EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

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Title of Policy: **Infectious Incident/Outbreak Control Plan 2024**	
Lead Manager: Wendy Cross	**Title: Head of Infection Prevention and Control**
Directorate: Professional Nursing Midwifery and AHP Services	**Department: Infection Prevention and Control**
Contact details: **Address: Altnagelvin Hospital, Londonderry BT47 6SB** **Tel: 02871345171** **Email:wendy.cross@westerntrust.hscni.net**	

Short Description of Plan
These policies/protocols are aimed at giving advice to all staff working within WHSCT facilities to assist in minimising the risk of transmission of pathogenic micro-organisms to other patients, staff and the public.   This is to be achieved by detailing interventions and/or treatments applicable to the organisms described in the title of the guidance.

Final Recommendations: (please tick as appropriate)	

1.	**GREEN: No equality issues/impact: no further action**	✓
2.	**AMBER: Minor equality issues/impact: actions identified**	
3.	**RED: Major equality issues/impact: full EQIA recommended**	

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.
Final Approval Date :

(1)   INFORMATION ABOUT THE POLICY OR PROPOSAL

1.1   Title of policy or proposal

Infectious Incident/Outbreak Control Plan 2023

1.2   Description of policy or proposal

This plan provides guidance on the management of an infection related incident or outbreak. The ultimate decisions about appropriate actions will be made by the incident/ outbreak control team and may differ slightly between each incident depending on the organism involved and the risks to the particular population exposed.

This plan aims to provide guidance to all health and social care workers on the safe and effective management of an infection related incident or outbreak, thereby reducing the risk of transmission and ensuring appropriate management of affected patients/ clients regardless of the care setting.

1.3   Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, 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).

Trust Staff
Contracters
Infection Prevention Control Staff
Occupational Health Staff
Microbiology Laboratory Staff
Service users
Relatives
Carers/Next of Kin and the
Public
External
DoH
NIAS
Contractors - on a separate line

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

- WHSCT Major Incident Plan
- WHSCT Business Continuity Plan
- WHSCT Norovirus Management Plan
- WHSCT Corporate Pandemic Influenza Response Plan
- WHSCT Guidelines for the Management of Hazard Group 4 Viral Haemorrhagic Fevers (VHF) and Similar Human Infectious
- Diseases of High Consequence
- WHSCT Risk Management Policy
- WHSCT Guidance on Procedure to Follow when *Pseudomonas aeruginosa* is Isolated from a

Clinical Specimen on a Patient in NICU
- WHSCT Guidelines for Staff With or Suspected of Having an Infectious Disease
- Infection control precautions for respiratory viral infections including Influenza &Round Syncytial Virus (RSV) in Healthcare settings
- Public Health Agency (PHA) Northern Ireland Infectious Disease Incident/ Outbreak Plan, September 2018
- Public Health Agency Northern Ireland Infection Prevention and Control Manual

All Department of Health/PHA/NICE/Chief Medical Officer guidance.

Public Health Act
References list on page 15 of the Plan
The previous versions of the plan

(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.

Members of the infection prevention and control team involved in the development of guidance have reviewed best practice guidelines that have been developed by several statutory bodies including the Department of Health, Public Health Agency etc In addition to this guidance from the Chief Medical Officer in relation to regional incidents will also have a direct impact on the guidance that has been provided by the infection prevention and control department.

2011 census data from the Western Health and Social services area has been collected to assess the impact to services users. In addition to this current Workforce Planning information from the WHSCT has been used.

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 plan is updated on an annual basis and is based upon the regional PHA outbreak control Plan, It has previously been circulated to various designations of staff (Nursing, medical, pharmacists), within the WHSCT for initial review and comment. This version has also been sent for review and comment to the members of the CEHCAI Accountability forum.

Consultation Process
Infection Prevention & Control Nursing Team
Consultant Microbiologists
Medical Director
IP&C Guidance Reference Group
Staff Side Consultation Group
Chief Executive Healthcare Associated Infection (HCAI) Accountability Forum

Infection Prevention & Control Committee
Corporate Management Team

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	WHSCT Area Census data 2011	Staff numbers affected as of 5th February 2014. Total number of staff working within the WHSCT: 13,506	
Gender	**Female:** 148,366 **Mal**e: 146,051	**Female** 11477 **Male** 2951	
Age	**0-4:** 20,445 **5-7:** 11,322 **8 – 9:** 7,668 **10 – 14:** 21,186 **15:** 4,467 **16 – 17:** 9,266 **18 – 19:** 8,097 **20 – 24**: 19,865 **25 – 29**: 20,097 **30 – 44:** 61,230 **45 – 59:** 56,781 **60 – 64**: 15,380 **65 – 74:** 22,101 **75 – 84**: 12,301 **85 – 89:** 2,878 **90+:** 1,333	**16-24** **25-34** **35-44** **45-54** **55-64** **65+**	908 3060 3679 3455 2727 599
Religion	**Catholic:** 182,996 (32.16%) **Presbyterian**: 29,353 (9.97%) **Church of Ireland**: 37,154 (12.62%) **Methodist**: 4,900 (1.66%) **Other Christian:** 7,212 (2.45%) **Other religions:** 1,475 (0.50%) **No religion:** 12,199 (4.14%) **Religion not stated:** 19,128 (6.50%)	**Protestant** **Roman Catholic** **Not Determined/Not Known**	3025 7716 3687
Political Opinion	**Nationalist**: 86,834 (53%) **Unionist** 61,995 (38.06%) **Other**: 14,025 (8.62%) **Overall total**: 162,854	**Broadly Unionist** **Broadly Nationalist** 1722 **Other** 1355	815

		Do not wish to answer/not known	
			10536
Marital Status	**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 same-sex civil partnership:** 14,487	**Married** **Single** **Other**	7719 5294 1415
Dependent Status	**All families in households:** 77,758 **Households with no dependent children:** 37,650 **Households with children:** 76,204 **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	**Yes** **No** **Not Known**	2772 3313 8343
Disability	**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	**Yes** **No** **Not Known**	322 7598 6508
Ethnicity	**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:**	**Bangladeshi** **Black African** **Black Caribbean** **Black Other** **Chinese** **Filipino** **Indian** **Irish Traveller** **Mixed Ethnic Group** **Not assigned**	3 14 2 1 6 37 117 3 14 4615

	64 (0.02%) **Black Other:** 58 (0.02%) **Bangladeshi:** 21 (0.01%) **Other Asian:** 473 (0.16%)	**Other** **Pakistani** **White**	64 21 9531
Sexual Orientation	Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the Western area.	**Opposite sex** **Same sex** **Same and Opposite sex** **Do not wish to answer/not known**	6980 132 37 7279

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 identified issues	No identified issues
Age	No identified issues	No identified issues
Religion	No identified issues	No identified issues
Political Opinion	No identified issues	No identified issues
Marital Status	No identified issues	No identified issues
Dependent Status	Some services users may have carers and/or family members who are involved in their care. Families and carers will be provided with information as required.	No identified issues
Disability	Information is provided to patients/families and carers in writing and verbally by clinical staff. Information can also be provided in alternative formats on request, including e.g. provision of sign language interpreters, Braille, large font etc.	Information can be provided in alternative formats on request, including e.g. provision of sign language interpreters, Braille, large font etc. The Loop hearing system is available with the WHSCT buildings where training is delivered by the Infection Prevention and Control Team. Training can also be adapted on request to meet the needs of disabled members of staff.
Ethnicity	Information will be provided to service users/families/carers who do not have English as their first language by booking interpreters and providing written translations of information, in line with Trust guidance.	Information can be provided in alternative formats on request
Sexual Orientation	No identified issues	No identified issues
Other Issues: e.g. Rurality	No identified issues	Infection prevention and control nurses can provide training to groups of staff outside of the acute hospital setting.

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 identified issues

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
Dependent Status Service Users	Some services users may have carers and/or family members who are involved in their care. Families and carers will be provided with information as required
Disability Service Users	Information for patients/families and carers is provided in writing and verbally by clinical staff and can be provided in alternative formats on request, including e.g. provision of sign language interpreters, Braille, large font etc.,.
Disability - Staff	Information can be provided in alternative formats on request, including e.g. provision of sign language interpreters, Braille, large font etc. The Loop hearing system is available with the WHSCT buildings where training is delivered by the Infection Prevention and Control Team. Training can also be adapted on request to meet the needs of disabled members of staff.
Ethnicity Service Users	Information can be provided to service users who do not have English as their first language by booking interpreters and providing written translations of information, in line with Trust guidance.
Ethnicity Staff	Information can be provided in alternative formats on request

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 issues identified	
Political Opinion	No issues identified	
Ethnicity	No issues identified	

(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?
Humans Rights Act (1988) the policy has been considered and no identified adverse effects have been identified.   Disability Discrimination Act (1995) this act has been considered and no adverse effects have been identified.

(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			✓
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			✓
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1st 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?* Yes/No

***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.
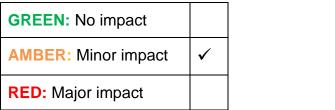

(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?
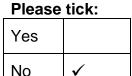
A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

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:

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

Please tick:

Yes	
No	✓

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

The plan give details to trust staff on the safe and effective management of an infection related incident or outbreak, thereby reducing the risk of transmission and ensuring appropriate management of affected patients/ clients regardless of the care setting. This plan will allow staff to provide safe and dignified care for all service users.

This plan will be communicated to staff via a Trust communication and will be discussed at mandatory infection prevention and control training. Ward managers have the responsibility to ensure that staff read and understand any related IPC guidelines.

This plan will be accessible on the Trust Intranet IPC section and also on the Staff Infection Prevention and Control Sharepoint site.

All managers are responsible to share with staff who do not have access to the Trust intranet or Sharepoint sites, ensure all staff are made aware of the plan.

All staff are responsible for ensuring they know how to access the plan and familiarise themselves with the content.

➢ **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 plan will continue to be reviewed as part of the debrief in the plan to ensure that staff and Incident management are compliant with measures designed to minimise the risk of infection. In addition to this there will be continuous surveillance by the infection prevention and control team to ensure that there is not a rise in infection rates that can be attributed to the provision of guidance by the infection prevention and control team.

Outbreak summary will identify shared learning and this will be communicated by the IPC team and departments.

Complaints, Datix reports/ SEA/SAI investigations and Omdusman reports will be reviewed and trends identified for action.

In addition to this consideration and actions shall be taken following any comments or complaints in relation to practice that has been identified as not having consideration for equality and human rights.

Approved Lead Officer: **Wendy Cross**

Position: **Head of Infection Prevention and Control**

Policy/Proposal Screened By: **Wendy Cross**

Date: **12/02/24**

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.