

# Equality Impact Assessment (EIA)

Legislation requires that our policy documents consider the potential to affect groups differently and eliminate or minimise this where possible. This process helps address inequalities by identifying steps to ensure equal access, experience, and outcomes for all groups of people.

## Step One – Policy Definition

<b>Function/policy name and number:</b>	Infection Prevention and Control Precautions including Standard Infection Control Precautions (SICPs), Transmission Based Precautions (TBPs) & Isolation Policy
<b>Main aims and intended outcomes of the function/policy:</b>	<p>This policy will focus on standard infection control precautions (SICPs) including hand hygiene, transmission-based precautions (TBPs) and isolation requirements.</p> <p>SCIPs are to be used by all staff, in all care settings, at all times, for all patients whether infection is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the care environment. They are the basic infection prevention and control measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection. Sources of (potential) infection include blood and other body fluids, secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated. The application of SICPs during care delivery is determined by assessing risk to and from individuals. This includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.</p> <p>To protect effectively against infection risks, SICPs must be used consistently by all staff. SICPs implementation monitoring must also be ongoing to ensure compliance with safe practices and to demonstrate ongoing commitment to patient, staff and visitor safety as required by the Health and Safety Executive and the care regulators, the Care Quality Commission.</p> <p>There are 10 elements of SICPs:</p> <ol style="list-style-type: none"> <li>1. patient placement/assessment of infection risk</li> <li>2. hand hygiene</li> <li>3. respiratory and cough hygiene</li> <li>4. personal protective equipment</li> <li>5. safe management of the care environment</li> <li>6. safe management of care equipment</li> <li>7. safe management of healthcare linen</li> <li>8. safe management of blood and body fluids</li> <li>9. safe disposal of waste (including sharps)</li> <li>10. occupational safety/managing prevention of exposure (including sharps)</li> </ol>

	<p>However, SICPs may be insufficient to prevent cross transmission of specific infectious agents. Therefore, additional precautions called TBPs may be required when caring for patients with known or suspected infection or colonisation. They are categorised by the route of transmission of infectious agents. Some infectious agents can be transmitted by more than one route. Clinical judgement and decisions should be made by staff on what additional precautions are required, and this will be based on:</p> <ul style="list-style-type: none"> <li>• suspected/known infectious agent</li> <li>• severity of the illness caused</li> <li>• transmission route of the infectious agent</li> </ul> <p>care setting and procedures undertaken</p>
<b>How will the function/policy be put into practice?</b>	<p>Effective prevention of infection must be part of everyday practice and be applied consistently by everyone. Good management and organisational processes are crucial to make sure that high standards of IPC (including cleanliness) are set up and maintained (Department of Health &amp; Social Care 2022).</p> <p>Although not all healthcare associated infections (HCAIs) are avoidable; a significant proportion can be prevented by the adoption of evidence-based infection prevention and control standards. The purpose of this policy is to inform staff of the standard and transmission-based infection control precautions that are required to reduce the risk of patients developing a healthcare associated infection but also to protect themselves and their colleagues from exposure to infectious agents.</p>
<b>Who will be affected/benefit from the policy?</b>	Staff, patients and visitors
<b>State the type of document:</b>	Policy
<b>Is an EA required?</b> NB: Most policies/functions will require an EA with a few exceptions, such as routine procedures-see guidance attached	Yes
<b>Accountable Director:</b> (Job Title)	Chief Nurse and Director of Infection Prevention Control
<b>Assessment Carried out by:</b>	Infection Prevention and Control Clinical Nurse Specialist
<b>Date Completed:</b>	10/11/2025

To help you to determine the impact of a strategy or policy, think about how it relates to the Public Sector Equality Duty, the key questions as listed below and prompts for each protected characteristic are included Step 3:

**-Eliminate unlawful discrimination, victimisation, and harassment**

**-Advancing equality of opportunity**

**-Fostering good community relations**

## KEY QUESTIONS

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a policy is experienced and whether outcomes vary across groups?
- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy?

## Step Two – Evidence & Engagement

<b>Research/Publications</b> <i>(List any publications or research you have looked at here)</i>
<a href="#">NHS England » Chapter 1: Standard infection control precautions (SICPs)</a> <a href="#">NHS England » Chapter 2: Transmission based precautions (TBPs)</a>
<b>Working Groups</b> <i>(Have you consulted with any groups?)</i>
Infection Prevention and Control Group Committee Policy Review Group
<b>Clinical or Subject Experts</b> <i>(Have you consulted any experts? List them here)</i>
Consultant Microbiologist – Infection Control Doctor Deputy Director of Infection Prevention and Control Lead Nurse Renal Infection Prevention and Control Team
<b>Engagement Activity Focused on Protected Groups</b> <i>(Age, disability, race, sex, gender reassignment, marriage &amp; civil partnership, pregnancy &amp; maternity, religion or belief, sexual orientation, Other marginalised groups e.g. Homeless people or anything privacy or dignity related)</i>
<b>Name of Source:</b> Clinical Governance Lead <b>Date:</b> September 2025 <b>Protected Characteristic:</b> Paediatrics

**Summary of the feedback received from the engagement activity focused on protected groups:**

-

## Step Three – Assessment of Impact

Complete **relevant** boxes below to help you record your assessment.

Consider information and evidence from the previous section covering:

- Engagement activities
- Equalities monitoring data
- Wider research

Also, consider due regard under the general equality duty, the NHS Constitution and Human Rights.

### What detail is required below:

A negative impact requires every box to be completed

Positive impacts need the first three boxes completed

Neutral impacts need to be marked neutral with no other details.

<b>Age:</b> Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues:	
<b>Positive, negative or neutral impact:</b>	Negative Impact
<b>If the impact is positive or negative, is it low, medium, or high risk for this group?</b>	High
<b>Concern or Benefit</b>	<p><b>IMPACT ON OLDER PEOPLE:</b></p> <p>Social isolation and loneliness – isolation and limited visitor contact could lead to feelings of loneliness, depression or confusion, particularly in patients with dementia. Reduced face to face contact with health care workers (due to PPE) can make communication harder – mask can hide facial expressions and muffle voices</p> <p>Confusion and anxiety – older adults, especially those with cognitive impairments, may become disoriented or anxious when staff appear in PPE or when they are moved into single rooms</p> <p>Physical health impacts – isolation may lead to reduced mobility (less walking or exercise) and muscle deconditioning, this may increase risk of falls, malnutrition, or pressure ulcers</p> <p>Reduced family involvement – families often play a role in supporting nutrition, communication, and emotional wellbeing – isolation restriction may limit support</p>

	<p><b>IMPACT ON YOUNGER PEOPLE OR CHILDREN:</b></p> <p>Emotional distress and fear – young children might find PPE frightening or confusing</p> <p>Development and social effects – isolation can restrict social interaction and play, which are key to learning and emotional development. Limited facial cues from masked care givers may hinder language and emotional recognition in infants and toddlers</p> <p>Distribution to routines – missing school, playtime or familiar caregivers could lead to boredom, frustration, and behavioural changes</p> <p>Reduced parental presence – parents maybe restricted from visiting if unwell themselves, this could cause emotional harm and stress for both children and families</p>
<b>If a negative impact, how will it be mitigated?</b>	<ul style="list-style-type: none"> <li>• Precautions are risk assessed daily – IPCT do not STOP visiting but may advise it is reduced to a small number during an active outbreak</li> <li>• Promote social contact through technology</li> <li>• Provide clear communication – explain isolation and PPE precaution in simple, reassuring terms</li> <li>• Regularly assess the mental and physical wellbeing of those requiring transmission-based precautions</li> </ul>
<b>Who will lead on this</b>	IPCT & HCW's Ward team
<b>When will it be mitigated?</b>	Daily
<b>How will you monitor/review or report this?</b>	<ul style="list-style-type: none"> <li>• Monitored and reviewed daily to ward teams</li> <li>• Reported via site</li> <li>• Reported externally via outbreak meetings</li> </ul>

<p><b>Disability:</b> Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers, as well as mental health/ learning disabilities, cognitive impairments</p>	
<b>Positive, negative or neutral impact:</b>	Negative Impact

<b>If the impact is positive or negative, is it low, medium, or high risk for this group?</b>	High
<b>Concern or Benefit</b>	<p>Isolation could limit rehabilitation opportunities, such as physiotherapy or occupational therapy sessions</p> <p>Being confined to an isolation room may reduce movement and exercise – increasing risks of muscle weakness, pressures sores, joint stiffness</p> <p>PPE and changes in routine can be frightening or disorienting</p> <p>Mask hide facial expressions, which are important for understanding and reassurance</p> <p>Isolation precautions may increase anxiety, agitation, or challenging behaviours, particularly if the person struggles to understand why it's necessary</p> <p>People with learning disabilities often depend facial cues, lip reading or clear speech – PPE makes this harder, leading to frustration or distress</p> <p>People with visual impairments may find changes in environment (new signage, barriers, or relocated equipment due to IPC measures) confusing</p>
<b>If a negative impact, how will it be mitigated?</b>	<ul style="list-style-type: none"> <li>• Ongoing risk assessments – use reasonable adjustments such as carers and advocates staying with patients when safe.</li> <li>• Option of clear masks and visual aids to support education</li> <li>• Maintain regular communication with family and support networks</li> <li>• Provide consistent staff where possible to build trust and reduce anxiety</li> <li>• Balance infection control with compassionate, person-centred care</li> </ul>
<b>Who will lead on this</b>	IPCT Ward team / HCW's
<b>When will it be mitigated?</b>	Ongoing and Daily
<b>How will you monitor/review or report this?</b>	<ul style="list-style-type: none"> <li>• Monitored and reviewed daily to ward teams</li> <li>• Reported via site</li> <li>• Reported externally via outbreak meetings</li> </ul>

<b>Gender re-assignment:</b> Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:	
<b>Positive, negative or neutral impact:</b>	Neutral Impact

<b>Marriage and civil partnership:</b> Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:	
<b>Positive, negative or neutral impact:</b>	Neutral Impact

<b>Pregnancy &amp; Maternity:</b> Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:	
<b>Positive, negative or neutral impact:</b>	Negative Impact
<b>If the impact is positive or negative, is it low, medium, or high risk for this group?</b>	High
<b>Concern or Benefit</b>	Potential exposure to infectious agents that could harm them or the fetus
<b>If a negative impact , how will it be mitigated?</b>	<ul style="list-style-type: none"> <li>• Risk assessments</li> <li>• Modified duties</li> <li>• Avoidance of high-risk patients when clinically required</li> </ul>
<b>Who will lead on this</b>	Lead nurses and Occupational Health
<b>When will it be mitigated?</b>	Ongoing
<b>How will you monitor/review or report this?</b>	<ul style="list-style-type: none"> <li>• Monitor via site KPI's and cases</li> </ul>

<b>Race:</b> Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:	
<b>Positive, negative or neutral impact:</b>	Neutral Impact

--	--

**Religion or Belief:** Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end-of-life issues:

<b>Positive, negative or neutral impact:</b>	Neutral Impact
--	----------------

**Sex:** Describe any impact and evidence on men and women. This could include access to services and employment:

<b>Positive, negative or neutral impact:</b>	Neutral Impact
--	----------------

**Sexual Orientation:** Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

<b>Positive, negative or neutral impact:</b>	Neutral Impact
--	----------------

**Other marginalised groups, e.g. Homeless people:** Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

<b>Positive, negative or neutral impact:</b>	Neutral Impact
--	----------------

**Privacy, dignity, respect, fairness etc:**

<b>Positive, negative or neutral impact:</b>	Neutral Impact
--	----------------



# **EQUALITY IMPACT ASSESSMENT (EIA) - GUIDANCE**

## **NOTES**

An equality impact assessment (EIA) ensures that issues of equality, diversity, and inclusion are considered when developing or revising strategies, policies, or proposals that affect the delivery of services and the employment practices of the Trust.

### **Why should we carry out an EIA?**

We are required to carry out equality impact assessments because:

- There is a legal requirement to do so in relation to the protected characteristics
- They help identify gaps and make improvements to services
- They help avoid continuing or adopting harmful policies or procedures
- They help you to make better decisions
- They will help you to identify how you can make your services more accessible and appropriate
- They enable the Trust to become a better employer

### **Equality Impact Assessments help us to:**

- Determine how the Trust strategy, policies and practices, or new proposals, will impact or affect different community groups, especially those groups or communities who experience inequality, discrimination, social exclusion or disadvantage.
- Measure whether strategies, policies or proposals will have a negative, neutral, or positive effect on different communities.
- Make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities or customer groups.

### **What do we need to assess?**

Trust policies are subject to a 3-year review. Alongside the reviews, new policies will emerge. Most policies, strategies, and business plans will need an EIA.

However, EIAs are not required for changes in routine procedures, administrative processes, or initiatives that will not have a material impact on staff, patients, carers, and the wider community. Examples include checking the temperature of fridges, performing highly technical clinical procedures, and office moves.

### **DGFT Process for EIAs**

The revised EIA process is a single-stage process carried out in three steps.

#### **Step One: Policy Definition**

This involves a description of the policy details. This is the fact-finding stage where you gather as much information about the strategy, policy or function you intend to assess. Who will be using the service, policy or function and the outcomes you want to achieve. It is important to make sure that your service, policy or function has clear aims and objectives.

## Step Two: Evidence and Engagement

EIAs should be underpinned by sound data and information. This should be sought from various sources:

- The knowledge and experience of the people assisting in the service.
- ONS local demography/ Census data: [Census Maps - Census 2021 data interactive, ONS](#)
- Service monitoring reports / Divisional reports
- Patient satisfaction surveys
- Workforce monitoring reports
- Complaints and comments
- Outcome of consultation exercises
- Feedback from focus groups
- Feedback from organisations representing the interests of key target groups
- National and local statistics and audits [Joint Strategic Needs Assessment - All About Dudley Borough](#)
- Academic, qualitative and quantitative research
- Ward/ Divisional reviews
- Anecdotal data

This stage allows you to identify whether your strategy, policy or function has a positive or negative or potential negative impact on the protected characteristics. In some cases, an initial EIA is all you will need to establish whether you are providing equal outcomes for staff or patients. If you receive no feedback or concerns, you can mark each characteristic in section 3 as a neutral impact.

## Step Three: Assessment of Impact

This is the central and most important part of the EIA.

To help you determine the impact of the strategy or policy, consider how it relates to the Public Sector Equality Duty. The key questions and prompts for each protected characteristic are listed below.

- Eliminate unlawful discrimination, victimisation, and harassment
- Advancing equality of opportunity
- Fostering good community relations

The real value of completing an EIA lies in the actions that will take place and the positive changes that will emerge from conducting the assessment. To ensure that the action plan is more than just a list of proposals and good intentions, the following should be included:

- Each action is attributed to a key person who is responsible for its completion
- An achievable timescale that is also at the same time reasonable
- Relevant and appropriate activities and progress milestones
- How the action will be monitored/reviewed

## KEY QUESTIONS

- What information /data or experience can you draw on to indicate either a positive or negative impact on different groups of people with implementing this function policy
- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a service or policy is experienced and produce outcomes that vary across different groups
- Does the policy relate to the Trust's equality objectives?

NB mitigation measures must be identified and acted upon where an adverse impact is known or likely.

#### **Step Four: Assurance**

This section enables the EIA to be signed off by a head of or director for the area. This will assure the equality team that the EIA has been conducted thoroughly and thoughtfully.

#### **Help & Support:**

The equalities team will provide advice and support throughout the EIA process. Once you have completed your EIA, you must submit these documents to the procedural documents team, who will then ask the equalities team to sign off on the final version of the form.

For training, guidance and resources, including completed example forms, please visit the equality, diversity and inclusion hub pages: [Equality Impact Assessments](#) accessible

#### **Copies of the EIA:**

The manager who completed the strategy or policy review should keep copies of the form for monitoring/revisiting at the following policy review. Procedural documents will also keep a copy on file. All EIA will then be published on our external web pages to demonstrate due regard for the Public Sector Equality Duty.