

Equality, Good Relations and Human Rights SCREENING TEMPLATE

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

- All policies / proposals require an equality screening
- Policy / Proposal authors / decision makers are responsible for Equality Screenings

Section 1: Information about the Policy / Proposal							
(1.1) Name of the policy/proposal	Guidance on the Perioperative Administration of Medications for Adult Patients Undergoing Surgery						
(1.2) Status of policy/proposal <i>(please underline)</i>	New		Existing		Revised		
(1.3) Department/Service Group: <i>(please underline)</i>	Corporate Services Group <i>(Please specify)</i>	Nursing and User Experience	Un-scheduled and Acute Care	<u>Surgery & Specialist Services</u>	Specialist Hospitals & Women's Health	Children's Community Services	Adult Social & Primary Care
(1.4) Description of the policy/ proposal? State the aims and objectives/key elements of the policy/proposal. Detail the changes the policy/proposal will introduce. How will the policy/proposal be communicated to staff /service users? Describe how the policy/proposal will be rolled out/put into practice e.g. will there be changes in working patterns / changes to how services will be delivered etc.	<p>This guideline is for healthcare professionals involved in managing patients' medicines in the peri-operative period. Its purpose is to promote a standardised and consistent approach to practice across BHSC for adult patients requiring surgery based on the best available evidence and expert opinion. The overall aim is to ensure patients administer only the appropriate medication prior to admission and on day of surgery for elective procedures, as well as equipping staff to manage medications safely in the perioperative period for patients undergoing unplanned or emergency surgery.</p> <p>The BHSC Perioperative Prescription Guide (in appendix 1 of the policy) has been designed as a quick reference guide for staff who are undertaking medicines reconciliation and prescribing for patients in the perioperative period. This Perioperative Prescription Guide provides guidance on which commonly encountered medications, in relation to which should be routinely administered throughout the perioperative period, which should be routinely withheld prior to surgery, and those where advice should be sought from the senior team and/or the UKCPA Handbook of Perioperative Medicines. The Perioperative Prescription Guide also includes a QR code link to the UKCPA Handbook of Perioperative Medicines for further guidance in emergency cases or medicines not listed.</p>						

<p>(1.5) Who owns the policy/proposal? Where does it originate? For example: DoH / HSCB</p>	<p>Dr Simon Marcus, Consultant Anaesthetist & Specialty Lead for Pre-operative Assessment, Royal Victoria Hospital, BHSCT Anthony McCourt, Lead Pharmacist for Cardiac Surgery, BHSCT Anaesthetic Consultant Leads for Pre-operative Assessment, BHSCT</p>
<p>(1.6) Who are the main stakeholders affected (Internal and External)? For example: actual or potential service users, carers, staff, other public sector organisations, trade unions, professional bodies, independent, voluntary or community sector or others.</p>	<p>Staff responsible for managing a patient's medication pre- and post-procedure and/or surgery, and service managers responsible for services that involve procedures and/or surgery.</p> <p>Patients and their carers by virtue of improving perioperative medication guidance and administration.</p>
<p>(1.7) Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders when screening this policy/proposal.</p>	<p>Following groups were consulted as part of the policy revision:</p> <ul style="list-style-type: none"> • Clinical Pharmacists BHSCT (Anticoagulation, Cardiology, Endocrine (Diabetes), Mental Health, Renal, Rheumatology and Surgery) • Regional Medicines and Poisons Information Service • Chair of division for BHSCT Anaesthesia, Theatres & Intensive Care • Anaesthetic leads for Pre-Operative Assessment, BHSCT • Chair of division for BHSCT Surgery
<p>(1.8) Other policies/strategies with a bearing on this policy/proposal For example: internal or regional policies</p>	<p>BHSCT Bridging anticoagulation of patients on warfarin & who are to undergo elective procedures SG 51/11 BHSCT Clozapine Regional Policy BHSCT/PtCtCare (22) 2021 BHSCT Emergency reversal of anticoagulants BHSCT/SSS/CSM (06)2022 BHSCT Epidural analgesia for adult patients SG 19/08 BHSCT Guidelines for the use of insulin pumps in patients aged over 16 years undergoing investigations or procedures BHSCT Lithium policy SG 38/14 BHSCT Management of Clozapine(avoidance of toxicity) in People Who Stop Smoking BHSCT/ASPC/MH (14) BHSCT Management of diabetes (over 16 year old) in perioperative period SG 06/14</p>

	<p>BHSCT Management of patients admitted to hospital who are on oral substitution therapy (Methadone, Subutex, Suboxone, Espranor) or subcutaneous substitution therapy (Buvidal) BHSCT/ASPC/MH (7)-2022</p> <p>BHSCT Medicines Reconciliation Policy BHSCT/SSS/Pharm (06) (2022)</p> <p>BHSCT Nursing adult perioperative checklist care pathway</p> <p>BHSCT Peri procedural/ preoperative management of oral anticoagulants (excluding vitamin K antagonists) policy SG 14/15</p> <p>BHSCT Pre-operative Assessment Investigation Guideline for Adult Elective Patients SG 04/11</p> <p>BHSCT Safe Warfarin Management Guidelines SG38/12</p> <p>BHSCT Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism SG 09/20</p> <p>Critical medicines where timeliness of administration is crucial (March 2019)</p> <p>Patient controlled analgesia in adult patients - Management of.pdf (belfasttrust.local)</p> <p>Peripheral Nerve and Intermittent Local Anaesthetic (LA) infusion for - All Policies (sharepoint.com)</p>
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(1.9) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal?
 For example: Financial, legislative

No

Section 2: Classification of the Policy / Proposal

- The purpose of this Section is to consider the policy/proposal in terms of its **relevance** and likely **impact (actual/potential)** on **equality of opportunity, disability duties, good relations and human rights**.
- To **determine the impact (actual and potential)** of a policy/procedure on **equality of opportunity, disability duties, good relations and human rights** please **complete the screening questions at 2.1 – 2.6**.

Screening Questions	Yes	No
(2.1) Is there an impact on Equality of Opportunity for those affected by this policy, for each of the S75* equality categories?		X
(2.2) Are there better opportunities to promote equality of opportunity for people within the S75 categories?		X
(2.3) Does the policy impact upon Good Relations between people of a different religious belief, political opinion or racial group?		X
(2.4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?		X
(2.5) Are there opportunities to encourage Disabled People to participate in public life and promote positive attitudes toward disabled people? (Disability Duties)		X
(2.6) Does the policy/proposal impact on Human Rights ?		X
*S75 equality categories include : Age, Dependent Status, Disability, Gender, Marital Status Ethnicity, Religion, Political Opinion and Sexual Orientation.		

Screening Statement

- If you have answered **Yes** to **any** of the above questions complete **Sections 3 - 9. OR**
- If you have answered **No** to **all** of the above questions the policy may be **screened out** - go to **Screening Statement at 2.7.**

N.B: All Staff must complete their **mandatory equality, good relations and human rights training** once every five years. This can be booked via HRPTS or completed online at www.hsclearning.com. The online programme is called 'Making a Difference'. Belfast Trust Staff can also access a suite of equality and diversity training including: disability awareness, human rights and embracing diversity in HSC – please contact Lesley.Jamieson@belfasttrust.hscni.net for more information.


(2.7) **Screening Statement :**

This policy / proposal is '**screened out**' on the basis that: (please tick)

- It is a purely clinical or technical nature and has **no relevance** or **impact (actual / potential)** in terms of **equality of opportunity, disability duties, good relations and human rights.**
- It aims to standardise practice and / or achieve best practice based on current evidence.
- Reasonable adjustments** will be made for patients/service users as required including any information e.g. leaflets / letters in accessible/alternative formats

NB: Accessible/ Alternative formats can include, for example, information in easy to read formats or audio formats when the patient/service user has a learning disability or is visually impaired. For advice on making information accessible and inclusive for disabled patients/service users, click [Making Communication Accessible guidance.](#) . In addition, if a patient/service user does not speak English as his/her first language, an interpreter / sign language interpreter should be provided and written information should be translated as appropriate.

Any other reasons: Please detail.

Approved Lead Officer: Position: Date:	 Specialty Lead for Pre-operative Assessment & Anaesthetic Simulation, RVH 11.07.2023	Countersigned by*: Equality Manager: Date:	Peter Kane 11/07/2023
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Please sign / date and forward to the Equality and Planning Team for consideration - Lesley.Jamieson@belfasttrust.hscni.net.

***Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance provided by the Trust's Equality Managers.**