

Farrowden Construction Ltd

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Farrowden Construction Ltd

Emergency Response Plan

Project: Averlow Wharf — Block C

Site Address: Averlow Basin, Hackney, London E8

Date: 22 July 2026

Emergency Contact Numbers

Role	Contact
Client	Basin Living LLP — 020 7946 0233
Principal Designer	Ostley & Vane Architects — 020 7946 0400
Principal Contractor	Farrowden Construction Ltd — 020 7946 0100

Nearest Hospital / A&E

Homerton University Hospital, Homerton Row, London E9 6SR (A&E, ~2.4 miles)

Fire Safety

Dry riser to each level, wireless fire-alarm call points per floor, 2no. fire marshals per shift. Hot-works permit + 60-minute fire watch. Assembly point at the canal-side gate.

Assembly Point: Canal-side gate, beside the visitor parking bay on Averlow Basin.

First Aid Arrangements

First-aid room in the site office. 3no. trained first-aiders per shift (Priya Nair, Liam Doyle, Sarah Whitfield). Defibrillator at the gate office.

Specific Emergency Scenarios

Fire or full evacuation of Block C; person unconscious or injured at height (scaffold zones B–D); canal-side water incident at Averlow Basin; deep-excavation collapse or flooding — muster at the assembly point and follow the Emergency Plan rescue arrangements.

RIDDOR Reporting

For a full list of what must be reported to the HSE under RIDDOR, visit: [HSE: Types of Reportable Incidents \(RIDDOR\)](#)

Report to the HSE under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). Deaths and specified injuries — including fractures other than to fingers, thumbs or toes; amputations; permanent loss of sight; crush injuries to the head or torso; serious burns; and any injury leading to loss of consciousness — must be reported without delay, by phone for fatalities and major incidents. Over-seven-day injuries, where a worker is incapacitated for more than seven consecutive days, must be reported within 15 days. Injuries to members of the public taken directly to hospital for treatment, and dangerous occurrences such as a scaffold collapse, crane overturn or contact with overhead power lines, are also reportable. Report online at www.hse.gov.uk/riddor or, for fatal and major incidents only, by phone on 0345 300 9923.

For a full list of what must be reported to the HSE under RIDDOR, visit: [HSE: Types of Reportable Incidents \(RIDDOR\)](#)

Utility Isolation Points

Electrical: main isolator in the ground-floor riser cupboard, Block C core (key with site manager).
Water: stopcock in the basement plantroom. Gas: capped at the meter — no live gas during this phase. Crane/hoist isolation at the gate office panel.

Chemical Emergency Procedures

In the event of exposure to any hazardous substance on site, refer to the specific emergency and first aid procedures below. Safety Data Sheets (SDS) should be kept on site for all substances listed.

Abrasive Blasting Media / Grit	
Health Effects	Acute: severe mechanical irritation of the eyes and airways; high-energy particles can cause physical injury. Chronic: silica sand causes silicosis and lung cancer (RCS is Group 1, IARC) and must not be used; non-silica media (garnet, slag, alumina) are lower-hazard but can still cause pneumoconiosis-type effects with heavy exposure, and some slags contain trace heavy metals (beryllium, arsenic). The dominant chronic hazard is usually the substrate contaminant — lead (neurotoxic, reproductive), hexavalent chromium (Group 1 carcinogen, sensitiser) or RCS from blasted masonry/concrete.
Emergency / First Aid	Eyes: do not rub; irrigate immediately with clean water/saline for at least 15 minutes and seek urgent medical/eye assessment for embedded particles or high-pressure injury. Inhalation: move to fresh air; seek medical advice for breathing difficulty, and report suspected lead/metal-fume exposure. Skin: wash thoroughly (especially before eating if lead/chromate present); treat any high-pressure skin injection as a medical emergency. Ingestion: rinse mouth and drink water; seek medical advice, particularly where lead may be involved.
Disposal	Spent blasting media is usually HAZARDOUS WASTE because it is mixed with the removed coating — it commonly contains lead, chromate, other heavy metals or RCS. Contain and sample spent grit, classify against the EWC, and dispose via a licensed hazardous-waste contractor with consignment notes; never allow run-off or grit to enter drains, watercourses or the ground.
Site-specific assessment	⚠ <i>Not completed — generic library entry</i>

Acetone	
Health Effects	Acute: high vapour causes headache, dizziness, drowsiness and eye/nose/throat irritation; liquid defats skin causing dryness, cracking and irritant dermatitis. Low chronic toxicity, but the principal hazard is its extreme flammability and vapour build-up. Not a carcinogen or sensitiser.
Emergency / First Aid	Inhalation: move to fresh air. Skin: wash with soap and water, apply moisturiser to defatted skin. Eyes: irrigate with water for 15 min, seek medical advice if irritation persists. Ingestion: do NOT induce vomiting (aspiration risk), rinse mouth, seek medical attention.
Disposal	Collect waste solvent in a sealed, labelled, vapour-tight container and dispose via a licensed hazardous waste contractor. Never pour down drains — flammable vapour can travel and ignite.
Site-specific assessment	⚠ <i>Not completed — generic library entry</i>

Acetylene	
Health Effects	Asphyxiant. Highly flammable and explosive. Unstable above 1.5 bar.
Emergency / First Aid	Fire: evacuate and call fire brigade. Do not attempt to extinguish acetylene fire at cylinder. Cool adjacent cylinders with water.
Disposal	Return cylinders to supplier. Do not attempt to empty or dispose.
Site-specific assessment	⚠ <i>Not completed — generic library entry</i>

Acidic Sanitary / Limescale Cleaner	
Health Effects	Acute: corrosive — causes skin and eye burns and serious eye damage; inhalation of acid mist/fume irritates the nose, throat and airways and can cause coughing or breathing difficulty. CRITICAL: mixing with bleach (hypochlorite) liberates toxic chlorine gas. Chronic: repeated low-level acid-mist exposure can cause dental erosion and chronic respiratory irritation. Not classified as a carcinogen.
Emergency / First Aid	Skin: remove contaminated clothing and irrigate the burn with copious water for at least 20 minutes; seek medical advice. Eyes: irrigate immediately with water for at least 20 minutes holding the lids open and seek urgent hospital assessment. Inhalation: move to fresh air, keep at rest in a position comfortable for breathing; get medical attention if coughing/breathlessness persists. Ingestion: do NOT induce vomiting; rinse mouth, give small sips of water if conscious, and seek urgent medical attention with the SDS.
Disposal	Hazardous waste — neutralise/contain residues per the SDS and remove via a licensed hazardous-waste contractor with consignment notes. Do not pour concentrate to drains; only flush well-diluted in-use solution to foul sewer if the SDS and site rules permit, never to surface-water drains.
Site-specific assessment	⚠ <i>Not completed — generic library entry</i>

Acoustic Mineral-Fibre Ceiling Tile	
Health Effects	Acute mechanical irritation of skin, eyes and upper airways; dry cough and throat irritation when cutting overhead. Modern mineral-fibre tiles are bio-soluble and not classified as carcinogenic and are not sensitisers — the hazard is irritant nuisance dust, made worse by overhead cutting that drops dust onto the face. Older (pre-2000) tiles may contain asbestos or amosite-bearing board — survey before disturbing.
Emergency / First Aid	Skin: rinse off dust/fibres (do not rub) and wash; change dusty clothing. Eyes: irrigate with clean water/eyewash for 10–15 minutes without rubbing; seek advice if irritation persists. Inhalation: move to fresh air, rinse mouth and nose; medical advice if symptoms persist. Ingestion: rinse mouth and drink water.
Disposal	Non-hazardous construction waste — bag dust and offcuts and remove via a licensed waste carrier to landfill per the waste transfer note. If asbestos-containing tiles/board are confirmed, STOP and dispose only via a licensed asbestos hazardous-waste route. Do not burn or wash into drains.
Site-specific assessment	⚠ <i>Not completed — generic library entry</i>

Acrylic Decorator's Caulk

Health Effects	Low hazard. Acute: mild irritation of eyes and skin on prolonged or repeated contact; the wet product may have a faint ammoniacal smell. Contains preservative biocides (e.g. isothiazolinones such as MIT/CMIT) that can cause allergic skin sensitisation (dermatitis) in susceptible people. Not classified as carcinogenic. No respiratory sensitiser of note in normal use.
Emergency / First Aid	Skin: wash off with soap and water; if a rash/dermatitis develops seek medical advice. Eyes: rinse with clean water for several minutes; seek advice if irritation persists. Inhalation: not a significant route — move to fresh air if any discomfort. Ingestion: rinse mouth, give water, do not induce vomiting, seek medical advice if a large amount is swallowed.
Disposal	Low hazard. Allow residue to dry; cured/skinned material and empty cartridges can normally go to general construction waste. Do not wash wet caulk down drains or sinks — wipe out tools and bin the residue, then rinse. Check the SDS in case the specific biocide package requires hazardous-waste routing.
Site-specific assessment	⚠ <i>Not completed — generic library entry</i>