



## EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

**THIS IS A PUBLIC DOCUMENT**

<b>Title of Policy: Allergy Status Documentation Policy</b>	
<b>Lead Manager: Daryl Connolly,</b>	<b>Title: Medicines Safety Pharmacist</b>
<b>Directorate: Unscheduled Care, Medicines, Cancer &amp; Clinical Services</b>	<b>Department: Pharmacy</b>
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<b>Short Description of Policy</b> The Allergy Status Documentation Policy has been developed to address the issues surrounding documentation of allergy status and to ensure consistent and safe practice with respect to allergy documentation in WHSCT.	
<b>Final Recommendations:</b> (please tick as appropriate)	
1.	<b>GREEN: No equality issues/impact: no further action</b> <input checked="" type="checkbox"/>
2.	<b>AMBER: Minor equality issues/impact: actions identified</b> <input type="checkbox"/>
3.	<b>RED: Major equality issues/impact: full EQIA recommended</b> <input type="checkbox"/>
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

Allergy Status Documentation Policy

### 1.2 Description of policy or proposal

#### Objectives of the policy:

To raise awareness of the importance of:

- Documenting allergy status
- Checking the allergy/sensitivity box on the kardex prior to prescribing, dispensing or administering a drug.

Completion of these tasks will help reduce the likelihood of occurrence of preventable allergy related incidents and patient harm.

The National Institute for Health and Care Excellence (NICE) has identified poor clinical documentation of drug allergy and a lack of patient information as major issues in the management of drug allergy.

Analysis of patient safety incidents reported to the National Reporting and Learning System between 2005 and 2013 identified 18,079 incidents involving drug allergy. These included 6 deaths, 19 severe harms and 4,980 other harms. The majority of these incidents involved a drug that was prescribed, dispensed or administered to a patient with a known drug allergy.<sup>1</sup> During 2017, there were 53 medication incidents involving allergy reported in Northern Ireland. In the majority of these, the allergen was prescribed and administered (41 incidents). Of the 53 allergy incidents, the majority involved an antibiotic.<sup>2</sup>

This policy has been developed to address the issues surrounding documentation of allergy status and to ensure consistent and safe practice with respect to allergy documentation in WHSCT.

### 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).

Stakeholders of this policy are:

- Agency staff
- Potential Trust staff
- Service users

Awareness of the documentation of allergy status must be included in the induction training for all staff involved in the prescribing, administration or dispensing of medicines

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

This policy should be read alongside the following Trust policies -

- Policy for the treatment of anaphylaxis in adults and children May 2016 Anaphylaxis Policy
- Medicines Code Link to Medicines Code
- Drug Allergy: diagnosis and management/Guidance NICE

## (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.

Policy has been used to inform the equality screening information. This document has also been presented to the D&T (Drugs and Therapeutics group) members of this group include:

- Consultant Nephrologist
- Head of Pharmacy and Medicines Management, Acute Services
- Medicines Management Advisor, SPPG
- Medicines Governance Pharmacist
- Principal Pharmacist - Patient Services and Procurement
- Clinical Pharmacy Development Lead
- Assistant Director - Professional Nursing Services, Primary Care and Older People's Services
- Pharmacy manager SWAH/OHPCC, Acute Services
- Consultant Paediatrician, SWAH
- Consultant Microbiologist, Acute Services
- Interim Head of Service – Community Nursing (Southern Sector), Primary Care and Older People's Services

Other evidence based references are:

1. Drug Allergy: diagnosis and management (CG183) Clinical Guideline NICE Published 3 September 2014 [LINK](#)
2. Learning from reported medication incidents in Northern Ireland - Summary Report January to December 2017. Northern Ireland Medicines Governance Team.

### 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 has been reviewed and updated on a number of occasions in consultation with all stakeholders. Version controls and changes are included within the policy.

Stakeholders:

- Medicines Safety Pharmacist
- Medicines Information Pharmacist
- Pharmacy senior management team including clinical pharmacy lead
- The full Drug and Therapeutics (D&T) Working Group – this is a multidisciplinary team involving pharmacy, nursing and medicine from across all directorates. This initially came to D&T in December 2022 before being passed in March 2023. The Trust policy group approved in March 2024.

The outcome of the changes was positive and essential to bring into line with a national NICE Guidance (NG-183) which advises the recommended approach to identifying and managing patient with an allergy.

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## 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 (Workforce Planning can provide this information)</b>	
Gender	Female	11635
	Male	3007
	<b>TOTAL</b>	<b>14642</b>
Age	16-24	994
	25-34	3043
	35-44	3715
	45-54	3502
	55-64	2762
	65+	626
	<b>TOTAL</b>	<b>14642</b>
Religion	Protestant	3117
	Roman Catholic	7956
	Not Determined/Not Known	3569
	<b>TOTAL</b>	<b>14642</b>
Political Opinion	Broadly Unionist	839
	Broadly Nationalist	1823
	Other	1434
	Do not wish to answer/not known	10546
	<b>TOTAL</b>	<b>14642</b>
Marital Status	Married	7775
	Single	5427
	Other	1440
	<b>TOTAL</b>	<b>14642</b>
Dependent Status	Yes	2884
	No	3549
	Not Known	8209
	<b>TOTAL</b>	<b>14642</b>
Disability	Yes	350
	No	7988
	Not Known	6304
	<b>TOTAL</b>	<b>14642</b>
Ethnicity	Bangladeshi	4
	Black African	35
	Black Caribbean	2

	Black Other	1
	Chinese	7
	Filipino	44
	Indian	145
	Irish Traveller	3
	Mixed Ethnic Group	15
	Not assigned	4432
	Other	71
	Pakistani	28
	White	9855
	<b>TOTAL</b>	<b>14642</b>
Sexual Orientation	Opposite sex	7357
	Same sex	147
	Same and Opposite sex	42
	Do not wish to answer/not known	7096
	<b>TOTAL</b>	<b>14642</b>

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### 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
<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	The policy and training will be available in alternative formats for staff with a disability e.g large font, audio, Braille etc Sign Language interpreters can also be provided in line with Trust Guidelines.
Ethnicity	The policy will be made available in alternative languages if and when requested.
Sexual Orientation	No identified issues
Other Issues: e.g. Rurality	No identified issues

### 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.

There are no additional issues with this policy.

## 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	The policy and training will be available in alternative formats for staff with a disability e.g large font, audio, Braille etc Sign Language interpreters can also be provided in line with Trust Guidelines.
Ethnicity Staff	The policy will be made available in alternative languages if and when requested.

## 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 identified issues	
Political Opinion	No identified issues	
Ethnicity	No identified issues	

## (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?**

N/A



**(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?* 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.**

N/A
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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)**

**Please tick:**

<b>GREEN:</b> No impact	<input checked="" type="checkbox"/>
<b>AMBER:</b> Minor impact	<input type="checkbox"/>
<b>RED:</b> Major impact	<input type="checkbox"/>

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

**Please tick:**

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

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

- **Directors** are responsible for the dissemination and implementation of this guidance within the divisions.
- **Line managers** are responsible for ensuring that staff have a working knowledge of and adhere to the guidance and that any amendments are disseminated.
- **All Health Care Professionals** who are involved in the prescribing, dispensing and administration of medicines must be aware of the Allergy Status Documentation Policy.

This policy is formed from data and guidance from healthcare staff who regularly treat patients with this condition.

The working group from D&T are made up of professionals from different areas ensuring a team approach. For the decision to be made the team must meet quorum and all meetings have minutes recorded and ratified to ensure appropriate records are kept. Minutes are shared with the group through the next agenda and ratified at the beginning of the meeting. These are then securely stored on the Pharmacy Sharepoint.

**Awareness of the documentation of allergy status will be included in the induction training for all staff involved in the prescription, administration or dispensing of medicines.**

Policy will then be available on the Intranet for staff to view.

- **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?**

Effectiveness of the policy will be audited through:

- Monthly review of Trust medication incidents
- Kardex monitoring
- Audit

The WHSCT Drug & Therapeutics Committee will oversee implementation of the policy and monitor the assurance provided.

Version controls in the future will be kept updated with a record of all changes. These changes will require approval through the D&T group.

**Approved Lead Officer:** Daryl Connolly

**Position:** Medicines Governance Pharmacist

**Policy/Proposal Screened By:** \_\_\_\_\_

**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.