



**Scottish Ambulance Service - Directorate of Human Resources
and Organisational Development
Management of Health and Safety
Guidance on the inadvertent exposure to
asbestos containing materials**

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Policy Manager: Head of Health and Safety	Other Key Stakeholders: Chief Executive, Director of Human Resources
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Scottish Ambulance Service - Directorate of Human Resources and Organisational Development Management of Health and Safety Guidance on the inadvertent exposure to asbestos containing materials

Purpose of this Guidance

To provide advice and support for staff (and their managers) who may have been inadvertently exposed to airborne asbestos containing material (ACM) whilst performing their duties and to ensure that staff and managers follow the correct systems to limit the effects of exposure from accidentally released asbestos containing materials fibers which may have been released to atmosphere for example through a building fire

The attached flowcharts will aid in decision making

Guiding principles

- No staff should knowingly be exposed to ACM
- All staff attending to a patient known to be contaminated with ACM should have PPE compliant with Asbestos Regulations (SORT only)
- Remember - A contaminated patient or member of staff entering a vehicle contaminates the vehicle
- Staff who become aware of contamination whilst treating a patient should don PPE as soon as possible (to include as a minimum: Gloves, Tyvek suit, FFP3 mask) and maintain minimum contact with the patient until relieved
- Where contamination becomes apparent during treatment remove the patient to a clean area if possible and remove all outer clothing (bag and leave on scene to be collected by SORT)
- Once a vehicle is known/ thought to be contaminated it shall be parked up at a station or agreed RVP or at scene
- Vehicles and equipment can only be cleaned by a licensed contractor
- Contaminated uniform and equipment that cannot be cleaned economically should be bagged in preparation for licensed disposal
- Contaminated equipment or clothing should never be taken home
- All staff potentially exposed shall be offered an occupational health referral and other welfare support as necessary. Occupational Health will make all necessary statutory records
- If asbestos contamination becomes apparent after patient delivered to A-E - Patient contacts will be made by the relevant Division (see flowcharts)



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Procedures to be followed in the Event of Inadvertent Exposure

Discovery of Asbestos whilst on scene

If you have been made aware of coming into contact with ACM or if the casualty is suspected to have been exposed to asbestos you should inform ACC immediately and request SORT and SFRS to attend to decontaminate the casualty and crew at scene .

Crews in attendance must wear the FFP3 mask, tyvek suit, gloves and an apron while treating the patient and where possible remove themselves and the patient/s from source of contaminates, if safe to do so. Contact with the contaminated area / persons should be minimised wherever possible and staff should attempt to maintain a position upwind of the patient and area.

SORT team in attendance should treat casualty by following decontamination protocols for chemically contaminated casualties.

Contaminated Clothing

Staff or others who may have been exposed to the asbestos dust must **not be allowed to take home clothing** that might be contaminated with asbestos fibres.

Clothing that is (or could possibly be) contaminated by asbestos must be removed and placed in a polythene bag which is then triple bagged sealed. It may be disposed of using a licensed contractor or sent to a laundry which is equipped to handle asbestos contaminated clothing.

Suitable alternative clothing must be made available. Tyvek suit in the first instance

Contaminated Equipment/vehicle

Any equipment or item that has been contaminated with asbestos must be thoroughly decontaminated by a licensed contractor if it is to be reused.

If it is to be disposed it must be bagged and securely stored until disposed of by a licensed contractor.

Ambulance vehicles which have been contaminated must be removed from service and cleaned by a licensed contractor as soon as possible.

Vehicles that are known or thought to be contaminated must be parked up at station with a VOR applied awaiting cleaning by licensed contractors. No equipment/ kit bags etc should be removed from the vehicle until it has been fully cleaned.

Vehicles discovered to be contaminated on scene should be locked and transported from scene by a vehicle recovery unit.



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Clearing of Asbestos Debris

Asbestos materials should never be left loose or in a state where they can be trampled or otherwise spread. Asbestos contaminated materials must be contained using suitable bags (Triple bagged) and marked as ASBESTOS WASTE, Asbestos material or debris must only be bagged and removed by a licensed contractor.

Late Notification of an Asbestos incident

In the event of late notification from a third party of the presence of asbestos release at scene either directly to crew /patient involved or via ACC, this information must be passed onto all parties involved via ACC. The line manager is responsible for ensure all staff and patients are informed.

Receiving hospitals must be informed of the potential contamination risk patients presented to them.

Staff uniform must be withdrawn from service if it has not been laundered and must be treated as contaminated and dealt with as described above. Locker rooms if they have been exposed to contaminated uniforms must be closed and a licensed contractor engaged to clean affected areas before being reused.

Contaminated vehicles must be removed from service and arrangements made to have the vehicle and its contents cleaned by a licensed contractor as previously described.

Reporting Incidents of Asbestos Exposure

Staff who have been involved in an incident where a release of asbestos has been made known to them should report the incident on Datix.

Support for Staff who may have been Exposed to Asbestos

Asbestos related lung damage can take between 15 and 60 years between first exposure to asbestos and the first symptoms of disease. X-rays cannot indicate whether or not asbestos fibres have been inhaled.

It is almost impossible to ascertain the amount of asbestos that has been inhaled even if the type of asbestos is known. In many cases exposure will have been minimal, with little likelihood of any long-term ill-effects.



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However, staff who have been exposed to asbestos will be understandably worried and anxious about their health, therefore Anyone that has been exposed to asbestos must be offered a referral to Occupational Health, who will provide advice and support for those concerned about any possible outcomes.

Record Keeping

Records must be made of all possible exposures of staff to asbestos fibres.

All such records must be maintained for 40 years and must contain as a minimum the following information:

- (i) Surname, forenames, gender, date of birth, permanent address, postcode, National Insurance number;
- (ii) A record of any work with asbestos prior to this employment; and
- (iii) Dates of medical examination.

Should you require further advice or assistance please contact the Health and Safety Department who will direct you to your Local Health and Safety Officer.

Identifying a Licensed Contractor

Divisions will need to identify local contractors in their area (preferably in advance of an incident) who can decontaminate a vehicle and its contents. Some of the equipment is likely to have to be disposed of as cleaning would not be economically viable.

Any asbestos contaminated material will also require disposal, and these contractors must also be licensed.

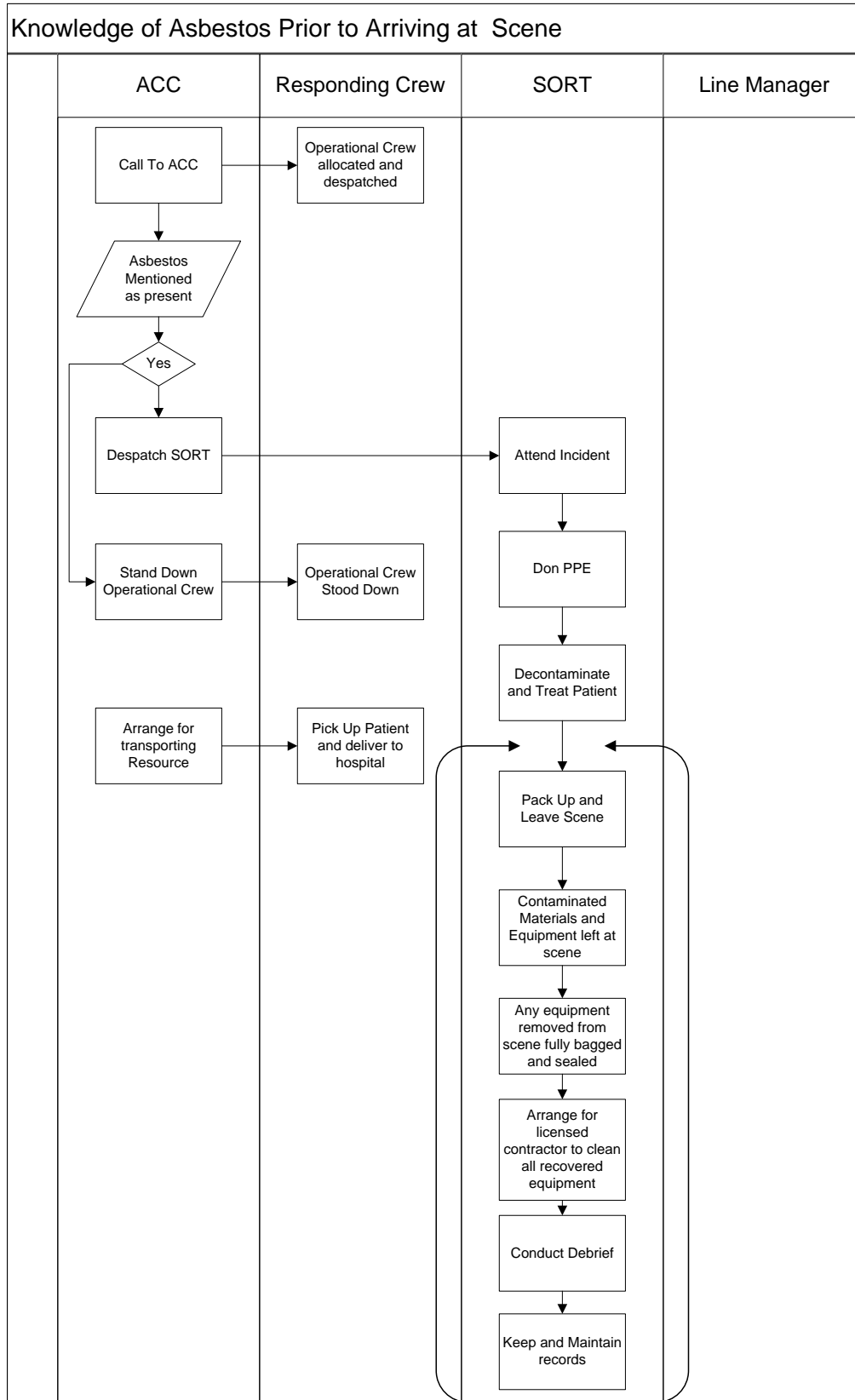
A permitting process exists for work with asbestos and for the disposal of asbestos as such any quarantined equipment or vehicles are likely to be quarantined for some days or weeks.

Licensed contractors should be registered members of the Asbestos Removal Contractors Association (ARCA).

All asbestos related works must be compliant with ACOP L143 "Control of Asbestos Regulations 2012" as well as HSG247 "The Licensed Contractors Guide"



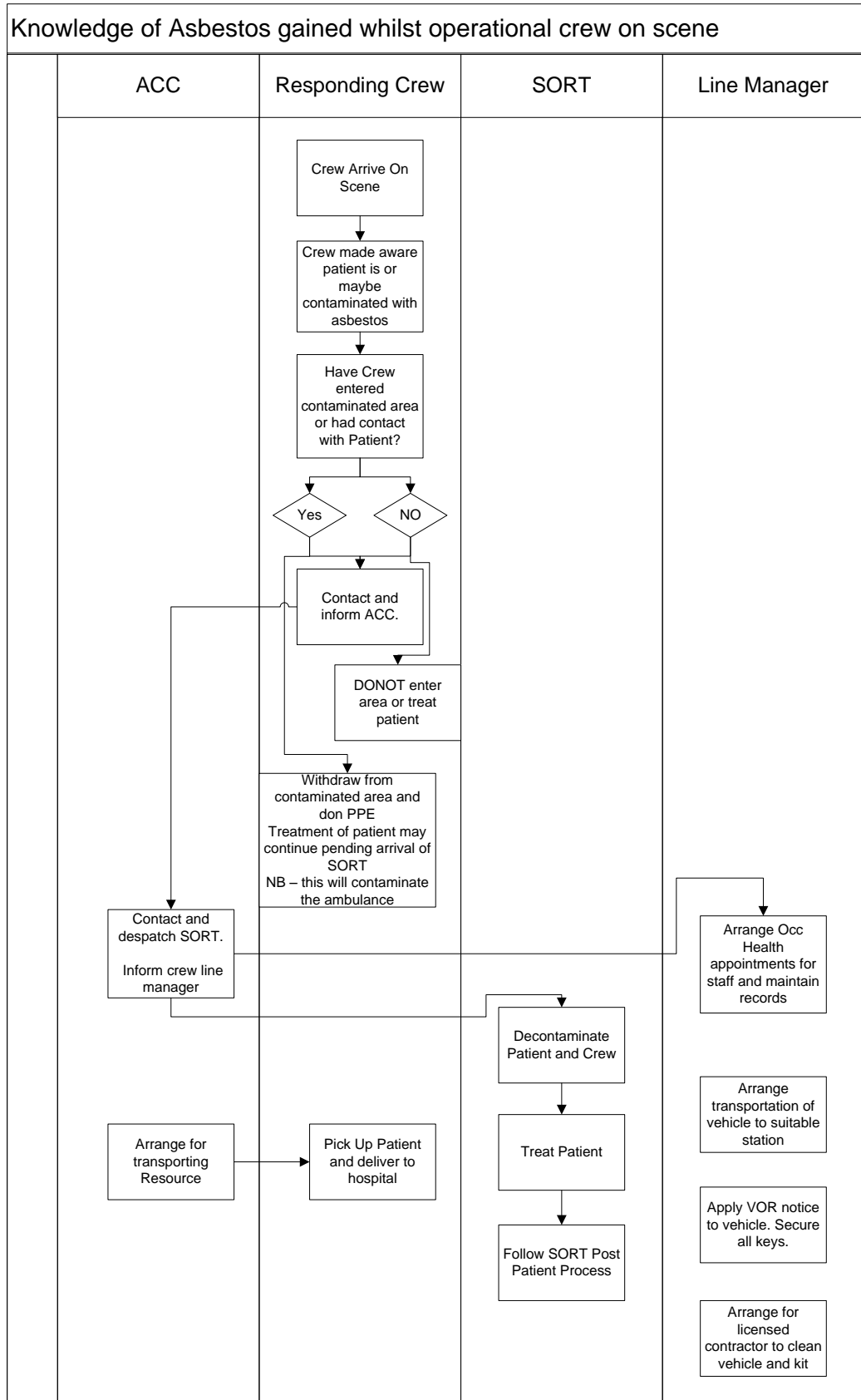
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SORT Post Patient Process

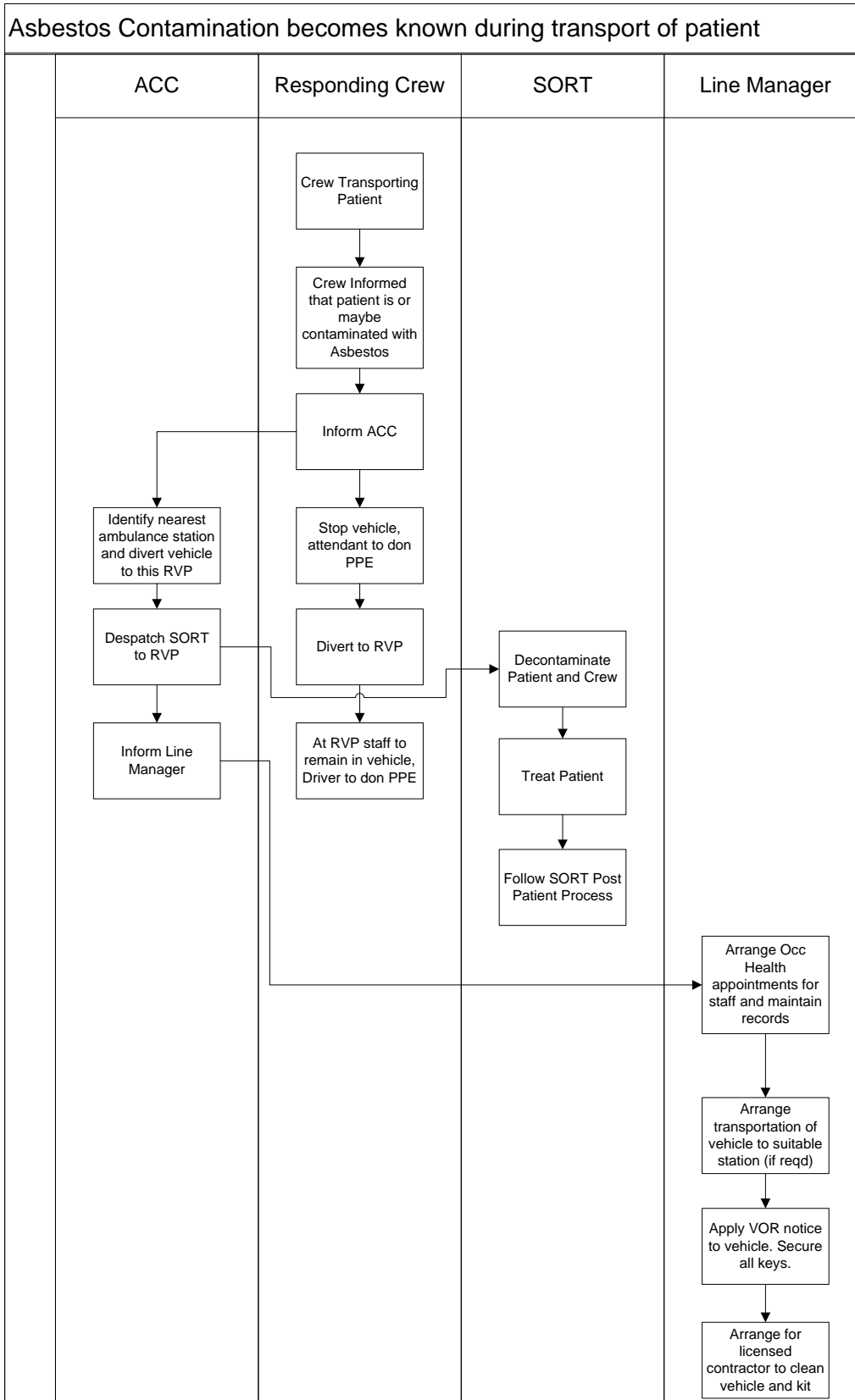


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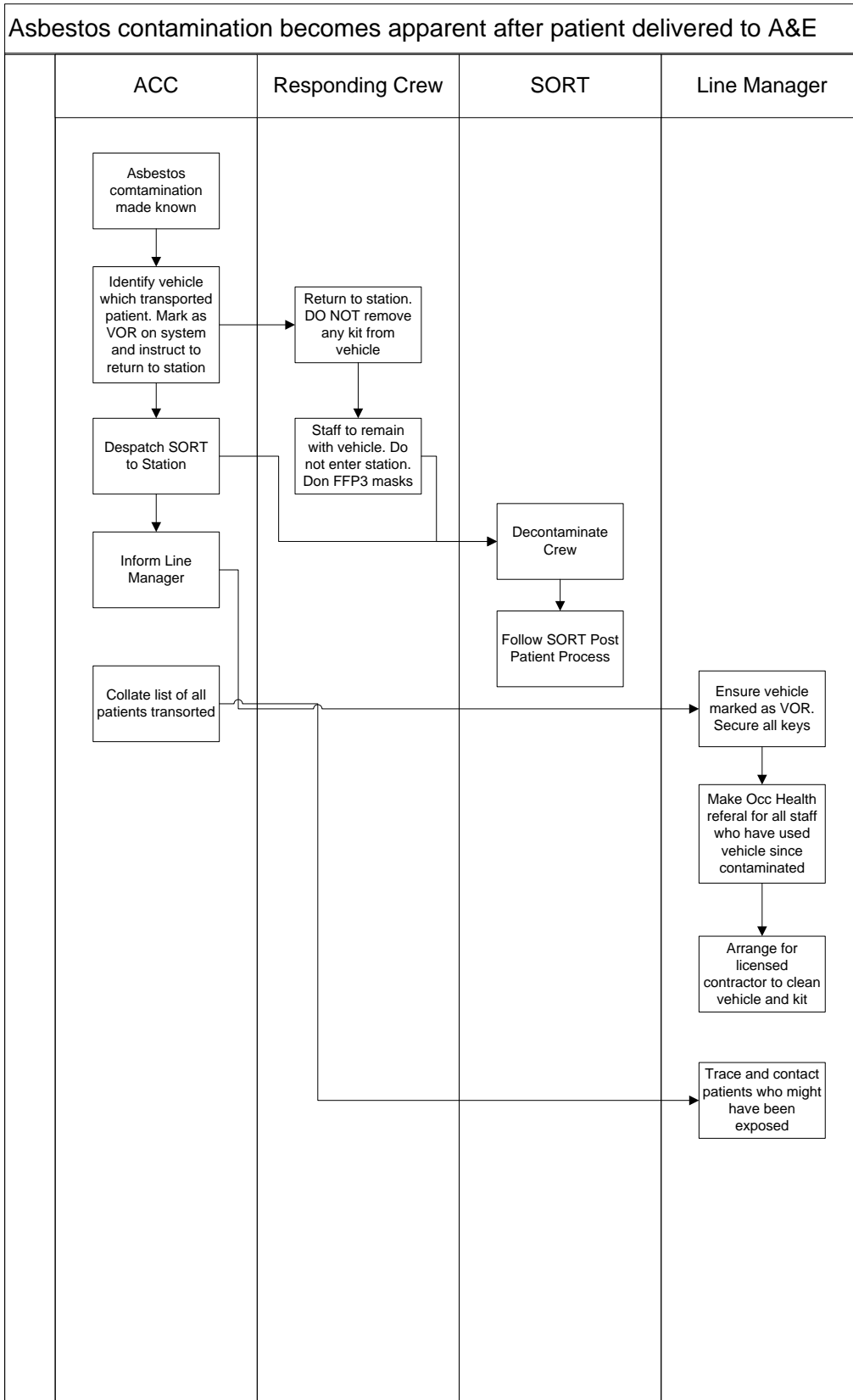


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Review History

Issue No	Reason for review and brief description of changes made	Effective Date
1	Initial Issue in draft	April 15
2	Initial Issue approved	January 16