

# 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

<p><b>Name of the policy:</b></p> <p>The State Hospital Infection Control Policies and operational guidance/procedures.</p> <p><u>The National Infection Prevention and Control Manual</u></p> <ul style="list-style-type: none"> <li>➤ Chapter 1 – Standard Infection Control Precautions (10 SICPs)             <ul style="list-style-type: none"> <li>○ The State Hospital Operational Guidance for Hand Hygiene</li> <li>○ The State Hospital Operational Guidance for the Safe Management of Linen</li> <li>○ The State Hospital Guidance for Waste Management (including clinical waste)</li> <li>○ The State Hospital Operational Guidance on Immediate Action Following Blood and Body Fluid Exposure (staff and patients)</li> </ul> </li> <li>➤ Chapter 2 – Transmission Based Precautions</li> <li>➤ Chapter 3 - Healthcare Infection Incidents, Outbreaks and Data Exceedance</li> </ul> <p><u>Local Policies/Procedures/Guidance</u></p> <ul style="list-style-type: none"> <li>a) Sexual Health &amp; BBV Patient Risk Assessment Policy</li> <li>b) Control of infection in Dentistry</li> <li>c) Control of Varicella/Herpes Zoster Infection</li> <li>d) Dirty Protest Guidance</li> <li>e) Food Safety Policy</li> <li>f) Food Safety Management System Manual for the Therapeutic Kitchens across all hubs and Skye Centre</li> <li>g) Management of MRSA Policy</li> <li>h) Management of In-patients with Loose Stools</li> <li>i) Management of Scabies Guidance</li> <li>j) Pet Animal Policy</li> </ul> <p>This EQIA has been undertaken and applied across all Infection Control related policies and guidance. Unless highlighted, the statements made therefore related to all attached policies. The letters a-j provide discrete references to a specified plan as detailed above.</p>
<p><b>Directorate:</b> Nursing and Allied Health Professions</p> <p><b>Date:</b> July 2020</p> <p><b>Designation(s) of author(s):</b> Senior Nurse for Infection Control</p>
<p> <b>Strategy</b> <input type="checkbox"/> <b>Policy</b> <input checked="" type="checkbox"/> <b>Protocol</b> <input type="checkbox"/> <b>Project</b> <input type="checkbox"/> <b>*Other</b> <input type="checkbox"/> </p> <p>(*please provide details)</p>
<p> <b>New</b> <input type="checkbox"/> <b>update to existing policy</b> <input checked="" type="checkbox"/> <b>*replacement</b> <input type="checkbox"/> </p> <p>(*please advise what this policy is replacing)</p>

**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)	Wider Aim(s)
To effectively reduce the risk of cross infection to patients, staff, volunteers and visitors in a consistent and fair manner.	The State Hospital is committed to maintaining a safe environment for patients, staff, volunteers and visitors through minimising the risk of cross infection. Infection Prevention and control is a high priority for The State Hospital. This National Infection Prevention and Control Manual (NIPCM) adopted locally as directed by the Scottish Government (SG), also includes a range of policies/ operational guidance, tailored to this environment, based on the NIPCM and aim to take an appropriate and proportionate response to the interpretation of Chapters 1, 2 and 3.

**2. Please identify the scope of the policy**

Forensic Network wide  Hospital wide  Service specific

Discipline specific  \*Other

(\*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?**

*All policies have a positive impact on all stakeholders due to the safeguarding nature. However, it is recognised that a limited number will result in negative impact, particularly in relation to temporarily restricting access to the wider environment.*

Stakeholder(s)	Impact	Rationale
Staff, Patients, Volunteers and carers/visitors including, professionals and contractors.	Positive	<p>Ensures consistency and compliance with national legislation and guidance and puts in place processes to protect all those entering the Hospital environment.</p> <p>Protection of stakeholders from the risk of cross infection.</p> <p>Protection of patients, staff and volunteers undertaking all activities contained within the Local Policies / Procedures /Guidance that may pose a risk of cross infection / contamination.</p> <p>Ensures care provided is based on the most up to date evidence, complying with national legislation and guidance, and ensures no barriers to care delivery.</p>



**4. Is a collaborative assessment with external partners required?** No

Consultation has been undertaken externally by experts in this field prior to the national guidance being published. The State Hospital Senior Nurse for Infection Control contributes to national discussions.

**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.**

<b>Protected Characteristic</b>	<b>Positive X</b>	<b>Adverse/Negative X</b>	<b>Neutral X</b>	<b>Identified impact / inequality and rationale, including mitigating practice where appropriate</b>
<b>Age</b>	X	X		(c), (g), (h), (i) The health and wellbeing of all those coming in contact with patients is safeguarded. Children and older adults may be advised not to visit.
<b>Disability</b>	X	X		Individually tailored care and treatment plans highlight any concerns relating to mental / physical health (e.g. Learning Disability, sensory impairment, immune-compromised) which would impact on a patient's ability to understand the policies which directly impact on their care experience.
<b>Gender</b>			X	
<b>Gender Reassignment</b>			X	
<b>Marriage and Civil Partnership</b>			X	
<b>Pregnancy and Maternity</b>	X	X		(c), (g), (h), (i) Prevents pregnant carers/visitors accessing the Hospital environment as the patient will be nursed in isolation due to their risk of infection.  (c) Risks to pregnant staff members are managed in accordance with the maternity policy and through the e-control book pregnant workers risk assessment.
<b>Race/Ethnicity</b>	X			(c), (g), (h), (i) Individually tailored care and treatment plans highlight any concerns relating to language

				barriers which may impact on a patient's ability to understand the policies. Interpretation / translation services are available to support full understanding.
<b>Religion and or Belief</b>	X	X		(c), (g), (h), (i) Individually tailored care and treatment plans highlight needs relating to faith / religion (e.g. access to Skye Centre Juma Prayer, denominational services of worship) which may be affected.
<b>Sexual Orientation</b>			X	

**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.**

**Patients**

All patients have individually tailored care and treatment plans which identify specific communication needs plans in place to ensure equal access to information relating to their care and treatment.

Ensures consistent approach to all patients care and treatment which will reduce the risk of cross infection from patients to staff/visitor and vice versa.

Patients will be treated with dignity and respect and nursed in isolation where appropriate.

**Staff, volunteers and students**

Policies apply to all staff, volunteers and students that may come in contact with a transmissible illness.

Actively supports the safety of staff (inc volunteers, students) by providing the appropriate control measures e.g. vaccinations. PPE etc, and thus ensures continuity of care delivery.

**Carers/visitors**

Information relevant to ensure carers/visitors are made aware of the policies and procedures in place within the Hospital relating to infection control is included within the carer welcome pack and all nursing staff protocols include telephone contact if there is a need to restrict access to the Hospital environment.

**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.**

**Patients, staff, volunteers/students, carers/visitors, TSH Board & External regulatory (e.g. SG, Health Improvement Scotland), Forensic Network, primary care service partners**

The health and wellbeing of all stakeholders protected equally.

The policy aims to ensure safety for all, assessing risk on an individual basis consistently, with agreed standards and legal requirements being adhered to. A human rights approach is adopted throughout this process.

All groups reassured that robust processes are in place to safeguard their well-being.

All those who have an interest in the work of TSH are reassured by the robust application of national policies.

Please discuss with the Service Lead / Director and complete below to indicate this person is in agreement with your findings.

**Service Lead / Director Designation:** Director of Nursing, AHPs and Operations

**Date:** 22.03.2021

Then forward this screening document and your policy document to the Person Centred Improvement Lead for approval.

<b>Approved by Person Centred Improvement Lead</b>	<b>Date:</b> 22/3/21
<b>Comments</b> Update has no impact on content of original EQIA.	
<b>Detailed EQIA required. Please contact Person Centred Improvement Lead for advice / support</b>	
<b>Date:</b> /     /	

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 PAG as sensitive information), content should not include the names of any stakeholders and/or include any information which would identify individuals.**