

# Dudley Group of Hospitals: Equality Impact Assessment

## Step 2 - Screening Tool

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

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|--|---|
| <b>1. Name of lead</b>   | Dr J Sonksen  |
| Contact number & email   | 2207 <a href="mailto:julian.sonksen@dgh.nhs.uk">julian.sonksen@dgh.nhs.uk</a>   |
| Directorate or Department and Team   | Surgery/Anaesthetics  |
| <b>2. Name of service or policy</b>  | Perioperative Management of Patients taking Rivaroxaban   |
| Is this a new or existing piece of work?   | New Document (version 1)  |
| <b>3. Target audience</b><br>e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff  | This guideline applies to all medical, anaesthetic, surgical, nursing, pre-assessment, blood transfusion staff or any other practitioner who may require advice.  |
| <b>4. What are the aims of the service/policy?</b> i.e. what does the policy or service hope to achieve?   | The aim of this guideline is to:<br><br>Ensure that patients on Rivaroxaban are given appropriate pre-operative advice<br><br>Ensure that patients on Rivaroxaban receive appropriate peri- and post-operative anticoagulant management |
| <b>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?</b><br><i>If No, please provide brief reasons.</i> | No. The guideline applies to all persons  |
| <b>6. Are there any factors that could lead to different outcomes or satisfaction levels based on people's age, disability, ethnic origin, gender, religion/belief or sexual orientation?</b><br><b>If No, please provide brief reasons.</b>     | No. The guideline applies to all persons  |

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: J. Sonksen**

**Job Title: Consultant Anaesthetist**

**Date sent to Head of Service, Matron or Head of department: 30<sup>th</sup> July 2013**

**Date sent to Head of Communications, Trust HQ: 23<sup>rd</sup> October 2013**

For advice relating to completion of this screening, please contact Human Resources on 456111, ext 3251