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7 January 2026

## **Consultation Response to “Legislative and guidance proposals for the Control of Asbestos Regulations 2012”**

With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nursing cadets, the RCN is the voice of nursing across the United Kingdom (UK) and the largest professional union of nursing staff across the world.

RCN members work in a variety of hospital and community settings across the National Health Service (NHS) and within the independent healthcare sector.

The RCN promotes patient and nursing interests on a wide range of issues by working with Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies, and voluntary organisations.

Due to the extensive use of asbestos in healthcare buildings over the past decades, healthcare workers have potentially been exposed when working in areas where asbestos is in a poor condition. This is sometimes referred to as the third wave of asbestos related exposure and deaths.

Indeed, data suggests that nursing staff are between two to three times higher risk of developing asbestos related diseases, including Mesothelioma, compared to other not typical occupation groups.

The RCN wants to see positive action being taken to protect healthcare workers now and in the future. The perception that asbestos is a hazard of the past and that healthcare buildings are low risk environments needs to be challenged and should some of the proposals within this consultation be adopted.

The RCN broadly supports the recommendations made by the Work and Pensions Committee in 2022 and the 2020 MAGS report.

Specifically, we are making calls on the UK Government, the Health and Safety Executive, the Health and Safety Executive for Northern Ireland and other relevant enforcement authorities, higher education institutes, duty holders (building owners), and employers to take more preventative actions.

We have therefore used this as the basis our response to the questions asked within the consultation document and have attached these answers below.

Should you wish to discuss any of these comments with us, please do not hesitate to contact us via this email address [headsofhealthsafetyandwellbeing@rcn.org.uk](mailto:headsofhealthsafetyandwellbeing@rcn.org.uk)

Yours sincerely



Kim Sunley/Leona Cameron  
**Heads of Health, Safety and Wellbeing (Job Share)**  
**Royal College of Nursing**

# RCN Consultation response to HSE on “Legislative and guidance proposals for the Control of Asbestos Regulations 2012”

## General questions

Question 1: Who are you responding as?	Status	Please select only ONE response
Which of the following best describes your role? (please select only ONE response)	Health and Safety professional	<input checked="" type="checkbox"/>
	Trade Union representative	<input checked="" type="checkbox"/>

A response to questions 2 – 4 is not applicable.

## Policy questions on the proposal to ensure the independence and impartiality of roles in the four stage clearance process

Question 5: To what extent do you agree or disagree that amending CAR 2012 will ensure independence and impartiality of the four-stage clearance process				
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	<input checked="" type="checkbox"/>			
<p>Please provide a reason for your response [Free text]</p> <p>There remains a possibility that the duty holder may still approach the LARC for advice on selecting, and appointing, a UKAS accredited the four-stage clearance analyst (FSCA). Therefore, it will require amendment to CAR 2012 to ensure impartiality.</p> <p>This modification will also need to be accompanied with guidance on the need for parties to offer support through signposting the duty holder to UKAS as the appropriate holder of the licenced analyst and removal specialists’ registries.</p> <p>We also believe it may be appropriate to provide additional clarification of it being a criminal offence under Health and Safety at Work Act 1974 section 33(1)(c) for the LARC to seek to provide this service through any associated company it has direct links with in addition to a potential breach of Section 4 of the Fraud Act 2006 to receive any financial gain or benefit by recommending a specific provider for either party (LARC and FSCA)</p> <p>Assurance monitoring of this aspect could be achieved through a notification of work process like that of the F10 form already used for compliance with Regulation 6 Construction (Design and Management) Regulations 2015.</p>				

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**Question 6: If CAR 2012 is amended to ensure the independence and impartiality of roles in the four-stage clearance process, what transitional timeframe do you think is required to enable those with the duty to appoint an analyst, who do not currently do this, to implement into their asbestos management system?**

18 months	1 year	9 months	6 months	3 months
			<input checked="" type="checkbox"/>	

Please provide a reason for your response [Free text]  
 These changes should come as no surprise to those involved within the sector.

**Question 7: If CAR 2012 is amended to ensure independence and impartiality of roles in the four-stage clearance process, what impact, if any, do you think this would have on licensed asbestos removal contractors who will no longer be able to appoint the analyst for the four-stage clearance process?**

High impact	Medium impact	Low impact	No impact	Unsure
		<input checked="" type="checkbox"/>		

Please provide a reason for your response [Free text]  
 Theoretically there should be little to no impact on the LARC, it would only have an impact if there was some form of additional financial benefit to them in doing so.  
 There may be addition costs to the LARC if the FSCA identifies further clearance activities to achieve required testing results. There may be a question of how to resolve any disputes between the LARC and the FSCA.

**Question 8: If CAR 2012 is amended to ensure independence and impartiality of roles in the four-stage clearance process, what impact, if any, do you think this would have on analyst organisations who will no longer be able to be appointed by the licensed asbestos removal contractor for the four-stage clearance process?**

High impact	Medium impact	Low impact	No impact	Unsure
				<input checked="" type="checkbox"/>

Please provide a reason for your response [Free text]  
 Whilst they may not be directly appointed through the LARC, it is not immediately possible to quantify any direct impact given that they may still retain an advantage through geographical availability or general available supply of licenced FSCA's so there may be no impact at all as the provider may still be selected.

Any impact would therefore be dependent on there being an existing financial or corporate linkage between the LARC and FSCA activities. (This links back to our response to Question 5)

**Question 9: To what extent do you agree or disagree that the following are barriers to client/duty holder competence in appointing an analyst?**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Client/duty holder awareness of the importance of the analyst's role in an asbestos removal project	<input checked="" type="checkbox"/>				
Client/duty holder training in their responsibilities when managing asbestos					<input checked="" type="checkbox"/>
Client/duty holder facilitation of the LARC and analyst relationship				<input checked="" type="checkbox"/>	
Suitability of guidance on client/duty holder duties	<input checked="" type="checkbox"/>				
Suitability of guidance on effective plans of work / allowing sufficient time for analytical activities		<input checked="" type="checkbox"/>			
Limited client availability to attend site and gain practical insight into licensable removal activities					<input checked="" type="checkbox"/>
Suitable list of four-stage clearance analysts		<input checked="" type="checkbox"/>			
Lack of client focused channels for engagement with UKAS			<input checked="" type="checkbox"/>		
Time pressures					<input checked="" type="checkbox"/>
Financial pressures					<input checked="" type="checkbox"/>

Please provide a reason for your response [Free text]

Whilst duty holders should already fully understand the duties under current health and safety legislation, from our engagement with other trade unions supporting members

across various public sectors (such as education), we believe there is strong anecdotal and experiential evidence of a potential lack of knowledge, understanding and competency relating to those who have had buildings management oversight duties. This is particularly true of those who have this added to their role over time as a potential result of organisational restructuring and efficiency saving exercises.

As such those who may have had it added to their duties may not fully understand the inherent risks of an ageing estate and how to meet their duties to adequately manage these risks which we believe have already been identified though HSE undertaking sector based targeted inspections relating to the management of asbestos.

### Cost benefit analysis questions on the proposal to ensure independence and impartiality of roles in the four-stage clearance process

**Question 10: HSE estimates it takes the client/duty holder on average between 0.5 and 3 hours to appoint a four-stage clearance analyst, with a best estimate of 1.75 hours per job.**

10a) Do you think this estimate is accurate?

Much too high	Too high	About right	Too low	Much too low	Don't know
		<input checked="" type="checkbox"/>			

10b) If you disagree with this estimate, please provide an alternative estimation of the time it would take to appoint a four-stage clearance analyst  
(\_ hours to \_ hours)

10c) Please briefly explain any other reason for your answer [Free text – 200-word limit]

**Question 11: HSE estimates it takes the client/duty holder on average between 0.5 and 1 hours to communicate with a four-stage clearance analyst after appointment, with a best estimate of 0.75 hours per job.**

11a) Do you think this estimate is accurate?

Much too high	Too high	About right	Too low	Much too low	Don't know
		<input checked="" type="checkbox"/>			

11b) If you disagree with this estimate, please provide an alternative estimation of the time it would take to appoint a four-stage clearance analyst  
(\_ hours to \_ hours)

11c) Please briefly explain any other reason for your answer [Free text – 200-word limit]

**Question 12:** Are you aware of any further costs of appointing a four-stage clearance analyst that have not previously been mentioned?

Yes	No
	<input checked="" type="checkbox"/>
Please provide additional estimates of costs if you have them [free text]	
Please provide supporting evidence to justify your reason [Free text – 200 word limit]	

**Policy questions on the proposal to improve the quality of asbestos surveys**

**Question 13:** How much of an impact, if at all, do you think the following factors relating to the client/duty holder role have on the quality of an asbestos survey?

	Very high	High	Medium	Low	Very low	None
Duty holder understanding of the role an asbestos survey plays in the management of asbestos risks in a building	<input checked="" type="checkbox"/>					
Communication and sharing of information between a client/duty holder and asbestos surveyor/surveying organisation before commissioning a survey	<input checked="" type="checkbox"/>					
Communication and sharing of information between a duty holder and asbestos	<input checked="" type="checkbox"/>					

surveyor/surveying organisation after the client/duty holder has received the survey						
Please provide a reason for your response [Free text]						
All these factors can clearly have a significant impact on the quality and competency of any asbestos survey commissioned.						

**Question 14: How much of an impact, if at all, do you think the following factors relating to the surveyor role have on the quality of an asbestos survey?**

	Very high	High	Medium	Low	Very low	None
Surveyor competence (as defined in CAR 2012, Regulation 2)	<input checked="" type="checkbox"/>					
Quality assurance processes in the surveying organisation	<input checked="" type="checkbox"/>					
UKAS accreditation of surveying organisation	<input checked="" type="checkbox"/>					
Industry based competency scheme for individual surveyors	<input checked="" type="checkbox"/>					

Please provide a reason for your response [Free text]

Responses are self-explanatory. All these factors can clearly have a significant impact on the quality and competency of any asbestos survey commissioned.

**Question 15: What do you think interventions should look like to improve the quality of asbestos surveys (see Section 1 of consultative document for a list of interventions HSE can use) [Please tick all that apply]**

Updated HSE webpages on the purpose of an asbestos survey	<input checked="" type="checkbox"/>
Targeted communication campaigns	<input checked="" type="checkbox"/>
Updated guidance documents e.g. <a href="#">Asbestos: The survey guide - HSE (HSG264)</a>	<input checked="" type="checkbox"/>
Development of guidance collaboratively with stakeholders	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Please provide a reason for your response [Free text]

HSE undertaking regular proactive inspection and enforcement campaigns

**Question 16: To what extent do you agree or disagree that mandatory accreditation of surveying organisations could improve the quality of asbestos surveys?**

Strongly agree <input checked="" type="checkbox"/>	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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Please provide a reason for your response [Free text]

Given our earlier comments about a lack of understanding and appropriate competencies in organisations to fully understand and manage an ageing estate, it is possible that there could be a greater number of individuals who are commissioning or undertaking asbestos surveys, who may unfortunately also lack appropriate competencies, but are currently able to operate and provide services, this could be putting building occupants at further risk of exposure to asbestos.

Whilst we can understand HSE's preference for Option 1 (page 29) in your proposals, we.

believe Option 2 would be the better choice with the addition of the Option 1 parameters. It is important that anybody undertaking asbestos surveys should have sufficient competency and credibility to do so, and this assurance would therefore be provided also acceptance onto an accredited register.

### Cost benefit questions on the proposal to improve the quality of asbestos surveys

**Question 17: Based on very limited evidence, HSE estimates the number of non-accredited asbestos surveyors operating in GB could be around 3,600.**

17a) Do you think this estimate is accurate?

Much too high	Too high	About right	Too low	Much too low	Don't know
			<input checked="" type="checkbox"/>		

17b) If you disagree with this estimate, please provide an alternative estimation of the number of non-accredited surveyors or surveying organisations [Free text]

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17c) Please provide a brief reason for your answer [Free text – 200-word limit]

See response to Question 16

**Question 18: HSE estimates that if UKAS accreditation became a mandatory requirement, around 50% of non-accredited surveyors would choose to pursue accreditation as opposed to leaving the industry.**

18a) Do you think this estimate is accurate?

Much too high	Too high	About right	Too low	Much too low	Don't know
			<input checked="" type="checkbox"/>		

18b) If you disagree with this estimate, please provide an alternative estimation of the number of non-accredited surveyors or surveying organisations [Free text]

We do not have access to appropriate and sufficient data to provide further comment on the estimation

18c) Please provide a brief reason for your answer [Free text – 200-word limit]

Given the predication of asbestos within the UK built environment. It is highly likely that those wishing to continue to offer services would seek accreditation.

It is also possible that those who choose not to seek accreditation, may potentially do so due to an inability to meet competency threshold, and therefore making UKAS accreditation mandatory can only help improve quality and confidence of those undertaking asbestos surveys, as well as providing competent advice to duty holders on the management of asbestos pending a plan for removal.

A good example of providing building duty holders with additional knowledge and confidence about who they commission to undertake work can be evidenced by the changes the HSE made in 2009 following the review into domestic gas safety and the introduction of “Gas safe,” accreditation scheme.

At the time, the HSE said that whilst the CORGI Gas Registration had been in place for more than 17 years, during which the number of domestic gas related fatalities had fallen significantly, it had identified there was “no room for complacency and a strong case.”

We believe direct parallels can be drawn to this and the potential benefits of a mandatory registration requirement.

Additionally, whilst CAR 2012 does not apply in relation to domestic premises, giving the presence of asbestos in those setting, a compulsory registration scheme would also assist the public in providing confidence in those they seek advice from, and have a potential financial benefit to registrants as a result, which may not currently be factored in cost benefit analysis.

**Question 19: Please provide estimates of how many days and/or proportions of full-time equivalent posts your business spends each year on the above activities.**

	Days spent per year (0 if not applicable)	FTE per year (0 if not applicable)	Unsure
Paperwork, record-keeping and management systems			<input checked="" type="checkbox"/>
Training and CPD for staff to achieve/maintain UKAS standards			<input checked="" type="checkbox"/>
UKAS standard quality assurance systems, procedures and practice			<input checked="" type="checkbox"/>
Additional time to complete UKAS standard inspections and survey reports			<input checked="" type="checkbox"/>
Public liability and indemnity insurance coverage			<input checked="" type="checkbox"/>
Other activities			<input checked="" type="checkbox"/>

If you provided estimates for the 'other activities' category, please briefly explain the activities you have included [Free text]

**Question 20: HSE estimates that on average the additional time needed for staff to complete the tasks associated with maintaining UKAS accreditation as about 0.7 Full-Time Equivalent, per year, per business. This equates to 70% of an employee's time (which could be the sum total of time spent by more than one employee).**

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20a) Do you think this estimate is accurate?					
Much too high	Too high	About right	Too low	Much too low	Don't know
	<input checked="" type="checkbox"/>				
20b) If you disagree with this estimate, please provide an alternative estimation of the staff time in employee working hours per year, per business [Free text]					
20c) Please provide estimates and brief reasons if time varies between businesses or work types, for example [Free text].  and accreditation would not simply be an annual basis					
20d) Please provide a brief reason for your answer [Free text – 200-word limit]  This estimation seems extremely high, especially given the requirements of all professionals to maintain CPD activities and accreditation would not simply be an annual basis					

## Policy questions on the proposal to clarify the type of work that constitutes work with asbestos known as NNLW

Question 21: To what extent do you agree or disagree that HSE should retain the category of work with asbestos known as notifiable non-licensed work (NNLW)?				
Strongly agree	Agree	Do not agree or disagree	Disagree	Strongly disagree
<input checked="" type="checkbox"/>				
Please provide a reason for your response [Free text]				
We believe there should be no relaxation increments to protect individuals relating to potential exposure to asbestos containing materials.				
We would prefer to see all asbestos based work as licensable, taking a progressive step forward to better managing the risks asbestos continued percent until it is eradicated from all buildings.				

**Question 22: To what extent do you agree or disagree that removing notifiable non-licensed work (NNLW) category would reduce health safety standards?**

Strongly agree	Agree	Do not agree or disagree	Disagree	Strongly disagree
<input checked="" type="checkbox"/>				

Please provide a reason for your response [Free text]

In 2022 the HSE published research report RR1176 “Asbestos exposures to workers in the licensed asbestos removal industry conducted between 2016 – 2019”. Within the discussion section of the reports executive summary it states

*“Given the caveats discussed, the fibre measurements and observations presented in this report should be viewed as representing circumstances when the removal workers knew they were being observed by HSE researchers and behaved accordingly.*

*It should also be noted that the airborne fibre concentrations and work practices observed do not necessarily represent what would happen if the researchers were not present. The researchers did note that workers tended to change their behaviour over the course of a site visit.*

*When they became accustomed to the presence of HSE scientists, they tended to work in a more relaxed manner and carried out tasks more quickly than at the start of visit. Time pressures may also have played a part as workers attempted to make up time to complete the job by the required deadline after a slow start (probably because they were being observed by HSE scientists).*

*As noted above it is important to note that these findings represent examples of the best work practices and standards and are not intended to be representative of the industry.”*

Source: <https://www.hse.gov.uk/research/rrhtm/rr1176.htm>

Given this observation occurred during a time when those undertaking “licenced work” were doing so in the knowledge of their work was being scrutinised, it is understandable why the researchers felt it was important to highlight these behaviours.

We believe that this was included in the report to highlight the potential shortcomings within the asbestos sector relating to human factors of those undertaking the work and that this effect will only be magnified further for individuals who know that they are not being observed, or do not fear that their work will come under any scrutiny. Given the

latency relating to asbestos exposure, this approach to risk prevention can no longer be allowed to continue.

Therefore, removing even these limited requirements to NNLW is secondly likely to lead to an increase in individuals undertaking this type of work and putting both them and others at greater risk.

Given that the HSE acknowledges in the wording of Question 24 that it believes there is a great deal of under reporting relating to NNLW.

Removing even the current limited requirements could put individuals at greater risk and would be in contradiction to the HSE role in protecting and advancing health and safety within the UK.

**Question 23: To what extent do you agree or disagree with HSE's proposal to make improvements to guidance and use other interventions to clarify the type of work with asbestos that constitutes NNLW?**

Strongly agree	Agree	Do not agree or disagree	Disagree	Strongly disagree
		<input checked="" type="checkbox"/>		

Please provide a reason for your response [Free text]

We would support the HSE continuing to make improvements in its guidance and other interventions, including proactive inspections, but would not support an approach purely providing increased guidance whilst also reducing oversight and accountability.

**Question 24: From the analysis of NNLW notifications, the data suggests that a significant number of notifications for work with asbestos insulation (AI) and asbestos insulating board (AIB) exceed the short duration time frame.**

**Short duration work with asbestos insulating board or asbestos insulation is defined as total work time with these materials being under two hours per week, with no individual working more than one hour, including setup and cleanup.**

**Based on this definition, how confident are you in understanding short duration work with AI and AIB?**

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Very confident	Confident	Somewhat confident	Not confident	Strongly not confident
<input checked="" type="checkbox"/>				
Please provide a reason for your response [Free text] Our confidence is based on our professional understanding of the expectations, placed on competent persons to fully understand the requirements of the regulations.				

**Question 25: To what extent do you agree or disagree that the interpretation of NNLW would be easier to understand if all work with asbestos insulation and asbestos insulating board was licensable work?**

Strongly agree	Agree	Do not agree or disagree	Disagree	Strongly disagree
<input checked="" type="checkbox"/>				
Please provide a reason for your response [Free text]  As highlighted in our response to Question 21  We would prefer to see all asbestos based work as licensable, taking a progressive step forward to better managing the risks asbestos continued percent until it is eradicated from all buildings.				

**Question 26: Where do you find guidance and support on the NNLW category of work with asbestos?**

[Select as many as are applicable]

HSE webpages <a href="#">Notifiable Non-Licensed Work (NNLW) - HSE</a>	<input checked="" type="checkbox"/>
HSE guidance documents <a href="#">Asbestos essentials - HSE</a>	<input checked="" type="checkbox"/>
HSE Approved Code of Practice <a href="#">Managing and working with asbestos</a>	<input checked="" type="checkbox"/>
Trade association e.g. ARCA, ACAD, ASES	<input checked="" type="checkbox"/>
Industry training body e.g. UKATA, IATP	<input checked="" type="checkbox"/>
Colleagues and peers	<input checked="" type="checkbox"/>
Other e.g. Asbestos Network [Please provide additional details for your response]	<input checked="" type="checkbox"/>

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Trade Union Congress Union Health and Safety Specialist Network ( <b>TUC UHS</b> ) IOSH Forums and Groups	
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**Question 27: How useful is the information in the HSE guidance?**

	Very useful	Useful	Somewhat useful	Not useful
HSE webpages <a href="#">Notifiable Non-Licensed Work (NNLW) - HSE</a>	<input checked="" type="checkbox"/>			
HSE guidance documents <a href="#">Asbestos essentials - HSE</a>	<input checked="" type="checkbox"/>			
HSE Approved Code of Practice <a href="#">Managing and working with asbestos</a>	<input checked="" type="checkbox"/>			

Please provide a reason for your response [Free text]

**Question 28: HSE currently has task sheets for non-licensable work [Asbestos essentials - HSE](#). To what extent do you agree or disagree that task sheets for NNLW would be useful?**

Very useful	Useful	Somewhat useful	Not useful
		<input checked="" type="checkbox"/>	

Please provide a reason for your response [Free text]

## Cost benefit questions on the proposal to clarify the type of work that constitutes work with asbestos known as NNLW

**Question 29: HSE estimates the average cost saving per job from NNLW becoming (non-notifiable) non-licensable work is between £23 to £57, with a best estimate of about £40. The saving comes from the requirement to notify the work, to carry out medical surveillance and to keep health records.**

29a) Do you think this estimate is accurate?

Much too high	Too high	About right	Too low	Much too low	Don't know
<input checked="" type="checkbox"/>					

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29b) If you disagree with this estimate, please provide an estimated range of costs (£ to £)

29c) Please provide details of whether the costs would vary between businesses or job types, for example. [Free text]

29d) Please provide a brief reasons for your answer [Free text – 200-word limit]

These cost savings do not account for the potential costs and losses to the UK economy for the treatment of conditions caused by exposure to asbestos, as a result of poor management should NNLW become non-licensable.

**Question 30: We have estimated the average additional cost of NNLW becoming licensable work as being between £496 to £691, with a best of about £599. This assumes that the business doing the work is already licensed so does not incur the cost of obtaining a licence from HSE. The additional costs come from requirements to provide enclosures, air monitoring and certification of reoccupation.**

30a) Do you think this estimate is accurate?

Much too high	Too high	About right	Too low	Much too low	Don't know
					<input checked="" type="checkbox"/>

30b) If you disagree with this estimate, please provide an estimated range of costs (£ to £)

30c) Please provide details of whether the costs would vary between businesses or job types, for example. [Free text]

30d) Please provide a brief reasons for your answer [Free text – 200-word limit]

## Concluding questions

**Question 31: Do you have any further comments you would like to make about the proposals outlined in this consultative document?**

[Free text]

As nursing staff are at risk of exposure to asbestos and of developing asbestos related diseases, including Mesothelioma, the RCN wants to see more positive and proactive action being taken to protect healthcare workers both now and in the future.

The perception that asbestos is a hazard of the past and that healthcare buildings are low risk environments needs to be challenged.

The RCN broadly supports the recommendations made by the Work and Pensions Committee in 2022 and the 2020 MAGS report.

Specifically, we are making calls on the UK Government, the Health and Safety Executive, the Health and Safety Executive for Northern Ireland and other relevant enforcement authorities duty holders (building owners) and employers to take better preventative action.

Much of the cost benefit analysis considerations within this consultation focus more on the impact to individual businesses rather than the impact to UK society, including the costs that are born by UK society because of the poor management of asbestos

Mesothelioma UK's 2023 report "Clearing the Air: The costs and benefits of removing asbestos from UK schools and hospitals" sets out the clear financial benefit of taking a more proactive stance on the management of asbestos. This proactive management also needs to include further changes to control to CAR2012 including changes to exposure minutes which have not changed for over 20 years, despite growing body of evidence and support for further reduction, this was highlighted within the work and pensions committees report.

The RCN is therefore calling for

The UK Government to:

- Provide immediate ringfenced funding to tackle maintenance backlogs in NHS buildings which may be leading to damage or disturbance of asbestos.
- Mandate the phased removal of all asbestos in health and social care premises, over a 40-year period, as suggested by the Work and Pensions Committee (2021a), beginning with immediate effect. The priority being for asbestos which is in poor condition and in public areas/areas where workers can easily access or disturb, to be removed first. This could be part of refurbishment work and upgrades linked to net zero improvements.
- Fund the phased removal of asbestos in public buildings where health and social care services are delivered.

- Fully resource the Health and Safety Executives in both Great Britain and Northern Ireland to enable them to proactively inspect NHS and independent sector health and social care buildings and, where appropriate, take relevant enforcement action.
- Develop a publicly available digitalised central register of asbestos for public buildings, including health and social care premises, to enable workers to access real time and retrospective information on potential asbestos exposure.
- Retain and strengthen existing legislation on the control of asbestos at work.

The HSE Great Britain and HSE Northern Ireland and other regulators:

- Implement a programme of proactive asbestos management inspections of a cross-section health and social care buildings including the NHS, GP and health centre buildings built or refurbished before 2000.
- Act on intelligence and concerns about asbestos from the RCN and other union safety representatives working in health and social care.
- Include checks on asbestos management when inspecting care homes and residential care buildings.
- Patient safety regulators to be aware of the risk to patients and users of health and social care services from potential exposure to asbestos and to know when to refer concerns to the Health and Safety Executive/Health and Safety Executive for Northern Ireland.

As a professional trade union, the RCN is committed to raising awareness of asbestos risks in the workplace amongst our members and to providing RCN safety representatives with relevant information and training to empower them to scrutinise asbestos management in their workplaces and know when and where to escalate concerns.

We recognise the need to raise awareness amongst nurse managers and leaders and provide them with relevant information.

We will also continue to support members to pursue personal injury claims. We will collaborate with partners who share the same aims and lobby and campaign to get our calls put into action.

**Question 32: Do you foresee any unintended consequences as a result of the proposals outlined in this consultative document?**

[Free text]

Yes, any dilution of current requirements will most likely lead to further asbestos exposure and development of asbestos related disease for years to come.

Question 33: Are you aware of any impact on protected characteristics (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation) these proposals may have?

[Free text]

No

Question 34: Are you aware of any impact on the environment these proposals may have?

[Free text]

Yes.

Question 35: If you are happy to be contacted by HSE for any potential follow up on your answers please provide your email address here.

[Free text]

[Headsofhealthsafetyandwellbeing@rcn.org.uk](mailto:Headsofhealthsafetyandwellbeing@rcn.org.uk)

Question 36: Are you happy to be contacted by HSE to be involved in a working group to develop guidance?

[Free text]

Yes

**End of response**

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