University Hospitals of Morecambe Bay
NHS Foundation Trust

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Validated By: Infection Prevention Control Committee (IPCC)	**Date:** 25/01/2018
Ratified By: Procedural Document and Information Leaflet Group	**Date:** 14/02/2018
Review dates may alter if any significant changes are made	**Review Date:** 01/02/2021

Which Principles of the NHS Constitution Apply? **Please list from principles 1-7 which apply** 1-7 Principles	**Which Staff Pledges of the NHS Constitution Apply?** **Please list from staff pledges 1-7 which apply** 1-7 Staff Pledges

Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? **Yes**

Document for Public Display: Yes

Reference Check Completed by Joanne Phizacklea, 22.1.18

To be completed by Library and Knowledge Services Staff

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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations 'at a glance'

1. SUMMARY

The Government considers it unacceptable for a patient to acquire an MRSA bloodstream infection (MRSA BSI) while receiving care in a healthcare setting. It has set healthcare providers the challenge of demonstrating zero tolerance of MRSA BSI through a combination of good hygienic practice, appropriate use of antibiotics, improved techniques in the care and use of medical devices as well as adherence to best practice guidance.

The zero tolerance approach to MRSA has been re-iterated in Everyone Counts: Planning for Patients 2014/15 to 2018/19[1]

2. PURPOSE

Good infection prevention and cleanliness are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone. (DoH 2008)[2]

Good management and organisational processes are crucial to make sure that high standards of infection prevention and cleanliness are maintained. (DoH 2008)[2]

The Health and Social Care Act 2008[2] Code of Practice on the Prevention and Control of Infections stipulates the requirement for an MRSA policy to be in place to help prevent and control infection.

3. SCOPE

3.1 This procedure is intended to guide practice of all members of staff within University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB).

The purpose of the procedure is to identify and manage patients affected with Methicillin Resistant Staphylococcus aureus (MRSA) in order to prevent and control the spread of MRSA and to promote effective evidence based patient care.

3.2 This procedure should be used in conjunction with the following UHMB policies, procedures and clinical guidelines:

- MRSA Procedure
- Hand Hygiene
- Isolation
- Decontamination
- Personal protective equipment (PPE)
- Waste
- Antibiotic prescribing
- Occupational Health

3.3 Responsibilities

- All staff entering clinical areas are responsible for complying with this procedure and for reporting breaches of this to the person in charge and their line manager.
- Ward and department managers are responsible for ensuring implementation within their area and for ensuring all staff who work within their area adhere to the principles at all times.
- Consultant Medical Staff are responsible for ensuring their junior staff their junior staff read and understand this procedure and adhere to the principles at all times.
- Divisional Management Teams are responsible for monitoring implementation of this procedure and for ensuring action is taken when staff fail to comply with it.
- Clinical Site Managers are responsible for ensuring patients are placed in accordance with this procedure and for escalating any situations where safe placement cannot be achieved.
- On-call Managers and On-call Executives are responsible for providing senior and executive leadership to ensure implementation of this procedure and for ensuring infection risks are fully considered and documented when complex decisions need to be made regarding capacity and patient flow.
- The Infection Prevention & Control Team (IPCT) is responsible for providing expert advice in accordance with this procedure, for supporting staff in its implementation and assisting with risk assessment where complex decisions are required. They are also responsible for ensuring this procedure remains consistent with the evidence base for safe practice and for reviewing it at a regular basis.
- The Director of Infection Prevention and Control should provide assurance to the Trust Board on the level of compliance with the local policy on MRSA screening /decolonisation.
- The Trust Board- are required to support the control and reduction of MRSA by ensuring that the policy is appropriately reviewed and ratified by the clinical management team

NON-COMPLIANCE WITH THIS PROCEDURE MAY RESULT IN DISCIPLINARY ACTION

4 PROCEDURE

4.1 What is MRSA?

Staphylococcus aureus (S. aureus) is a common bacterium that is carried on the skin of approximately 30% of the population, usually in moist sites such as the nose, axilla and perineum, without causing any problems. It is capable of surviving for long periods on dry surfaces, including hands, equipment and in dust (Blake 2005). If the bacteria invades the skin or deeper tissues and multiplies an infection may develop.

Methicillin is an antibiotic that was commonly used to treat S. aureus until some strains of the bacteria developed resistance to it. These resistant bacteria are called Methicillin Resistant Staphylococcus aureus (MRSA).

MRSA is generally considered to be a problem of cross infection rather than one of repeated evolution of resistance. Spread of MRSA from one healthcare setting to another

has been aided where patients are moved at short notice and with inadequate communication and preparation. Effective control of MRSA is dependent on high standards of infection prevention and control.

The precautions used to control MRSA are essentially the same as those used to control other infections. Implementing these in a proactive manner will help prevent and control the spread of MRSA, as well as contain outbreaks. Adhering to standard infection prevention precautions and communicating effectively with all those involved, including patients and their relatives and between primary, secondary and independent care settings, will help to reduce anxiety and promote good practice

Many infection prevention interventions were introduced due to concerns about high levels of MRSA infection between 2001 and 2004. One of the interventions to reduce rates of MRSA infection was the mandatory MRSA screening in England, which was introduced for all elective and emergency admissions in 2009 and 2010 respectively. Annual MRSA BSI rates fell from 17.7 to 3.2 cases per 100,000 bed days from 2006 to 2012.

The mandatory screening guideline[3] was updated in 2014 to reflect the new data provided by National One Week MRSA Prevalence study (NOW) commissioned by the Department of Health (DH) in 2011.

This procedure is based on the updated 'Implementation of modified admission MRSA screening guidance for NHS' (2014)[3]. This guidance has moved towards a more focussed screening programme to promote a more efficient and effective method for identifying and managing high risk MRSA positive patients.

Early identification of MRSA and commencement of suppression therapy may prevent the patient from becoming infected. It will also protect other patients from the risk of colonisation or infection.

4.2 Routes of Spread

4.2.1 Direct Contact

- Hands provide the most common form of contact between people and their potential contamination with MRSA. It is essential that good standards of hand hygiene are maintained.
- Equipment that is contaminated may also act as a reservoir for MRSA. Any piece of equipment that comes in to contact with a patient should be cleaned in between each use, as per Trusts Decontamination procedure.
- Environmental contamination – Staphylococci survives well in the environment, on skin scales and in dust and can be transferred via hands.

4.2.2 Airborne

MRSA frequently colonises skin and can be dispersed into the environment and onto equipment when skin scales are shed (DH 2004)[4].

4.2.3 Colonisation and Infection

- Colonisation means that MRSA is present on or in the body without causing any clinical symptoms. Simple hygiene measures such as hand washing can reduce spread.

- Infection means that the MRSA is present on or in the body and is multiplying in the tissues causing clinical changes which will be indicated by two or more of the following; inflammation, pus, pyrexia, pain and swelling.

4.2.4 Different Types of Infections

- Wound Infection – MRSA is the commonest cause of wound infection. This shows as a red, inflamed wound with maybe yellow pus seeping from it. The wound may break open or fail to heal and an abscess may develop.
- Superficial ulcers – pressure ulcers, varicose and diabetic ulcers are often sites of MRSA infection.
- Deep abscesses – The patient will be very unwell and may have rigors (shivers) and low blood pressure (shock). This is usually linked with an associated septicaemia.
- Intravenous line infections – MRSA may infect the entry site of an intravenous line causing local inflammation with pus from which the MRSA can enter the blood stream to cause a bacteraemia (blood stream infection).
- MRSA blood stream infection (BSI) – MRSA can enter the normally sterile blood stream either from a local site of infection (wound, ulcer, and abscess) or via intravenous catheter. MRSA BSI (bacteraemia) describes the presence of MRSA in the blood. Typically symptoms can include high fever, raised white cell count, rigors, disturbance of blood clotting with a tendency to bleed and a failure of vital organs.

4.2.5 Patients at risk of MRSA infection

- Patients with an underlying illness.
- Patients who are immunocompromised.
- Patients who have invasive devices e.g. Urinary catheter, IV lines.
- Patients with wounds.
- Patients known to have been previously infected or colonised.
- Frequent healthcare facility users.
- Patients with recent travel abroad.
- Patients from residential care facilities.

The clinical care of any patient should not be compromised because of MRSA colonisation or infection, and no patient be denied any necessary diagnostic or therapeutic procedure.

The IPCT and Consultant Microbiologists can be contacted for further advice.

4.3 Screening

The admitting ward/ department are responsible for completing screening as specified in Appendix 1.

4.3.1 Admitting department/ward staff should

- Check the LORENZO system for admitted patients to identify if the patient has a previous history of MRSA
- It is the responsibility of the medical and nursing team admitting or providing care for the patient to access the results of the MRSA screen and to notify the patient of the result.

4.3.2 Staff screening

- MRSA does not generally affect healthy individuals and therefore routine staff screening should not be undertaken.
- In an outbreak situation, following consultation with the Consultant Microbiologist / IPCT, staff screening may be instituted. This will be managed by Occupational Health with support from the IPCT.

4.3.3 How to take an MRSA screening swab

Once the need for MRSA screening has been identified (See APPENDIX 1) Screens should be taken from:

- Nose (one swab both nares)
- Groin (one swab both groins)
- Axilla (one swab both sides)
- Skin lesions and/or wounds (one swab from each site clearly identifying site)
- Insertion sites (for devices in situ at time of screen e.g. IV, PEG, tracheostomy sites and urinary catheters).

4.3.4 Specimen container must be correctly labelled and include

- Patient's full name or code identifier
- Date of specimen collection
- Plus one of the following:
- NHS number or equivalent
- RTX hospital number
- Date of birth

4.3.5 Specimen request form must be correctly labelled

- The full name of the patient, (surname followed by forename) or code identifier for G.U.M. and Family Planning Clinic patients
- The hospital unit number (RTX Number), NHS number.
- Date of birth
- Sex of patient
- Ward or department
- Consultant's name
- Name of the requester
- Tests required (MRSA Screen)
- Date of specimen
- Relevant clinical information (any antibiotic history)

IMPORTANT – If an infection is suspected also include

- Reason for swab, clearly state 'Swab – Query Infection'
- Site of specimen (i.e. Wound right lower leg)
- Clinical detail including antibiotic history
- Include the patient's symptoms (e.g. Temp, swelling, pain, pus)

4.4 Isolation

MRSA positive patients should be nursed in an isolation room using contact precautions.

- Ensure patient is in an isolation room.
- When isolation rooms are at a premium, priority should be given to those with infected or extensively colonised wounds, exfoliating skin conditions (psoriasis, eczema) or chronic respiratory disease.
- If an isolation room is not immediately available an MRSA positive patient may, in exceptional circumstances, be nursed in a bay if a risk assessment has been undertaken in the patients' notes by nursing staff. The patient should be moved into an isolation room as soon as one is available. (refer to Priority for Single Occupancy Rooms document) This should be reviewed no less than at every shift change.

4.5 Antimicrobial prescribing

- Avoid unnecessary antibiotic prescribing to reduce selection pressure for resistant organisms including MRSA
- Reduce the use of broad spectrum antibiotics and Glycopeptides to reduce the emergence of multi-resistant organisms.
- Consider the risk of MRSA as a potential pathogen and prescribe appropriate therapy or surgical prophylaxis when indicated.
- Follow Trust Antimicrobial Guidelines

4.6 MRSA suppression therapy

- MRSA suppression therapy is performed to reduce the bacterial load of MRSA and therefore reduce the risk of transmission and prevent infection for patients.
- MRSA carriers also serve as reservoirs for further transmission as they move through and across healthcare facilities.
- Remember: when providing suppression therapy, irrespective of positive site, antibacterial body wash and Mupirocin nasal ointment should always be used simultaneously i.e. one should not be used without the other.
- Suppression therapy should be prescribed and administered as any other treatment – Appendix 5

4.6.1 Nasal Treatment

Apply a small amount of Mupirocin (Bactroban Nasal) to inside of both nostrils with a gauze swab 3 times per day for 5 days.

- If the strain is resistant to Mupirocin (Bactroban Nasal) further advice should be sought from the microbiologist.
- Mupirocin (Bactroban Nasal) should always be used in conjunction with skin wash, either Octenisan (0.3% Octenidin), 4% Chlorhexidine, 7.5% Povodine iodine, 2% Triclosan. The product of choice is Octenisan.
- If MRSA is still present the treatment may be repeated on one further occasion. Repeated courses of suppression therapy can lead to Mupirocin resistance.

Please Note: There is a national shortage of Mupirocin (Bactroban Nasal) until further notice. The alternative products are: Prontoderm Nasal Gel in patients over 12 months old; Octenisan Nasal Gel in Children 12 months or under.

4.6.2 Skin Treatment

- Patients suffering from chronic skin conditions should only be treated once advice is sought from Microbiologist.
- Patients with eczema, dermatitis or other skin conditions are likely to require treatment for these before eradication therapy. The Dermatology Department should be consulted for advice.
- The standard antiseptic skin wash is “Octenisan” containing 0.3% octenidin hydrochloride. Alternative preparations that can be used in case of intolerance/allergy or product non-availability are available, discuss with IPCT or Consultant Microbiologist
- If patients are discharged from UHMB on a decolonisation programme they should be provided with instructions to be followed within the community setting.

4.6.3 Octenisan 5-day suppression protocol

Day 1 – Body
Day 2 – Body & Hair
Day 3 – Body
Day 4 – Body & Hair
Day 5 – Body

- For bed bath procedure use a disposable damp cloth to apply Octenisan directly to the skin leave on for 1 Minute then wash off. Do not pour body wash into bowl of water. Keep patient covered with a clean towel whilst waiting for the minute before rinsing. Do not reuse the towel. Use a separate clean towel to dry patient.
- For shower and hair use in the same way you would use normal preparations of shower gel and shampoo, apply Octenisan directly to the skin leave on for 1 Minute then wash off.
- Clean clothing / night wear and bedding should be used each day and at the end of the decolonisation therapy.
- Re – swab after 48 hours post completion of treatment, if patient is on any antibiotics these must be declared on the lab request form.

4.7 Documentation

- All patients with MRSA should have a completed care plan and clinical note on Lorenzo.
- All previously known MRSA positive patients will have a ‘Star burst’ alert noted by the microbiology lab on Lorenzo.
- Microbiology lab records all new positive MRSA results on Lorenzo in ‘Request Results’.

4.8 Patient information

- Patients and visitors must be provided with accurate information on MRSA. This includes those patients at risk during a procedure and those found to be positive on their management.
- Staff need to be sufficiently knowledgeable and confident to invite patients’ and carers’ questions and communicate information in a sensitive way.
- Information leaflets are available on the Intranet.

Staff should access advice from the senior nurse on duty if support is required when answering patient or relatives questions.

5. ATTACHMENTS	
Number	**Title**
Appendix 1	MRSA Screening Pathway for Adults and Paediatrics
Appendix 2	MRSA Rescreening Pathway
Appendix 3	MRSA E Swabbing Method
Appendix 4	Octenisan® 5-Day Antimicrobial Wash Protocol
Appendix 5	Octenisan® Antimicrobial Wash Mitts
Appendix 6	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	**Title and web links from the document library**
Corp/Pol/151	Hand Hygiene policy http://uhmb/cs/tpdl/Documents/CORP-POL-151.docx
Corp/Pol/126	Infection Prevention Precautions http://uhmb/cs/tpdl/Documents/CORP-POL-126.docx
Corp/Pol/030	Policy for environment cleaning UHMB http://uhmb/cs/tpdl/Documents/CORP-POL-030.docx
Corp/Pol/068	Personal protective equipment (PPE) UHMB http://uhmb/cs/tpdl/Documents/CORP-POL-068.docx
Corp/Proc/047	Clinical Cleaning and Decontamination Procedure http://uhmb/cs/tpdl/Documents/CORP-PROC-047.docx
Infection prevention guidance	• Priority for Single Occupancy Rooms document
Infection Prevention Care Pathway	• MRSA Care plan

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS References in full	
Number	**References**
1	NHS England (2013) Everyone counts: planning for patients 2014/15 to 2018/19. Available online at: http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat- plann-guid.pdf (accessed 15.1.18)
2	DoH (2008) The Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance. Available online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/40010_5/code_of_practice_14_Jan_15.pdf (accessed 15.1.18)
3	DoH (2014) Implementation of modified admission MRSA screening guidance for NHS (2014) Available online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/34514 4/Implementation_of_modified_admission_MRSA_screening_guidance_for_NHS.pdf (accessed 15.1.18)
4	DoH (2004) Towards cleaner hospitals and lower rates of infection: a summary of action. Available online at: http://webarchive.nationalarchives.gov.uk/+/dh.gov.uk/en/publicationsandstatistics/publicati ons/publicationspolicyandguidance/dh_4085649 (accessed 15.1.18)
Bibliography	
	Department of Health and Social Care (2015) The Health and Social Care Act 2008 – Code of Practice on the prevention and control of infections and related guidance. Available from: https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance (accessed 15.1.18)
	DoH (2004) Standards for Better Health. Available online at: http://webarchive.nationalarchives.gov.uk/+/dh.gov.uk/en/publicationsandstatistics/publicati ons/publicationspolicyandguidance/dh_4086665 (accessed 15.1.18)
	Final report prepared for the DoH by the NOW study team (2013). National One Week (NOW) prevalence audit of MRSA screening. Available online at: http://www.ucl.ac.uk/medicine/documents/doh-now-report-2013 (accessed 15.1.18)

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	**Definition**

9. CONSULTATION WITH STAFF AND PATIENTS		
Name	**Job Title**	**Date Consulted**
Members of Infection Prevention and Control Committee (IPCC)		
ACNs		
Divisional Matrons		
Ward Managers		

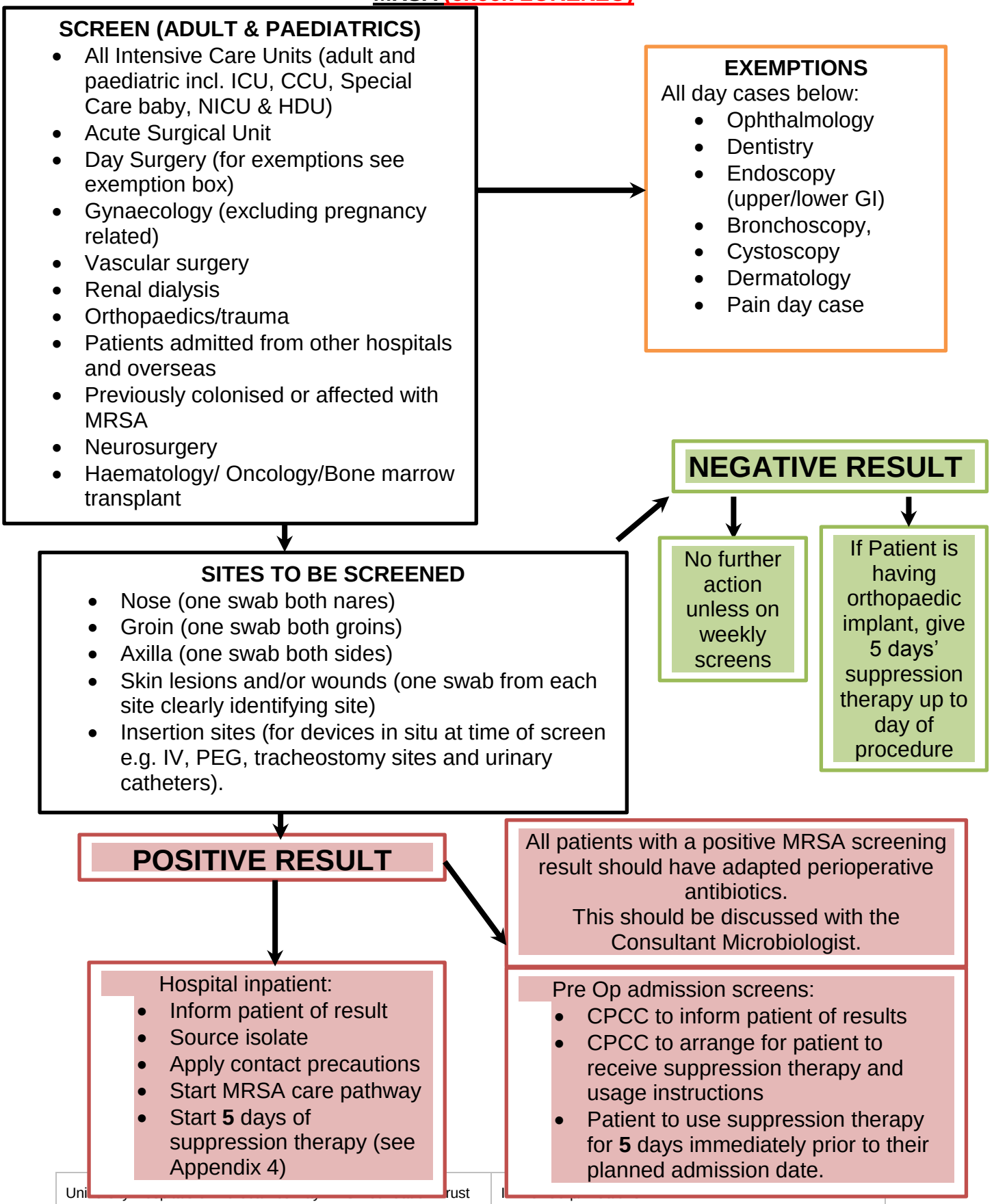
10. DISTRIBUTION PLAN	
Dissemination Lead:	Director of Infection Prevention & Control (DIPC)
Previous document already being used?	Yes
If yes, in what format and where?	MRSA MANAGEMENT, SCREENING AND SUPPRESSION PROCEDURE Guideline on Trust Procedural Document Library
Proposed action to retrieve out-of-date copies of the document:	Remove previous copies from Trust Procedural Document Library
To be disseminated to:	Trust wide
Proposed actions to communicate the document contents to staff:	Education and infection prevention newsletter

11. TRAINING Is training required to be given due to the introduction of this procedural document? Yes		
Action by	**Action required**	**Implementation Date**
IPC Team	Update ward areas on amendments to policy	01/02/2018

12. AMENDMENT HISTORY				
Version No.	**Date of Issue**	**Page/Selection Changed**	**Description of Change**	**Review Date**
2.1		Page 1	Confirmed that this procedure covers everything in previous MRSA policy, I7	01/04/2018
2.2	09/10/2017	Page 3	BSF page added	01/04/2018
3	15/01/2018	Section 4.6.1 (page 9) Appendix 1 (page 15)	Temporary product change Additional Screening Areas	01/02/2021

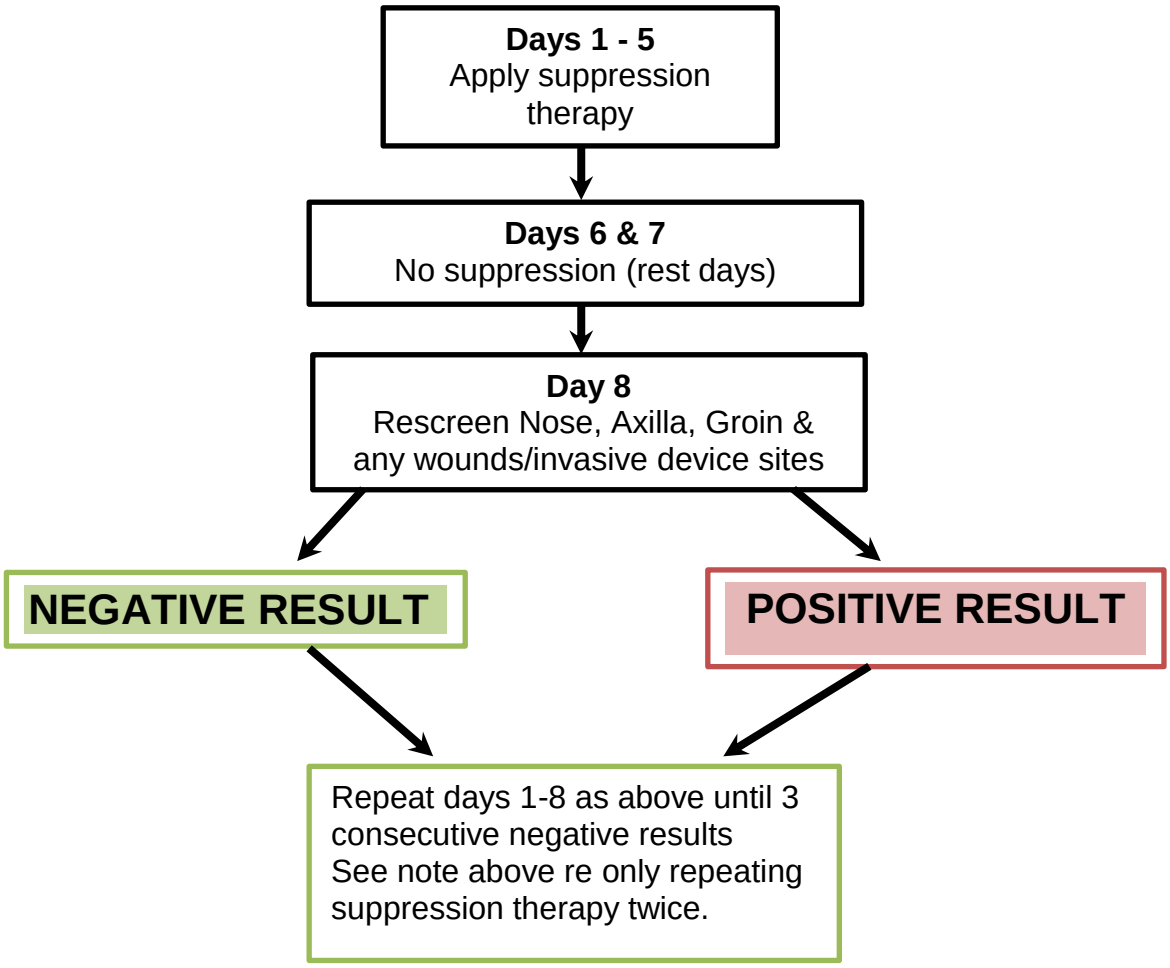
Appendix 1: MRSA SCREENING PATHWAY FOR ADULTS & PAEDIATRICS

Screen all patients admitted to high risk units (defined below)
Screen all patients identified as previously colonised or affected with MRSA (check LORENZO)



Appendix 2: MRSA RESCREENING PATHWAY

- All inpatients on the high risk units (previously identified) should be screened monthly whilst inpatients (excluding ICU and NICU who need weekly screening)
- All previously identified MRSA patients should be screened weekly until 3 consecutive negative MRSA results are obtained. If this is not obtained after 2 courses of suppression therapy (3 rescreens) consult the Infection Prevention Team or Consultant Microbiologist out of hours for further advice. (Repeated courses of suppression therapy can disrupt protection from normal flora and increase risk of Mupirocin resistance.)

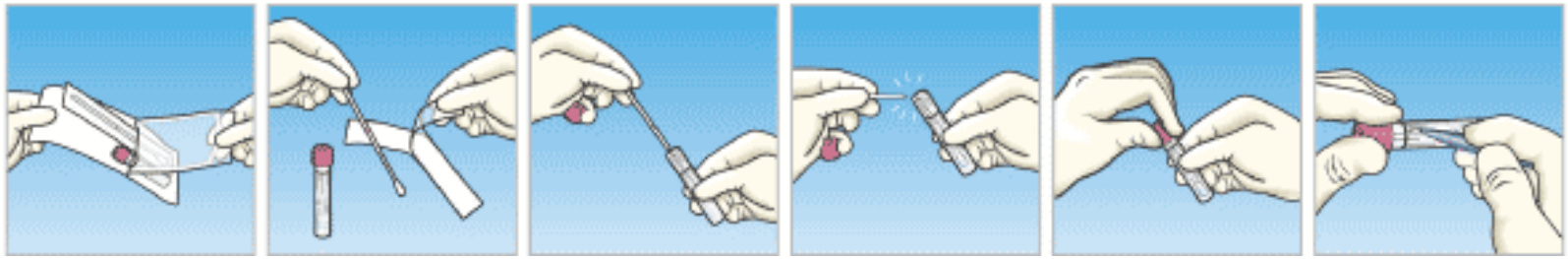


IMPORTANT

- If patient remains on antibiotics at the time of the rescreen the antibiotics must be documented on the lab request form.
- It is highly unlikely that patients with extensive wounds and/or indwelling devices, which have an external surface (e.g. PEG) will become free of MRSA after suppression therapy
- Continued use of suppression therapy will alter the patient's normal flora and increase the risk of Mupirocin resistant organisms.

Appendix 3: MRSA E SWABBING METHOD

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6



Step 1 Open swab packaging, checking expiry date, remove swab from packaging

Taking a nasal swab

Step2 **Insert swab 2 cm into one naris (nostril), rotate against the anterior nasal mucosa for 3 seconds, repeat this procedure using the same swab in the second naris,(nostril)**

Taking an Axilla/Groin swab

Step 2 **The swab should be rubbed and rotated 10-20 times over the sample area. One swab can be used for both left and right Axillae, or similarly, for left and right groin areas**

Taking a Wound swab

Step 2 **Decontaminate the skin with sterile saline, sample the exudate from the base or margin of the lesion by firmly applying the swab to it.**

Step 3 Without contaminating swab, place in the culture medium provided

Step 4 Break the swab on the pink line

Step 5 Fasten cap carefully

Step 6 **Label swab container** correctly, make sure the details on the request form match sample

Full name of the patient or code identifier **and date of specimen collection**

Plus one of the following: NHS number or equivalent, RTX Number or Date of birth.

Appendix 4: Octenisan® 5 Day Antimicrobial Wash Protocol

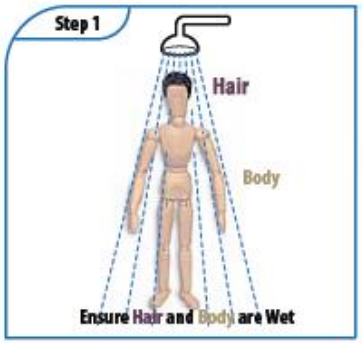
schülke

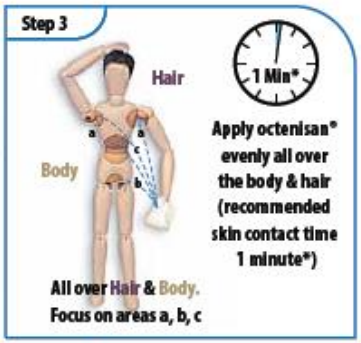
octenisan® 5 day antimicrobial wash protocol

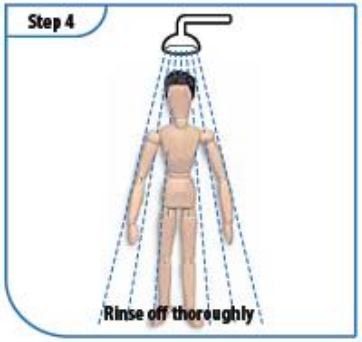
Instructions for use

- Apply octenisan® undiluted onto a clean, damp washcloth
- Rub onto the areas of the body to be cleansed and wash off
- For showering or hair washing, simply use octenisan® in the same manner as other hair and skin washing preparations
- Always observe the recommended contact time of 1 minute*

*tested according to EN 12054







Day 1	Day 2	Day 3	Day 4	Day 5
Body	Body & Hair	Body	Body & Hair	Body

Appendix 5: Octenisan® Antimicrobial Wash Mitts

schülke

octenisan® antimicrobial wash mitts

- Make sure the skin is completely moistened with the wipes, especially in the area of the armpits, areas between the fingers and between the toes as well as other skin folds.
- Rinsing afterwards with water is not necessary.
- octenisan® wash mitts are also suitable for washing hair.
- If the patient wants the feeling of classical hair washing, octenisan® wash lotion can be used.

Step 1

pen the packet and take wipe out.

Step 2

Wipe face, neck and chest (paying attention to area around nose and ears).

Step 3

Use 2nd wipe on right arm and armpit.

Step 4

Use 3rd wipe on left arm and armpit.

Step 5

Use 4th wipe on abdomen, front.

Step 6

se 5th wipe on right leg.

Step 7

Use 6th wipe on left leg.

Step 8

Use 7th wipe on the back.

Step 9

Use 8th wipe on abdomen, back.

Leave on skin for 30 seconds before applying any other product. Packet contains two spare mitts.

Appendix 6: Equality & Diversity Impact Assessment Tool

University Hospitals of Morecambe Bay NHS Foundation Trust

Equality Impact Assessment Form

Department/Function	Infection Prevention & Control			
Lead Assessor	Joanne Gaffing			
What is being assessed?	MRSA Screening and Suppression Policy			
Date of assessment	05/02/2018			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	☒	Staff Side Colleagues	☒
	Service Users	☒	Staff Inclusion Network/s	☒
	Personal Fair Diverse Champions	☒	Other (Inc. external orgs)	☒
	Please give details:			

1) What is the impact on the following equality groups?

Positive:	**Negative:**	**Neutral:**
➢ Advance Equality of opportunity ➢ Foster good relations between different groups ➢ Address explicit needs of Equality target groups	➢ Unlawful discrimination, harassment and victimisation ➢ Failure to address explicit needs of Equality target groups	➢ It is quite acceptable for the assessment to come out as Neutral Impact. ➢ Be sure you can justify this decision with clear reasons and evidence if you are challenged

Equality Groups	**Impact** (Positive / Negative / Neutral)	**Comments** ➢ Provide brief description of the positive / negative impact identified benefits to the equality group. ➢ Is any impact identified intended or legal?
Race (All ethnic groups)	Neutral	
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	

3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan **to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.**

- This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
- This should be reviewed annually.

Action Plan Summary

Action	**Lead**	**Timescale**

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.