

****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	Self or Carer administration of IV antimicrobials policy (Outpatient Parenteral Antimicrobial Therapy referred to as S-OPAT)						
(1.2) Status of policy/proposal <i>(please underline)</i>	<u>New</u>		Existing		Revised		
(1.3) Department/Service Group: <i>(please underline)</i>	Corporate Services Group <i>(Please specify)</i>	<u>Nursing and User Experience</u>	Un-scheduled and Acute Care	Surgery & Specialist Services	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>The purpose of this guideline is to provide consistent Trust-wide guidance for the selection, training and competency assessment of patients onto the carer or self-administration of IV antimicrobials OPAT program (S-OPAT).</p> <p>The policy sets out the specific skills a patient must meet before they can be considered for self-administration. It seeks to facilitate the development of carer or self-administration of IV antimicrobial services within the Trust as part of OPAT services.</p> <p>The policy was also developed to set out a standardised approach to training and competency assessment to support patients or their carers to administer IV antimicrobials in their own home facilitating early discharge or admission avoidance maintaining independence and promoting good health. It is not envisaged that there will be a change to working patterns and service delivery will remain the same with the additional option for S-OPAT</p> <p>S-OPAT will be used by BHSCT to improve patient experience, promote independence and involve patients in their care. In addition, cost savings and enhanced capacity will be realised</p>						

as staff/beds will not be used for the administration of IV antimicrobials.

The policy should be read in conjunction with the Outpatient Parenteral Antimicrobial Therapy (OPAT), the BHSCT Medicines Code, Community Medicines Code, BHSCT Injectable Medicines Code and the BHSCT Policy for the Identification of Invasive Medical Devices and the Insertion and management of peripheral intravenous cannula.

Effective patient and carer involvement is one of the drivers to a successful Outpatient Parenteral Antibiotic Treatment (OPAT) service. Self-administration is one of three options for the delivery of OPAT. Teaching suitable patients or carers to self-administer intravenous antibiotics is common practice in many OPAT services

Roles and Responsibilities are specified in the policy for a range of staff including:

- Discharging ward manager/sister
- Consultant Clinician /Named lead
- Consultant Microbiologist or Infectious Diseases (ID)
- Clinical Nurse Specialists (CNS)
- OPAT/designated Pharmacist

Clinical nurse specialists are responsible for obtaining consent, providing education, training and assessing competency in relation to the patient's /carer's ability to administration of IV antibiotics. They provide a trouble shooting advice service and review patients weekly to ensure they remain competent and confident with their role in care management.

A patient or carer will only be deemed competent once they have completed the patient agreement and the self-administration competency tool has been signed off.

The patient's hospital consultant clinician, the nurse assessing the patient, and the patient/carer must all agree that the patient is suitable to self-administer their IV medication and take clinical responsibility. The patient's GP is also informed in the discharge letter.

A patient/carer may withdraw from the self-administration training process at any time or the S-OPAT nurse may terminate training if there is evidence of an inability of the patient/ carer to confidently manage IV administration without assistance.

An individual risk assessment will be undertaken to assess a patient's /their carer's suitability for IV administration. The policy specifies that a patient / their carer will be excluded from the self-administering of an IV antibiotic in the following circumstances.

- Patient does not consent to self-administration or carer administration.
- Patient/carer unable to read or write.
- Patient/carer unable to speak English and does not have access to a suitable translation service (in the event of an emergency or an issue arises requiring the OPAT team to be contacted immediately).
- Patient is unable to attend the hospital for a review.
- Patient lives alone or has no support for first 72 hours of S-OPAT
- Patient/carer unable to comply with training.
- Previous (within 12 months) or current history of substance abuse (including alcohol).
- More than two intravenous medications are required.
- Patient has no running water, working fridge or telephone at home.
- No suitable IV access device. (a peripheral venous cannula is not suitable for self-administration)
- Medically unfit or unstable from other co-morbidity point of view or treatment goal is not curative.
- Cerebral or CNS infections where cognitive decline can occur.
- Patient has reduced dexterity prohibiting their ability to manipulate the IV lines and attach the IV antimicrobial therapy.*
- Clinical frailty scale score greater than 4.**

** Frailty score greater than 4 does not exclude patients but they must have a risk assessment for competency and may be appropriate to use service.

Patients/carers are required to demonstrate competency in five specific skills

- 1 Hand hygiene, the principle of ANTT and infection control,
- 2 Drug reconstitution and administration
- 3 IV access management and maintenance

	<p>4 Safe storage of drugs and equipment</p> <p>5 Disposal of sharps</p> <p>Reasonable adjustments will be made in the delivery of training/assessment of risk to ensure that any disabled patient/carer is not prevented from being considered for this option of treatment delivery. For example if a sign language interpreter is required it will be provided and if a carer can be used he/she will be. In addition, if a patient or their carer's first language is not English an interpreter will be provided and written guidance translated so that the process is inclusive. Key to the process is health literacy and so it is acknowledged that communication must be delivered in a format that the person understands to ensure equity of access to this option of OPAT delivery.</p>
<p>(1.5) Who owns the policy/proposal? Where does it originate? For example: DoH / HSCB</p>	<p>Director of Nursing and User experience : 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>The policy applies to the treatment of all patients in BHSCT considered suitable for the administration of intravenous antimicrobials in an outpatient or domiciliary setting for greater than two consecutive days. All BSHCT staff involved in the treatment of patients receiving outpatient parenteral antimicrobial therapy will be responsible for adherence to this policy.</p> <p>Key stakeholders therefore include staff, current and future patients and their carers/families.</p> <p>In addition, as funding bodies HSCB and PHA are also stakeholders.</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>The policy was shared with professional bodies and groups who will be providing or involved in OPAT services. These include: OPAT working group, CNIR team, Adult and Children's Infectious diseases, Pharmacy governance, ACAH, Infection prevention and control, Cystic fibrosis and bronchiectasis services.</p>
<p>(1.8) Other policies/strategies with a bearing on this policy/proposal</p>	<p>BHSCT Injectable Medicines Code (2017) SG 71/16 BHSCT Policy for the identification of invasive medical devices* and the labelling of their</p>

For example: internal or regional policies	attached access/delivery lines and drainage tubes. * (to include labelling of some invasive medical devices) (2017) SG 10/15 BHSCT Central Venous Access Device Guidelines for Adults (excluding non-tunnelled catheters) (2017) SG 40/08 BHSCT Intravenous Flushing Lines Policy (2017) SG 29/12 BHSCT Aseptic Non-Touch Technique (ANTT) policy (2016) SG 01/14
(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?		No
(2.2) Are there better opportunities to promote equality of opportunity for people within the S75 categories?		No
(2.3) Does the policy impact upon Good Relations between people of a different religious belief, political opinion or racial group?		No
(2.4) Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?		No
(2.5) Are there opportunities to encourage Disabled People to participate in public life and promote positive attitudes toward disabled people? (Disability Duties)		No
(2.6) Does the policy/proposal impact on Human Rights ?		No
*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.**
- X It aims to standardise practice and / or achieve best practice based on current evidence.
- X **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.

Reasonable adjustments will be made in the delivery of training/assessment of risk to ensure that any disabled patient/carer is not prevented from being considered for this option of treatment delivery. For example if a sign language interpreter is required it will be provided and if a carer can be used he/she will be. In addition, if a patient or their carer’s first language is not English an interpreter will be provided and written guidance translated so that the process is inclusive. Key to the process is health literacy and so it is acknowledged that communication must be delivered in a format that the person understands to ensure equity of access to this option of OPAT delivery.

Approved Lead Officer: Position: Date:	Paul Rafferty Lead Pharmacist OPAT&AMS 18/1/21	<i>Countersigned by*</i> : Equality Manager: Date:	Estella Dorrian 18/1/21
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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.**

Section 3: Consideration of Equality and Good Relations Issues and Evidence Used

This section records the quantitative and qualitative data you have used to consider equality and good relations issues including:

- The assessment of impact on staff and service users
- The identification of mitigation factors to reduce/remove any adverse impact
- Opportunities to better promote equality of opportunity

Evidence to help inform the screening process may be quantitative and qualitative. For example: previous consultations and equality impact assessments (eqias), statistics, research, complaints, feedback, referrals, grievances, inspection reports, focus groups, user groups etc.

(3.1) Quantitative and Qualitative Data: Service Users

SERVICE USERS				
Equality Category	Service Users	Quantitative Data (2011 Census Data unless otherwise stated)		Qualitative Data (Needs, Experiences, Priorities)
		Belfast / Castlereagh population	Service users affected %	
1. Age	0-15	22%		
	16-24	11%		
	25-34	12%		
	35-44	14%		
	45-54	14%		
	55-64	12%		

2. Dependent Status	65+	15%		
	Caring for a child dependant older person/ person with a disability	12% of usually resident population provide unpaid care - 36% of whom are male and 64% are female		
3. Disability	Yes No	21% 79%		
4. Gender	Female Male	49% 51%		
5. Marital Status	Married/Civil P'ship Single Other/Not known	34.21% 46.6% 19.19%		
6. Race Ethnicity	White Black/Minority Ethnic	98% 2%		

7. Religion	Roman Catholic	41%		
	Presbyterian Church of Ireland Methodist Other Christian	42%		
	Buddhist Hindu Jewish Muslim Sikh Other None	17%		
8. Political Opinion Based on Council seats on Belfast City Council, October 2017. Excludes Castlereagh	DUP SF SDLP UUP APNI Green PBP IND PUP	13 19 4 6 8 1 1 5 3		
		<i>Based on Council seats on Belfast City Council * Excludes Castlereagh</i>		

9. Sexual Orientation	Opposite sex Same sex Same and Opposite sex Do not wish to answer /Not known	Estimated 6-10% of persons identify as lesbian, gay, bisexual <i>Source: 2012 report by Disability Action & Rainbow Project</i>		
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(3.3) Quantitative and Qualitative Data: Staff

This information will be provided together with analysis and advice by the Employment Equality Team in the Human Resources department.

Quantitative Data: For staff data please contact Martin McGrath on 028 95 048353 / martin.mcgrath@belfasttrust.hscni.net

Qualitative Data: Consideration will be given to the different needs, experiences and priorities of each of the categories in relation to the policy / proposal.

Should any equality / modernisation related issues arise they will be managed through the Organisational Change Framework. [Click here for Framework](#)

When organisational / policy change is necessary, regardless of whether it is a permanent or temporary change, the Trust is committed to treating staff fairly and equitably. Staff can be assured that the change process will be managed. This includes consultation with staff and the opportunity for staff to discuss in one to one meetings, any adverse equality impacts resulting in changes to their employment.

This framework also works alongside other Human Resources policies including for example the Disability and Reasonable Adjustment Framework, the Work Life Balance Policy and Procedure, the Recruitment and Selection Policy and Procedure and Agenda for Change Terms and Conditions Handbook.

Equality Category	Groups	Quantitative Data		Qualitative Data
		Belfast Trust workforce (@January 2019)	Staff affected by the Policy/Proposal %	
1. Age	16-24 25-34 35-44 45-54 55-64 65+	4% 24% 25% 26% 18% 3%		
2. Dependant Status	Dependants No Dependents Not known	20% 16% 64%		
3. Disability	Yes No Not known	2% 63% 35%		
4. Gender	Female Male	77% 23%		
5. Marital Status	Married/ Civil P'ship Single Other/ Not known	52% 32% 16%		

<p>6. Race</p> <p>a) Ethnicity</p>	<p>BME White Not Known</p>	<p>4% 72% 25%</p>		
<p>b) Nationality</p>	<p>GB Irish Northern Irish Other Not known</p>	<p>18% 11% 2% 1% 68%</p>		
<p>7. Religion</p> <p>a) Community Background</p>	<p>Protestant Roman Catholic Neither</p>	<p>40% 49% 11%</p>		
<p>b) Religious Belief</p>	<p>Christian Other No religious belief Not known</p>	<p>28% 1% 9% 62%</p>		

8. Political Opinion <i>* 2011 Assembly election</i>	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown Not known	6% 7% 8% 79%		
9. Sexual Orientation	Opposite sex Same sex or both sexes Do not wish to answer	41% 2% 57%		

Section 4: Consideration of Impacts, Mitigation, Alternative Policies / Proposals

Given the **evidence** gathered in Section 3 please identify for each of the **nine equality categories** the level of **impact, mitigation measures** and **alternative policies / proposals** that better **promote equality of opportunity**.

(4.1) SERVICE USERS

Equality Category	Level of Impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
	Major	Minor	None	
Age				
Dependant Status				
Disability				
Gender				

Marital Status				
Race (Ethnicity)				
Religion				
Political Opinion				
Sexual Orientation				
Multiple Identity e.g. <i>disabled minority ethnic people or young Protestant men.</i>				
(4.2) STAFF				
Equality Category	Level of Impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
	Major	Minor	None	
Age				
Dependant Status				
Disability				
Gender				
Marital Status				
Race	Ethnicity			

	Nationality				
Religion	Community Background				
	Religious Belief				
Political Opinion					
Sexual Orientation					
Multiple Identity e.g. female staff with caring responsibilities					

Section 5: Good Relations

Based on the **evidence** collected in Section 3 & 4:

- To what extent is the policy/proposal likely to **impact Good Relations** i.e. between people of different religious belief, political opinion or racial group?
- Are there any **additional measures** that could be suggested to ensure the policy or proposal **promotes Good Relations**?

Good Relations category	Level of impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact (where Major or Minor Impact identified)
	Major	Minor	None	
Religious belief				

Political opinion				
Racial group				

Section 6: Disability Duties	
<p>How does the policy / proposal:</p> <ul style="list-style-type: none"> • encourage disabled people to participate in public life <i>and</i> • promote positive attitudes towards disabled people? <p>Consider what other measures you could take to meet these duties.</p> <p><i>For example, have staff received disability equality training.</i></p>	

Section 7: Human Rights

Belfast Health and Social Care Trust is committed to providing the **highest attainable standard of health** within our resources.

Does the policy/proposal affect human rights in a positive or negative way?

Article	Positive impact	Negative impact (Human Right has been interfered with or restricted)	Neutral impact
A2: Right to life			
A3: Right to freedom from torture, inhuman or degrading treatment or punishment			
A4: Right to freedom from slavery, servitude & forced or compulsory labour			
A5: Right to liberty & security of person			
A6: Right to a fair & public trial within a reasonable time			
A7: Right to freedom from retrospective criminal law & no punishment without law			
A8: Right to respect for private & family life, home and correspondence.			
A9: Right to freedom of thought, conscience & religion			
A10: Right to freedom of expression			
A11: Right to freedom of assembly & association			
A12: Right to marry & found a family			
A14: Prohibition of discrimination in the enjoyment of the convention rights			
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			
1st protocol Article 2 – Right of access to education			
Please outline: any actions you will take to promote awareness of human rights and <ul style="list-style-type: none"> evidence that human rights have been taken into consideration in decision making processes. 			

Section 8: Screening Decision (8.1) How would you categorise the impacts of this policy / proposal? (Please underline one category)	Major (Screened In for an Equality Impact Assessment)	Minor (Screened Out with mitigation)	None (Screened Out)
(8.2) If you have identified any impact, what mitigation have you considered to address this?			
(8.3) Do you consider the policy/proposal needs to be subjected to on-going screening ?	Yes	No	Reasons
(8.4) Do you think the policy/proposal should be subject to an Equality Impact Assessment (EQIA) ? NB: A full Equality Impact Assessment (EQIA) is usually confined to those policies or proposals considered to have <u>major</u> implications for equality of opportunity/good relations/human rights.	Yes	No	Reasons
Section 9: Monitoring (9.1) Please detail how you will monitor the effect of the policy/proposal for impact in terms of equality of opportunity, good relations, disability duties and human rights ?			

Please sign /date and forward to the Equality and Planning Team for consideration - Lesley.Jamieson@belfasttrust.hscni.net.

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Approved Lead Officer		Countersigned by:	
Position		Equality Manager	
Date		Employment Equality Manager	

