Section A: Assessment

Name of Policy: Infection Control Procedure for Needle Stick and Similar Sharps Injuries

Person/persons conducting this assessment with Contact Details

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Date: 15/10/15

1. The Policy

Is this a new or existing policy?
Update to the existing procedure

What is the purpose of the policy?
To provide a structure and appropriate advice to all UHB staff regarding appropriate procedures for the prevention and management of needle stick and similar sharps injuries at all UHB locations.

How do the aims of the policy fit in with corporate priorities? i.e. Corporate Plan
Cardiff And Vale UHB accepts its responsibility under the Health and Safety at Work Act etc. 1974 and the Control of Substances Hazardous to Health Regulations 2002, to take all reasonable precautions to prevent exposure to hepatitis in patients, staff and other persons working at or using its premises.
To provide a structure and appropriate advice to staff for the management needlestick and other similar injuries

**Who will benefit from the policy?**

Due to the risks of blood borne diseases caused by hepatitis B Virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and other agents, all health care workers (HCWs) must take precautions to protect themselves from contact with blood and other high-risk fluids and especially to avoid needlestick and other similar injuries.

**What outcomes are wanted from this policy?**

To outline who is responsible for managing the exposed member of staff and the procedure to be followed for their management.

To outline who is responsible for making a risk assessment of the source patient for blood borne viruses and approaching the source patient for permission to test for BBVs.

**Scope**

This procedure applies to all staff in all locations including those with honorary contracts and students on placement at Cardiff and Vale UHB.

**Are there any factors that might prevent outcomes being achieved? (e.g. Training/practice/culture/human or financial resources)**

Implementation of the objectives is dependent on staff awareness of the procedure therefore the level of staff training and education will influence the successful implementation of the procedure. There will no additional cost implication due to the revision of this procedure. No human resources issues have been identified.
2. Data Collection

An internet search was conducted on 15.10.15 using the following search terms in combination “needlestick, sharps”, “policy”, “procedure” and “equality impact”. The search revealed several equality impact assessments. Examples can be found by following the links below:


http://www.hampshirehospitals.nhs.uk/media/234021/preventionandmanagementofneedlestickinjuriespolicyhh_1_ic58913.pdf

https://www.google.co.uk/url?url=https://www.nuh.nhs.uk/handlers/downloads.ashx%3Fid%3D26901&rct=j&frm=1&q=&esrc=s&sa=U&ved=0CDgQFjADOApqFQoTClelkOLcxMqCFQTQgAod4bACPQ&usg=AFQjCNHN4NBH3x8VIKm-dFkJgWgdqwMLEw


3. Impact

The internet search found several comparable policies all finding no impact.

**Do you think that the policy impacts on people because of their age?** (This includes children and young people up to 18 and older people)

There was no direct evidence found from the above evidence search that the procedure will have an impact in relation to age. UHB staff of all age groups will benefit from adherence to the procedure in that it will provide a structure and provide appropriate advice.
to all UHB staff regarding appropriate procedures for the prevention and management of needle stick and similar sharps injuries at all UHB locations.

Do you think that the policy impacts on people because of their caring responsibilities?

There was no direct evidence found from the above evidence search that the procedure will have an impact in relation to peoples caring responsibilities.

Do you think that the policy impacts on people because of their disability? (This includes Visual impairment, hearing impairment, physically disabled, Learning disability, some mental health issues, HIV positive, multiple sclerosis, cancer, diabetes and epilepsy.)

There was no direct evidence found from the above evidence search that the procedure will have an impact in relation to peoples disability

Do you think that the policy impacts on people because of Gender reassignment? (This includes Trans transgender and transvestites)

There was no direct evidence found from the above evidence search that the procedure will have an impact because of peoples gender reassignment.

Do you think that the policy impacts on people because of their being married or in a civil partnership?

There was no direct evidence found from the above evidence search that the procedure will have an impact because of peoples marital status or relationships.

Do you think that the policy impacts on people because of their being pregnant or just having had a baby?

There was no direct evidence found from the above evidence search that the procedure will have an impact because of people being pregnant or just having a baby
Do you think that the policy impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)

There was no direct evidence found from the above evidence search that the procedure will have an impact in relation to peoples race.

Do you think that the policy impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts)

There was no direct evidence found from the above evidence search that the procedure will have an impact in relation to peoples religious or non-belief.

Do you think that the policy impacts on men and woman in different ways?

There was no direct evidence found from the above evidence search that the procedure will have an impact in relation to peoples gender.

Do you think that the policy impacts on people because of their sexual orientation? (This includes Gay men, heterosexuals, lesbians and bisexuals)

There was no direct evidence found from the above evidence search that the procedure will have an impact in relation to peoples sexual orientation.

Do you think that the policy impacts on people because of their Welsh language?

The procedure for implementation by clinical staff is in English and therefore has a low impact on the welsh language.

4. Summary.

Which equality groups have positive or negative impacts been identified for (i.e. differential impact).
No negative impacts specific to any equality group have been identified.

Is the policy directly or indirectly discriminatory under the equalities legislation?

The evidence reviewed did not highlight any issues that suggested that the policy would lead to direct or indirect discrimination.

If the policy is indirectly discriminatory can it be justified under the relevant legislation?

Not applicable
Section B: Action

5. Please complete your action plan below. Issues you are likely to need to address include:
   • What consultation needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities?)

   No further consultation required

   • What monitoring/evaluation will be required to further assess the impact of any changes on equality target groups?

   No further monitoring required

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<tr>
<th>Equalities Impact Assessment Implementation Mitigation/Action Plan</th>
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<tr>
<td><strong>Issue to be addressed</strong></td>
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<td>Nil</td>
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6. Report, publication and Review

Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)

The Infection Prevention & Control Group is responsible for the approval of the procedure and EQIA at their scheduled meeting.

Please record details of where and when EQIA results will be published

On approval of the procedure the documentation will be placed on the intranet and internet

Please record below when the EQIA will be subject to review.

Name of person completing Vince Saunders CNS IP&C

Signed

Date: 15/10/15

Name of Responsible Executive/Clinical Board Director Authorising Assessment and Action Plan for publication

Ruth Walker, Director of Nursing

Signed: ____________________________________________

Date: ____________________________________________
Appendix 4

Executive Summary

The searches and consultation outlined in this document have demonstrated that the INFECTION CONTROL PROCEDURE FOR NEEDLESTICK AND SIMILAR SHARPS INJURIES (2015) does not impact negatively on any specific equality group.

Background

Due to the risks of blood borne diseases caused by hepatitis B Virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), and other agents, all health care workers (HCWs) must take precautions to protect themselves from contact with blood and other high-risk fluids and especially to avoid needlestick and other similar injuries.

The purpose of the procedure is to provide a structure and appropriate advice to all UHB staff regarding appropriate procedures for the prevention and management of needlestick and similar sharps injuries at all UHB locations.

The scope of the EQIA

The internet search found several comparable procedures all finding no negative impact on any specific equality groups.

Key findings

The assessment found no evidence of any negative impact on any of the specific equality groups. On the contrary, UHB staff will benefit from adherence to the procedure in that it will provide a structure and provide appropriate advice to all UHB staff regarding appropriate procedures for the prevention and management of needle stick and similar sharps injuries at all UHB locations.

Recommendations

The assessment found no evidence of any negative impact on any of the specific equality groups. As such, there are no changes required to the proposed procedure on the grounds of impact on the specific equality groups.