of Finance (£5,000.01-£10,000.00)	Cabinet (£10,000.01 +)	Total	No. of Accounts	Reason(s)
Q4 Totals	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**0**	
Q1 Totals (B/F)	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	0	
Q2 Totals (B/F)	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	0	
Q3 Totals (B/F)	£0.00	£2,000.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£11,956.65	£13,956.65	3	
Overall Total	**£0.00**	**£2,000.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£0.00**	**£11,956.65**	**£13,956.65**	**3**	

No Sundry Income write offs in Q4

Appendix D

Summary of Benefit Overpayment Write Offs 01/04/2019-31/03/2020

Date of Write Off	Head of Benefits (£0.00-£75.00)	(£75.01-£500.00)	(£500.01-£1,000.00)	(£1,000.01-£2,000)	Executive Director of Finance (£2,000.01-£10,000.00)	Cabinet (£10,000.01 and Over)	Reversed Write Off	Total	No. of Accounts	Reason(s)
31/01/2020	£43.92							£43.92	1	<2 weeks outstanding due to death (2020)
"	£39.60							£39.60	1	not financially viable
"		£574.50						£574.50	2	deceased
"	£13.86							£13.86	4	HB Reg100 compliant not recoverable (19
"	£2.69							£2.69	1	uneconomical to pursue
January 2020							(£40.98)	(£40.98)		
"							(£68.59)	(£68.59)		
29/02/2020	£15.96							£15.96	6	uneconomical to pursue (20)
"	£70.22	£185.31						£255.53	3	<2 weeks outstanding due to death
"	£40.53	£346.29						£386.82	5	not financially viable
"	£166.73		£1,319.36					£1,486.09	3	HB Reg100 compliant not recoverable (20
"	£671.28							£671.28	1	deceased
31/03/2020	£308.74	£76.17						£384.91	6	not financially viable (18)
"	£78.20	£165.21						£243.41	3	<2 weeks outstanding due to death (20)
"	£0.01							£0.01	1	uneconomical to pursue (20)
"	£27.84	£179.43						£207.27	3	HB Reg100 compliant not recoverable (20
Q4 Totals	**£1,479.58**	**£1,526.91**	**£1,319.36**	**£0.00**	**£0.00**	**£0.00**	**(£109.57)**	**£4,216.28**	**40**	
Q1 Totals (B/F)	£345.87	£1,754.68	£600.94	£0.00	£8,996.34	£0.00	(£91.87)	£11,605.96	35	
Q2 Totals (B/F)	£148.10	£1,831.95	£0.00	£1,138.64	£0.00	£0.00	(£136.08)	£2,982.61	32	
Q3 Totals (B/F)	£95.03	£1,748.34	£593.21	£0.00	£3,790.39	£0.00	(£143.19)	£6,083.78	28	
Overall Total	**£2,068.58**	**£6,861.88**	**£2,513.51**	**£1,138.64**	**£12,786.73**	**£0.00**	**(£480.71)**	**£24,888.63**	**135**	

By virtue of paragraph(s) 3,5 of Part 1 of Schedule 12A
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