

Equality, Good Relations and Human Rights Screening Template

*****Completed Screening Templates are public documents and will be posted on the Trust's website*****

See [Guidance Notes](#) for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Guideline statement for the vaccination of SE Trust Employees

(1.2) Is this a new, existing or revised policy/proposal?

Existing guideline statement

(1.3) What is it trying to achieve (intended aims/outcomes)?

The purpose of this guideline is to describe the actions required for the provision of a clinical service to SE Trust employees in relation to immunisation.

This guideline addresses the issue of exposure to pathogens / biological agents against which employees can be immunised and is based on "Immunisation Against Infectious Disease" (HMSO 1996). Under the Health & Safety at Work Act (HSWA) 1974 employers and employees have specific duties to protect so far as is reasonably practicable, those at work and others who may be affected by their work activity to include HSC Trust patients. Vaccination programmes aim to protect the employee, co-workers, patients and others in the wider community.

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

This guideline statement takes into account the possible multiple identities of healthcare workers requiring vaccination and applies equally to all stakeholders.



(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB?

This guideline takes account of DHSSPS and authoritative National guidelines (NICE).

(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

Vaccinations are **not** compulsory and therefore employees may decline to be vaccinated. This may place the individual at risk of acquiring infection as a result of possible exposure to pathogens / biological agents .

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, , trade unions, professional bodies, independent sector, voluntary and community groups etc)

SE Trust Healthcare Workers (HCWs) /voluntary workers/agency & locum staff.

HSC service users who may be put at increased risk of acquiring communicable infections from infected HCWs.

(1.7) Other policies with a bearing on this policy/proposal (for example regional policies) - what are they and who owns them?

Immunisation Against Infectious Disease (Green Book, www.immunisations.nhs.uk)

Thorax 2000:55:887-901 Control and Prevention of Tuberculosis in the United Kingdom:Code of Practice2000,Joint Committee of the British Thoracic Society



Royal College of Nursing (2001) UK guidance on Best Practice in Vaccine Administration

The NMC Code of Professional Conduct: standards for conduct performance and ethics (March 2015)

HSS (MD) 4/94 Protecting Health Care Workers and Patients from Hepatitis B

Department of Health(1996) Addendum to HSG(93)40: Protecting Health Care Workers and Patients from Hepatitis B. London : Department of Health

National Institute for Health and Clinical Excellence: Clinical diagnosis and management of tuberculosis and measures for its prevention and control. March 2011

National Institute for Health and Clinical Excellence: Clinical diagnosis and management of tuberculosis and measures for its prevention and control. January 2016

(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

Details of evidence/information

Immunisation Against Infectious Disease (Green Book, www.immunisations.nhs.uk)

Thorax 2000:55:887-901 Control and Prevention of Tuberculosis in the United Kingdom:Code of Practice2000,Joint Committee of the British Thoracic Society

Royal College of Nursing (2001) UK guidance on Best Practice in Vaccine Administration

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(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

Category	Needs, experiences and priorities	
	Service users	Staff

Gender		<p>Some vaccinations may be contra-indicated during pregnancy / lactating mothers /previous anaphylactic reaction to vaccine / medical conditions.</p> <p>Vaccination would be offered as soon as possible following pregnancy and cessation of lactation.</p> <p>Alternatives would be considered for those with a history of anaphylaxis following previous vaccinations or those with medical conditions that may exclude vaccination.</p>
Age		No differences expected
Religion		No differences expected
Political Opinion		No differences expected
Marital Status		No differences expected
Dependent Status		No differences expected
Disability		No differences expected
Ethnicity		If this Guideline statement is relevant to a member of staff who may not speak English proficiently a translator or interpreter service is available
Sexual Orientation		No differences expected

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

The information that has informed this guideline statement has been gathered from DHSSPS and NICE guidelines.

This guideline statement is readily accessible to all relevant stakeholders on the Trust's intranet.

Appropriate vaccination is explained and offered to relevant stakeholders at pre-placement health assessment.

This guideline statement promotes a climate which encourages staff who are eligible to be vaccinated. Alternatives are considered for those who cannot be vaccinated.

This guideline respects the wishes of those who decline vaccination.

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?

Section 75 category	Details of policy/proposal impact		Level of impact? Minor/major/none
	Services Users	Staff	
Gender			None expected
Age			None expected
Religion			None expected
Political Opinion			None expected
Marital Status			None expected
Dependent Status			None expected
Disability			None expected

Ethnicity			If this Guideline statement is relevant to a member of staff who may not speak English proficiently a translator or interpreter service is available
Sexual Orientation			None expected

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?

Section 75 category	Please provide details
Gender	None expected
Age	None expected
Religion	None expected
Political Opinion	None expected
Marital Status	None expected
Dependent Status	None expected
Disability	None expected
Ethnicity	If this Guideline statement is relevant to a member of staff who may not speak English proficiently a translator or interpreter service is available
Sexual Orientation	None expected

(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none		
Good relations category	Details of policy/proposal impact	Level of impact Minor/major/none
Religious belief		None expected
Political opinion		None expected
Racial group		None expected

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?	
Good relations category	Please provide details
Religious belief	None expected
Political opinion	None expected
Racial group	None expected

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?
<p>The guideline statement takes into account the possible multiple identities of healthcare workers requiring vaccination and applies equally to all relevant stakeholders. It does not make a distinction between those who are disabled and those who are able bodied.</p>

This guideline statement takes into account the Trust's ongoing training programme in respect of equality, disability and human rights.

(6) Consideration of Human Rights

(6.1) Does the policy/proposal 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			
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			√
1 st protocol Article 2 – Right of access to education			√

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit. It may also be necessary to seek legal advice.

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

This guideline statement in keeping with the Trust ongoing training programme takes into account the multiple identities/ equality issues/ disability issues and human rights of healthcare workers who are eligible to embark on a trust vaccination programme.

The vaccination guidelines from the DHSSPS and authoritative National guidelines allows the opportunity to identify problems through the risk assessment process prior to vaccination so that issues and difficulties can be appropriately addressed.

(7) Screening Decision

(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

Major impact	
Minor impact	
No impact	√

(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening

Yes	
No	√



(7.3) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA)?

Yes	
No	√

(7.4) Please give reasons for your decision and detail any mitigation considered.

Please give reasons for your decisions.

This guideline statement does not exclude any particular groups.

This guideline statement is not expected to have a negative impact on equality, good relations and human rights.

This guideline statement is intended to promote greater safety in all the equality categories.



(8) Monitoring

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

SEHSCT Occupational Health & Well-being service will ensure that this guideline:

takes account of the Trust's ongoing training programme of equality, disability and human rights.

Keeps up to date with new DHSSPS /NICE guidelines.

Ensures that the current guideline statement on the vaccination of SE Trust Employees is reviewed 2 yearly and updated as appropriate.

Approved Lead Officer:	<u>Joan Sweeney</u>
Position:	<u>Head of Occupational Health and Wellbeing Service</u>
Date:	<u>August 2018</u>
Policy/proposal screened by:	<u>Dr Alan Black, Consultant in Occupational Medicine</u>

Please forward completed schedule to:

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