

## **Comment on Caerphilly Council’s: “Cwmcarn High School - your questions answered.”**

The following are comments on Caerphilly Council’s answers on the asbestos problems at Cwmcarn High School published on 19<sup>th</sup> October 2012. (Follow the link<sup>1</sup>)

In general the answers are at times misleading and inaccurate and do not reflect current, accepted expert opinion. It would appear that the answers are an attempt to play down the seriousness of the incident.

The Q&As give some information about the asbestos debris and unsealed and damaged asbestos materials in the school. Also limited data is provided on the results of air tests. Based on the information provided, the assurances given by the Council on the level of risk cannot be justified. The Council has therefore been asked to provide all the data so that an independent risk assessment can be made. In the interim a provisional risk assessment has been made based on the published data. The assessment calculates that the risks to be greater than the Council’s assessment, which underlines why it essential that all the data is released.

The following documents have been requested from the Council:

- All the data and documents related to the recent air sampling.
- A copy of the risk assessment.
- A copy of the report that led to the closure of the school.
- A copy of the latest asbestos survey, and any previous asbestos surveys.
- A copy of the present and past asbestos registers and asbestos management plans.

The following are extracts from the Q&As and are followed by comments.

### ***Are there guidelines for exposure to asbestos?***

**Answer:** *The World Health Organisation indicates background asbestos fibres in urban air to be in the region of 0.0001 to 0.001 fibres/ml. Studies indicate background fibre counts in schools to be around 0.0005 fibres/ml....*

### **Comment**

The paragraph does not give the best evidence and excludes relevant information and is therefore misleading.

Agreed that the WHO state : *“Based on surveys conducted before 1986, fibre concentrations (fibres > 5 µm in length) in outdoor air, measured in Austria, Canada, Germany, South Africa and the USA, ranged between 0.0001 and about 0.01 f/ml, levels in most samples being less than 0.001 f/ml.”*<sup>2</sup>

However the range of background fibre levels of 0.001f/ml to 0.0001 f/ml is not the range generally accepted in the UK. A more relevant document is “Fibrous Materials in the environment,” a report commissioned by the Medical Research Council (MRC), that gives the range of outdoor background asbestos fibre levels. It states:

---

<sup>1</sup> Follow link; <http://www.caerphilly.gov.uk/site.aspx?s=kcMnpkpDDtMG8JxU6n/b+2HXaZlu1iHipArtJgSWWdLag+1SVOHwwg==>

<sup>2</sup> UNITED NATIONS ENVIRONMENT PROGRAMME INTERNATIONAL LABOUR ORGANISATION WORLD HEALTH ORGANIZATION INTERNATIONAL PROGRAMME ON CHEMICAL SAFETY ENVIRONMENTAL HEALTH CRITERIA 203. CHRYSTOLE ASBESTOS Para 1.3 Occupational and environmental exposure levels World Health Organization 1998

*“The background ambient exposure is very low, with fibre levels in the range of 0.000001- 0.0001 f/ml...”<sup>3</sup>*

The lower levels are generally found in rural areas. Cwmcarn School is located in a rural area and therefore 0.000001f/ml is a more realistic figure for the outside background airborne asbestos level.

Caerphilly Council state: *“Studies indicate background fibre counts in schools to be around 0.0005 fibres/ml.”* Their statement should include the caveat that this figure is based on buildings with asbestos in good condition.<sup>4</sup>

### ***What will happen to me if I have inhaled asbestos?***

***Answer:*** *It is very unlikely that the general population will inhale large enough amounts of asbestos over a long enough period of time to cause health problems.*

#### **Comment**

This statement is misleading. Although this might have been the view twenty years ago, statistics show an increasing number of “the general population” are dying of mesothelioma. This includes school teachers, school secretaries, cleaners, cooks and former pupils. More than 140 school teachers died of mesothelioma in the last ten year period. School teachers were dying at a rate of 3 a year in 1980 and are now dying at a rate of 16 a year.<sup>5</sup>

***Answer:*** *Breathing in large amounts of asbestos over a long period of time (many years) may affect the lungs, causing asbestosis. Asbestosis is when breathing becomes difficult and the heart is enlarged.*

#### **Comment**

In the context of schools asbestosis is irrelevant.

***Answer:*** *Breathing in moderate amounts of asbestos over a long period (many years) may lead to mesothelioma or lung cancer.*

#### **Comment**

Caerphilly Council’s answer is misleading.

It is also contrary to accepted expert opinion, as it does not require the inhalation of moderate amounts of asbestos over a long period (many years) to cause mesothelioma.

Mesothelioma can occur after a low level exposure to asbestos over a short period of time. Although lung cancer requires a greater level of exposure. Therefore in these circumstances the Council should have stated the current accepted medical opinion for the exposure levels capable of causing mesothelioma:

Dianne Willmore was exposed to asbestos while a pupil at school and subsequently died of mesothelioma. In March 2011 seven Justices of the Supreme Court unanimously confirmed the judgment that she had been negligently exposed to asbestos while a pupil at school, and that the exposure she had suffered materially increased the risk of her mesothelioma developing. The High Court, Appeal Court and Supreme Court all accepted the expert medical opinion given by Dr Rudd, an internationally recognised expert in mesothelioma, that:

*“Mesothelioma can occur after low level asbestos exposure and there is no threshold dose of asbestos below which there is no risk.”<sup>6</sup>*

---

<sup>3</sup>Medical Research Council Fibrous Materials in the environment. 1997 p71 para 4.2.1

<sup>4</sup>Medical Research Council Fibrous Materials in the environment. 1997 p71 para 4.2.1

<sup>5</sup> See Asbestos in schools the scale of the problem and the implications p 34-42 and p 54-61

<http://www.asbestosexposureschools.co.uk/pdfnewlinks/AiSreportonASBESTOSINSCHOOLS.pdf>

<sup>6</sup>High Court QBD Liverpool District. The Hon Mr Justice Nicol . Dianne Willmore and Knowsley Metropolitan Borough Council 24 July 2009 Para 4 .

The World Health Organisation acknowledged the absence of a known threshold and stated “No threshold has been identified for the carcinogenic risks to chrysotile.”<sup>7</sup> The HSE’s Hodgson and Darnton paper on risks from asbestos exposure examined the various studies into the level of exposure that can cause mesothelioma and concluded “All these observations suggest that relatively brief exposures may carry a low, but non-zero, risk of causing mesothelioma. Taking this evidence together we do not believe there is a good case for assuming any threshold for mesothelioma.”<sup>8</sup> The evidence was re-examined by the government’s advisory committee on science, WATCH, who in 2011 confirmed that “The risk will be lower, the lower the exposure, but “safe” thresholds are not identifiable.”<sup>9</sup>

**Answer:** *Being in contact with someone or something that has been in contact with asbestos, especially in the short term, is unlikely to cause harm.*

#### **Comment**

Caerphilly Council’s answer is factually wrong.

There are many cases of people who have developed mesothelioma from “being in contact with someone or something that has been in contact with asbestos.”

#### **Is asbestos found in the general environment?**

**Answer:** *Asbestos minerals are widespread in the environment. They may be found in the soil due to erosion of asbestos-bearing rock. Asbestos fibres may enter the atmosphere due to the erosion of natural asbestos-containing ores or damage to asbestos-containing products including insulation; car brakes and clutches, ceiling and floor tiles and cement.*

#### **Comment**

Caerphilly Council’s answer appears to be a cut and paste exercise where irrelevant information has been included so that the answers are misleading in the context of Cwmcarn School.

Asbestos bearing rock is rare in the UK and it is misleading in this context to include it as a source of environmental exposure. HSE state:

*“...true environmental asbestos exposures due to naturally occurring deposits can present a risk of mesothelioma. However, there is uncertainty in the level of risk due to these exposure scenarios and some are less relevant to Great Britain – for example, naturally occurring deposits of asbestos tend to be found only in specific areas of the world, including parts of Turkey, Greece, Cyprus, New Caledonia, Corsica, and the USA. There is also evidence that other mineral fibres such as erionite can cause mesothelioma but again, exposure within Great Britain is unlikely.”<sup>10</sup>*

Also cars brakes and clutches that contain asbestos are no longer produced or imported into the UK and should therefore only be found in old vehicles. It is therefore misleading of Caerphilly council to include them as a source of environmental exposure.

There are other more relevant documents that put exposures in schools into context:

HSE summarised the extent of the use of asbestos in schools: “Of the approximate 20,400 primary schools and 3,400 secondary schools in the UK, some 13,000 were built between 1945 and 1974, when the use of Asbestos Containing Materials (ACMS) in building was at its peak.

---

<sup>7</sup> World Health Organisation Elimination of asbestos related diseases. Sep 2006 . WHO environmental Health criteria 203: Chrysotile Asbestos 1998

<sup>8</sup> Hodgson & Darnton The quantitative risks of mesothelioma and lung cancer in relation to asbestos exposure. Epidemiology and medical statistics unit HSE. Ann Occup Hyg vol 44 p583 Is there a threshold? 2000)

<sup>9</sup> Final WATCH Position on asbestos risk assessment: February 2011

<sup>10</sup> HSE Burden of Occupational Cancer in Britain Mesothelioma RR595 2007 p3

*Many other school premises would have been refurbished during or since that period, providing the potential for the introduction of ACMs e.g. lagging, ceiling panels, partition walls, sprayed coatings. This suggests that a high proportion of our present schools contain asbestos and represent the potential to release deadly fibres.”<sup>11</sup>*

The MRC document has a chapter on the asbestos content in UK schools and is therefore relevant in the context of Cwmcarn.

MRC state in relation to UK schools: *In general extensive use was made of sprayed coatings (amphiboles), Asbestolux ceiling panels, and asbestos board and asbestos –cement partitioning in system-built buildings constructed in the 1960s. These particular buildings might thus be considered to pose a relatively “higher risk” of exposure.”<sup>12</sup>*

Having examined the extent, type and location of asbestos in schools the MRC report concluded: *“It is not unreasonable to assume, therefore, that the entire school population has been exposed to asbestos in school buildings.”<sup>13</sup>*

MRC highlighted the asbestos exposure of children in schools:

*“Children attending schools built prior to 1975 are likely to inhale around 3,000,000 respirable asbestos fibres. (roughly 10% of the higher estimate of the burden from ambient lifetime exposure or 1000% of the lower estimate). Exposure to asbestos in school may therefore constitute a significant part of total exposure.”<sup>14</sup>*

MRC’s calculation on the number of fibres inhaled was based on the background fibre level of 0.0005f/ml. This is the level with asbestos in good condition, but that is not the case at Cwmcarn and therefore the levels will have been higher and the numbers of fibres inhaled greater.

### **Asbestos at Cwmcarn High School - the background**

**Answer:** *At the request of the Local Authority, Public Health Wales, Aneurin Bevan Health Board and the Health Protection Agency have been working together to assess the public health risks associated with the potential asbestos exposure at Cwmcarn High School.*

#### **Comment**

From the available data and statements made in the Q&As one must question the veracity of the calculations and conclusions of the risk assessment carried out by the Public Health Wales, Aneurin Bevan Health Board and the HPA. If there is to be transparency, and if the public are to have confidence in the risk assessment, then it is important that all the data is released for public scrutiny and so that an independent risk assessment can be carried out.

**Answer:** *Caerphilly County Borough Council received advice following a review of the available results of samples taken from the school environment between 22nd September 2012 and 5th October 2012. The majority of the asbestos levels measured within the school were in the range of 0.003 to 0.008 fibres/ml.*

---

<sup>11</sup> HSE Paper Number: LAFORUM/04 Forum Asbestos management in schools. 23 Nov 2004

<sup>12</sup> Fibrous Materials in the Environment Medical Research Council. Building Research Establishment. P72 and p75 . 1997

<sup>13</sup> Fibrous Materials in the Environment Institute for Environment and Health. P72 and p75 . 1997

<sup>14</sup> Fibrous Materials in the Environment Institute for Environment and Health. P72 and p75 . 1997

### Comment

This answer poses more questions than it answers. It is stated that two weeks of air sampling were carried out. The following are questions about the air tests:

How many air tests were carried out?

What length of time was each sample?

What volume of air was sampled?

Were the results pooled?

Was the school occupied while the tests were taking place?

If not what disturbance was carried out and for how long?

What rooms were the tests carried out in?

Were any tests carried out in the ceiling void?

The answers states that the levels were "asbestos" levels;

How were the slides analysed, optically or electronically?

Were asbestos fibres and non-asbestos fibres differentiated?

If the majority of the results were in the range of 0.003 to 0.008 f/ml were there any above that?

What were the results of all the tests?

**Answer:** *This would suggest an excess lifetime cancer risk in the order of <0.01 to 0.15 per thousand individuals if they were exposed to these levels over a five year period.*

*Taking a more conservative, **worst case scenario**, the excess lifetime cancer risk would be 0.2 to 1 case per thousand individuals over a 5 year period.*

It is unclear from the risk assessment how the conclusion was reached. It is also not stated if these are the risks for an adult or for a child. If there is to be confidence in the assessment all the calculations need to be shown.

**Answer:** *This assessment, based on the available data, assumes that exposure takes place 24 hours a day, 7 days a week over a 5 year period. Pupils and staff are on the school site for a far shorter period than this.*

### Comment

A risk assessment is not normally calculated on a 24 hour, 7 day a week exposure, and it is not known why it has been in this case. They are normally based on a 40 hour working week and a 48 working week year. That amounts to 1920 hours per annum. However for a school the time staff and pupils spend at school is less than this.

Staff in a secondary school will work about 196 days a year and for calculation purposes about an 8 hour day at school. That amounts to 1568 hours which is about 0.8 of the standard working year. However all exposures are cumulative and therefore if staff have worked at the school for longer than the 5 years used in the Council's calculations then this needs to be factored in.

Also a pupil might have suffered seven years exposure if they started at the school at age 11 and finished at age 18. This also needs to be factored in so that the risks for each individual's total cumulative exposure can be calculated.

If the Hodgson and Darnton risk assessment (H&D) is used for calculating the risk then the calculations are based on a person of 30 years old. Therefore the age of the staff and pupils has to be taken into account as there is an increased risk for people younger than 30 and for children in particular because they have longer to live for mesothelioma to develop. It is unclear from the Council's answers whether the age of the pupils has been taken into account.

This increase in risk for children is clearly demonstrated by the following table based on the Hodgson and Darnton paper which estimated the risks from asbestos exposure.<sup>15</sup> Of particular relevance is the increase in risk to children of school age, with an 11 year old child having an increase in risk of 2.5 to 3.8 times greater than their teacher of 30 years old. The following is the table:

*“Adjustment factors to convert estimates of mesothelioma mortality due to asbestos exposure starting at age 30 to other exposure start ages for assuming risk persists for 60 years and 80 years after the start of exposure.”<sup>16</sup>*

Age	0	5	10	15	20	25	30	35	40	45	50	55
Factor (at risk for 60 years)	2.8	2.7	2.6	2.4	2.1	1.5	1	0.6	0.4	0.3	0.2	0.1
Factor (at risk for 80 years)	6.6	5.2	4	3	2.1	1.5	1	0.6	0.4	0.3	0.2	0.1

**Answer:** Taking into account all the available information, the health risk from potential asbestos exposure to pupils and staff at the school is considered to be **low, albeit slightly elevated**.

#### Comment

Risk assessments usually look at each incident in isolation, and do not take account of any other asbestos exposures that might occur in the school. It is apparent from the available information that there was not an effective system of asbestos management at Cwmcarn School, and therefore there is a possibility that there were peak asbestos exposures, and the possibility of other prolonged low level asbestos exposures that have not been taken into account. This is particularly likely if there is asbestos debris and exposed and damaged asbestos material in the school.

The details of the extent, type, condition and location of these materials should be made publicly available so that the veracity of the Council’s risk assessment can be determined.

HSE consider that an “acceptable” risk is 1 death per million per year.<sup>17</sup> Assuming that annual risk is calculated by dividing total risk by the duration of exposure, the risk assessment carried out by the Health Protection Agency (HPA) for Caerphilly Council gives a life time risk between <10 -150 mesothelioma deaths per million or <2-30 deaths per million per year. Therefore the risk at Cwmcarn from their calculations exceeds the acceptable level of 1 death per million per year.

It is therefore somewhat misleading of the Council to refer to the risk of an unacceptable number of people dying from mesothelioma as being “low, albeit slightly elevated.”

#### If the risk is low, why was the school closed so quickly?

**Answer:** It is important to note that the decision taken to close the school was not a response to an asbestos related incident. The decision was taken to assess and reduce any potential future exposure to asbestos, thereby protecting the health and wellbeing of pupils and staff at the school.

#### Comment

Caerphilly Council state that the decision to close the school was not a response to an asbestos related incident. From the information available they are incorrect.

<sup>15</sup> HSE Statistics Branch Darnton The quantitative risks of mesothelioma in relation to low-level asbestos exposure Table 9

<sup>16</sup> HSE Statistics Branch Darnton The quantitative risks of mesothelioma in relation to low-level asbestos exposure . Andy Darnton BOHS 17 Oct 2007

<sup>17</sup> HSE Reducing risks protecting people Dec 2001

It is possible that asbestos fibre release had been occurring over a prolonged period of time, and if so one must question why the school had not been closed before it was as the release of any asbestos fibres into an occupied school can only be described as an asbestos related incident.

There was asbestos debris in the ceiling void and it is reasonable to assume that it had been there for some time. The facts need to be established but it is possible that it had been there since the school was constructed. It is known that IT cables had been laid in the ceiling void and therefore it is reasonable to assume that either the debris or asbestos fibres had been disturbed.

Also unsealed asbestos materials are in the building, and if disturbed then, depending on the material, that would have released asbestos fibres.<sup>18</sup> There is also damaged asbestos material in the school which by its very nature had been disturbed at some time, and when that happened it would have released asbestos fibres and therefore would be described as an asbestos related incident.

### Where is the asbestos in the school?

**Answer:** *There is asbestos product present in the construction of school buildings apart from the Music and Drama Block C and the Languages wing. Asbestos was a common building material at the time of the school's construction and is present throughout the site. The majority of asbestos product is sealed and in good condition, however, some debris was discovered in voids and some asbestos product is unsealed and/or has some damage. Both of these conditions give rise to the potential for asbestos fibre release.*

#### Comment

See the comments above.

### What type of asbestos is it?

**Answer:** *The majority of asbestos product and debris within the school contains Amosite which is commonly known as "brown" asbestos. Amosite is an "amphibole" and poses a greater risk than other types of asbestos due to its fibrous properties.*

#### Comment

It is estimated that amosite is up to 100 times more likely to cause mesothelioma than chrysotile.<sup>19</sup> It is also estimated that it releases its fibres ten times more readily than chrysotile.<sup>20</sup>

Clearly there was an inadequate system of asbestos management in the school and swab tests had shown that amosite dust was present. If the occupants of the school and the general public are to believe the Council's assurances that an asbestos related incident did not occur and that the risks have been low, then it is important that the asbestos surveys, register, management plans and the recent report are released for public scrutiny.

### Have surveys been undertaken on the school buildings for asbestos?

**Answer:** *Asbestos surveys have been undertaken in all Caerphilly schools including Cwmcarn High since 2003, as required by the Asbestos at Work Regulations 2002. These regulations required visual surveys which would not have covered ceiling and roof voids. The legal standards for asbestos surveying have increased with revisions of asbestos regulations in 2006 and again in 2012. This has resulted in a number*

---

<sup>18</sup> Significant fibres can be released from removing stationary from a classroom cupboard with an unsealed Asbestos insulating board back see page 18 <http://www.asbestosexposureschools.co.uk/pdfnewslinks/AISreportonASBESTOSINSCHOOLS.pdf>

<sup>19</sup> Hodgson & Darnton The quantitative risks of mesothelioma and lung cancer in relation to asbestos exposure. Epidemiology and medical statistics unit HSE. Ann Occup Hyg vol 44 p583 Is there a threshold? 2000)

<sup>20</sup> HSE Amendment to the Control of Asbestos at work regulations 1987 and ACOP July 2002 para A67 p 34

*of more detailed surveys of premises being required highlighting a more comprehensive picture of asbestos at the school.*

### **Comment**

Caerphilly Council's interpretation is incorrect of what has been required in an asbestos survey. The debris, damaged and unsealed asbestos should have been identified many years ago and measures taken to make it safe.

A 1983 HSE paper on asbestos in educational establishments referred to guidance given by the Government's Advisory Committee on Asbestos on the particular vulnerability to children and stressed the importance of identifying asbestos in buildings occupied by children. They stated: *"... It is therefore especially important that the presence of asbestos containing materials in any environment to which children are exposed should be identified so that steps can be taken where necessary to prevent dust release."*<sup>21</sup>

In 1986 DfE guidance for local authorities and schools advised them that they should take steps in: *"Identifying the presence of asbestos, its extent, type and location.*

*Assessing the potential for fibre release in light of an examination of the type, integrity, location and accessibility of the asbestos material including, in the case of a school, its accessibility to children and the pattern of children's behaviour.*

*Deciding what remedial action is necessary, and in what order of priority...*

*In general if the asbestos material is sound and undamaged, and if it is undisturbed in normal usage, it may be left in place and a management system should be introduced to keep its condition under review."*<sup>22</sup>

The 1986 guidance stressed that *"Finding asbestos materials may require a diligent and determined search,"*<sup>23</sup>

In 2012, some 29 years after being advised that it was important to identify the presence of asbestos, asbestos debris, damaged and unsealed asbestos materials have been found in Cwmcarn High School. From the evidence available it would appear that the previous guidance had been ignored.

Caerphilly Council had not identified the asbestos debris in the ceiling void because they claimed that *"the Asbestos at Work Regulations 2002. These regulations required visual surveys which would not have covered ceiling and roof voids."* They are incorrect.

In 2001 the HSE published MDHS 100, a guide on how to survey buildings. It stated: *"All areas should be accessed and inspected as far as reasonably practical (eg above false ceilings and inside risers, service ducts, lift shafts etc) or must be presumed to contain asbestos."*

In 2006 the Health and Safety Laboratory (HSL) carried out inspections of a number of steel frame system built school buildings and concluded that it was not unusual to find asbestos debris in the ceiling voids.<sup>24</sup> They stressed that surveys had not been carried out according to the guidance, for if they had been the debris would have been identified. HSL stated:

*"A type 1 or 2 survey as described in MDHS 100, requires that the ceiling void of suspended*

---

<sup>21</sup> HSE Asbestos in Educational Establishments ESAC/WG3/2C 1983. 1979 Government Advisory Committee on Asbestos.

<sup>22</sup> Department for Education AM 3/86

<sup>23</sup> Department of the Environment Asbestos materials in buildings 1986 para 4.3

<sup>24</sup> HSL Further measurements of fibre concentrations in CLASP construction buildings AS/ 2007/14. Asbestos management Sep 2007. P 5

ceilings are accessed to check for ACMs and asbestos debris. Therefore if a building survey has been carried out in accordance with HSE guidance the presence of asbestos debris from the installation or subsequent alterations should have been detected and located.

*If for some reason the surveyor did not access the suspended ceiling, as they should have done, the area should still have been marked as presumed to contain asbestos and work in the ceiling void should be subject to the restriction and controls in CAR, 2006, unless further assessment has been carried out by a competent person.”<sup>25</sup>*

It is reasonable to assume that the ceiling void at Cwmcarn had not been inspected or else the asbestos debris would have been identified. Neither had the school presumed the void contained asbestos, because if it had then people would not have been allowed in the ceiling void to lay IT cables.

In the context of the failure to identify asbestos debris, damage and unsealed asbestos Caerphilly Council are equally wrong about “*The legal standards for asbestos surveying have increased with revisions of asbestos regulations in 2006 and again in 2012.*” If they had followed the 2001 guidance or the 1986 guidance they would have identified the unsafe material and would then have implemented measures to manage their asbestos. If they had followed the guidance then the release of asbestos fibres and the resultant closure of the school could, and should, have been prevented.

### Should I go to see my doctor?

**Answer:** *Generally there is no need for you to see your Doctor, however if you have concerns you may wish to seek advice from your local GP or NHS Direct on 0845 46 47.*

#### Comment

HSE guidance put a different emphasis on whether a person should see their doctor, it states:

*“If you are concerned about possible exposure to asbestos from work activities, you are advised to consult your GP and ask for a note to be made in your personal record about possible exposure, including date(s), duration, type of asbestos and likely exposure levels (if known). In some circumstances, your GP may refer you to a specialist in respiratory medicine. HSE does not advocate routine X-rays for people who have had an inadvertent exposure to asbestos. Asbestos-related damage to the lungs takes years to develop and become visible on chest X-rays. X-ray examinations cannot indicate whether or not asbestos fibres have been inhaled.”<sup>26</sup>*

*Michael Lees  
23<sup>rd</sup> October 2012*

---

<sup>25</sup> HSL Further measurements of fibre concentrations in CLASP construction buildings AS/ 2007/14. Asbestos management Sep 2007. para 3.5 p26

<sup>26</sup> HSE. Asbestos FAQs I may have been inadvertently exposed to asbestos. What should I do?  
<http://www.hse.gov.uk/asbestos/faq.htm>