

The State Hospital Equality Impact Assessment (EQIA)

You should read the guidance document prior to completing this template.

Please note, the EQIA should be proportionate to the significance and coverage of the policy and should take cognisance of the nature of the environment and patient group.

Step 1: Screening to determine if the policy requires a detailed EQIA

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| Name of the policy: Medical Emergency Policy | | |
| Directorate: Medical | Date: 03/09/21 | |
| Designation(s) of Lead Author: Associate Medical Director | | |
| Strategy <input type="checkbox"/> | Policy <input checked="" type="checkbox"/> | Protocol <input type="checkbox"/> Project <input type="checkbox"/> *Other <input type="checkbox"/> (*please provide details) |
| New <input type="checkbox"/> update to existing policy <input checked="" type="checkbox"/> *replacement <input type="checkbox"/> (*what is being replaced) | | |
| 1. What are the main aims and outcomes of the policy and how do these fit in with the wider aims of the organisation, legislation and national drivers? | | |
| Aim(s) / Outcome(s) Ensure consistent/standardised practice for dealing with Medical Emergencies within the Hospital. | Wider Aim(s) To provide prompt, effective emergency treatment and cardio-respiratory support with assistance from the ambulance service for urgent transfer to a general hospital for further treatment where necessary. | |
| 2. Please identify the scope of the policy | | |
| Forensic Network wide <input type="checkbox"/> | Hospital wide <input checked="" type="checkbox"/> | Service specific <input type="checkbox"/> |
| Discipline specific <input type="checkbox"/> *Other <input type="checkbox"/> (*please provide details) | | |
| 3. Who are the key stakeholders potentially affected by the policy? Will the policy impact on these groups in a positive and/or negative and/or neutral way? Why do you say this? | | |
| Stakeholder(s) | Impact | Rationale |
| 1. Patients | Positive | Local staff trained in working with mental health patients providing life-saving medical emergency response/treatment. Patient records rapidly accessible to support treatment / respect Do Not Attempt Resuscitation (DNR) approach if appropriate. |
| 2. Staff | Positive | Providing life-saving medical emergency response/treatment. |
| 3. Visitors | Positive | Providing life-saving medical emergency response/treatment. |
| 4. Volunteers | Positive | Providing life-saving medical emergency response/treatment. |
| 4. Is a collaborative assessment with external partners required? | | No |

5. Specifically, in relation to the protected characteristics, please identify whether the policy impacts positively, negatively and / or neutrally on these groups, providing rationale in support of your decision. Please also describe any identified inequality and indicate practice in place which mitigates aspects of the policy contributing to any adverse impact or inequality.

| Protected Characteristic | Positive X | Adverse / Negative X | Neutral X | Identified impact / inequality and rationale, including mitigating practice where appropriate |
|---------------------------------------|-----------------------|-------------------------------------|----------------------|--|
| Age | X | | | Immediate, local response to age related medical emergencies by appropriately trained staff who work with a small number of older patients. Staff aware when a DNR approach has been agreed. |
| Disability | X | | | <p>Immediate, local response to medical emergencies linked to physical disability by appropriately trained staff who work with a small number of patients with a physical disability.</p> <p>Individually tailored care and treatment plans highlight support mechanisms in place to enable patients with a sensory impairment to communicate where this is possible within a medical emergency.</p> <p>The Duty Resuscitation Nurse responds to patients with a mental health disability whose medication may be attributable to the cause of the medical emergency.</p> <p>The Duty Resuscitation Nurse will be aware of any patients for whom palliative care has been agreed and a response will therefore be appropriate in nature.</p> |
| Gender | | | X | |
| Gender Reassignment | | | X | |
| Marriage and Civil Partnership | | | X | |
| Pregnancy and Maternity | | | X | |
| Race/Ethnicity | X | | | Individually tailored care and treatment plans developed collaboratively with patients, including those for whom English is not the first language, supported by translation / |

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| | | | | interpretation service input. Any known medical conditions which may increase the risk of a medical emergency are well documented e.g. allergies, epilepsy, cardiac conditions. This intelligence supports an informed approach to the Duty Resuscitation Nurse responding to a medical emergency. |
| Religion and or Belief | X | | | Individually tailored care and treatment plans developed collaboratively with patients whose religion / beliefs may impact on a response to a medical emergency. This intelligence supports an informed approach to the Duty Resuscitation Nurse responding to a medical emergency. |
| Sexual Orientation | | | X | |

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| <p>6. Thinking about the key stakeholders you have identified in no. 3, please explain how the policy supports the organisation to eliminate any potential unlawful discrimination, harassment and victimisation of these groups, promoting equality of opportunity and fostering good relationships between all stakeholders.</p> |
| <p>Provides a common approach to providing/treating individuals requiring a medical emergency response. Individually tailored care and treatment plans support a tailored approach to Protected Characteristic Groups whose needs may differ from others, including communication barriers, race/ethnicity, religion/beliefs, age and/or mental/physical disability.</p> |
| <p>7. Thinking about the key stakeholders you have identified in no. 3, please identify potential inequalities of outcome which may arise in relation to socio-economic disadvantage (low income), including material deprivation.</p> |
| <p>None identified.</p> |

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| Service Lead / Director Designation: Associate Medical Director | | Date: 03/09/2021 |
| Approved by Person Centred Improvement Lead | | Date: 15/09/21 |
| Comments: Minor updates. No requirement for detailed EQIA. | | |
| Detailed EQIA required. Please contact Person Centred Improvement Lead for advice / support | | Date: / / |

Following consultation, this EQIA should be attached to the policy document and included within the paperwork for consideration by the Policy Approval Group (PAG) prior to implementation. If any changes to the EQIA are required as a result of feedback from the consultation, please contact the Person Centred Improvement Lead.

Please note, as policy and EQIA documents are within the public domain, via the Hospital's website (unless identified by the PAG as sensitive information), content should not include the names of any stakeholders and/or include any information which would identify individuals.