



EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

THIS IS A PUBLIC DOCUMENT

Title of Policy: Policy on Exposure to Body Fluids and HIV Post Exposure Prophylaxis		
Lead Manager: Dr Paul Baylis	Title: Consultant	
Directorate: Acute	Department: Emergency Department	
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Short Description of Policy		
Updated policy on exposure to body fluids (occupational/needlestick and sexual/community) in line with British Human Immunodeficiency Virus Association (BHIVA) guidelines		
Final Recommendations: (please tick as appropriate)		
1.	GREEN: No equality issues/impact: no further action	X
2.	AMBER: Minor equality issues/impact: actions identified	
3.	RED: Major equality issues/impact: full EQIA recommended	
<p>Please send draft completed form for quality assurance to equality.admin@westerntrust.hscni.net For further information on quality assurance see page 3, section 3.</p>		
Final Approval Date:		

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL

1.1 Title of policy or proposal

Policy on Exposure to Body Fluids and HIV Post Exposure Prophylaxis

1.2 Description of policy or proposal

This policy, to provide up to date guidance on exposure to body fluids (occupational/ needlestick injuries and sexual/community exposure) in line with BHIVA guidelines is to be used by staff within the Western Health and Social Care Trust (WHSCT).

This guidance is based on the document *UK Guideline for the use of HIV Post-Exposure Prophylaxis 2021* (<https://www.bhiva.org/PEP-guidelines>). It has also been informed in several important areas by expert opinion from those Genito-Urinary Medicine Consultants dealing with HIV.

The advice contained takes account of the fact that the prevalence of HIV in the local population is low. However, it is essential that clear guidance is available as to the appropriate management of an individual who has, or may have been, exposed to HIV. This document aims to provide such guidance.

Prevention of avoidable exposure is of paramount importance. Many occupational exposures to HIV result from failure to follow established procedures, including the safe handling of sharps. It is, therefore, essential that staff are familiar with and scrupulously follow their employers' guidance covering such areas.

On those occasions where occupational exposure occurs, all incidents should be reviewed to consider how recurrence might be prevented. In the setting of the Western Health and Social Care Trust (WHSCT), all exposures must be reported as adverse incidents and logged on the DATIX system. The reporting facilitates investigation and learning and allows identification of trends across the organisation.

There is evidence that administration of zidovudine significantly reduces the risk of HIV infection after occupational exposure. However, because the use of combinations of antiretroviral drugs is more effective at suppressing viral replication in established HIV infection, and because of increased prevalence of zidovudine resistance, current guidance suggests combination regimens of newer drugs for prophylaxis.

Studies show that earlier initiation of PEP following exposure has been shown to be more beneficial however there is evidence and BHIVA guidelines support the use of PEP up to 72 hours of exposure-Therefore, it is clear that a member of staff who has had significant exposure to blood or other body fluids must report the incident immediately and that the appropriate steps are taken to deal with any risk.

This policy includes information on procedures for exposure, roles and responsibilities including:

- Management of Occupational and Needlestick Exposure
- Management of Sexual Exposure
- Policy updated in line with current guidance with reference to:
 - BHIVA
 - Genitourinary Medicine (GUM) procedures

- Occupational Health procedures
- General Medical Council (GMC) guidance
- *Decision making and consent*
 - https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---decision-making-and-consent-english_pdf-84191055.pdf [Accessed 18 October 2022].
- *Confidentiality: disclosing information about serious communicable diseases*
 - <https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---confidentiality---disclosing-information-about-serious-communicable-diseases-70061396.pdf> [Accessed 18 October 2022].
- Insurance guidance
 - ABI STATEMENT OF BEST PRACTICE FOR HIV AND INSURANCE (JULY 2016) <https://www.abi.org.uk/globalassets/sitecore/files/documents/publications/public/2016/hiv-and-insurance/abi-guiding-principles-for-hiv-and-life-insurance-july-2016.pdf> [Accessed 18 October 2022]
- [hiv-and-insurance-guide.pdf \(abi.org.uk\)](#) [Accessed 18 October 2022]
 - Addendum added regarding Sexual assault Referral Centre (SARC) (referral process and information)

1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, GPs, primary care providers, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

- All western trust staff with bodily fluid exposure
- GPs,
- GP out-of-hours,
- Occupational Health staff,
- GUM Clinic staff,
- Agency/Locum staff
- NIAS
- HR?
- Risk Management staff?
- PSNI
- Any person presenting to ED with bodily fluid exposure

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

- UK Guideline for the use of HIV Post-Exposure Prophylaxis 2021 (<https://www.bhiva.org/PEP-guidelines>).
- British Association Sexual Health and HIV, British HIV Association and British Infection Society (2008) UK National Guidelines for HIV Testing <https://www.bhiva.org/file/RHNUJgIseDaML/GlinesHIVTest05.pdf>
- British Association of Sexual Health and HIV (BASHH) (2015) UK National Guideline for the Use of HIV Post-Exposure Prophylaxis Following Sexual Exposure (PEPSE) 2015

<https://www.bhiva.org/pepse-guidelines>

- DHSSPS(2008) Guidance on HIV Testing and Diagnosis
www.dhsspsni.gov.uk/hss-md-34-2008.pdf
- DHSSPS (2005). Protecting Patients and Staff – A Strategy for the Prevention and Control of Healthcare Associated Infections in Northern Ireland
- DOH - Expert Advisory Group on Aids (EAGA) 2008
- HIV Post-exposure Prophylaxis, guidance from Chief Medical officers EAGA.
<http://www.dhsspsni.gov.uk/hss-md-34-2008-attachment-1.pdf>
- DOH (2005) HIV-infected health care workers: Guidance on management and patient notification HIV Health Care Workers
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- Medical foundation for AIDS and sexual Health (2008) HIV for non –HIV Specialists: Diagnosing the Undiagnosed. A Practical Guide for Health Care Professional In Secondary Care To Support Improved Detection And Diagnosis Of HIV In The UK.
<http://www.medfash.org.uk/uploads/files/p1a0ene4r51t601p74eil1dig1oea3.pdf>
- Occupational Exposure Risk table
- General Medical Council (GMC) guidance
 - *Decision making and consent*
 - https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---decision-making-and-consent-english_pdf-84191055.pdf [Accessed 18 October 2022].
 - *Confidentiality: disclosing information about serious communicable diseases*
 - <https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---confidentiality---disclosing-information-about-serious-communicable-diseases-70061396.pdf> [Accessed 18 October 2022].
 - Insurance guidance
 - *ABI STATEMENT OF BEST PRACTICE FOR HIV AND INSURANCE (JULY 2016)*
<https://www.abi.org.uk/globalassets/sitecore/files/documents/publications/public/2016/hiv-and-insurance/abi-guiding-principles-for-hiv-and-life-insurance-july-2016.pdf> [Accessed 18 October 2022]
- [hiv-and-insurance-guide.pdf \(abi.org.uk\)](#) [Accessed 18 October 2022]

(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.

In development of this policy various publications and best practice guidelines to assist in the revised development of this policy as well as gaining expert advice from GUM and pharmacy colleagues through email correspondence or telephone consultations.

- *ABI STATEMENT OF BEST PRACTICE FOR HIV AND INSURANCE (JULY 2016)*
 - <https://www.abi.org.uk/globalassets/sitecore/files/documents/publications/public/2016/hiv-and-insurance/abi-guiding-principles-for-hiv-and-life-insurance-july-2016.pdf>
[Accessed 18 October 2022]
- *HIV AND LIFE INSURANCE*
 - [hiv-and-insurance-guide.pdf \(abi.org.uk\)](https://www.abi.org.uk/globalassets/sitecore/files/documents/publications/public/2016/hiv-and-insurance/abi-guiding-principles-for-hiv-and-life-insurance-july-2016.pdf) [Accessed 18 October 2022]
- *UK Guideline for the use of HIV Post-Exposure Prophylaxis 2021*
 - (<https://www.bhiva.org/PEP-guidelines>).
- *Confidentiality: disclosing information about serious communicable diseases*
 - <https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---confidentiality---disclosing-information-about-serious-communicable-diseases-70061396.pdf>
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- *Decision making and consent*
 - https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---decision-making-and-consent-english_pdf-84191055.pdf [Accessed 18 October 2022].
- MHRA Guidance Note 14: Policy for the purchase and supply of unlicensed medicinal products ("Specials), November 2008.
- *Drugs and Therapeutics Meeting* 27th September 2023
- *Acute Governance Meeting* 23rd October 2023

Census 2021 Information

WFP Information

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.

In development of this policy I reviewed various publications and best practice guidelines to assist in the revised development of this policy as well as gaining expert advice from GUM and pharmacy colleagues through email correspondence or telephone consultations. Information from pharmacy, occupational health and GUM were around current best practice as well as treatment regimens as advised in the updated BHIVA guidelines. Any comments with regards to potential bias was considered and amended in the policy to ensure inclusivity where feasible.

- *ABI STATEMENT OF BEST PRACTICE FOR HIV AND INSURANCE (JULY 2016)*

- <https://www.abi.org.uk/globalassets/sitecore/files/documents/publications/public/2016/hiv-and-insurance/abi-guiding-principles-for-hiv-and-life-insurance-july-2016.pdf> [Accessed 18 October 2022]
- *HIV AND LIFE INSURANCE* - [hiv-and-insurance-guide.pdf \(abi.org.uk\)](https://www.abi.org.uk/globalassets/sitecore/files/documents/publications/public/2016/hiv-and-insurance/abi-guiding-principles-for-hiv-and-life-insurance-july-2016.pdf) [Accessed 18 October 2022]
 - *UK Guideline for the use of HIV Post-Exposure Prophylaxis 2021* - (<https://www.bhiva.org/PEP-guidelines>).
 - *Confidentiality: disclosing information about serious communicable diseases* - <https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---confidentiality---disclosing-information-about-serious-communicable-diseases-70061396.pdf> [Accessed 18 October 2022].
 - *Decision making and consent* - https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---decision-making-and-consent-english_pdf-84191055.pdf [Accessed 18 October 2022].
 - MHRA Guidance Note 14: Policy for the purchase and supply of unlicensed medicinal products ("Specials), November 2008.
 -
 - *Drugs and Therapeutics Meeting 27th September 2023*
 - Members of panel
 - Medicines Safety Pharmacist, Acute Services
 - Head of Service Community Nursing (northern), Primary Care and Older People's Services
 - Microbiology Consultants
 - Pharmacy Management SWAH/Altnagelvin Hospital
 - Clinical Lead for women/child health SWAH
 - Head of Nursing & Midwifery Patient Care Standards & Practice, Office of the Assistant Director of Nursing Services for Governance
 - Nephrology Consultants
 - Assistant Director of Quality & Safety, Medical Directorate
 - Assistant Director of Healthcare & Lead Nurse within W&C
 - Consultant pharmacists
 - Emergency Medicine Consultants
 - Trust Pharmacists
 - Community Nursing Services Manager, Primary Care and Older People's Services
 - *Acute Governance Meeting 23rd October 2023 and 9th January 2024*
 - Administrative Assistant, Medical Directorate
 - W&C Business Manager, Women and Children's Services
 - Assistant Director of Social Work, Women and Children's Services
 - Equality Officer, Performance and Service Improvement
 - Assistant Director - Professional Nursing Services, Primary Care and Older People's Services
 - Interim Assistant Director for Adult Mental Health Services, Adult Mental Health and Disability Services
 - Assistant Director (Governance SW/Social Care), Adult Mental Health and Disability Services
 - Head of Information Governance and Records Management, Performance and Service Improvement
 - Senior Accountant, Financial Management, Finance
 - Assistant Director - HR, Human Resources

- Interim Head of AHP services, Primary Care and Older People's Services
- Risk Manager, Medical Directorate
- Assistant Director of Quality & Safety, Medical Directorate
- Interim Assistant Director Nursing, Acute Services

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.

Category	Service Users, etc. Census Information 2021 Western Health and Social Care Trust Population: 301,616	Staff As @ 16/11/2023: 14,428 members of WHSCT staff Policy would also apply to agency and locum staff.
Gender	Male: 152,563 Female: 149,055	Female: 11477 Male: 2951 TOTAL: 14428
Age	0-15 years: 63,854 16-24 years: 31,181 25-29 years: 17,190 30-34 years: 18,806 35-39 years: 19,843 40-44 years: 19,376 45-49 years: 19,782 50-54 years: 19,782 50-54 years: 21,146 55-59 years: 20,978 60-64 years: 18,064 65-74 years: 29,392 75+ years: 22,006	16-24 years: 908 25-34 years: 3060 35-44 years: 3679 45-54 years: 3455 55-64 years: 2727 65+ years: 599 TOTAL: 14428
Religion	Christian: Catholic 194,050 Christian: Presbyterian Church in Ireland 26,996 Christian: Church of Ireland 34,802 Christian: Methodist Church in Ireland 4,540 Christian: Christian 1,783 Christian: Protestant 509 Christian: Baptist 774 Christian: Pentecostal 536 Christian: Free Presbyterian 763 Christian: Evangelical 481 Christian: Church of England 635 Christian: Orthodox Church 291 Christian: Brethren 394 Christian: Non-Denominational 270 Christian: Congregational Church 15 Christian: Protestant (Mixed) 218 Christian: Jehovah's Witness 314 Christian: Presbyterian 94	Protestant: 3025 Roman Catholic: 7716 Not Determined/Not Known: 3687 TOTAL: 14428

	<p>Christian: Reformed Presbyterian 167</p> <p>Christian: Mixed Catholic/Protestant 226</p> <p>Christian: Church of Jesus Christ of Latter Day Saints (Mormons) 93</p> <p>Christian: Independent Methodist 381</p> <p>Christian: Non-Subscribing Presbyterian 5</p> <p>Christian: Romanian Orthodox Church 34</p> <p>Christian: Christian Fellowship Church 60</p> <p>Christian: Other Christian denominations 831</p> <p>Other Religions: Muslim 789</p> <p>Other Religions: Hindu 330</p> <p>Other Religions: Buddhist 161</p> <p>Other Religions: Other Religions 1,107</p> <p>No religion 25,107</p> <p>Religion not stated 4,860</p>	
Political Opinion	<p>British only 62,776</p> <p>Irish only 140,402</p> <p>Northern Irish only 62,234</p> <p>British and Irish only 1,542</p> <p>British and Northern Irish only 12,050</p> <p>Irish and Northern Irish only 6,382</p> <p>British, Irish and Northern Irish only 2,315</p> <p>Other 13,915</p>	<p>Broadly Unionist: 815</p> <p>Broadly Nationalist: 1722</p> <p>Other: 1355</p> <p>Do not wish to answer/not known: 10536</p> <p>TOTAL: 14428</p>
Marital Status	<p>Single (never married or never registered a civil partnership) 92,708</p> <p>Married or in a civil partnership 107,063</p> <p>Separated (but still legally married or still legally in a civil partnership) 10,005</p> <p>Divorced or formerly in a civil partnership which is now legally dissolved 13,071</p> <p>Widowed or surviving partner from a civil partnership 14,915</p>	<p>Married: 7719</p> <p>Single: 5294</p> <p>Other: 1415</p> <p>TOTAL: 14428</p>

	No code required 63,854	
Dependent Status	<p>Not a dependent child 224,365 Dependent child 73,850 No code required 3,401</p> <p>Provides no unpaid care 248,516 Provides 1-19 hours unpaid care per week 14,437 Provides 20-49 hours unpaid care per week 8,827 Provides 50+ hours unpaid care per week 11,133 No code required 18,703</p>	<p>Yes: 2772 No: 3313 Not Known: 8343 TOTAL: 14428</p>
Disability	<p>Day-to-day activities limited a lot 38,124 Day-to-day activities limited a little 39,508 Day-to-day activities not limited 223,985</p>	<p>Yes: 322 No: 7598 Not Known: 6508 TOTAL: 14428</p>
Ethnicity	<p>White 295,860 Irish Traveller 527 Roma 43 Indian 1,041 Chinese 640 Filipino 415 Pakistani 156 Arab 158 Other Asian 326 Black African 370 Black Other 170 Mixed 1,548 Other ethnicities 362</p>	<p>Bangladeshi: 3 Black African: 14 Black Caribbean: 2 Black Other: 1 Chinese: 6 Filipino: 37 Indian: 117 Irish Traveller: 3 Mixed Ethnic Group: 14 Not assigned: 4615 Other: 64 Pakistani: 21 White: 9531 TOTAL: 14428</p>
Sexual Orientation	<p>Straight or heterosexual 214,237 Gay, lesbian, bisexual, other sexual orientation 3,889 Prefer not to say/Not stated 19,635 No code required 63,854</p>	<p>Opposite sex: 6980 Same sex: 132 Same and Opposite sex: 37 Do not wish to answer/not known: 7279 TOTAL: 14428</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.

	Needs and Experiences	
Equality Group	Service Users, etc.	Staff
Gender	No issues identified	No issues identified
Age	Some service users will have carers/family who will need to be involved in the process. Information provided must be age appropriate for the service user.	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	Policy available in alternative formats e.g. large print, braille, audio, etc. Interpreters provided as per Trust Policy	Policy available in alternative formats e.g. large print, braille, audio, etc.
Ethnicity	Policy available in alternative formats e.g. large print, braille, audio, etc. Interpreters provided as per Trust Policy	Policy available in alternative formats e.g. large print, braille, audio, etc.
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.

No issues identified

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
Age	Children may need to be involved in the process in the instance of community needlestick injury. Information is provided within the policy with regards to signposting and consultation with senior paediatrician
Disability (Service User)	Policy available in alternative formats e.g. large print, braille, audio, etc. Interpreters provided as per Trust Policy.
Disability (Staff)	Policy available in alternative formats e.g. large print, braille, audio, etc. Interpreters provided as per Trust Policy.
Ethnicity (Service User)	Policy available in alternative formats e.g. large print, braille, audio, etc. Interpreters provided as per Trust Policy
Ethnicity (Staff)	Policy available in alternative formats e.g. large print, braille, audio, etc. Interpreters provided as per Trust Policy.

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	No Impact	
Political Opinion	No Impact	
Ethnicity	No Impact	

(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?

Not applicable

(4) CONSIDERATION OF HUMAN RIGHTS**4.1 Does the policy or proposal adversely affect anyone's Human Rights?
Complete for each of the Articles.**

Article	Positive Impact	Negative Impact - human right interfered with or restricted	Neutral Impact
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 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 st 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?* Yes/No
	N/A		

**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.

None

(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)

Please tick:

GREEN: No impact	X
AMBER: Minor impact	
RED: Major impact	

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

Please tick:

Yes	
No	X

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

This policy will have a positive impact on staff and community/ patients in the management of bodily fluid exposure. The policy provides up to date information in all aspects of management including GMC guidance, insurance guidance as well as new section to aid in the management of sexual assault. It also includes information on how staff will be supported through any potential exposure.

The contents of the policy will be shared via the Trust intranet and as well as email correspondence from the acute service manager to inform staff of the new policy.

➤ **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?

Occupational Bodily exposure incidents, complaints and any issues related to occupation health management of bodily fluid exposure will be monitored and considered by the Occupational health practitioners on behalf of the WHSCT Occupational Health Team as per their standard practice.

Community needlestick and sexual bodily fluid exposure incidents, complaints and any issues related to Genitourinary Medical management of bodily fluid exposure will be monitored and considered by the Genitourinary Medical practitioners on behalf of the WHSCT Genitourinary Medical team as per their standard practice.

Occupational or community needlestick and sexual bodily fluid exposure incidents, complaints and any issues related to the Emergency Department management of bodily fluid exposure will be monitored and considered by the Emergency Department practitioners on behalf of the WHSCT Emergency Department Team as per their standard practice

The policy will be distributed via trust internet for Trust staff to access and updated as per trust guidelines. Changes to policy would be communicated via trust communication memo or emails to department leads to ensure that maximal coverage.

Approved Lead Officer: Dr Ryan Smyth

Position: Consultant in Emergency Medicine

Policy/Proposal Screened By: Dr Ryan Smyth, Dr Melissa Perry,
Dr John White, Mrs Lorraine Mullan

Date: January 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. **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.

