



# Western Health and Social Care Trust

## EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE THIS IS A PUBLIC DOCUMENT

<b>Title of Policy:</b> Western Health and Social Care Trust (WHSCT)		
Administration of Urokinase for Central Venous Access Device Occlusion in adults >18 years		
<b>Lead Manager:</b> Celia Diver-Hall	<b>Title:</b> Interim Lead Nurse/Macmillan Nursing Service Manager	
<b>Directorate:</b> Acute	<b>Department:</b> Cancer Service	
<b>Contact details:</b>		
<b>Address:</b> Northwest Cancer Centre, Altnagelvin Hospital		
<b>Email:</b> <a href="mailto:celia.diver-hall@westerntrust.hscni.net">celia.diver-hall@westerntrust.hscni.net</a>		
<b>Short Description of Policy:</b>		
The purpose of this policy is to provide nursing and medical staff with guidance on the management of Central Venous Access Device (CVAD) occlusion.		
<b>Final Recommendations:</b> (please tick as appropriate)		
1.	<b>GREEN:</b> No equality issues/impact: no further action	√
2.	<b>AMBER:</b> Minor equality issues/impact: actions identified	
3.	<b>RED:</b> Major equality issues/impact: full EQIA recommended	
<p>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.</p>		
<b>Final Approval Date:</b>		

## (1) INFORMATION ABOUT THE POLICY OR PROPOSAL

### 1.1 Title of policy or proposal

Administration of Urokinase for Central Venous Access Device Occlusion in adults >18years

### 1.2 Description of policy or proposal

The objectives of this policy is to:

- Provide clear guidance on managing of Central Venous Access Devices (CVAD) occlusion
- To standardise the management of CVAD occlusion
- Ensure staff are aware of their roles and responsibilities in the management of CVAD occlusion.

#### Key changes:

Reason for design was due to lowest strength of urokinase unavailable and high dose strength only available

Medicine Risk Authority (MHRA) risk to harm if incorrectly using high dose strength therefore required to be put into policy for safe use with patients.

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

- CVAD Specialist Nurse
- All staff within the Trust who are involved in the management of Central Venous Access Devices including nursing and midwifery students.
- Oncology Consultant
- Haematology Consultant
- Service Managers
- Patients/relatives/carers
- Pharmacy department
- Medicines Governance lead pharmacist

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

- This policy as adapted from the Belfast Health Social Care Trust (BHSCT) Administration of Urokinase for Central Venous Access Device Occlusion October 2022
- Central Venous Access Device Guidelines for Adults (excluding non –tunnelled catheter) Northern Ireland Cancer Network (NICaN) regional Policy.
- Aseptic Non Touch Technique (ANTTO)
- Hand Hygiene
- Vascular Access Device (VAD) Flushing Guideline
- This policy as adapted from the BHSCT Administration of Urokinase for Central Venous

### Access Device Occlusion October 2022

- Baskin, J, et al. (2012) Thrombolytic Therapy for Central Venous Catheter Occlusion. Haematological No 97(6) p641-49.
- Goldberg, L. (2007) Urokinase for Managing Central Venous Catheters. Hospital Pharmacy Europe, No32: 47-48.
- Summary of Product Characteristics for urokinase (Syner-KINASE®) 100,000 international units last updated 11.02.2020. Available at: <https://www.medicines.org.uk/emc/> accessed 01.11.2022
- Western Health & Social Care Trust. (2008) Unblocking a Central Venous Access Device using urokinase (Syner-KINASE®)

## 2.0 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.

- CC500807 Unblocking CVAD
- Whole reason for design was lowest strength 25,000units unavailable
- MHRA Medicine in health care Regulatory Authority risk to harm if incorrectly using 100,000 units need to be put into document for safe use with patients.
- Mitigation in place to reduce risk

### 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.

- All the relevant experts relating to the speciality were consulted with both electronically and face to face.
- Haematology Consultant
- Clinical Lead Oncology
- Oncology Consultant
- Interim Lead Nurse (Macmillan Nurses Services Manager)
- Medicines Governance lead Pharmacist
- Medicines Information Pharmacist

## 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>Staff</b> <b>ALL QUALIFIED NURSING, ALL MEDICAL DENTAL STAFF IN THE 3 HOSPITALS APRIL 2024</b>	
<b>SECTION 75 GROUP</b>	<b>CATEGORIES</b>	<b>NO OF STAFF</b>
<b>GENDER</b>	Female	3154
	Male	618
	<b>TOTAL</b>	<b>3772</b>
<b>RELIGION</b>	Protestant	668
	Roman Catholic	1833
	Not Determined/Not Known	1271
	<b>TOTAL</b>	<b>3772</b>
<b>POLITICAL OPINION</b>	Broadly Unionist	175
	Broadly Nationalist	347
	Other	341
	Do not wish to answer/not known	2909
	<b>TOTAL</b>	<b>3772</b>
<b>AGE</b>	16-24	185
	25-34	1152
	35-44	1028
	45-54	769
	55-64	525
	65+	113
	<b>TOTAL</b>	<b>3772</b>
<b>MARITAL STATUS</b>	Married	2057
	Single	1394
	Other	321
	<b>TOTAL</b>	<b>3772</b>
<b>DEPENDANT STATUS</b>	Yes	689
	No	856
	Not Known	2227
	<b>TOTAL</b>	<b>3772</b>
<b>DISABILITY</b>	Yes	86
	No	1882
	Not Known	1804
	<b>TOTAL</b>	<b>3772</b>
<b>ETHNICITY</b>	Bangladeshi	2
	Black African	34
	Black Caribbean	1

	Black Other	1
	Chinese	4
	Filipino	38
	Indian	114
	Irish Traveller	1
	Mixed Ethnic Group	8
	Not assigned	1362
	Other	49
	Pakistani	21
	White	2137
	<b>TOTAL</b>	<b>3772</b>
<b>SEXUAL ORIENTATION ATTRACTED TO</b>	Opposite sex	1737
	Same sex	32
	Same and Opposite sex	7
	Do not wish to answer/not known	1996
	<b>TOTAL</b>	<b>3772</b>

### 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>Equality Group</b>	<b>Staff</b>
Gender	No identified issues
Age	No identified issues
Religion	No identified issues
Political Opinion	No identified Issues
Marital Status	No identified issues
Dependent Status	No identified issues
Disability	Information available in alternative formats as per Trust policy. Interpreters available in line with the Trust Policy.
Ethnicity	Information available in alternative languages as per Trust policy.
Sexual Orientation	No identified issues
Other Issues: e.g. Rurality	No identified issues

**2.4 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?

<b>Equality Group</b>	<b>Actions that promote equality of opportunity or minimise (mitigate) adverse impacts</b>
Disability Staff	Information available in alternative formats as per Trust policy. Interpreters available in line with the Trust Policy.
Ethnicity Staff	Information available in alternative languages as per Trust policy.

## 2.5 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).

Impact/Consequences	Suggestions
Not applicable	
Not applicable	
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?**

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

**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?*\nYes/No
	Not applicable		

*\*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.**

<p>N/A</p>
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## (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	X

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

This policy was developed in accordance with duties i.e., Medicine Risk Authority (MHRA) risk to harm if incorrectly using high dose strength therefore required to be put into policy for safe use with patients.

All nursing staff who are involved in any aspect of the selection, insertion or care and maintenance of CVADs will be required to attend theoretical and practical training appropriate to identified need and competency assessed.

Staff as above will further receive face to face training and adhere to policy which will be available on the Trust Intranet/Sharepoint

This policy will be communicated to all staff who are involved in the management of CVADs by ward/department managers and the Nurse Led Peripherally Inserted Central catheter (PICC) Service.

The policy will be accessible to all staff on the Trust Intranet.

➤ **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to MUST include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust's Equality Screening Report.

**(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?**

The following information will be used to monitor the effect of the policy:

- Issues and incidents will be monitored by the complaints department
- Medicines and Healthcare products Regulatory Agency (MRHA)
- All nursing staff who are involved in any aspect of the selection, insertion or care and maintenance of CVADs will be required to attend theoretical and practical training appropriate to identified need and competency assessed.

**Approved Lead Officer:**

*Alia Jewel-Hall*

**Position:**

**Interim Lead Nurse/ Macmillan Nursing  
Service Manager**

**Policy/Proposal Screened By:**

**Date:**

**19 June 2024**

**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.

