



## EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

### THIS IS A PUBLIC DOCUMENT

<b>Title of Policy:</b>	
<b>Western Health &amp; Social Care Trust (WHSCCT) Resuscitation Policy</b>	
<b>Lead Manager:</b> Dr Adesh Ramsewak  Mrs Donna Keenan	<b>Title:</b> Consultant Cardiologist and Chair of the Resuscitation Committee ; Assistant Director of Nursing
<b>Directorate: Primary Care &amp; Older People</b>	<b>Department: Professional Nursing</b>
<b>Contact details:</b> c/o Mrs Kathy Mackey, Lead Resuscitation Officer. <b>Address:</b> Resuscitation department, Altnagelvin Hospital, Londonderry. Tel: 02871345171 ex 214107 <b>Email:</b> Kathy.mackey@westerntrust.hscni.net	
<b>Short Description of Policy</b> This policy is for use by staff and details the WHSCCT requirements in relation to the practice of resuscitation and outlines: <ul style="list-style-type: none"> <li>• roles and responsibilities</li> <li>• what resuscitation training staff should receive</li> <li>• how to call the resuscitation arrest team</li> <li>• who is on the arrest team</li> <li>• guidance on equipment and audit.</li> </ul>	
<b>Final Recommendations:</b> (please tick as appropriate)	
1.	<b>GREEN:</b> No equality issues/impact: no further action <span style="float: right;">✓</span>
2.	<b>AMBER:</b> Minor equality issues/impact: actions identified
3.	<b>RED:</b> Major equality issues/impact: full EQIA recommended
Please send draft completed form for quality assurance to <a href="mailto:equality.admin@westerntrust.hscni.net">equality.admin@westerntrust.hscni.net</a> For further information on quality assurance see page 3, section 3.	
<b>Final Approval Date:</b>	

## (1) INFORMATION ABOUT THE POLICY OR PROPOSAL

### 1.1 Title of policy or proposal

WHSCT Resuscitation Policy

### 1.2 Description of policy or proposal

This policy is for use by Trust staff and details the WHSCT requirements in relation to the practice of resuscitation and outlines:

- roles and responsibilities
- what resuscitation training staff should receive
- how to call the resuscitation arrest team
- who is on the arrest team
- guidance on equipment and audit.

The Trust has an obligation to provide an effective Resuscitation Service. This includes ensuring that staff receive training and regular updates to maintain a level of competence appropriate to each individual's role. This will encompass equipment for resuscitation, training in resuscitation, specialist advice, risk management and monitoring the success of resuscitation attempts; as well as audit of all of the above.

As the outcome from cardiopulmonary arrest remains poor throughout the world an important aspect of resuscitation planning is the delivery of timely and effective treatment to make it less likely that critically ill patients will deteriorate to the point of cardiac arrest. Latest national data from cardiac arrest audit indicates an overall survival of 23.9% of patients to discharge after a cardiac arrest (National Cardiac Arrest Audit Data 2019-20).

All resuscitation attempts will be managed according to current Resuscitation Council UK guidelines. This document represents the minimum standard acceptable within the WHSCT in relation to Resuscitation processes. It has been endorsed and accepted as an organizational wide policy by the WHSCT Resuscitation Committee and the Corporate Management Team (CMT).

The Resuscitation Service will provide training in the recognition of the sick deteriorating patients at risk of cardiac arrest, and their subsequent treatment. The Resuscitation Service will provide certification of attendance at resuscitation training. All staff members have a responsibility to act within their own sphere of competence or scope of practice and within the remit of their professional body.

**1.3 Main stakeholders affected (internal and external)**

All staff who would deal with a patient deteriorating into cardiopulmonary arrest.

WHSCT Service Users and their families etc.

**1.4 Other policies or decisions with a bearing on this policy or proposal**

- WHSCT Anaphylaxis Policy- Director of Primary Care & Older People;
- WHSCT Do Not Attempt Cardiopulmonary Resuscitation Policy (DNACPR policy ) 2016- Resuscitation Committee;
- WHSCT Moving and Handling policy 2019- Medical Director;
- Quality Standards for Cardiopulmonary Resuscitation Practice And Training in Acute: A Joint Statement from, The Royal College of Anaesthetists, The Royal College of Physicians of London, The Intensive Care Society, and The Resuscitation Council UK 2020;
- Cardiopulmonary Resuscitation: Guidance for Clinical Practice and Training in Primary Care -Resuscitation Council UK 2020;
- Guidance for safer handling during cardiopulmonary resuscitation in healthcare settings- Resuscitation Council UK 2020
- Policy for the Management of Medical devices 2013
- Resuscitation Council UK guidelines 2015 & 2021

**(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED****2.1 Data Gathering**

**2.1.1** What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

Previous Resuscitation Policy- this policy supercedes Resuscitation Policy 2016.

This policy was developed using evidence based research and guidance:

- Quality Standards for Cardiopulmonary Resuscitation Practice And Training: A Joint Statement from, The Royal College of Anaesthetists, The Royal College of Physicians of London, The Intensive Care Society, and The Resuscitation Council (UK) (2014) updated 2020;
- Cardiopulmonary Resuscitation Standards For Clinical Practice And Training: A Joint Statement from, The Royal College of Anaesthetists, The Royal College of Physicians of London, The Intensive Care Society, and The Resuscitation Council (UK) (2008);
- Cardiopulmonary Resuscitation: Guidance for Clinical Practice and Training in Primary Care (Resuscitation Council (UK) 2001).
- Guidance for safer handling during cardiopulmonary resuscitation in healthcare settings Resuscitation Council (UK) 2015 updated 2019.
- Moving and handling Policy 2015.
- Policy for the Management of Medical devices 2019.
- WHSCT staffing information obtained from Workforce planning.
- Census 2011 information for population of WHSCT area.

### **2.1.2 How did you involve people?**

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

**Consultation and Engagement Statement:** In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

This policy was reviewed by the Trust Resuscitation Committee and sent to the Medical Director for dissemination to all Consultants and to the Trust Nursing and Midwifery Governance Committee for consultation.

The Resuscitation committee meet on a quarterly basis and membership consists of Medical representatives/ Consultants from Cardiology, Critical care/Anaesthetics, Emergency Medicine and Paediatrics. The committee also has representation from the Resuscitation officers, Nursing, Midwifery, NIAS and Pharmacy teams.

## 2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

<b>Category</b>	<b>Service Users, etc.</b> It is expected that figures from census 2011 will adequately reflect background of service users. (Figures from 2011 Census relate to WHSCT area unless otherwise stated)	<b>Staff (Workforce Planning can provide this information)</b> Figures from WHSCT workforce planning for Acute, MH&LD and PCOP March 2020.
Gender	Male- 146,051 Female- 148,366	Male- 229 Female 2615
Age	All age groups	16-24yrs 116 25-34yrs 769 35-44yrs 684 45-54yrs 748 55-64yrs 449 65+yrs 78
Religion	<b>Catholic:</b> 182,996 (62.16%) <b>Presbyterian:</b> 29,353 (9.97%) <b>Church of Ireland:</b> 37,154 (12.62%) <b>Methodist:</b> 4,900 (1.66%) <b>Other Christian:</b> 7,212 (2.45%) <b>Other religions:</b> 1,475 (0.50%) <b>No religion:</b> 12,199 (4.14%) <b>Religion not stated:</b> 19,128 (6.50%)	Protestant 591 Roman Catholic 1824 Not Determined/Not Known 429
Political Opinion	Information unknown but it is expected that figures from census 2011 will adequately reflect this-  Based on first choice votes held by electoral office. Nationalist: 86,834 (53%) Unionist 61,995 (38.06%) Other: 14,025 (8.62%) Overall total: 162,854	Broadly Unionist 144 Broadly Nationalist 308 Other 281 Do not wish to answer/not known 2111
Marital Status	Information unknown but it is expected that figures from census 2011 will adequately reflect this- <b>All usual residents aged 16 and over (229,329)</b> Single: 87,557 Married: 106,383 In registered same-sex civil partnership: 161 Separated but still legally married: 9,678 Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 11,063 Widowed or surviving partner from a	Married 1751 Single 924 Other 169

	same-sex civil partnership: 14,487	
Dependent Status	<p>Information unknown but it is expected that figures from census 2011 will adequately reflect this-</p> <p>All families in households: 77,758 Households with no dependent children: 37,650 Households with children: 76,204</p> <p>Residents who: Provide 1-19 hours unpaid care per week: 17,538 Provide 20-49 hours unpaid care per week: 5,859 Provide 50+ hours unpaid care per week: 9,096 Provide no unpaid care: 261,924</p>	<p>Yes 727 No 598 Not Known 1519</p>
Disability	<p>Information unknown but it is expected that figures from census 2011 will adequately reflect this-</p> <p>Persons with: Long-term health problem or disability: Day-to-day activities limited a lot: 37,988 Long-term health problem or disability: Day-to-day activities limited a little: 26,351 Long-term health problem or disability: Day-to-day activities not limited: 230,078</p>	<p>Yes 61 No 1594 Not Known 1189</p>
Ethnicity	<p>Information unknown but it is expected that figures from census 2011 will adequately reflect this-</p> <p>White: 290,923 (98.81%) Chinese: 486 (0.17%) Mixed: 740 (0.25) Irish Traveller: 251 (0.09%) Indian: 893 (0.30%) Other Ethnic Group: 294 (0.10%) Pakistani: 99 Black African: 115 (0.04%) Black Caribbean: 64 (0.02%) Black Other: 58 (0.02%) Bangladeshi: 21 (0.01%) Other Asian: 473 (0.16%)</p>	<p>Black African 4 Bangladeshi 0 Black Caribbean 1 Chinese 1 Indian 60 Irish Traveller 1 Pakistani 0 White 2149 Mixed Ethnic Group 2 Other 27 Filipino 17 Black Other 1 Not Known 581</p>
Sexual Orientation	<p>Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the Western area.</p>	<p>Opposite sex 1430 Same sex 18 Same and Opposite sex 0 Do not wish to answer/not known 1396</p>

### 2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

	<b>Needs and Experiences</b>	
<b>Equality Group</b>	<b>Service Users, etc.</b> Although this is a document for staff if the public/service users require information they can obtain it.	<b>Staff</b>
Gender	No issues identified	No issues identified
Age	No issues identified	No issues identified
Religion	No issues identified	No issues identified
Political Opinion	No issues identified	No issues identified
Marital Status	No issues identified	No issues identified
Dependent Status	No issues identified	No issues identified
Disability	Although this is a document for staff if the public/service users require information it will be made available in alternative formats	This policy and any associated information will be available in alternative formats for staff who have indicated that they have a disability e.g. large font, Braille, Audio etc. Training can be adapted to meet needs of staff with a disability as required.
Ethnicity	In line with Trust Policies Information can be translated for service users who do not have English as a first language, interpreters can also be obtained.	No issues identified
Sexual Orientation	No issues identified	No issues identified
Other Issues: e.g. Rurality	No issues identified	No issues identified

**2.4 Multiple Identities:** When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

**Not applicable.**

## 2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

Equality Group	Actions that promote equality of opportunity or minimise (mitigate) adverse impacts
Disability - staff	This policy and any associated information will be available in alternative formats for staff who have indicated that they have a disability e.g. large font, Braille, Audio etc. Training can be adapted to meet needs of staff with a disability as required.
Disability - public	Although this is a document for staff if the public/service users require information it will be made available in alternative formats.
Ethnicity-	In line with Trust Policies Information can be translated for service users who do not have English as a first language, interpreters can also be obtained.



## 2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

Group	Impact/Consequences	Suggestions
Religion	Not applicable	
Political Opinion	Not applicable	
Ethnicity	Not applicable	

### (3) CONSIDERATION OF DISABILITY DUTIES

**How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?**

**(4) CONSIDERATION OF HUMAN RIGHTS**

**4.1 Does the policy or proposal adversely affect anyone's Human Rights?  
Complete for each of the Articles.**

<b>Article</b>	<b>Positive Impact</b>	<b>Negative Impact - human right interfered with or restricted</b>	<b>Neutral Impact</b>
Article 2 – Right to life	x		
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			x
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			x
Article 5 – Right to liberty & security of person	x		
Article 6 – Right to a fair & public trial within a reasonable time			x
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			x
Article 8 – Right to respect for private & family life, home and correspondence.			x
Article 9 – Right to freedom of thought, conscience & religion			x
Article 10 – Right to freedom of expression			x
Article 11 – Right to freedom of assembly & association			x
Article 12 – Right to marry & found a family			x
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			x
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			x
1 <sup>st</sup> protocol Article 2 – Right of access to education			x

**If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.**

**4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.**

Article Number	What is the negative impact and who does it impact upon?	What do you intend to do to address this?	Does this raise any further legal issues?*
<b>Yes/No</b>			

*\*It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.*

**4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.**

**(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?**

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

**How would you categorise the impacts of this proposal or policy? (refer to Guidance Notes for guidance on impact)**

**Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?**

**Please tick:**

<b>GREEN:</b> No impact	✓
<b>AMBER:</b> Minor impact	
<b>RED:</b> Major impact	

**Please tick:**

Yes	
No	✓

**Please give reasons for your decision.** (See Guidance Notes, page 28, for sample paragraph).

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This policy will be communicated to staff via Trust Communication and will be available on the Trust internet and the Resuscitation service Share point.

**(6) EQUALITY AND HUMAN RIGHTS MONITORING**

**What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?**

All cardiac arrest calls are validated by the Resuscitation team and part of this will be a review of the vital signs and the adherence to the relevant escalation protocol 24 hours prior to the event. Any themes or variances will be highlighted via Trust approved process, datix completed and an investigation instigated; an action plan will be devised and disseminated by the relevant lead nurse to ensure that learning is spread.

Audits will be carried out by ward managers, peer reviewers and Lead nurses to ensure adherence to this guidance and the escalation protocols.

Resuscitation Service will carry out snap shot audits and disseminate findings to ward/department manager and lead nurse.

**Approved Lead Officer:** Donna Kennan

**Position:** Assistant Director of Nursing

**Policy/Proposal Screened By:** Mrs Kathy Mackey

**Date:** \_\_\_\_\_

**Quality Assurance:** Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: [equality.admin@westerntrust.hscni.net](mailto:equality.admin@westerntrust.hscni.net). **Quality Assurance can take up to three weeks.**

**Directorate SMT Approval:** The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

**Quarterly Equality Screening Reports:** When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.