

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

Hand Hygiene Policy

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

This is an existing policy.

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

This policy relates to all staff within NIAS but specifically to those staff who provide hands on care to patients.

The IPC Team will monitor the implementation of the policy through independent HH audits.

The draft policy was shared with Directors, Area Managers, Station Officers, Station Supervisors, and Trade Union colleagues for comment and the comments received have been incorporated.

Key points within this policy are:

- Technical; procedure for undertaking HH, methods of HH, opportunities for HH;
- Policy statement in respect of being bare below the elbow;
- Roles and responsibilities in relation to HH

- Processes for audit of HH;
- Governance, assurance and accountability processes related to HH.

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

No.

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

NIAS – Directorate of Quality, Safety and Improvement.

(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?)

None anticipated.

(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.).

External:

Actual/potential service users
Patients and carers

Internal:

NIAS clinical staff

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

NIAS - Infection Prevention and Control policy v1 2024

NIAS - Vehicle and Vehicle Equipment Decontamination Manual V1.3, 2020

NIAS - The management of Infection Prevention and Control Incidents and Outbreaks V1.2, 2020

(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	
Group	<i>Please provide details</i>
Gender	NIAS Staff: 71.7% male 28.3% female November 2017
	Northern Ireland Source: 2011 Census Male: 49% Female: 51%
Age	NIAS Staff: Under 45: 46.3% 45 and over: 53.7% November 2017
	Northern Ireland Source: 2011 Census Under 16: 23.8% 16-29: 19.4% 30-44: 20.6% 45-59: 19.2% 60-74: 13.3% 75 and over: 6.5%
Religion	NIAS Staff: Roman Catholic: 38.8% Protestant 52.8% Non-Determined: 3.9% Not Declared: 4.5% November 2017
	Northern Ireland Source: 2011 Census Roman Catholic: 45.1% Protestant ¹ : 35.8% Other Christian: 5.7% Other Religion: 0.8% None/No Stated: 16.9% <small>1. Presbyterian Church in Ireland, Church of Ireland and Methodist Church in Ireland.</small>
Political Opinion	NIAS Staff: Broadly Unionist: 13.4% Nationalist: 9.9%

	<p>Other: 16.1% Do not wish to answer / Unknown: 60.6% November 2017</p> <p>Northern Ireland Source: ARK NI – 2019 Westminster election share of vote</p> <p>Broadly Unionist²: 42.3% Broadly Nationalist³: 37.7% Alliance: 16.8% Others: 3.6%</p> <p>2. DUP and UUP 3. Sinn Fein and SDLP</p>
Marital Status	<p>NIAS Staff: Divorced: 1.3% Married / CP: 56.7% Separated: 1.5% Single: 38.5% Widow/er: 0.2% Other / Unknown: 1.9% November 2017</p>
	<p>Northern Ireland Source: 2011 Census</p> <p>Single: 31.5% Married: 47.0% Re-married: 1.1% Separated: 3.4% Divorced: 4.5% Widowed: 6.3%</p>
Dependent Status	<p>NIAS Staff: Staff: With caring responsibilities: 34.4% Without caring responsibilities / Unknown: 65.6% November 2017</p>
	<p>Northern Ireland Source: 2011 Census</p> <p>Households with dependent children: 33.8%</p>
Disability	<p>NIAS Staff: Declared a disability: 2.5% November 2017</p>
	<p>Northern Ireland: 21% of the population has a disability. Households with one or more persons with a limiting long-term illness: 55.3% Source: 2011 Census There were 141,990 Personal Independence Payments (PIP) claimants in NI as at November 2019. There were 80,170 Disability Living Allowance (DLA) claimants in NI as at November 2019. Source: Department for Communities</p>

	<p>https://www.communities-ni.gov.uk/system/files/publications/communities/benefit-statistics-summary-nov-2019.pdf</p> <p>Service Users: Whilst incidence of disability in itself is not recorded, the Trust recognises both a link between service users in older age brackets and increased likelihood of disability and also the fact that those with long term health conditions and disabilities are likely to use our services more frequently.</p>																								
Ethnicity	<p>NIAS Staff: White: 83.9% Ethnic Minority / Other: 0.9% Unknown: 15.2% November 2017</p> <p>Northern Ireland Source: 2011 Census</p> <table border="0"> <tr><td>White:</td><td>98.2%</td></tr> <tr><td>Irish Traveller:</td><td>0.07%</td></tr> <tr><td>Mixed:</td><td>0.33%</td></tr> <tr><td>Indian:</td><td>0.34%</td></tr> <tr><td>Pakistani:</td><td>0.06%</td></tr> <tr><td>Bangladeshi:</td><td>0.03%</td></tr> <tr><td>Other Asian:</td><td>0.28%</td></tr> <tr><td>Black Caribbean:</td><td>0.02%</td></tr> <tr><td>Black African:</td><td>0.13%</td></tr> <tr><td>Other Black:</td><td>0.05%</td></tr> <tr><td>Chinese:</td><td>0.35%</td></tr> <tr><td>Other:</td><td>0.13%</td></tr> </table>	White:	98.2%	Irish Traveller:	0.07%	Mixed:	0.33%	Indian:	0.34%	Pakistani:	0.06%	Bangladeshi:	0.03%	Other Asian:	0.28%	Black Caribbean:	0.02%	Black African:	0.13%	Other Black:	0.05%	Chinese:	0.35%	Other:	0.13%
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Sexual Orientation	<p>NIAS Staff: Both: 0.2% Opposite sex: 62.7% Same sex: 1.8% Do not wish to answer / Unknown: 35.3% November 2017</p> <p>Northern Ireland: No statistics available for sexual orientation however, according to estimates, between 2% and 10% of the population could be LGBT. Source: "Shout", <i>Research into the needs of young people in Northern Ireland who identify as lesbian, gay, bisexual and/or transgender</i>, published by YouthNet, December 2003.</p>																								

(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	Slight majority of women in the population.	Over 70% of Trust staff are male. As with society generally, a disproportionate number of female staff have caring responsibilities and work part-time hours. A higher proportion of female staff work part-time hours.
Age	The population is aging. Almost 40% of the population is aged 45 or older. Older people tend to be more reliant on the emergency and non-emergency services provided by NIAS. People in some age groups are likely to have a more adverse differential impact – older people for example may be more frequent users of health and social care services. As people age the likelihood of having a long-standing illness increases. A limiting long-standing illness is defined as any long-term illness, health problem or disability for which there is currently no cure that limits an individual’s daily	Over 50% of the Trust’s staff are 45 years of age or above.

	<p>activities. Examples include: diabetes, cardiovascular diseases (e.g. hypertension, angina) and chronic respiratory diseases (e.g. asthma, chronic obstructive pulmonary disease (COPD)). The proportion of people with multi-morbidities among those aged 65-74 is 46%. This proportion increases to 69% among those aged 85+ (Kingston, Robinson, et al., 2018). Multi-morbidity increases the likelihood of hospital admission, length of stay and likelihood of readmission, raises healthcare costs, reduces quality of life, and increases dependency, polypharmacy and mortality (Kingston, Robinson, et al., 2018).</p>	
Religion	<p>The Trust has a duty to promote good relations between people of different religious belief, political opinion, and racial group. The Trust is committed to ensuring that service users have equality of access to services and feel welcome, comfortable and safe. On the basis of the information available, there is nothing to indicate that the Hand Hygiene Policy would engender any adverse impact in regard to the promotion of good relations.</p>	<p>Over 50% of staff are from the Protestant community.</p>
Political Opinion	<p>There is nothing to indicate that the Hand Hygiene Policy would impact differentially or</p>	<p>There is nothing to indicate that the Hand Hygiene Policy would have a differential impact on</p>

	negatively on the basis of a service user's political opinion.	members of staff on the basis of political opinion.
Marital Status	Almost half of the population are married. There is nothing to indicate that the policy would impact differentially or negatively on the basis of a service user's marital status.	Over half of Trust staff are married or in a Civil Partnership.
Dependent Status	Over a third of households have caring responsibility for dependent children.	34.4% of staff have stated that they have dependants.
Disability	<p>Approximately 20% of the population has a disability. Over 50% of households have one or more persons with a limiting long-term illness. People with disabilities will often be more frequent users of the services provided by NIAS.</p> <p>NIAS has processes in place to best meet the needs of people with disabilities by making information available in alternative formats or using different communication methods – including interpreting services and alternate formats for documents.</p>	2.5% of staff have confirmed that they have a disability. The Trust acknowledges that disability may be underreported.
Ethnicity	1.8% of the population is from an ethnic minority background. People from minority backgrounds may have specific cultural of healthcare needs.	Just under 1% of the Trust's staff have said they are from a BAME background.
Sexual Orientation	No statistics available for sexual orientation. Estimates that between 2% and 10% of the population could be LGBT. There is nothing to indicate that the policy would impact differentially or negatively on	A high proportion of staff (35.3%) have not declared their sexual orientation. There is nothing to indicate that the process would impact differentially or negatively on

	the basis of a service user's sexual orientation.	the basis of a member of staff's sexual orientation.
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(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

The draft policy was shared with key stakeholders, including Directors, Area Managers, Station Officers, Station Supervisors, and Trade Union colleagues for comment. Comments received were considered and included.

(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	None	None
Age	Older people tend to use emergency ambulance services more, and would be expected to benefit from the protection offered by a consistent Hand Hygiene Policy for Trust staff.	None	None
Religion	None	None	None

Political Opinion	None	None	None
Marital Status	None	None	None
Dependent Status	None	None	None
Disability	People with disabilities tend to use emergency ambulance services more, and would be expected to benefit from the protection offered by a consistent Hand Hygiene Policy for Trust staff.	None	None
Ethnicity	None	None	None
Sexual Orientation	None	None	None

<i>(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?</i>	
<i>Section 75 category</i>	<i>Please provide details</i>
Gender	None
Age	None
Religion	None
Political Opinion	None
Marital Status	None
Dependent Status	None
Disability	None

Ethnicity	None
Sexual Orientation	None

(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	None
Political opinion	None	None
Racial group	None	None

(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
Political opinion	None
Racial group	None

(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?

Not applicable.

(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.

The Trust is committed to the principle that everyone has the fundamental right to the highest attainable standard of health. In addition to the Human Rights Act 1998, the Trust remains committed to its obligations under UN Convention on the Rights of People with Disabilities, UN Convention of the Rights of Children, and the Convention on Elimination of All Forms of Discrimination Against Women and the International Covenant on Economic, Social and Cultural Rights.

(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.

The Trust is committed to the discharge of its section 75 duties in all parts of the organisation. The aim is to provide a consistent Hand Hygiene Policy for the Trust. It has been designed to be fair and equitable, whilst safeguarding the health and wellbeing of patients, carers, members of the public, and staff. Screening indicates that the policy is unlikely to have an adverse impact on equality and human rights.

(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?

The Trust remains committed to delivering safe, effective and compassionate services and recognises the importance and need to effectively monitor any anticipated or actual equality impacts of policies and to give due regard to the need to promote equality of opportunity. Robust monitoring arrangements are key in overseeing and reviewing the policy. It will be kept under review and, where

necessary and feasible, mitigation will be introduced to lessen any unanticipated adverse impact.

The IPC Team will monitor the implementation of the policy through independent Hand Hygiene audits.

Approved Lead Officer:

Position:

IPC Lead

Date:

June 2025

Policy/proposal screened by:
