Dudley Group NHS Foundation Trust: Equality Impact Assessment

Step 2 - Screening Tool

Please complete the following when screening your policy or service for potential impact on equality groups.

1. Name of lead	Dawn Westmoreland
Contact number & email	Ext 3159 dawn.westmoreland@dgh.nhs.uk
Directorate or Department and Team	Infection Prevention & Control Care, Quality & Governance
2. Name of service or policy	Control of Infections with Specific Alert organisms policy
Is this a new or existing piece of work?	Existing policy
3. Target audience e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	All staff working at Dudley Group NHS Foundation Trust and patients coming for treatment/care at the Trust
4. What are the aims of the service/ policy? i.e. what does the policy or service hope to achieve?	To provide information about the organisms, requirements and advice regarding clinical management of cases, and includes provision of patient information as appropriate. This policy is designed to support all staff in carrying out their duties when an outbreak of infection occurs to minimise its effects to patients, staff and the environment and reduce its duration.
5. Does any part of this service or policy have the potential to have an adverse impact based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.	No The policy does not exclude anyone as it applies equally to all who will use it.
6. Are there any factors that could lead to different outcomes or satisfaction levels based on	No The policy does not have any factors that could lead to different outcomes

people's age, disability, ethnic	or satisfaction levels as it applies
origin, gender, religion/belief or	equally to all who will use it
sexual orientation?	
If No, please provide brief reasons.	

If you have answered yes to any of questions 5 or 6, you must now complete a full Equality Impact Assessment using the proforma provided by the Trust.

If you have answered No to all of the above questions, a full assessment is not required. Please complete the following sign-off section and send a copy of this screening to your Head of Service, Matron or Head of Department as appropriate **and** to Liz Abbiss, Head of Communications at Trust HQ.

Name of person completing this screening: Dawn Westmoreland

Job Title: Consultant Nurse Infection Prevention & Control

Date sent to Head of Service, Matron or Head of department: March 13

Date sent to Head of Communications, Trust HQ: March 13

For advice relating to completion of this screening, please contact Human Resources on 456111, ext 3807