

# 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.

<b>1. Name of lead</b>	Sue Preston
Contact number & email	01384 244012 (2012) Sue.Preston@dgoh.nhs.uk
Directorate or Department and Team	Operations, Surgery Theatres, Day Case & Surgical Preassessment
<b>2. Name of service or policy</b>	Trust Laser Safety Policy
Is this a new or existing piece of work?	Existing for re-ratification.
<b>3. Target audience</b> e.g. patients and public; NHS staff; professional health organisations; voluntary organisation; internal staff	Internal staff, users and operators of Laser equipment.
<b>4. What are the aims of the service/policy?</b>	Regulate the use of laser equipment and maintain patient, staff, user safety.
<b>5. Does any part of this service/policy have a <i>positive impact</i> on our duty to promote good race relations, eliminate discrimination and promote equality based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.</b>	Personal protective equipment required during laser use is specific to the equipment, all required is provided by the Trust. Individual special requirements due to size, optical restrictions etc are taken into account and individual specific PPE provided.
<b>6. Could any part of this service/policy have an adverse impact on our duty to promote good race relations eliminate discrimination and promote equality based on a person's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.</b>	Individual PPE is mandatory for attendance in the area when a laser is being used. If PPE provided is not suitable for wearing with religious / cultural attire this would prevent participation in the procedure.

<b>7. Are there any factors that could lead to differential take-up, outcomes or satisfaction levels based on people's age, disability, ethnic origin, gender, religion/belief or sexual orientation? If No, please provide brief reasons.</b>	The availability of suitable PPE as described above may prevent participation in procedures planned and thus restrict the learning exposure of staff.
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If you have answered yes to any of questions 5-7, 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: Sue Preston**

**Job Title: Matron Theatres, Day Case & Surgical Preassessment**

**Date sent to Head of Service, Matron or Head of department:**

**Date sent to Head of Communications, Trust HQ:**

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